Self-harm Protocol

For schools and health professionals

June 2016
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- Wiltshire Child and Young People's Trust and Wiltshire Children and Young People’s Services and Partnership
- North Bristol NHS Trust and Barnardo’s South West
- Ayrshire Multi Agency Forum for People Working with Children and Young People at Risk of Self Harm or Suicide

Thanks also go to the professionals in Greenwich who were instrumental in developing and agreeing the protocol.
Following learning from a local serious case review (SCR), the Greenwich Safeguarding Children Board (GSCB) identified a need for a detailed, multi-agency self-harm protocol. The SCR highlighted that:

- The level of self-harm in Royal Greenwich and nationally has risen.
- Professionals are not uniformly well enough equipped to understand self-harming behaviour, meaning that their response may not be confident or consistent.
- The need for clear and consistent guidance for professionals, particularly secondary schools, regarding self-harm, how to respond and when to seek specialist help.
- Children affected by self-harm can be guarded and may share different pieces of information with different people so the whole picture can become hard to see. This highlighted the importance of effective information sharing within a school setting.

Schools have become increasingly aware of the risk of self-harm in children. Both primary and secondary schools may be concerned that their children may be at risk of self-harming and this guidance is intended for use by professionals who work with children of any age. The same procedures should be followed in primary and secondary schools.

Self-harm and suicidal ideation by a child can put them at risk of significant harm, and should always be taken seriously and responded to without delay. The main aim of this protocol is to support staff working in schools or supporting children who are either self-harming or are at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response. The guidance aims to support staff to feel confident, informed and able to support children most at risk.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed, known about or suspected.

This will ensure a coordinated response which includes provision of adequate support for the child, other children who have witnessed or know about self-harm, and members of staff who may be experiencing significant shock or distress following a child’s disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, where a child is not in immediate need of medical attention, in a crisis situation and on return to school following a crisis situation. The guidance includes best practice and identifies tools, techniques and practical ideas.
The following principles underpin this guidance:

- Duty of care is, as always, paramount.
- The child is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to, and understanding of, self-harm.
- The emotional wellbeing and mental health of the child must be supported and harm minimised.
- The child will be supported to access service(s) to provide opportunities and strategies for hope and recovery from the effects of self-harming and to minimise the risk of future harm.

This guidance reflects the three Greenwich Children and Young People Plan (2014-17) priorities of Resilience, Prevention and Protection and is structured under these headings.
RESILIENCE

All children should be able to engage successfully in education, develop skills for employment and choose healthy lifestyles with support from loving families, positive peer networks and good schools. These strong protective factors will help children develop the resilience to cope with the challenges they encounter as they grow up.

This section of the guidance provides advice for schools on how to develop a happy, healthy and safe environment for everyone and to help children to develop resilience.

2. Developing a Whole School Approach to Wellbeing

Developing a whole school approach to wellbeing is an important aspect of any school provision and is crucial to preventing self-harm. It requires a school to have a supportive environment that is focussed on building self-esteem and promoting healthy relationships between children, and between children and adults. A child’s experience of school and school life can have a significant impact on their mental wellbeing.

Promoting child wellbeing and positive relationships should create an environment in which all children can thrive and feel safe. Within a school community, this should be everyone’s business and everyone’s responsibility.

Effective whole school ‘prevention’ of self-harm is about teaching children coping skills, building resilience and self-worth, as well as teaching them about people and organisations that they can turn to for help.

It is important to recognise that personal and social skills can and should be taught. It is possible to learn only ‘by experience’ but this can be risky and traumatic. Schools have a responsibility and duty of care to help equip children with a strong emotional skills toolkit to help them build, repair or extend a positive life experience.

Developing a whole school approach to wellbeing requires strong leadership and well-trained staff. For guidance in maintaining an approach to wellbeing and monitoring the impact of their provision, schools can use programmes such as the Healthy Schools Award. Further details can be found at:

http://www.healthyschoolslondon.org.uk/

The following is a list of suggestions to develop and maintain positive emotional health and wellbeing in all schools, at all phases.
Developing a Positive School Ethos:

- This should be based on values that pupils and staff have agreed and be backed up by evidence. School policy must be translated into practice for children to believe in it or they will lose confidence in the school’s commitment to taking care of them.

Being a Listening School, With Good Communication:

- Ensure that every member of school staff is aware of what their responsibility is towards this. Have specific provision in place (e.g. learning mentors, counsellors, pastoral support, school-based health services, and policies) but also ensure that there are agreed ways of talking and listening to children that every member of staff understands and demonstrates. This requires training, discussion and regular reinforcement.
- Listen to what children say they want their school experience to be, apart from study. It is important to know what makes children happy at school and what would make them happier. Having listened, it is vital that children are able to see that a school has listened to them by responding to their suggestions and making changes accordingly.
- Manage the pressure that children can face at school. This requires good communication within an organisation e.g. cross reference homework pressures that children may face from different departments. Try to understand the day to day experience of a child, in order to really understand the complexities and stresses of their day. You may find that children don’t have as much rest time as the timetable suggests because of logistical complexities e.g. lunchtime arrangements, or geographical factors e.g. having to get from one part of the building to another in a very short space of time.

Having Effective Provision:

- Provide a range of enrichment activities for children to be involved in, responding to children’s opinions on what might be offered, but also making sure that there is a range of physical and sedentary activities. Physical activity can boost emotional wellbeing, as can social activities that allow children to form relationships with others and to achieve in ways other than academically. Be aware of children who do not attend enrichment activities and consider ways to engage them better.
- Promote support services, including Headscape http://headscapegreenwich.co.uk/ Greenwich CAMHS’ self-support and self-referral tool for children developed with young people. It can be reassuring and helpful to know that there are people or organisations that can help at different times of need.
- Have a pastoral system in place that is accessible to all children in some way or another and not just a targeted, intervention system.
- Make sure that children know the range of different adults they can talk to inside and outside of school and that they will receive a friendly and caring response. This includes telling children how and when they will be given some time to talk.
Making the Most of the School Community:

- Address any stereotyping that is heard or seen around the school, by both adults and children. Gender stereotyping, in particular, can suggest that different coping methods are for particular genders only e.g. the suggestion that boys need to run around and burn off energy or that girls just need a quiet place to talk.
- Address issues that may be risk factors to self-harm e.g. bullying, including discriminatory bullying. Have clear policies and procedures but also make sure that they are understood, agreed and followed by everyone, through training and effective communication with children, staff and parents/carers.
- Notice and understand the different social groups that children belong to or identify with.
- Be aware of who might be vulnerable and why. Monitor these children across all aspects of school life e.g. attainment, achievement, attendance, behaviour, social interactions, interests, preparedness for activities, food and exercise and so on.
- Actively build positive relationships with children to develop trust and confidence in professionals.
- Ensure that staff INSET is of a good quality and is relevant to the needs of the staff.
- Consider and provide for the health and wellbeing of the school staff, so that they feel at their most capable to work with children.
- Use INSET to support the emotional intelligence of school staff. The adults in school need to be able to recognise, understand and manage their own emotional wellbeing in order to be able to support the wellbeing of children. Staff may need training in how to recognise their own responses to children in conflict.
- Ensure that all staff members have regular safeguarding training. Free training is available from the GSCB http://www.greenwichsafeguardingchildren.org.uk/info/200130/professionals_and_volunteers/60/multi-agency_training As well as basic safeguarding, the content should regularly cover specific risks to children, such as Child Sexual Exploitation and self harm. Ofsted has recognised that poor PSHE and SRE provision can be a risk to safeguarding and so any training on developing wellbeing (e.g. developing emotional skills through PSHE) should be seen within a context of safeguarding, to ensure it is given status by staff.

Teaching and Learning Emotional Health and Wellbeing Skills:

- Teach children to be resilient: have a Personal, Social, Health and Economic Education (PSHE) curriculum in place for all year groups, where personal skills are the explicit and intended outcomes of the learning and are progressed from one year group to the next. Activities should be built into the curriculum with the specific intention of developing confidence, increasing self-esteem, dealing with emotional challenge and so on. Cross-curricular and pastoral activities should enhance the development of these skills and feelings, not be relied upon to be the sole learning experience.
• Create a sense of belonging and positive identity: teach children to recognise, understand and respect their own various identities and groups to which they belong, as well as those of others. Celebrate difference and diversity by teaching about it directly, using positive role models, so that everyone feels and knows that they are included in the school community. Be sensitive to children’s personal choice about sharing their experiences; however don’t rely on children to be your teaching resource or assume that people who share an identity (e.g. gender, ethnicity, faith or sexuality) share the same views or personality traits.
• Teach children how to cope with life and its challenges, rather than teaching about self-harm itself. Teaching children a range of coping strategies can support all aspects of stress in their life.
• Teach communication skills: Again, this works best if there is a formal, explicit and progressive curriculum which is enhanced by other activities e.g. lessons that teach the skills of debating with a safe space to practise those skills. The enhancement and reinforcement of this learning might then be writing persuasive letters, attending School Council or inter-school debating competitions.
• Teach positively about body image. Including learning about stereotyping and society’s attitudes around gender roles. Empowering children to own their own image and identity can help build resilience against pressure from peers, the media etc.
• Teach children how to build and maintain different relationships.
• Healthy relationship skills should be taught as part of a yearly, formal and progressive sex and relationships education curriculum. Teaching sexual health starts in the early years when children begin to understand and respect their own and others’ bodies and feelings. It includes emotional health as well as physical health.
• Teach children how to look out for and support each other when in need. This includes teaching the skills of empathy and assertiveness as part of a formal PSHE curriculum.
• Teach children how to communicate safely online in all aspects of social media, as part of developing positive communication and relationships skills.
PREVENTION

We have more chance of helping children and their families make sustained change in their lives if we intervene early to help them regain their resilience. We want our services to be skilled in identifying challenges for children, early on, so breaking the cycles that may become entrenched.

Strong universal services are the foundation of the GSCB’s prevention strategy. They support all children and families to build the capacity to manage the challenges and problems they encounter in their lives.

Our ‘build, prevent, protect’ model is based on the principle that services change to meet the needs of the child with targeted and specialist services provided for children in addition to the universal offer until children’s needs can once again be meet by these services alone.

Our ambition is to get it right for every child the first time by focusing on the child’s experience, the progress children make and responding quickly when problems emerge.

There is a growing body of evidence that intervention as early as possible pays off, early in the life of a child and early in the life of a problem. We know we will have more chance of helping children and their families if we identify their problems swiftly and intervene early to support them.

Intervening at the earliest opportunity possible to reduce or prevent specific problems from getting worse and becoming entrenched is crucial in preventing problems and break the cycles that may otherwise become entrenched.

This section of the guidance provides information for schools to help raise staff awareness and understanding of self-harm, its complexities and to support early intervention.

3. What is self-harm and how common is it?

Self-harming is when someone chooses to inflict pain or harm on themselves in some way. Below is a list of some behaviours that may be considered to be self-harm. It is not exhaustive.
Some self-harm behaviours

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under-eating
- Excessive drinking of alcohol
- Taking non-prescription drugs or over/under-use of prescription drugs
- Burning or scalding body (physically or chemically)
- Hitting walls with head
- Taking an overdose
- Self-strangulation
- Risky behaviours such as running into the road
- Episodes of drug abuse
- Risky sexual behaviour
- Swallowing objects
- Self-tattooing

Self harm in younger children is more likely to appear as head-banging, punching walls, scratching and hair pulling rather than the more pre-mediated behaviour such as cutting.

Some children who self-harm may have a desire to kill themselves. However, there are other factors that motivate children 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 children who do not intend to kill themselves 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.

A survey of children receiving support from Greenwich CAMHS in 2014 revealed that out of 109 children who reported self-harm, 82% were aged 12 and above and 18% were 5-11 years. Research suggests that early identification of self-harm, and offering appropriate interventions, can prevent it from becoming a compulsive behaviour and entrenched coping strategy.

Over the past 40 years, there has been a large increase in the number of children 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” (The truth about self-harm. London: MHF/CF)
The Youth Chances survey http://www.youthchances.org/ in 2014 found that of its 16-25 year old respondents, 52% of Lesbian, Gay, Bi-sexual, Transgender or Questioning (LGBTQ) respondents reported having self-harmed, compared to 35% of heterosexual non-trans young people. Schools should, therefore, be vigilant that some groups of students may be more vulnerable to self-harm.

There are increasing numbers of primary school children who deliberately self-harm, sometimes in less obvious ways.

Self-harm can be transient behaviour 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/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of self-harm is greater.

Some children get caught up in mild repetitive self-harm such as scratching or cutting, which is often done in a peer group.

Self-harm, by a student of any age, should be considered a safeguarding issue.
4. Identifying Self-Harm

There are several ways in which a staff member might discover that a child is self-harming or has self-harmed in the past:

- witnessing an act of self-harm;
- being informed of a child's self-harm or thoughts of self-harm by the child or a friend; or
- suspecting a child who is need of immediate medical attention has self-harmed.

Self-harm and safeguarding children

Professionals should always take into account other safeguarding issues that could be of concern and consider any safeguarding actions that should be taken alongside dealing with self-harm concerns. Such safeguarding issues could include:

- Neglect or child abuse (physical, sexual or emotional).
- Sexual exploitation, trafficking, children being involved in gang activity
- Parental factors such as domestic abuse, parental mental illness or parental substance misuse
- Child being a young carer

Even if there are no current safeguarding concerns, it is important to consider any historical issues related to the child. It is important for professionals to understand the child’s history, when there were previous concerns about abuse. The child’s history can become hidden, especially if the child seems to be doing well in school. Professionals need to understand and make the links between self-harming behaviour and the young person’s previous experiences.

The Child Protection Lead MUST contact MASH (Multi-Agency Safeguarding Hub) if one or more of the following applies:

1. The child’s actions could result in their death or serious injury requiring hospital admission.
2. Intervention and support work with a child is failing to reduce the risk of self-harming behaviour.
3. Evidence and risk factors suggest child protection issues form part of the motivation for self-harm. This includes historical child abuse, bullying or self harm as part of gang culture.

Consultation line (for professionals only): 020 8921 2267.
Telephone number for referrals: 020 8921 3172.
E-mail: mash-referrals@royalgreenwich.gov.uk or faxed to 020 8921 3180.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a child says they are not self-harming or evades the question, you should keep the door open by reminding them that you are always available to talk about anything. If you have continuing concerns speak to your Designated Safeguarding Lead (DSL) about the appropriate next steps. The Early Help consultation line can also provide advice and guidance.
Early Help and the approach to delivering it should be shaped by professional judgement about need and what is required to achieve change for children by working with them and their parents/carers and families. Universal services that go the extra mile for children make a real difference. This might include undertaking home visits, being persistent in building the relationship, offering practical support, guiding and hand holding to help overcome culture boundaries or lack of confidence in accessing services. Often the needs of the child can be met through support provided through a single agency but where they cannot and a coordinated approach is required we undertake an analytical assessment so that a plan of action can be agreed to meet need.

The three key processes below form the basis of the 'Early Help Model' operating in Greenwich.

- Early Help Connections – a considered, swift meaningful contact
- Early Help Assessment – our analytical assessment of need
- Team Around the Child - professionals working together to achieve change for children

Our Early Help Assessment (EHA) provides a structured approach to gather information, undertake analysis of need, agree goals and outcomes and track progress and impact for children and their parents/carers and families.

An EHA should be undertaken when there is not significant risk of harm but support/interventions are needed from more than a single agency. For further information please refer to Greenwich Early Help Guidance 2016 Early Help Tools of the trade (TOTT) 1 *Early Help Work Flow Chart*. The Greenwich EHA is provided as Early Help TOTT 16.

Warning Signs

As most self-harm is privately or secretly carried out it can be hard to notice that a child is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol or abusing drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family
- Lowering of academic grades
- Talking about suicide or self-harm
- Becoming socially withdrawn
- Giving away possessions
- Risk taking behaviour
- Expressing feelings of failure, uselessness or loss of hope.

Please note there may be no warning signs at all.

5. What causes self-harm?

The following risk factors, particularly in combination, may make a child vulnerable to self-harm:

**Individual Factors**
- Depression/ low mood/anxiety
- Poor communication skills
- Low self esteem
- Poor problem solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Existing psychological difficulty e.g. Asperger’s / learning difficulties
- Confusion about sexuality, gender or feeling different
- Prevalence is higher among some ethnic minority groups

**Family Factors**
- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
• Domestic abuse
• Child being looked after
• Poor parental relationships and frequent arguments
• Depression, deliberate self-harm or suicide in the family
• Parental mental illness
• Young carers' role 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
• Discrimination, racism, sexism, homophobia
• Unstable placements/ home environment

A number of factors may trigger the self-harm incident, including
• Family relationship difficulties (the most common trigger for younger adolescents)
• Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
• Family income related poverty
• Bullying
• Significant trauma e.g. bereavement, abuse
• Self-harm behaviour in other students (contagion effect)
• Self-harm portrayed or reported in the media, including social media
• Difficult times of the year, e.g. anniversaries
• Trouble in school or with police
• Feeling under pressure from families, school or peers to conform/achieve
• Exam pressure
• Times of change, e.g. parental separation / divorce
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 who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that initially led to the self-harm.

**Figure 1: The Cycle of Self Harm**

![Cycle of Self-harming diagram]

**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 student and it becomes a way of coping, for example:

- Reduction in tension (as a 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
- To elicit care from others
Means of getting identity with a peer group
Non-verbal communication (e.g. of abusive situation)
Attempt to take life

7. Support for schools

**Educational Psychologists**

Educational psychologists (EPs) have a key role to play in helping schools to prevent children at risk from engaging in self-harming behaviour. This can include helping to identify those potentially at risk and delivering interventions to build emotional resilience, working with senior leaders and pastoral teams to review and develop their pastoral care systems in relation to supporting these vulnerable students and working in collaboration with other agencies to provide training for staff. EPs can also offer support and supervision for members of staff working with children who are self-harming to help manage the often difficult feelings and anxieties evoked by such work.

**Child and Adolescent Mental Health Service (CAMHS)**

CAMHS provide a core offer of clinical in reach to all state funded nursery, primary and secondary schools in Royal Greenwich. The clinical in reach can be used to meet the needs of the setting, in any of the following ways:
- Direct work and targeted interventions with children and parents
- Consultation about individual children
- Support, advice and training for staff
- Rapid access to specialist CAMHS if required
PROTECTION

For some families, it may not be possible to prevent problems escalating and presenting much greater risk to children’s well-being. Taking swift, decisive action will be important to prevent significant and lasting damage to these children’s welfare and life chances. It will also maximise the chances of restoring their resilience, enabling them to lead successful lives.

Decision not drift means that where appropriate we “step up” and “step down” without delay. Following a referral to children’s social care, children may need specialist help to safeguard and promote their welfare. The arrangements for assessing children with additional needs and providing child centred effective help that is proportionate to the child’s needs and risks to their welfare is set out in “Protocol for assessment and threshold guidance”
http://www.greenwichsafeguardingchildren.org.uk/safeguardingchildrenboard/info/200130/professionals_and_volunteers/38/prevention_and_early_help

This section of the guidance provides protocols for professionals to use when dealing with incidents of self-harm in schools. These protocols are captured in flow charts that can be used as quick guides for action.

8. How to Help: the role of school staff

Please note that this procedure needs to be viewed alongside the Child Protection Procedures and alongside other school safeguarding policies and procedures.

Reactions of School Staff

School staff members may experience a range of feelings in response to self-harm in a child, 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 schools, but there may be a need for additional support from Educational Psychology or CAMHS.

Students may present with injuries to first aid or reception staff. It is important that these frontline staff are aware that an injury may be self-inflicted and that they are aware of these guidelines and able to pass on any concerns.

Conversations with the child:

• When you recognise signs of distress, try to find ways of talking with the child about how he or she is feeling (see ‘simple things you can say’ below).
• What appears to be important for many children is having someone to talk to who listens properly and does not judge.
• Confidentiality is a key concern for children, and they need to know that it may not be possible for you to offer this. If you consider that a child is at serious risk of harming him or herself or others, then information needs to be shared. It is important not to make promises of confidentiality that you cannot keep even though the child may put
pressure on you to do so. If this is explained at the outset of any meeting, then the child can make an informed decision as to how much information he or she wishes to divulge. Make sure that as part of your conversation you work out together who are the best people to tell.

- Resist the temptation to tell the child not to do it again, or promise you that they won’t do it again.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noticed and the child listened to carefully.
- If you find a child who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance. In the case of an overdose, however small, the child must attend Accident and Emergency department. Follow the guidelines for staff at Figure 2 below.
- Take a non-judgemental attitude towards the child. Try to reassure them that you understand that the self-harm might be helping him or her to cope at the moment and you want to help.
- Discuss with the child the importance of letting his or her parents know and any fears he or she may have about this.

**Simple things you could say:**

- Check your own feelings and thoughts before asking any questions. If your feelings or thoughts about the child are non-positive they may pick up on this through your verbal and non-verbal communication and this could hinder the helping process.

- See the child, not the problem and talk in a genuine way. Address them as you would wish to be addressed.

- “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 might be troubled by something at present?”

- “We know that when children are bothered / troubled by things, they cope in different ways and self-harm is one of these ways. Those who do this need support from someone who understands problems in relation to self-harm. So I am going to talk to (give name of Safeguarding Lead in School) to see who best might help”.
9. Confidentiality

Professionals should adhere to their own guidelines regarding information sharing and confidentiality. The child must be involved wherever possible and consulted on his/her views. Professionals should always take age and understanding into account when involving children in discussions and decision making.

As self-harm is a safeguarding issue, there should be a presumption that information will be shared by the School Nurse with parents, the school’s DSL and CAMHS. A record should be made about what information has been shared, with whom and what actions are to be taken¹.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action. It is important not to make promises of confidentiality that you cannot keep. Professionals should tell a child when they may have to share information without their consent.

Information given to professionals by a child should not be shared without the child’s permission except in exceptional circumstances.

Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves / make a decision regarding information sharing
- Urgent medical treatment is required
- The safety and wellbeing of a child is at risk or there is the possibility of harm to others (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is a reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential.

If a child reveals they are at risk, the practitioner should follow the local safeguarding process immediately.

¹ Ref; NMC. Raising Concerns. Paragraph 13/14 page 8
There is a need to initiate a prompt assessment of the level of risk if an incident of self-harm presents. It is the responsibility of the DSL to undertake the risk assessment. The school nurse needs to be involved in the risk assessment whenever possible and her/his advice taken into account. This should not delay any urgent action required (see Figure 3 below for more information about the role of the school nurse). Training in undertaking risk assessments is available via the GSCB.

Younger children are by their nature developmentally dependent and therefore parents and carers will need to be more directly involved in the assessment. An early conversation with the school nurse or CAMHS professional may be required.

Unless the child is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the child about the non-physical aspects of self-harm. Questions of value in assessing physical self-harm might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- Frequency (How often do you self-harm?)
- Types of method used (e.g. cutting, overdose)
- Triggers (What was going on at the time of self-harm?)
- Psychological purpose (e.g. tension relief, managing difficult emotions, need to punish self, to kill self)
- Help seeking and support (who knows about the self-harm? Who is around to support you?)
- Past history of self-harm and current presence of suicidal ideation and/or behaviours

**Levels of risk and seeking advice or consultation**

Please read in conjunction with Figure 2. It is important that professional judgement is exercised in determining the presenting level of risk.

Children who report frequent or long-standing self-harm practices; those with a history of neglect or child abuse or subject of a child protection plan; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills should be referred to CAMHS. Where possible consent should be sought or over-ridden if there is an immediate protection concern (see advice above about information sharing). The CAMHS duty line can be contacted on 0203 260 5200 for advice and guidance.
Figure 2: Guidelines for School Staff

Key concerns for all staff to be looking out for

- General behavioural difficulties
- Substance misuse concerns
- Social difficulties (vulnerable, withdrawn)
- Safeguarding concerns
- Self-Harm
- Persistent or sudden changes in mood or behaviour
- Attendance concerns

NB any behavioural concern may have an emotional basis

If self-harm/suicidal ideation is identified as a concern *(See Section 4 Identifying Self-Harm)*

ALWAYS Contact Designated Safeguarding Lead (DSL)
Record concerns
For advice on whether a child who is self-harming should attend A&E contact the CAMHS duty team on 0203 260 5200

If urgent medical attention IS required

**Child should ALWAYS go immediately to A&E if:**
- Injury could be life-threatening or is serious and needs medical attention
- Self-poisoning (eg overdose) or use of a ligature (eg cord) is witnessed, suspected or disclosed
- Child is suicidal, has made clear suicidal plans or has attempted to take their own life

Child's parent/ carer should be informed prior to attending A&E. If parent/ carer cannot be contacted school should take child to A&E or call ambulance

See Section 11 on what to say to a child about attending A&E
Designated Safeguarding Lead MUST contact MASH (Multi-Agency Safeguarding Hub) if one or more of the following applies:

1. The child’s actions could result in their death or serious injury requiring hospital admission
2. Intervention and support work with a child or young person is failing to reduce the risk of self-harming behaviour.
3. Evidence and risk factors suggest child protection issues form part of the motivation for self-harm. This includes historical child abuse, bullying or self-harm as part of gang culture.

**MASH Consultation line (for professionals only): 020 8921 2267**
**Telephone number for referrals: 020 8921 3172** E-mail: mash-referrals@royalgreenwich.gov.uk or fax to 020 8921 3180.

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**If urgent medical attention is NOT required**
- If the child needs wounds to be dressed contact school’s first aider and advise parents/carers to arrange for the child to see the GP.
- If the child is already known to CAMHS contact CAMHS clinician/duty on the same day
- If child is not known to CAMHS but would like support consider referral to Greenwich CAMHS or school nurse/counsellor. If you are unsure of what to do speak to the CAMHS duty worker
- Contact social care/MASH/ Early Help as appropriate
- Consider with parent/carer, school nurse and school staff what support young person needs today.

Designated safeguarding lead to meet with young person immediately and ask:

- a) What happened?
- b) What was the aim of harming yourself?
- c) What are you thinking now?
- d) Has it happened before / how often?
- e) Who else knows about this?
- f) Who can help you/has been helping you?
- g) What has helped you cope in the past?

The school nurse needs to be involved in the risk assessment whenever possible and her/his advice taken into account (see Figure 3). This should not delay any urgent action require. Advice is also available from the CAMHS duty line on 0203 260 5200 and the Early Help Consultation line on 020 8921 4590 (1pm - 4pm)
Figure 3: Guidelines for Schools Nurses

Role of the School Nurse in the management of self-harm

1. Deliberate self-harm notification from any hospital emergency department received by School Nurse

2. CAMHS duty clinician will contact School Nurse following presentation to A&E to share risk management plan and inform of 7 day follow up appointment

3. School Nurse to notify Designated Safeguarding Lead in school of deliberate self-harm and follow up arrangements

4. School Nurse to check 7 day follow up attended at CAMHS. If child does not attend (DNA) School Nurse will follow up with child

5. GP referral to CAMHS following deliberate self-harm or emotional well-being concern

6. CAMHS to notify School Nurse of referral via generic team nhs.net email

7. School Nurse to log referral on RIO and notify Designated Safeguarding Lead in school of deliberate self-harm and follow up arrangements

8. CAMHS to notify School Nurse if child does not attend (DNA). If DNA School Nurse will follow up with child
Model Process for School Nurses Managing Self Harm in Schools including returning to school - WHERE NOT IN NEED OF URGENT MEDICAL TREATMENT

Pupil shows signs and symptoms

School Nurse suspects recent or previous pupil self-harm (not in need of treatment) – Self-disclosure or peer disclosure or recent & previous pupil self-harm to School Nurse (not in need of treatment) – Self-disclosure or peer disclosure of thoughts of self-harm to School Nurse – Pupil returns to school following crisis (pupil self-harm)

- School Nurse logs and passes to Designated Safeguarding Lead (DSL) immediately
- DSL & School Nurse assess risk with the information available & makes decision about the relevant course of action which may include identifying the most appropriate member of staff to meet with the pupil

Not in crisis

In crisis
- Refer to crisis situation process on next page
- Refer to CAMHS where appropriate

- Staff member & School Nurse meets with pupil & discusses supportive strategies/sets action plan with the pupil where appropriate
- Explain confidentiality
- Inform parents/carers unless clear reason not to
- Follow safeguarding procedures if necessary
- Involve parents/carers & other professionals (e.g. GP)
- Encourage & help pupil and family to access services
- Refer to school counsellor if appropriate
- Refer to CAMHS for advice or referral if appropriate
- Consult with colleagues if necessary

- Debrief with senior colleagues and set a professional plan if necessary
- Consult with relevant safeguarding/social care practitioners if necessary
- Ensure all information necessary is kept recorded and up-to-date on RIO

- Review with pupil
- Onwards support plan
School Nurse suspects a pupil has self-harmed and is in need of immediate medical attention

- Locate pupil
- Call for help from School First Aiders/emergency services to administer First Aid
- Keep calm and give reassurance – to the individual pupil and to those who might be affected by witnessing self-harm (staff and pupils)

If the pupil is known to CAMHS contact and inform them of the concerns.

- Contact emergency services if injury is life-threatening or if pupil is suicidal.

If the child is taken to hospital, emergency protocols for treatment and care will be implemented and a CAMHS referral will be activated by the hospital.

On pupil’s return to school, refer to process for managing recent/historical self-harm.

- Log injury as per school protocol and notify DSL
- Assess risk
- Explain confidentiality

- Inform parents/carer unless clear reason not to
- Follow safeguarding procedures if necessary

- Where pupil is not taken to hospital, refer to CAMHS where appropriate (call duty worker if in doubt)
- Refer process for managing recent/historical self-harm

School Nurse witnesses or is informed of pupil self-harm by pupil themselves or a friend

If the pupil is known to CAMHS contact and inform them of the concerns.

- Contact emergency services if injury is life-threatening or if pupil is suicidal.

If the child is taken to hospital, emergency protocols for treatment and care will be implemented and a CAMHS referral will be activated by the hospital.

On pupil’s return to school, refer to process for managing recent/historical self-harm.
What happens after a child attends A&E because they are feeling suicidal or they have self harmed or both?

Where possible, children known to CAMHS should be seen by CAMHS in a setting suitable and safe for them (school, CAMHS clinic, home etc.) on the day of the crisis, as A&E can be a frightening and distressing environment. However there are occasions (in Figure 2 above) where it is crucial for children to go to A&E for medical treatment.

In these instances there is a 24 hour protocol at Queen Elizabeth Hospital (QEH) involving Paediatrics and Adult A&E staff, the Adult Mental Health Liaison Team and Greenwich CAMHS (8am-6pm) who will work together to provide an emergency response.

All children presenting to A&E in this way will have a physical health and risk assessment by A&E staff and immediate physical issues due to actual self-harm and safeguarding issues, will be addressed in the department or as an inpatient if more hazardous. Under 16’s will be assessed in Paediatric A&E and admitted to the Paediatric Ward where treatment is indicated. 16 and 17 year olds will be seen in the Adult A&E department.

Between 8am-6pm Monday- Friday CAMHS staff will assess children’s risk and mental state and formulate safety plans. Outside these hours the Adult Mental Health Liaison Team will complete an assessment in consultation with the on call Child and Adolescent psychiatrist. The level of risks will determine the next steps for the child, both in and out of hours before considering discharge.

A small portion of children are not safe to be discharged home, due to high levels of risk, and will need to be transferred to a Psychiatric Inpatient Unit direct from QEH. This process will be completed by the assessing worker.
All Greenwich children who present in crisis will have a 7 day follow up by Greenwich CAMHS. This will include risk management planning and liaison with other agencies (where consent is sought).

School nurses will be sent the risk assessment and safety plans following the A&E presentation.

Children in crisis and remaining at high risk of harm to self or others will remain open to CAMHS for assessment and monitoring of mental state. This will take place in a setting suitable for the child. Treatment intensity provided by CAMHS will be based on the level of clinical risk the child presents with.

Children who present to QEH in crisis require networks to support them through good communication and well-coordinated multi-agency plans.

### 12. Supporting the Child

Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the child are in turn supported by colleagues and managers to help them to deal with their feelings.

The most important thing is to take the concerns of the child seriously no matter how petty or frivolous they may appear.

#### Strategies to Help

- It may be helpful to explore with the child what led to the self-harm – the feelings, thoughts and behaviours involved. This can help the child make sense of the self-harm and develop alternative ways of coping.
- 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 child understands the limits of your confidentiality.
- Encourage the child to talk about what has led him or her to self-harm.
- Remember that listening is a vital part of this process.
- Support the child in beginning to take steps necessary to keep him or her safe and to reduce the self-injury e.g. washing implements used to cut / avoiding alcohol if it is likely to lead to self-injury / taking better care of injuries (the School Nurse may be helpful).
- If a child lacks resilience, consider ways to help them build their self-esteem. Help the child to find his or her own ways of managing the problem e.g. talking, writing, drawing or using safer alternatives, if the child 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 child to identify his or her own support network.
er.page and Headscape [http://headscapegreenwich.co.uk/]. Remember that some internet sites may contain inappropriate information.

- Consider consultation with CAMHS worker or a School Nurse.

## Coping Strategies

Replacing self-harm with other 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 ways of coping include:

- Using a creative outlet e.g. writing poetry and songs, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Contacting a friend or a family member
- Ringing a helpline
- Going into an open space and screaming
- Hitting a pillow or soft object
- Listening to loud music
- Going for a walk / run or other forms of physical exercise
- Getting out of the house and going to a public place e.g. a cinema
- Reading a book
- Keeping a diary
- Using stress-management techniques such as relaxation
- Having a bath
- Looking after an animal

For some children, self-harm expresses the strong desire to escape from conflict or unhappiness. In the long term, the child may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Family support is likely to be an important part of this.

It may also help if the child joins a group activity such as a youth club, sport / exercise group or a school based club that will provide opportunities for them 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. Regular counselling/therapy may be helpful.

## Further Considerations

- Record any meetings with the child. 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 children 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 child who self-harms may value the opportunity to talk to an adult, individually.
If you have a number of children who self-harm in your school, you may consider consulting CAMHS or the Educational Psychologist.

**Be Careful to Avoid**

- Reacting with horror or discomfort to the disclosure.
- Asking abrupt and rapid questions.
- Threatening or getting angry.
- Using your status/position of power to demand that they stop.
- Accusing them of attention seeking.
- Getting frustrated if behaviour continues after support has been provided.
- Ignoring other warning signs.
- Promising to keep the events secret.

**Response of supportive members of staff**

For those who are supporting children who self-harm, it is important to be clear with each individual how often and for how long you are going to see them; 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 child needs to learn to take responsibility for his or her self-harm.

If you find that the self-harm upsets you, it may be helpful to be honest with the child. However, be clear that you can deal with your own feelings and try to avoid the child feeling blamed. The child 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 children who self-harm may experience all sorts of reactions to this behaviour, such as anger, helplessness and rejection. Staff will need to have an opportunity to talk this through with work colleagues or senior management.

Staff members may find it helpful to attend training, to access resources and to liaise with other professionals – such as CAMHS.

**Issues regarding self-harming within peer groups**

When a child 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 in school staff and in other children. It is important that schools don’t unintentionally promote self-harm by teaching about the behaviour (which may merely advertise how to self-harm) rather than teaching about resilience and coping strategies. Raising the profile of any suspected group activity might also unintentionally increase self-harm incidents. It is more advisable to ensure that students know about the ways the school can support them in times of need and focus on being explicit in how and in what form any help is available.

Each individual may have different reasons for self-harming and should be given the opportunity for one to one support. In general, it is not advisable to offer regular group
support for children who self-harm. Be aware that children may seek support through the internet where the advice they are offered may be counterproductive.

13. Engaging Families

Where appropriate, the child should be encouraged to call his or her parents to talk about what has happened. The DSL should also talk to the parent/carer. In the event that a child is reluctant to contact his or her parents, school staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future.

It is recommended that the school provides parents with both community and web based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings.

What if the parents feel guilty?
Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

What if parents are dismissive?
The school’s role is to encourage parents to be more responsive to their child’s needs.

What if the parents are cross?
The school’s role is to encourage parents to try and understand what their child might be going through, recognise that their child is suffering and approach their child from a non-judgemental stance.

How should we deal with parents that have extreme reactions?
The school’s role is to gently suggest that there may be people they can talk to about this.

How can we encourage collaboration?
Schools must encourage parents and children to see and use school staff as resources.

What if the parents are absent or unable to act as a resource and advocate for their child?
The school must take initiative and act as an advocate for the child.

Whilst it is important to validate reactions of parents, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.
14. Onwards Referrals

CAMHS offers time limited interventions, consultation, parenting meetings and training (for professionals), to address the emotional and mental health needs of children people at an early stage with the aim of reducing longer term mental health problems. A first line intervention should have taken place prior to a referral to CAMHS, for example, School Counselling, School Nurse. A referral to CAMHS can be made directly through the school or through the CAMHS clinical in reach worker within the school directly.

If the child’s clinical risk profile indicates a more intensive intervention, which is not safely held in the community/school environment, CAMHS provides assessment and treatment of serious mental health disturbances and associated risks where intensive interventions are required. Children should be encouraged to use Headscape http://headscapegreenwich.co.uk/ to access online support and they can self refer to CAMHS through this.

A number of other agencies may also be of assistance e.g.

- Substance misuse services
- Sexual health services
- Early Help Services eg Family Support, Parenting Support, Young People’s emotional health and wellbeing support
- School Counsellor
- School Nurse
- Youth service
- The Point

See the Preventions Directory http://familiesinformation.royalgreenwich.gov.uk_kb5/greenwich/practitioners/practitioner.page
15. Whole School Education and Awareness Raising

Provision of support for other students who have witnessed/ know about self-harm

Social contagion refers to the way in which behaviour like self-harm can spread among member of a group.

The risk for contagion is increased when high-status or ‘popular’ children are self-harming or when self-harm is used as a means for children to feel a sense of belonging to a particular group.

To prevent social contagion in schools, staff must reduce communication around self-harm. If a child is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm.

To prevent social contagion, children must not be given explicit details about self-harm. This means that holding a whole school assembly is not appropriate. However, educating children about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children’s emotional wellbeing and mental health. See Section 2, Resilience.

Provision of support for members of staff who may be experiencing shock/distress following disclosure or discovery of self-harm

Staff members need to monitor and care for their own wellbeing on an on-going basis. Supporting a child who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try self-care techniques to relieve the stress they may feel.
Appendix 1 - Sample of an incident form to be used when a child self-harms

Child’s name  Date of Report

Date of Birth  Gender

Professional’s Name  Job Title

Agency

School/College Attended  Year  Special Needs

Incident

Date and Time of Occurrence

Action Taken by Professional

Decision made with respect to contacting parents (reason for decision)

Recommendations

Follow Up

Copies to:
Appendix 2 - Sample Letter to parents following meeting about self-harm

Date

Dear Parent/Carer

Thank you for coming to discuss ………………………………………………………………..
(child) has consented/ not consented to me sharing this information with you and the GP/ network.

After our recent meeting I am writing to express concern about ……………….‘s safety and welfare.

The recent incident of self-harm (or threat to self-harm) by …………………………… suggests that he/she may need professional help.

I recommend that you visit your local GP for advice and help and/or as agreed, we have sent a referral to Child and Adolescent Mental Health Service (CAMHS).

We will continue to provide support to ……………….. but would appreciate any information that you feel would help us to do this as effectively as possible.

If there is anything else we can do to help ……………………….. please contact me.

Yours sincerely

TITLE

Copies to:
Appendix 3 - Information sheet for children and young people on self-harm

What is self-harm?

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

How many young people self-harm?

A large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year. For some groups the figures may be higher for example, The Youth Chances survey http://www.youthchances.org/ in 2014 found that of its respondents, 52% of Lesbian, Gay, Bi-sexual, Transgender or Questioning (LGBTQ) respondents reported having self-harmed, compared to 35% of heterosexual non-trans young people.

Why do people self-harm?

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

- Feeling sad or feeling 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; this could include someone dying or leaving

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

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

Often these things build up until the young person feels they 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 showing other people that something is wrong in their lives.

How can you cope with self-harm?

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
Talking to someone on the phone (you might want to ring a help line)
Sometimes it can be hard to talk about feelings - writing and drawing about your feelings may help
Scribbling on and/or ripping up paper
Listening to music
Going for a walk, run or other kinds of exercise
Getting out of the house and going somewhere where there are other people eg cinema, park
Keeping a diary
Having a bath/using relaxing oils e.g. lavender
Hitting a pillow or other soft object
Watching a favourite film

Getting Help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they 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/she can make a referral for counselling

Useful Help Lines and Websites Include:

<table>
<thead>
<tr>
<th>Service</th>
<th>Tel:</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childline</td>
<td>0800 1111 (Freephone)</td>
<td><a href="http://www.childline.org.uk">www.childline.org.uk</a></td>
</tr>
<tr>
<td>Young Minds</td>
<td>020 7089 5050</td>
<td><a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></td>
</tr>
<tr>
<td>The Samaritans</td>
<td>116 123 (Freephone)</td>
<td><a href="mailto:jo@samaritans.org.uk">jo@samaritans.org.uk</a> <a href="http://www.samaritans.org.uk">www.samaritans.org.uk</a></td>
</tr>
<tr>
<td>MIND Info Line</td>
<td>0300 123 3393 Text 86463</td>
<td><a href="http://www.mind.org.uk">www.mind.org.uk</a></td>
</tr>
<tr>
<td>The Mix support for under 25s</td>
<td>0808 808 4994</td>
<td><a href="http://www.themix.org.uk">www.themix.org.uk</a></td>
</tr>
</tbody>
</table>

Headscape is a website for young people in Greenwich. It is a 'one stop' source of advice on a range of issues. It provides a library of information, self-help tools and allows young people to refer themselves to Child and Adolescents Mental Health Services. [http://headscapegreenwich.co.uk/](http://headscapegreenwich.co.uk/)

selfharmUK is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life. [www.selfharm.co.uk](http://www.selfharm.co.uk)

HeadMeds - information for young people about symptoms and treatment if you are self-harming [www.headmeds.org.uk](http://www.headmeds.org.uk)

Recover Your Life - Self-harm support community. [www.recoveryourlife.com](http://www.recoveryourlife.com)

LifeSIGNS is a user-led charity creating understanding about and support for self-injury [www.lifesigns.org.uk](http://www.lifesigns.org.uk)

National Self Harm Network UK charity offering support, advice and advocacy services to people affected by self-harm directly or in a care role [www.nshn.co.uk](http://www.nshn.co.uk)

The Royal Borough of Greenwich website:
Activities for young people [http://www.royalgreenwich.gov.uk/info/643/young_peoples organised_activities](http://www.royalgreenwich.gov.uk/info/643/young_peoples organised_activities)
My friend has a problem, how can I help?

- You can really help just by 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/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, 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 had to tell other people. These feelings are common and don’t mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don’t understand. It is important to try not to take it 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 find an adult to talk to, who can support you. You may not always be able to be there for your friend and that is OK.
Appendix 4 - Fact sheet for school staff/parents/carers on self-harm

It can be difficult to find out that someone you care about is harming him or herself. As a parent/carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. 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, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the last forty years there has been a large increase in the number of children who harm themselves. A large UK community study found that in 15-16 year olds, approximately 7% of had self-harmed in the previous year.

Is it just attention seeking?

Some children who self-harm may have a desire to kill themselves. However, there are many other factors which 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 other. Even if the child does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously.

Why do children harm themselves?

All sorts of upsetting events can trigger self-harm. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

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

What can you do to help?

Try to:
● 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
Young Minds Parents' Information Service  Tel: 0808 802 5544
parents@youngminds.org.uk
www.youngminds.org.uk
Childline  Tel: 0800 1111 (Freephone)
www.childline.org.uk
The Samaritans  Tel: 116 123 (Freephone)
jo@samaritans.org.uk
www.samaritans.org.uk
MIND Info Line  Tel: 0300 123 3393 Text 86463
www.mind.org.uk
Greenwich CAMHS service  Tel: 0203 260 5200 (Mon- Fri daytime)
Mental Health urgent advice line  Tel: 0800 330 8590

Some useful websites:
Greenwich Safeguarding Children’s Board  
http://www.greenwichsafeguardingchildren.org.uk/selfharm

**Headscape** is a website for young people in Greenwich. It is a 'one stop' source of advice on a range of issues. It provides a library of information, self-help tools and allows young people to refer themselves to Child and Adolescents Mental Health Services.  
http://headscapegreenwich.co.uk/

**selfharmUK** is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life.  
www.selfharm.co.uk

**HeadMeds** - information for young people about symptoms and treatment if you are self-harming  
www.headmeds.org.uk

**Recover Your Life** - Self-harm support community.  
www.recoveryourlife.com

**LifeSIGNS** is a user-led charity creating understanding about and support for self-injury  
www.lifesigns.org.uk

**National Self Harm Network**  
www.nshn.co.uk

The Royal Borough of Greenwich website:  
Activities for young people  
http://www.royalgreenwich.gov.uk/info/643/young_peoples organised_activities

Support for children and young people with special educational needs and disabilities  
http://familiesinformation.royalgreenwich.gov.uk/kb5/greenwich/fsd/localoffer.page