Supporting Children and Young People who Self-Harm

Guidelines for those working with children and young people
The authors of this publication would like to acknowledge that this is based on the guidelines put together by Northamptonshire Children & Young People’s Service Hospital and Outreach Education and we are grateful to them for allowing us to use their material.

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What is self-harm and how common is it?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self-strangulation or running in front of a car where the intent is deliberately to cause self-harm.

Some people who self-harm can have a strong desire to take their own lives. However, there are other factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to take their own lives may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are “probably 2 young people in every secondary school classroom who have self-harmed at some time.”

What causes self-harm?
Children and young people often can’t explain why they self-harm.
However the following risk factors, particularly in combination, may make children and young people vulnerable to self-harm:

**Individual factors:**
- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse.

**Family factors:**
- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family.

**Social Factors:**
- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm.

A number of factors may trigger the self-harm incident, including:
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce.

**Warning signs**
There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:
- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Risk taking behaviour (substance misuse, unprotected sexual acts).
Examples of self-harming behaviour:

• Cutting
• Taking an overdose of tablets
• Swallowing hazardous materials or substances
• Burning, either physically or chemically
• Over/under medicating, e.g. misuse of insulin
• Punching/hitting/bruising
• Hair-pulling/skin-picking/head-banging
• Episodes of alcohol/drug abuse or over/under eating at times may be deliberate acts of self-harm
• Risky sexual behaviour.

Self-harm can be short term behaviour in children and young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/mental health problems. Where a number of underlying risk factors are present, the risk of further self-harm is greater. Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

What keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the young person and it becomes a way of coping, for example:

• Reduction in tension (safety valve)
• Distraction from problems
• Form of escape

• Outlet for anger and rage
• Opportunity to ‘feel real’
• Way of punishing self
• Way of taking control
• To not feel numb
• To relieve emotional pain through physical pain
• Care-eliciting behaviour
• Means of getting identity with a peer group
• Non-verbal communication (e.g. of abusive situation)
• Suicidal act.

(Hawton, Rodham and Evans 2006).
Cycle of self-harming/cutting

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Children/young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

- **Negative emotions**
  - Sadness, anger, despair

- **Tension**
  - Inability to control emotions, may be using dissociation to cope with tension

- **Self-harm act**
  - Cutting, burning etc

- **Positive effects**
  - Endorphins released, tension and negative feeling dispelled for a short period

- **Negative effects**
  - Shame and guilt over self-harm act
Coping Strategies

Replacing the cutting or other self-harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Examples of safer ways of coping include:

- **DISPLACEMENT** - snap an elastic band on your wrist
- **REINFORCING** - think about not wanting scars
- **PHYSICAL** - go to the gym
- **CREATIVE** - write poetry and songs, drawing and talking about feelings
- **COMFORTING** - cuddle a soft toy/pillow
- **CONSTRUCTIVE** - write a ‘to do’ list
- **FUN** - go to a movie
- Using a red pen to mark where you might usually cut
- Rub ice across your skin where you might usually cut, or hold an ice cube in the crook of your arm or leg
- Have a good scream into a pillow
- Have a cold bath or shower
- Go out with friends
- Concentrate on a clock for 5 minutes
- Pop bubble wrap
- Write your feelings down in a diary.

For some children/young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this. It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

Your Reactions

People experience a range of feelings in response to self-harm in a child/young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of opportunities where these issues are discussed will vary between school/agency. Young people may present with injuries to first-aid or reception staff. It is important that these staff are aware that an injury may be self-inflicted and that they pass on any concerns to the Child Protection Coordinator/Designated Person.
How to help

• When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling (see pathway card appendix 8). Focus on their perspective and issues which they want to explore.

• Build up a full picture of the young person’s life by talking to his or her form tutor, year head and any other adults who come into contact with him or her. Find out any particular strength and vulnerabilities (consider the Risk and Resilience factors, appendix 7 but remember also to listen to your instincts).

• What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This person may be, for example, a mentor, counsellor, youth worker, school nurse, teacher, special educational needs coordinator, behaviour support teacher, education welfare officer, educational psychologist or someone that the young person chooses to talk to.

• Resist the temptation to tell them not to do it again, or promise you that they won’t do it.

• It is important that all attempts of suicide or self-harm are taken seriously. All mention of suicidal thoughts should be recorded and the young person listened to carefully.Immediate help and support should be sought from the CAMHS team.

• If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by school/agency policy. In the case of an overdose however small dial 999.

• Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell.

• With reference to contacting parents always follow child protection procedures and use the Fraser Guidelines. Take into account the nature and reasons for self-harm and the wishes and feelings of the child. A judgement needs to be made on when or if to contact parents. Don’t contact the parents/carers if it places the child or young person at further risk. Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this first. If contacting parents/carers discuss your concerns with them, provide parent/carer with the carer/parent’s fact sheet (appendix 4) and help them to understand the self-harm so they can be supportive of the young person.

• Follow the school/agency policy of informing the child protection co-ordinator/designated person/senior management to discuss the self-harm and agree a support plan.

Further action to be considered:

• Are there any child protection concerns? If so follow your normal Child Protection Procedures and contact the Early Help and Safeguarding Hub (EHASH) on (01482) 395500.

• Are other agencies already involved with this young person? If so, consider liaising with them to jointly support the child.
• Does the child or young person have additional unmet needs? Contact the Early Help and Safeguarding Hub (EHASH) on (01482) 395500 to get advice about undertaking an early intervention assessment using the Common Assessment Framework (CAF)

• When contacting other agencies or EHASH ensure that you document any conversations you have with them. Including who you spoke to, the time and date and any advice they have given you to follow

• Think about the resources there are in school and the local community which could support the young person: this may include a Pastoral Support Plan (PSP). A referral to the GP or school nurse may also be considered

• Have crisis telephone numbers available and easily accessible to young people (see appendix 6)

• Record any conversations, observations, advice, actions or incident regarding the child or young person (see appendix 2)

• Seek support for yourself if necessary.

Examples of self-harming behaviour:

• First check your own feelings and thoughts before asking any questions. If your feelings or thoughts about the young person’s behaviour are negative in anyway, they will be communicated to them non-verbally when you talk to them and hinder the helping process

• See the person, not the problem. Talk in a genuine way. Address them as you would wish to be addressed. For example:

  - ‘I’ve noticed that you seem bothered/worried/preoccupied/troubled. Is there a problem?’

  - ‘I’ve noticed that you have been hurting yourself and I am concerned that you are troubled by something at present’

  - ‘We know that when young people are worried by things, they cope in different ways and self-harm is one of these ways. Those who do this need confidential support from someone who understands problems in relation to self-harm. Unfortunately I don’t have the skills to help, but I would like to help by asking (Name of person/service) to see you. Would you agree to this?’

Understanding the self-harm

It may be helpful to explore with the young person what led to the self-harm — the feelings, thoughts and behaviours involved. This can help the young person make sense of the self-harm and develop alternative ways of coping. However they may not know why they are self-harming in which case be led by what they want to explore.
Confidentiality

Confidentiality is a key concern for young people, and they need to know that it may not be possible for their support member of staff to offer complete confidentiality. If you consider that a young person is at serious risk of harming him or herself or others, then confidentiality cannot be kept. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge.

Strategies to help

• Consider consultation with a CAMHS team contact point at (01482) 303810 or School nurse
• Arrange a mutually convenient time and place to meet within the school environment
• At the start of the meeting, set a time limit
• Make sure the young person understands the limits of your confidentiality
• Encourage the young person to talk about what has led him or her to self-harm (see pathway card appendix 8)
• Remember that listening is a vital part of this process
• Support the young person in the beginning to take the steps necessary to keep him or her safe and to reduce the self-harm (if he or she wishes to), e.g. washing implements used to cut, avoiding alcohol if it’s likely to lead to self-injury (consider using the Drug (and alcohol) Screening Tool (DUST) - contact Youth and Family Support Service for advice on this), taking better care of injuries (the school health nurse may be helpful here)

• Help the young person to build up self-esteem
• Help the young person to find a safer way of managing the problem e.g. talking, writing, drawing or using safer alternatives. If the person dislikes him or herself, begin working on what he or she does like. If life at home is impossible, begin working on how to talk to parents/carers
• Help the young person to identify his or her own support network (Appendix 3)
• Use your skills to assess risk, listen non-judgementally, give reassurance and information, enable the young person to get appropriate professional help, and encourage self help strategies
• Offer information about support agencies. Remember that some internet sites may contain inappropriate information so ensure you know what is on the site you recommend or look at it with the young person. (See appendix 6 for national advice and helplines)
• If you have a number of young people who self-harm in your school, you may consider seeking consultation with your local CAMHS and Educational Psychologist.
Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information.

- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.

- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually.

Response of supportive member of staff

If you are supporting young people who self-harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one’s own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm themselves. If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings.

However, your feelings matter too. Staff members giving support to young people who self-harm may experience all sorts of reactions to their behaviour, such as anger, helplessness and rejection. It is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff members with this role should take the opportunity to develop their knowledge and skills.

Issues regarding contagion

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both for staff and other young people. Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. However, it may also be helpful to discuss the matter openly with the group of young people involved. In general, it is not advisable to offer regular group support for young people who self-harm. Be aware that young people communicate electronically (e.g. Facebook).
General aspects of prevention of self-harm

An important part of prevention of self-harm is having a supportive environment that is focused on building self-esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. The checklist of procedures and practices can help in the management and prevention of self-harm (see appendix 1). (For further details on risk and resilience see appendix 7).
Appendices
## Appendix 1

### Schools checklist for Self Harm procedures and practices

<table>
<thead>
<tr>
<th>Supporting the development of effective practice</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school has a policy or protocol for supporting students who are self-harming or at risk of self-harming. The school governors have approved this.</td>
<td></td>
</tr>
<tr>
<td>The East Riding ‘Supporting Children &amp; Young People who Self-harm’ Guidelines have been approved by the school governors.</td>
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</table>

### Training

<table>
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<tr>
<th>Training</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>All new members of staff receive an induction on child-protection procedures and setting boundaries around confidentiality.</td>
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</tr>
<tr>
<td>All members of staff receive regular training on child-protection procedures.</td>
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</tr>
<tr>
<td>The following staff groups: reception staff, first-aid staff, technicians, dinner supervisors. – receive sufficient training and preparation for their roles.</td>
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</tr>
<tr>
<td>Staff members with pastoral roles (head of year, child protection co-coordinator, SENCO etc.) have access to training in identifying and supporting students who self-harm.</td>
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### Communication

<table>
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<th>Communication</th>
<th>Date</th>
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<tbody>
<tr>
<td>The school has clear open channels of communication that allow information to be passed up, down and across the system.</td>
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</tr>
<tr>
<td>All members of staff know who they can go to if they discover a young person is self-harming.</td>
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<tr>
<td>The senior management team is fully aware of the contact that reception, first-aid staff, technicians and dinner supervisors have with young people and the types of issue they may come across.</td>
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</tr>
<tr>
<td>Time is made available to listen to and support the concerns of staff members on a regular basis.</td>
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### Support for staff/students

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<thead>
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<th>Support for staff/students</th>
<th>Date</th>
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<tbody>
<tr>
<td>Staff and students know the different agency members who visit the school, e.g. school counsellors, youth advisers, school health nurses etc.</td>
<td></td>
</tr>
<tr>
<td>Staff members know how to access support for themselves and students.</td>
<td></td>
</tr>
<tr>
<td>Students know to whom they can go for help.</td>
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</table>

### School ethos

<table>
<thead>
<tr>
<th>School ethos</th>
<th>Date</th>
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<tbody>
<tr>
<td>The school has a culture that encourages young people to talk and adults to listen and believe.</td>
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</table>
Appendix 2
Sample of an incident form to be used when a young person self harms.

<table>
<thead>
<tr>
<th>School/College</th>
<th>Date of Report</th>
<th>Age</th>
<th>Gender</th>
<th>Year</th>
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</thead>
</table>

Special needs

Young person’s name

Staff member Position

Incident (conversation, advice etc)

Date and time of occurrence

Action taken by school personnel

Decision made with respect to contacting parents and reasons for decision

Recommendations

Follow-up

Signature

Designation
Appendix 3

My safety net
There are different categories or types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

• Family and close friends
• Friends and people you see every day
• Help lines and professional people you could go to for help.

Also, write in the spaces in the target below the things that you can do yourself to cope with difficult feelings and keep yourself safe.
Appendix 4

Fact sheet on self-harm for parent/carers

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what that young person you care about really needs is support from you. That young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. They need to find a less harmful way of coping.

What is self-harm?
Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self-strangulation, running in front of a car or risk taking behaviour e.g. alcohol intoxication, where the intent is to deliberately cause harm to self.

How common is self-harm?
It’s difficult to say how many young people self-harm because many will treat themselves or will be treated at home and never come to the attention of services. However it affects one in 15 young people (Truth Hurts – Report of the National Enquiry into Self-Harm among Young People 2006).

Is it just attention seeking?
Some people who self-harm have a desire to take their own life. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to take their own life, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

Why do young people harm themselves?
All sorts of upsetting events can trigger self-harm, such as arguments with family, break-up of a relationship, failure in exams and bullying at school. Sometimes several stresses occur over a short period of time and one more incident is the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.
What you can do to help

• Keep an open mind
• Make the time to listen
• Help them find different ways of coping
• Go with them to get the right kind of help as quickly as possible.

Some people you can contact for help, advice and support are:

• Your family doctor
• School nurse linked to the school
• School Counsellor
• Pastoral Support
• Teachers
• CAMHS Contact Point: (01482) 303810 - 8am until 6pm, Monday to Friday
• Youth and Family Support Services: (01482) 392824 or yfs@eastriding.gov.uk
• Young Minds Parents Information Service: 0808 802 5544
• Samaritans: 08457 90 90 90
• PAPYRUS HELPLINE UK: 0800 068 4141
• Youth Access: www.youthaccess.org.uk
Appendix 5
Information on self-harm for young people

What is self-harm?
Self-harm is where someone does something to deliberately hurt him- or herself. This may include cutting parts of the body, burning, hitting or taking an overdose.

Why do young people self-harm?
Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult feelings that people who self-harm talk about include:

- Feeling sad or worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close, such as someone dying or leaving.

When difficult or stressful things happen in a person’s life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing, or thinking you are going to fail, exams
- Being bullied.

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of that person showing other people that something is wrong in his or her life.

How can you cope with self-harm?
Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way with dealing with difficult things in life. Helpful strategies can include:

- Finding someone to talk to about your feelings, such as a friend or family member
- Talking to someone on the phone, e.g. you might want to ring a helpline
- Writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kind of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils, e.g. lavender
- Watching a favourite film.
Getting help

In the longer term it is important that you learn to understand and deal with the causes of stress that you feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

At home:
Parents, brother/sister or another trusted family member.

In school:
School counsellor, school nurse, teacher, teaching assistant or other member of staff.

GP:
You can talk to your GP about your difficulties and he or she can make a referral for counselling or specialist Child and Adolescent Mental Health Services support.

Youth and Family Support Services:
Local youth advisers can meet with you and talk through any worries or problems that you have. Telephone (01482) 392824 or yfs@eastriding.gov.uk

Helplines:
- CAMHS contact point
  Tel: (01482) 303810 - 8am until 6pm, Monday to Friday
- Young minds: 020 7089 5050 or email ymenquiries@youngminds.org.uk
- Samaritans: 08457 90 90 90 or email jo@samaritans.org.uk
- Rise above: www.riseabove.org.uk
- Youth Access: 020 8772 9900
  Information leaflet available through www.nch.org.uk/selfharm.

Another useful address is: National Self-Harm Network PO Box 7264 Nottingham NG1 6WJ
www.nshn.co.uk

My friend has a problem: how can I help?

- You can really help by just being there, listening and giving support
- Be open and honest. If you are worried about your friend’s safety you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him or her
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it
- Get information from telephone helplines, websites, a library, etc. This can help you understand what your friend is experiencing
- Your friendship may be changed by the problem. You may feel bad that you can’t help your friend enough or guilty if you have had to tell other people. These feelings are common and don’t mean that you have done something wrong or not done enough
- Your friend may get angry with you or tell you that you don’t understand. It is important to try not to take this personally. Often, when people are feeling bad about themselves, they get angry with the people they are closest to
- It can be difficult to look after someone who is having difficulties. It is important for you to talk to an adult who can support you. You may not always be able to be there for your friend, and that’s ok.
## Appendix 6

### National Advice and Help Lines

<table>
<thead>
<tr>
<th>Service</th>
<th>Website</th>
<th>Telephone</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Injury Support – Women’s self injury helpline</td>
<td>[<a href="http://www.selfinjury">www.selfinjury</a> support.org.uk](<a href="http://www.selfinjury">http://www.selfinjury</a> support.org.uk)</td>
<td>0808 800 8088</td>
<td>Supports women and girls in emotional distress, especially those who self-harm, or their friends or relatives. Provides publications and holds list of local groups throughout the country.</td>
</tr>
<tr>
<td>Childline – 0800 1111</td>
<td><a href="http://www.childline.org.uk">www.childline.org.uk</a></td>
<td></td>
<td>24hrs helpline for children and young people under 18 providing confidential counselling.</td>
</tr>
<tr>
<td>National Self-Harm Network – <a href="http://www.nshn.co.uk">www.nshn.co.uk</a></td>
<td></td>
<td></td>
<td>Support for people who self-harm, provides free information pack to service users.</td>
</tr>
<tr>
<td>PAPYRUS – <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a></td>
<td></td>
<td>0800 068 4141</td>
<td>Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal.</td>
</tr>
<tr>
<td>Samaritans – 08457 90 90 90</td>
<td><a href="http://www.samaritans.org.uk">www.samaritans.org.uk</a></td>
<td></td>
<td>Confidential emotional support for anybody who is in crisis.</td>
</tr>
<tr>
<td>Young Minds – <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></td>
<td></td>
<td>0808 802 5544</td>
<td>Information on a range of subjects relevant to young people.</td>
</tr>
<tr>
<td>Get Connected – 0808 808 4994</td>
<td></td>
<td></td>
<td>Free confidential help for young people under 25.</td>
</tr>
</tbody>
</table>

There are many other projects out there traceable through phone directories, web searches etc.
## Appendix 7

### Protective Factors

<table>
<thead>
<tr>
<th>Family Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
</tr>
<tr>
<td>- High self-esteem</td>
</tr>
<tr>
<td>- Good problem solving skills</td>
</tr>
<tr>
<td>- Easy temperament</td>
</tr>
<tr>
<td>- Able to love and feel loved</td>
</tr>
<tr>
<td>- Secure early attachments</td>
</tr>
<tr>
<td>- Good sense of humour</td>
</tr>
<tr>
<td>- A love of learning</td>
</tr>
<tr>
<td>- Being female</td>
</tr>
<tr>
<td>- Good communication skills</td>
</tr>
<tr>
<td>- Belief in something bigger than the self</td>
</tr>
<tr>
<td>- Having close friends</td>
</tr>
</tbody>
</table>

| **Parents** |
| - High self-esteem |
| - Warm relationship between adults |
| - High marital satisfaction |
| - Good communication skills |
| - Good sense of humour |
| - Capable of demonstrating unconditional love |
| - Set developmentally appropriate goals for the child |
| - Provide accurate feedback to the child |
| - Uses firm but loving boundaries |
| - Believes in and practice a 'higher purpose' |
| - Having close friends |

### Risk Factors

<table>
<thead>
<tr>
<th>Family Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
</tr>
<tr>
<td>- Low self-esteem</td>
</tr>
<tr>
<td>- Few problem solving skills</td>
</tr>
<tr>
<td>- Difficult temperament</td>
</tr>
<tr>
<td>- Unloving and reject love from others</td>
</tr>
<tr>
<td>- Difficult early attachment</td>
</tr>
<tr>
<td>- Tendency to see things literally</td>
</tr>
<tr>
<td>- Fear of failure</td>
</tr>
<tr>
<td>- Genetic vulnerability</td>
</tr>
<tr>
<td>- Being male</td>
</tr>
<tr>
<td>- Poor communication skills</td>
</tr>
<tr>
<td>- Self-centred thinking</td>
</tr>
<tr>
<td>- Rejected/isolated from peer group</td>
</tr>
</tbody>
</table>

| **Parents** |
| - Low self-esteem |
| - Violence or unresolved conflict between adults |
| - Low marital satisfaction |
| - High criticism/low warmth |
| - Interactions |
| - Conditional love |
| - Excessively high or low goals set for the child |
| - Physical, emotional or sexual abuse |
| - Neglect of child’s basic needs |
| - Inconsistent or inaccurate feedback for the child |
| - Parents with drug or alcohol problems |
| - Parental mental health problems |
### Protective Factors

<table>
<thead>
<tr>
<th>Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School</strong></td>
</tr>
<tr>
<td>Caring ethos</td>
</tr>
<tr>
<td>Students treated as individuals</td>
</tr>
<tr>
<td>Warm relationships between staff and children</td>
</tr>
<tr>
<td>Close relationships between parents and social</td>
</tr>
<tr>
<td>Good PHSE</td>
</tr>
<tr>
<td>Effectively written and implemented behaviour, anti-bullying, pastoral policies</td>
</tr>
<tr>
<td>Accurate assessment of special needs, with appropriate provision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing and Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent home base</td>
</tr>
<tr>
<td>Adequate levels of food and basic amenities</td>
</tr>
<tr>
<td>Low fear of crime</td>
</tr>
<tr>
<td>Low level of drug use in the community</td>
</tr>
<tr>
<td>Strong links between members of the community</td>
</tr>
</tbody>
</table>

### Risk Factors

<table>
<thead>
<tr>
<th>Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School</strong></td>
</tr>
<tr>
<td>Excessively low or high demands placed on child</td>
</tr>
<tr>
<td>Student body treated as a single unit</td>
</tr>
<tr>
<td>Distance maintained between staff and children</td>
</tr>
<tr>
<td>Absent or conflictual relationships between staff and school</td>
</tr>
<tr>
<td>Low emphasis on PHSEE</td>
</tr>
<tr>
<td>Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care</td>
</tr>
<tr>
<td>Ignoring or rejecting special needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing and Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
</tr>
<tr>
<td>Inadequate provision of basic needs</td>
</tr>
<tr>
<td>Little or no access to leisure and other social amenities</td>
</tr>
<tr>
<td>High fear of crime</td>
</tr>
<tr>
<td>High levels of drug use</td>
</tr>
<tr>
<td>Social isolated communities</td>
</tr>
</tbody>
</table>
Appendix 8

What you should do if you discover a young person (YP) is self-harming.

IS THIS A MEDICAL EMERGENCY?
Include any over-dose, bleeding that can’t be stopped, risk of suicide (from what they are doing or saying)

YES
Dial 999

NO
Does the YP need first aid?

YES
Administer first aid (in accordance with school/setting’s guidance)
if YP has superficial injuries, if lacerations need stitches
take to MIU or Accident & Emergency.
Inform parents and advise to take the YP to the GP

NO
Injuries are healed/old, no injuries disclosed or evident
but thoughts of self-harm are present

YES - Listeners and don’ts are on the next page and consider the following further action:

LISTEN TO THE YOUNG PERSON

COMPLETE INCIDENT REPORT AND INFORM DESIGNATED PERSON IN SCHOOL/SETTING.
Consider contacting Parents! – see page 9

ARE THERE ANY WORRIES REGARDING ABUSE OR NEGLECT?

YES
Contact EHASH on (01482) 395500
and continue to support

NO - Does the YP have additional unmet needs and would benefit from an early assessment?

YES - Contact EHASH regarding the completion of a CAF and continue to support

NO - specialist support needed for mental health
Consult or refer to CAMHS Contact Point on (01482) 303810

NO - Are other agencies working with the YP?

YES - Inform other agencies already involved with the YP and continue to support

NO - Can the YP be supported within the school/setting?

YES - YP can be supported through pastoral support/school counsellor/targeted youth adviser
**DO**

**Stay Calm** – do not show anxiety, disapproval or disgust. Be prepared to be shocked – then… Listen – just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before.

**Listen intently** – calmly ask any relevant questions – try and build rapport with the young person, whilst you ascertain what is happening for them. Remember many young people may not understand themselves what has led them to self harm.

**Listening** – does not just require ears - Observe the young person’s non verbal clues – look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? Sadness? frustration?

**Think carefully before you act** – what is in the best interest of the young person. Remember most episodes of self-harm have nothing to do with suicide. However the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours.

**Treat** a suicide intention as an emergency, do not leave the young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm.

---

**DON’T**

**Panic** – unfortunately many young people self-harm – it is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel safe and contained.

**Don’t send the young person away** – make some time for them – either help them find other ways of coping or help them in getting the right kind of support.

**Don’t be judgemental** – keep an open mind about the behaviour and don’t refer to it as “attention needing”.

**Don’t automatically try to stop the young person self-harming** – this behaviour may be their only way of managing often powerful and painful feelings.

**Work Alone** – you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency.

**Don’t offer to take the young person to your home environment** – don’t give them your mobile number or house number – or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself.

Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person’s difficulty.