

Self-Harm Education Practice Guide



2024

Self-Harm and Suicidal behaviour Pathway

A guide for Education

A collaboration as part of the transformation agenda in Lancashire and South Cumbria working with the ICB Self-Harm Steering Group.

The content of this document has been adapted from the “Northamptonshire Toolkit for Supporting Children and Young People Presenting with Self-Harming Behaviours, or Intent to Self-Harm”.

It is intended as a pathway and practical guide which signposts professionals working with young people to the appropriate resources available from Ask Normen, www.asknormen.co.uk the Northamptonshire Mental Health Gateway.

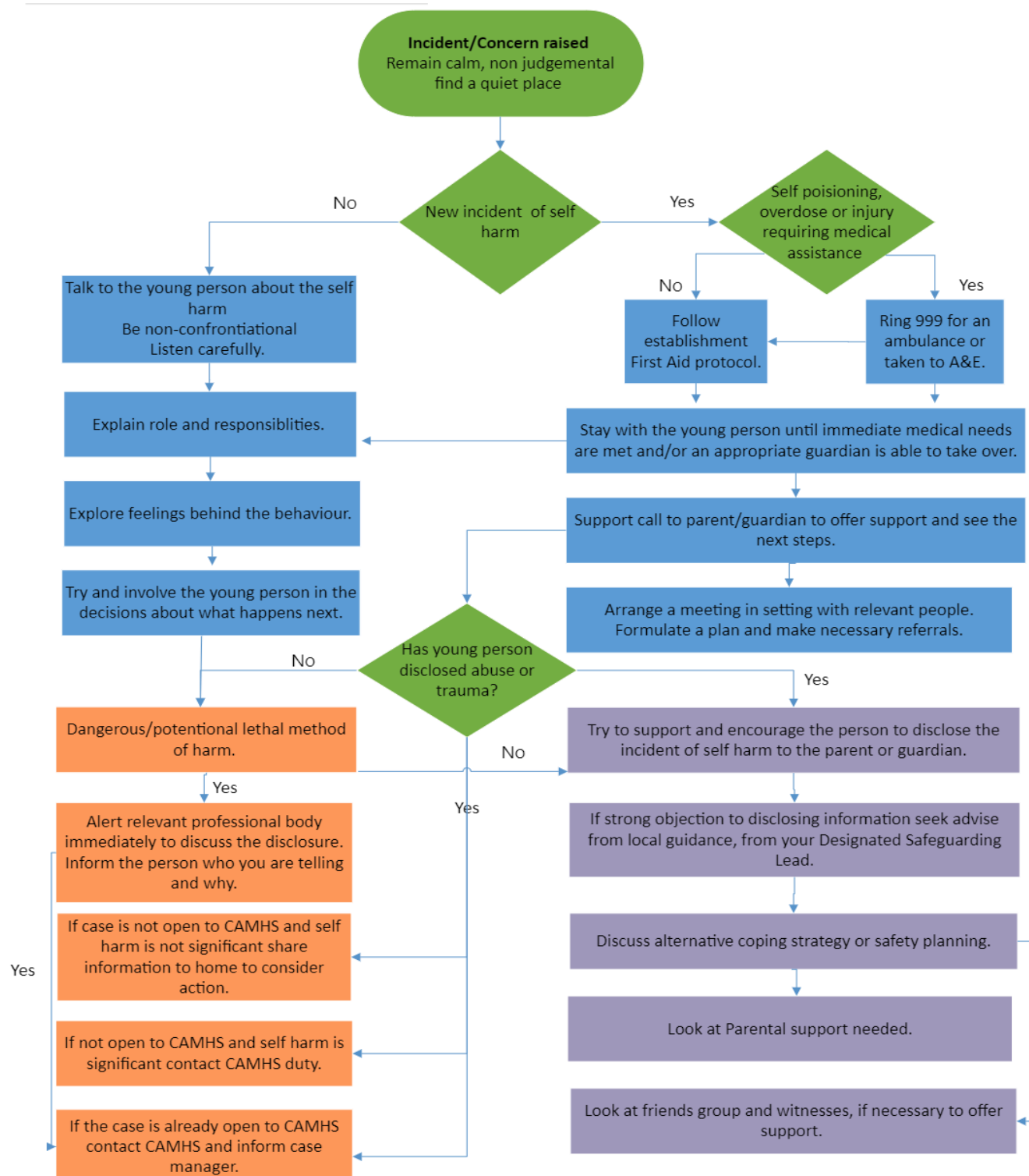
The pathway flowchart has been adapted from the Derby Teaching Hospital Foundation NHS Trust pathway which can be found in the Derby Self-Harm Practice Guidance: <http://www.hardwickccg.nhs.uk/safeguarding-children/>.

The authors wish to thank The Northamptonshire Mental Health Gateway and Derby Teaching Hospital NHS Foundation Trust, the partners and young people involved in the production of their toolkit and self-harm practice guidance.

Self-Harm Pathway

Self Harm Pathway

Responding to disclosure of self-harm



Footnote:

New incident - incident that has just happened and presents new injuries

Exisiting - self injury that has been completed previously and only disclosed now

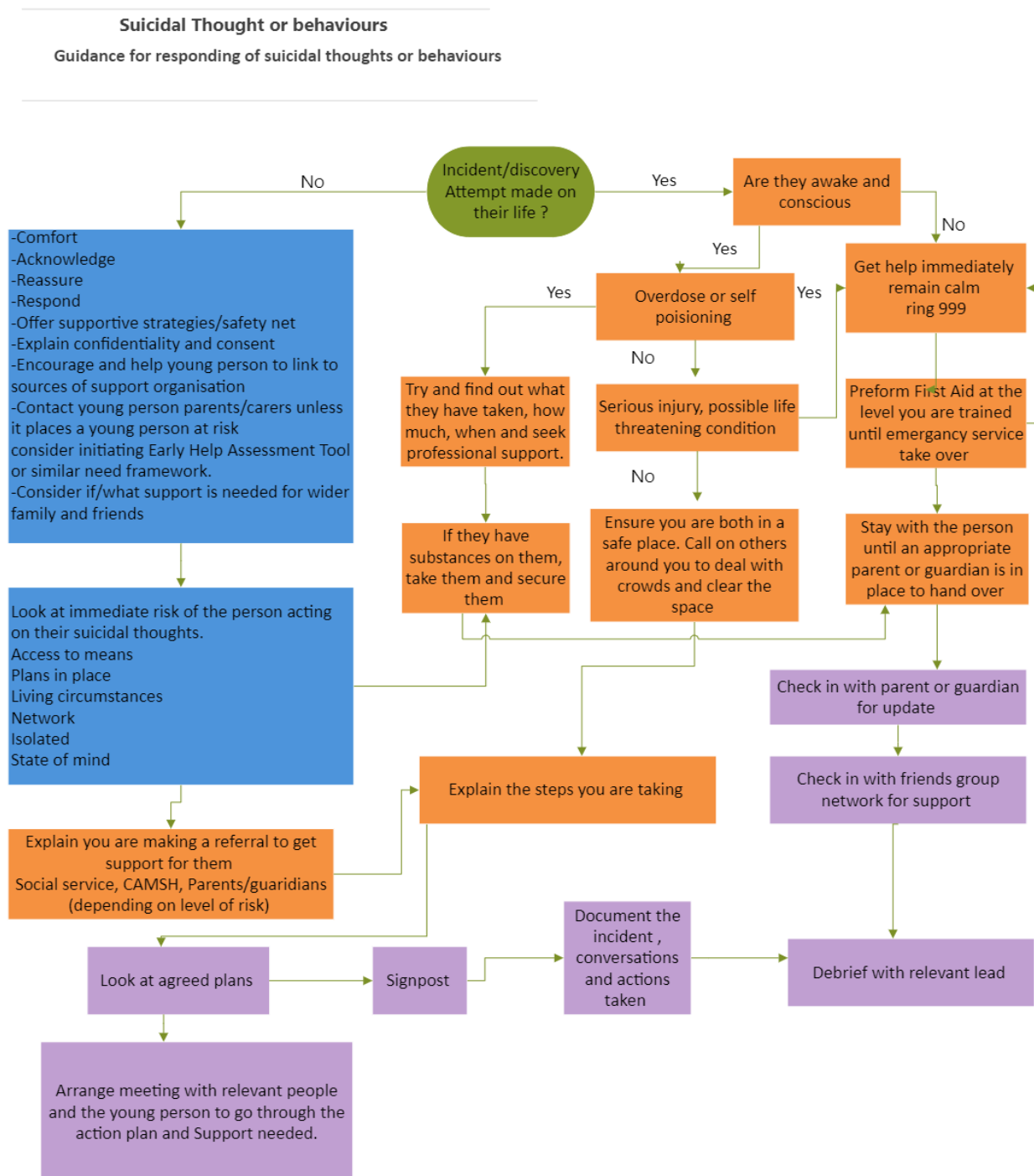
Dangerous/lethal self harm -

BLUE - Low risk Route.

ORANGE- High risk route.

PURPLE - Support and tracking route following incident.

Suicidal thoughts or behaviours



Footnotes

Attempt:

Suicidal ideation

Self Harm

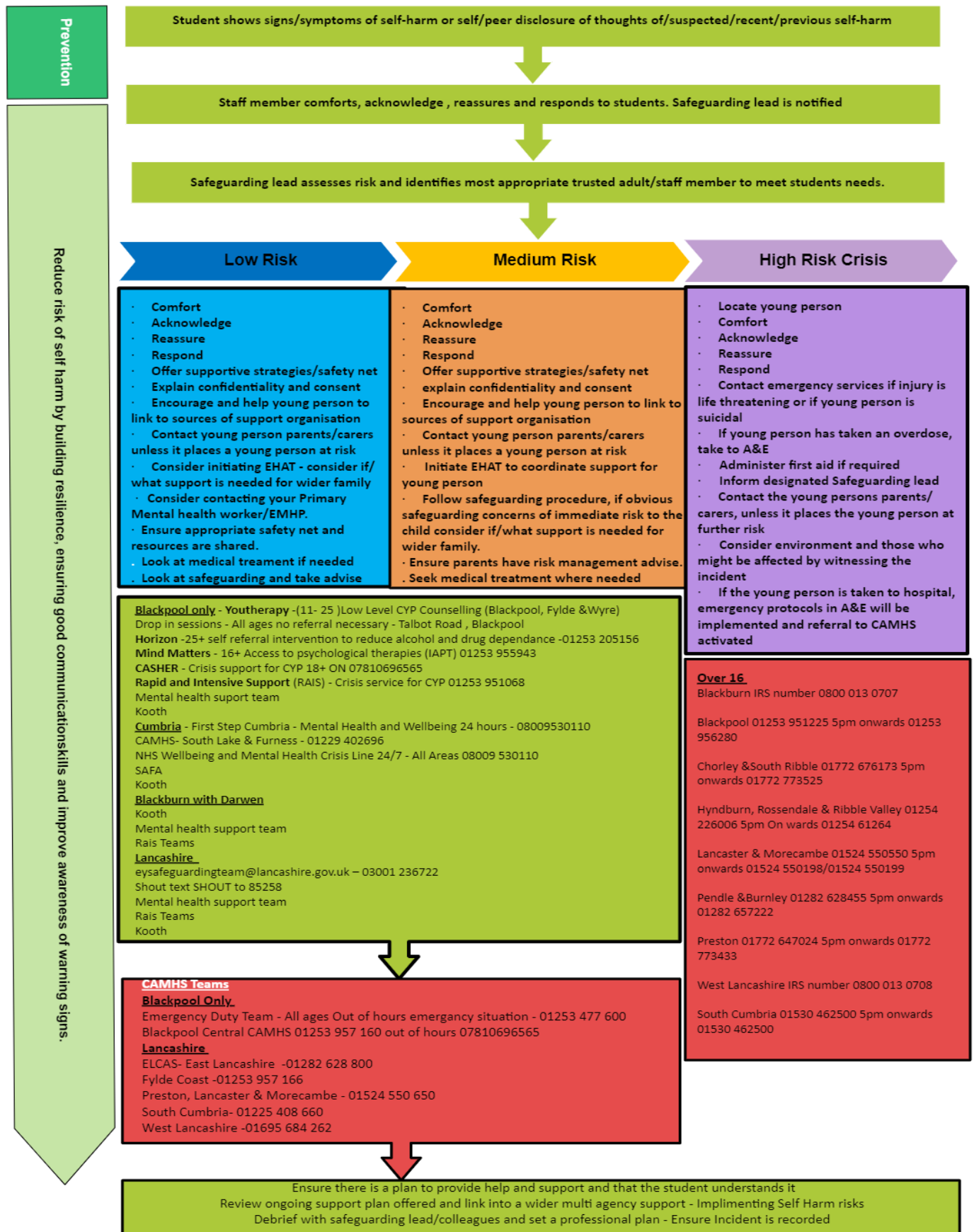
Risk

BLUE - Low risk Route.

ORANGE- High risk route.

PURPLE - Support and tracking route following incident.

Multi agency process flowchart for managing Self Harm



Introduction

This document has been developed as a reference guide for all Schools, Colleges and Universities who come in to contact with children, young people. It is intended as a guide to supporting children/ young people who have thoughts of, are about to or have self-harmed.

What is self-harm?

Self-harm is used to describe a wide range of behaviours; it is understood to be a self-inflicted physical response to emotional pain and includes:

- Asphyxiation
- Picking or scratching skin
- Burning or scalding
- Pulling hair
- Cutting
- Taking an overdose
- Fracturing bones
- Taking toxic substances
- Hitting.

Self-harm may be a response to strong feelings and distressing experiences, which are hard to deal with. During adolescence, young people may encounter particularly painful emotional events for the first time.

Adolescents who self-harm describe feelings of powerlessness, despair and say that they turn to self-harm to release powerful and frightening emotions, relieve unbearable tension or gain a fleeting sense of control. Some young people harm themselves in less obvious, but still serious ways such as taking drugs, having unsafe sex, or binge drinking. Some simply starve themselves'. It's usually a sign that something is wrong in the life of that young person.

It can feel to other people that these things are done calmly and deliberately - almost clinically, but we know that someone who self-harms are usually in a state of high emotion, distress and unbearable inner turmoil.

Some people plan to self-harm in advance, for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others do it regularly - it can be hard to stop.

For many children and young people self-harm is a way to communicate emotional distress. Self-harm is one way of communicating high levels of distress and is often an expression of the need for strong and often poorly understood feelings to be validated, accepted, understood and attended to. Self-harm may also be an expression of unmet needs and longings, which cannot be put into words and is a way of calling out to others to understand and address these needs.

It's important to understand what these needs are and how they might be met. It is important to remember that the needs are legitimate, but the young person may need help to find more functional ways to communicate to secure appropriate support. It may be that there is a problem at home, an issue of bullying, marked relationship difficulties, or overwhelming feelings that are misunderstood. The young person may feel that no one is listening to them or hearing them, and so develops more remarkable ways of communicating their distress.

How self-harm works

Self-harm is primarily a way to cope with feelings that are so distressing that no alternatives are thought to be helpful. Young people say that self-harm works for them in the following ways:

- **Comfort:** Self-harm may be experienced as soothing and comforting by some young people. This may come about from the release of tension but also by providing an opportunity to seek care and nurture from others. This is particularly important for young people with poor self-regulation skills
- **Communication:** Self-harm is primarily a means of regulating feelings rather than gaining a response from others. However, self-injury may also be a means of communicating distress without using words
- **Control:** Some young people explain that they feel the need for control in their lives (which is characterised with a lack of control). Self-harm can be seen in terms of gaining control because they can control the injuries to their own bodies. Determining the nature, site, timing and severity of harm to the body is a way of staking claim to one's own body
- **Distraction:** Self-harm can provide a distraction from the unbearable emotional pain they feel inside
- **Feeling alive or real:** Sometimes young people's real-life experiences leave them feeling numb or unreal. Hurting their body may be experienced as a way of breaking through these feelings and experiencing something that makes them feel alive and real again
- **Release of feelings:** By hurting themselves, young people report they can release feelings that feel unbearable when held inside
- **Self-punishing:** Some young people carry feelings of shame, low self-esteem and self-blame. These feelings become so hard to bear that some young people harm themselves as a punishment and they may not realise that this is why they self-harm.

Who self-harms and what are the risks

There is not one type of person who self-harms. Some groups are more vulnerable than others, but each case is individual. We know that there are factors that contribute to the risk of self-harm.

These include:

- Attempted suicide or self-harm by a family member
- Low self-esteem; marked relationship difficulties
- Mental health problems such as depression and anxiety
- Marked family conflict (parental conflict; domestic violence; parental mental health problems or periods in local authority care)
- On-going marked family relationship problems
- Past or present physical or sexual abuse, neglect or trauma
- Other members of the family self-harming may act as models of self-harm
- Bullying, including cyber bullying and homophobic bullying
- Children and young people who experience poor emotion regulation and have ineffective emotional regulation coping strategies. This may be linked to 'insecure early relationships'.

Sometimes none of these risk factors are present. Some young people who harm themselves may appear well and from highly supportive backgrounds; they suffer internally and resort to harming themselves as a means of coping with whatever it is they are struggling with. Sometimes groups of young people can influence each other by discussing or sharing images of self-harm. When this happens, it is sometimes referred to as 'contagion'.

The reality is that:

- Boys are affected by self-harm as well as girls but are less likely to tell anyone about it
- It's not always easy for a young person to stop self-harming behaviour
- Young people from all walks of life can be affected by self-harm, regardless of their social or ethnic background.

Spotting the warning signs

Self-harm may begin in response to a range of issues (see the risks on page six), including the following:

- Family relationship difficulties
- Difficulties with peer relationships
- The breakup of a relationship
- Bullying
- Significant trauma (including bereavement, abuse and neglect)
- Self-harm behaviours in other people (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult time of year (anniversaries and stressful academic times)
- Trouble in school, college, university or with the police
- Feeling under great pressure from school, college, university, families, friends or peers
- Exam pressure
- Times of stress and change (e.g. parental separation/divorce).

Things to look out for

Cutting is the most common form of self-harm with the most common location being the wrist, forearm and upper arm ([Gardner et al., 2020](#)). However, these locations can often be concealed by young people and self-harm can occur in any location e.g., with injuries to the legs, torso, head, neck and genitals also being reported. Self-harm in visible locations is more easily detected, but the vast majority of self-harm is concealed as this is typically a very personal behaviour that occurs in private. It is therefore important not to rely on the visibility of injuries as the only means of detecting self-harm ([Gardner et al., 2022](#)). Included below are other potential indicators that may help you identify whether a young person may be self-harming:

- Blood stains on clothes
- Sharp objects in the person's belongings
- Lots of bracelets/wristbands
- Not wanting to get changed in front of anyone
- Changes in eating and sleeping habits
- Wearing heavy clothes even in warm weather
- Appear more distressed
- Poorer level of attendance
- Increased isolation from friends and family
- Lowering of grades
- Talking about self-harming or suicide
- Drug or alcohol misuse
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Psychological/behavioural changes (withdrawal, distress, irritability, risk taking behaviour etc)
- Cuts, scratches or burns that may not be accidental.

Listen to the young person

Do

- **Stay calm** – do not show anxiety, disapproval or disgust
- **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 initially** – calmly ask any relevant Questions ([see page 7 for sample questions](#)) the young person, whilst you ascertain – try and build a rapport with what is happening for them
- **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 have nothing to do with suicide. However, of self-harm the easiest way to differentiate between suicide and self-harm is by asking the young person what their intention behind the self-harm behaviour was.

Don't

- **Don't Panic** – Panicking will not help the young person feel psychologically contained, 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
- **Don't work alone** – you may still see a young person alone, be aware of your lone worker policy and the need to reflect on the situation with an appropriate staff member or colleague. This is the importance of debriefing after any incident
- **Don't offer to take the young person to your home** environment, offer to find a place of safety if required. ([use the pathway](#))
- **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)
- **Don't ignore or send the young person away** – make some time for them – either help them find another person to talk to or support them in getting the right kind of support. ([Use the pathway](#))
- **Don't be judgemental** – keep an open mind about the behaviour and allowing the person to have a voice.
- **Don't refer** to their behaviour as “attention seeking”.

Responding to a young person who has self-harmed

- When you recognise signs of distress, try to find ways of talking with the young person about how they are feeling
- Build up a full picture of the young person's life by talking to their form tutor, year head from the education setting and any other adults who encounter them. Find out any strengths and vulnerabilities
- What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This is someone that the young person has chosen 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 deliberate self-harm are taken seriously
- All mention of suicidal thoughts should be taken seriously, and the young person listened to carefully
- If you find a young person who has self-harmed try to keep calm, give reassurance and follow the first-aid guidelines as directed by School and college or university policy
- In the case of an overdose of tablets, however small, telephone 999 and ask for advice. If necessary, take them straight to the nearest accident and emergency department
- Take a non-judgemental attitude towards the young person

- Try to reassure the person that you understand that the self-harm is helping them to cope now, and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell
- Discuss with the young person the importance of letting their parents know and any fears they may have about this
- Contact the person's parents/guardians, unless it places the child or young person at further risk (Consider people over 16 years old who may not want their parents to be informed)
- Discuss the concerns of the school, college, university with the agreed trusted adult ([Script available](#))
- Provide parent/carer/guardian with the parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person
- Think about the resources there are in your setting, in school, college, university and the local community which could support the young person. A referral to the GP or Mental support teams in school and Colleges, NHS support teams (if available), school nurse may be considered
- Follow the setting policy of informing the designated safeguarding lead of your concerns
- A Common Assessment for Families could be raised at a network meeting if appropriate
- If other agencies are already involved with the young person, then it may be important to liaise with these agencies and work together
- Create a meeting with parent/carers as required
- Follow up the parents' meeting with a letter indicating your concern
- Have crisis telephone numbers available and easily accessible to young people
- Record any incident (see incident recording form)
- Seek support for yourself and allow time to debrief.

Should pupils be asked to cover up visible injuries or scars?

Studies suggests that exposure to self-harm injuries or scars can increase the risk of other young people beginning to self-harm. However, asking those who self-harm to conceal their injuries/scars could lead to negative beliefs about their scars, increase their psychological distress, and further perpetuate stigma (Gardner et al, 2022). We should recommend that the decision to cover up injuries/scars or not should be led by the child/young person, unless there is a need to cover up is required from a first aid or medical/safety point of view. Staff should stay vigilant regarding others showing similar signs or asking questions.

Best Practice Principles

If you need to share confidential information about a young person, then apply the following best practice principles as far as possible.

- If your organisation has a named person responsible for child protection and/or safeguarding, then seek advice where possible. Cases may be discussed anonymously for the purpose of seeking advice
- If the information that needs to be disclosed came from the young person, try to support them to share the information themselves
- Explain the need to share the information, the reasons it needs to be shared and the people who need to know and try to gain consent to the disclosure. Do not do this, however, if asking for consent would seriously increase the risk to the young person, or if danger is imminent and there is no time for delay
- If the young person does not have capacity to give consent to the disclosure, then seek consent from a guardian, unless doing this would seriously increase the risk to the young person, or if danger is imminent and there is no time for delay
- If you cannot seek consent for the above reasons, or if consent is refused, you can still share the information if doing so will prevent serious harm to the young person or to others
- Only share information that is relevant to the concern/risk.

Non-Judgemental Listening

Listening without judgement improves confidence in dealing with crises and help you make an accurate assessment of each situation. This is about the listener adopting a set of attitudes and using both verbal and non-verbal listening skills, that help the listener understand exactly what is being said and encourages the young person talk freely and comfortably without feeling that they are being judged.

Attitudes

Acceptance Respect the person's feelings, experiences and values even though they may be different to yours. Don't judge or criticise because of your own beliefs.		Genuineness Show the person you accept them and their values by what you say and do. Your body language should reflect what you say.		Empathy Place yourself in the other person's shoes. Demonstrate that you truly hear and understand what they are saying and feeling. Don't feel sorry for them, this is sympathy.
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Listening effectively

- Be aware of your own feelings and thoughts
- Avoid reacting to what is being said
- Focus on the person
- Understand what it's like to be in their place
- Get appropriate support for yourself while maintaining confidentiality.

Verbal skills

- Listen without interrupting
- Pay attention
- Ask appropriate questions to ensure you both understand what is being said
- Listen to the words and tone of voice
- Look at the body language for clues of how the person feels
- Check your understanding of what is being said
- Summarise facts and feelings
- Respect cultural differences in communication
- Offer to use a trained interpreter if required.

Non-verbal skills (Body language)

- Be attentive
- Sitting down can make you seem less threatening
- Keep comfortable eye contact
- Keep an open body position
- Try to sit next to and not directly opposite the other person.

Combining these attitudes and skills can improve the quality of conversations and ensure the young person feels comfortable, creating a trusting relationship in which to discuss sensitive issues.

Understanding the level of risk

Using the communication skills discussed in the previous section there are questions to ask that can help you understand the level of risk the young person is presenting with. The Truth Hurts enquiry (2006) states that “the reaction a young person receives when they disclose their self-harm can have a critical influence on whether they go on to access supportive services”. It is equally important that Education staff have a basic understanding of what self-harm is, why young people do it, how to respond appropriately, and what other support and services are available (The Truth Hurts, 2006).

Low risk	Moderate risk	High risk
Physical Health/Type of Self Harm <ul style="list-style-type: none"> Punching or hitting themselves/objects (e.g. the wall) Pulling out hair Picking at scabs/wounds Superficial cuts, scratches or burns Mental State Assessment <ul style="list-style-type: none"> No intention to die First incident of self-harm Outcome of attempt unlikely to be harmful in long term Regrets actions Stable mental state Willing to engage/cooperate No safeguarding issues/carer able to safeguard young person Able to identify protective factors Steps for schools, college, university's <ul style="list-style-type: none"> Apply basic first aid if staff are able. Inform parents/carer of incident. If young person is happy and able, remain in school, College or University. Consider contacting your primary mental health worker/EMHP if in place for consultation. Ensure appropriate safety-netting and resources (e.g. use hand-out at end of this guide) are shared. 	Physical Health/Type of Self Harm <ul style="list-style-type: none"> Deeper cuts or burns Inserting objects into the body Banging head or body against walls and hard objects (depending on severity can be low/high risk) Mental State Assessment <ul style="list-style-type: none"> Some plans for future self-harm/suicidal ideation Numerous self-harm incidents Concerns with engagement/Cooperation Potential safeguarding issues or carer unable to safeguard Agitated/distressed/traumatised Significant contributory event /trigger Risk of absconding Tearful/withdrawn/anxious Steps for schools, college, university's <ul style="list-style-type: none"> Apply basic first aid if staff are able. Consider sending young person home if academic pressures are a trigger/home is able to safeguard Ensure parents have risk management advice 	Physical Health/Type of Self Harm <ul style="list-style-type: none"> Overdose/ingesting poison of ANY amount Attempted ligature Significant cutting/burning where medical treatment is required Mental State Assessment <ul style="list-style-type: none"> Current intention/plans to die Significant low mood Unstable mental state Safeguarding concerns / carer unable to safeguard CYP Possibility of fatal outcome in attempt Physically verbal/aggressive Not engaged / uncooperative Steps for schools, college, university's <ul style="list-style-type: none"> Apply basic first aid if staff are able. Advise young person to attend A&E for physical health check. Remain with young person until hand over to most appropriate person (A&E, CAMHS, social worker etc)

The following tables provide some initial responses and explorative questions that can help staff explore the young person's self-harm behaviour and level of risk. It is important to note that risk is cumulative and that many factors can influence risk of self-harm and suicide in young people.

Many young people self-harm on a regular basis, though may not cut so deeply for example that they require medical intervention. It is however important to recognise that like other maladaptive coping mechanisms self-harm can become the usual response to daily stress and can as a result increase in severity. It is therefore vital that the risk of self-harm is considered at each occurrence. Talking with young people about self-harm does not make it worse. Developing an understanding of the reasons behind the behaviour can help the young person feel listened to, supported and improve the outcome.

It is important to understand the risk to the young person can change over time depending on their circumstances, mood and other factors that influence risk.

[The tables on Page 20](#), can help with your understanding of the risks by providing you with key questions and possible responses which may indicate the level of risk. This can support your decision about what action to take and help develop your understanding of the nature of the young person's difficulties. As always, if you have questions, please contact your local CAMHS duty line to discuss any cases you are not sure about.

Confidentiality and information sharing

It is very helpful and desirable for all educational settings to have very well-publicised, printed, confidentiality notice on the walls, intranet, etc. with statements written in a clear concise language, for all learners to be able to read, at any time.

If a student approaches you and talks about self-harm, they are putting a great deal of trust in you.

In this situation confidentiality will be very important to them but it's important to remember that you cannot promise total confidentiality. Staff need to act in line with their School, College or Universities safeguarding policy.

This means sharing the disclosure with your School, College or Universities designated safeguarding lead or deputy safeguarding lead. It is better to be open with a young person about this acknowledging that their health, safety and welfare is paramount, and that you are obliged to share information.

Let them know who you are telling and what you are sharing. Otherwise, they often feel their trust has been betrayed. Trust is hard to win, easily lost, and takes a much longer to rebuild. Gain consent, if possible, but you must share the information even if they refuse to give their consent, in line with your safeguarding policy.

This information is also usually shared with parents/carers too and it is good practice to discuss this with the young person and gain their consent if possible. A good conversation will often encourage a young person to accept this but while also acknowledging the importance of addressing any fears they may have about the sharing of this information.

If letting parents/carers know poses a risk of harm to the young person, for example where abuse is suspected, a decision should be made in line with safeguarding policies and not individually by staff. All concerns should be discussed with the relevant Safeguarding Lead as per your safeguarding Policy before any action is taken.

Students should be informed of who is being told and what is being shared.

A recent consensus statement on information sharing has been issued on adults in England and can be viewed online at <https://www.gov.uk/government/publications/consensus-statement-for-information-sharing-and-suicide-prevention/information-sharing-and-suicide-prevention-consensus-statement>

Other relevant publications:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013010/zero-suicide-alliance-share.pdf

Roles and Responsibilities

Headteachers/CEO/Head of School, College, University

Play a central role in developing positive mental health strategies in schools, colleges and universities. They should recognise the need to develop whole setting awareness of mental health and emotional health issues, including self-harm, and be supported to do so

Making sure self-harm training is a priority for staff alongside other mandatory training. The support for training is crucial to enable staff to feel confident in supporting young people in effective, non-judgemental, and respectful ways. In collaboration with the Trust or Governing Body, develop and implement a self-harm policy using the guidance provided.

Ensure staff, parents and pupils are aware of their roles and responsibilities when implementing the policy across the setting.

Appoint one or more designated members of staff to be responsible for all incidents relating to self-harm. Depending upon your own setting, this could be a teacher, a member of support staff or the school nurse, Wellbeing champions. Ensure that all designated staff receive full and appropriate training regarding self-harm and are fully confident with the procedures to follow. Provide practical and emotional support for key staff dealing with self-harm.

Ensure that all staff including teaching assistants, laboratory technicians and other non-teaching staff are made aware of and understand the self-harm policy.

Ensure that good procedures are in place for record keeping, audit and evaluation of all activities in relation to self-harm in the setting.

All incidents of self-harm should be reported to the designated safeguarding lead regardless of perceived severity.

Lead a whole setting culture of positive mental health issues and self-harm and be supported to do so.

PSHE is an essential way to address the young people's emotional wellbeing and mental health needs.

Support training for staff on emotional wellbeing and mental health issues including self-harm.

Develop and implement a self-harm policy involving young people themselves, ensuring all staff are aware of the procedure to follow. Ensure all staff (including non-teaching) are aware and understand the policy.

Trust Board/Governing Body

Provide pupils with open access to information about self-harm and details of who to go to for help and support.

Decide, in collaboration with the senior leadership team, how awareness and understanding of self-harm should be promoted. This includes self-harm being covered in the PSHE curriculum, extra-curricular presentation for parents and training for all staff.

Consider issues of parental consent and whether parents/carers or guardians should be invited to learn more about self-harm.

Review special permissions for pupils who self-harm, for example, 'time out' of the classroom during emotional distress and permission to wear long sleeves for sports.

Support the development of procedural policy for self-harm incidents occurring at your setting.

Encourage pupils to go to a key worker at times of emotional distress, rather than resorting to self-harm in isolation.

Be clear about what behaviour cannot be accepted and ensure that all pupils are aware and understand the guidance (examples include self-harming in front of other pupils or threats to self-harm as bargaining, may be deemed by the setting as unacceptable).

Designated Safeguarding Lead

Implement the self-harm policy, communicate with each other and report back to the head teacher at each stage of the process.

Maintain up-to-date records of pupils experiencing self-harm, incidents and all other concerns surrounding the issue. Communicate with the head teacher and other key staff on a regular basis and keep them informed of all incidents and developments.

Monitor the help, support, and progress of the students in your care and maintain communication with them.

Be fully confident in the understanding of self-harm and seek additional information and/or training if necessary. You may need to reflect upon and update your practice in relation to those who self-harm.

Contact other organisations and key services in your area and find out what help, and support is available for pupils who self-harm.

Liaise with the head teacher and pupil to decide if any other members of staff who have contact with the pupil should be made aware of the self-harm and underlying concerns. Whenever possible adhere to the principle of the 'need to know' principle.

Ensure that all first aiders are well informed about self-harm.

Inform the pupil's parents, if appropriate and liaise with them as to how best to manage the situation

Be aware of when it is essential for other professional bodies to be informed, such as social services, educational psychologists, GP, primary mental health team and CAMHS.

Report any mention of suicidal feelings or behaviour as a matter of urgency.

Take care of your own emotional well-being and seek support as and when is necessary.

To All Staff and Teachers

All incidents of self-harm should be reported to the designated safeguarding lead regardless of perceived severity.

Be aware of all self-harm toolkits/policy documents and be clear who you need to inform if you are concerned about self-harm.

Discuss an incidents or disclosures of self-harm with the designated self-harm lead as soon as you become aware of it and inform the student that you are doing it.

Make it known to pupils that you are available to listen to them.

Remain calm, respectful, sensitive, and non-judgemental at times of student distress.

Do not adopt a dismissive or belittling attitude in relation to the reasons for a student's distress.

Encourage pupils to be open with you and assure them that they can get the help they need if they are able to talk.

Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need.

Do not make promises you can't keep, especially regarding issues of confidentiality.

Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives.

Provide and encourage access to external help and support where possible.

Monitor the reactions of other pupils, who know about the self-harm.

Avoid asking a pupil to show you their scars or describe their self-harm.

Avoid simply telling a pupil to stop self-harming - you may be removing the only coping mechanism they have.

The Internet, social media, online bullying and self-harm

Concern regarding the influence of the internet, social media and electronic communication on self-harm and suicidal behaviours has grown in recent years alongside their increased use, particularly in young people.

It is challenging for research in this area to keep pace with the changing digital landscape and usage trends, which makes the impact on emotionally vulnerable young people hard to gauge. However, in relation to self-harm and suicidal thoughts, the current view is that the internet has both positive and negative influences. For example, while images of self-harm may maintain periods of unhelpful thoughts, isolated young people can also find supportive contacts.

Systematic research reviews ([Marchant et al., 2017](#)) have identified significant potential for harm from online activity in relation to suicidal behaviours (normalisation, triggering, competition, online bullying) but also the potential to exploit its benefits (crisis support, reduction of social isolation, delivery of therapy, outreach to isolated groups).

Victims of online bullying are more than twice as likely to self-harm and enact suicidal behaviours ([John et al., 2018](#)). Perpetrators of online bullying are also more likely to experience suicidal thoughts and behaviours, although to a lesser extent. In fact, there is a link between engaging in online bullying and being a victim of it with at least one in twenty young people involved in both. This is where restorative practices become important and recognising these are all vulnerable rather than either victims or perpetrators.

Prevention of online bullying should be included in whole-setting approach anti-bullying policies, alongside broader concepts such as digital citizenship, online peer support for victims, how an electronic bystander might appropriately intervene, and more specific interventions such as how to contact mobile phone companies and internet service providers to block, educate, or identify users.

Young people increasingly use social media to express distress which is an opportunity to help and access support. It is always worth asking about internet and social media use, digital life, and experiences when talking to a young person who has self-harmed.

When engaging with young people, it is important to maintain a balanced view about the internet and social media, to be aware of positive sources of information and support, to encourage online safety generally, as well as to support parents/carers to build their own understanding of cyber use.

Schools, colleges, Universities and charities can download this browser extension for Free [Home - R;pple](#) ([ripplesuicideprevention.com](#))

Initial Questions	
What has been happening? <i>(Give reassurances i.e. it's ok to talk about self-harm and suicidal thoughts and behaviour)</i>	
Have you got any injuries or taken anything that needs attention? <i>(If urgent medical response needed call an ambulance)</i>	
Who knows about this? <i>(Say who you will have to share this with e.g. designated safeguarding lead, and when this will happen)</i>	
Are you planning to harm yourself? <i>(Consider likely or imminent harm)</i> <i>(Check what they can do to ensure they keep themselves safe until they are seen again e.g. stay with friends at break time, go to support staff)</i>	
Have you got what you need to do it? <i>(Means)</i>	
Have you thought about when you would do it? <i>(Timescales)</i>	
Are you at risk of harm from others?	
Is something troubling you? <i>(Family, education pressures, social, consider use of child protection procedures)</i>	
Further questions	
What, if any self-harming thoughts and behaviours, have you considered or carried out? <i>(Either intentional or unintentional – consider likely/imminent harm)</i>	
If so, have you thought about when you would do it?	
How long have you felt like this?	
Are you at risk of harm from others?	
Are you worried about something?	
Ask about the young person's health (use of drugs/alcohol)	
What other risk-taking behaviour have you been involved in?	
What have you been doing that helps?	
What are you doing that stops the self-harming behaviour from getting worse?	
What can be done in setting to help you with this?	
How are you feeling generally at the moment?	
What needs to happen for you to feel better?	
Who can help? Who would you talk to if things got worse? What would you want them to do? What would you expect them to do?	
Do you think you'll still be harming yourself in the future? Would you want to be self-harming in 2 years' time?	

Further explorative questions	Example responses
What led up to self-harming? (Reasons)	Arguments; falling out with boy/girl-friend Desperation; wanted to end it all
What was the self-harming? (Cutting/overdose)	Cutting, overdose, scratching, burning, hair pulling, inserting objects, ligature, jumping, crashing, running into vehicles, overdose, burning, poisoning
Where were you at the time? (Circumstances)	Home, school, college, other
Was there anyone else around? Yes/no Where were they?	Friends, family, nearby, no one
Did you tell anyone? (Who?) And how long after did you tell them?	Yes (family, friend, 999) immediately, shortly afterwards, on recovery, afterwards, not at all
How were you feeling before the self-harming?	Anger, upset, sad, frustrated, stressed, vengeful
Did you try to manage your feelings in any other ways?	No (impulsive), yes (tried distraction, substance misuse)
Did you contemplate self-harming for any length of time beforehand?	No (impulsive), yes (for some time; planned how to)
How did you feel after the self-harming?	Regret, foolish, embarrassed, frightened, needed to get help, nothing (hoped it would work)
Were you under the influence of any alcohol or substance at the time?	No, yes (lowers inhibitions, increases risk)
Have you self-harmed in the past? Yes/no When was this? Any reason?	Yes ; No (first time)
When did you first self-harm? How long ago? How old were you? What did you do?	<i>(Helps develop a picture of history of self-harm if any)</i>
How frequently do you use self-harm?	Infrequent, when stressed, frequently
What other strategies have you used to help you cope?	Talking to friends, reading, writing, drawing, exercise, nothing
Who do you know you can talk to?	Friends, teacher, counsellor, nurse, mum/dad, no one
Have you ever experienced suicidal thoughts? Yes/no Are they random/fleeting or persistent?	No, yes (fleeting, random) Yes (random, persistent)
Have you ever acted on a suicidal thought or idea?	No; Yes (partly but didn't follow through and stopped). Yes (tried and failed attempt/partly didn't follow through)
Have you ever written a note to be found by anyone after a self-harming incident?	No; Yes (wrote but didn't do anything) Yes (wrote and left note to be found)
Do you keep self-harming equipment anywhere in private?	No (know where to obtain); Yes (in bedroom, in bag/box)

What are your hopes and ambitions for the future?	Some hopes and ambitions, little or; no hopes and Ambitions
Are you interested in managing your self-harming?	Yes (to manage and try alternatives to stop selfharming), no (don't want help or to stop selfharming)
Generally; how would you describe your mood (scale 1–10)	Sad, Low, Depressed, Ok (1–5) Depressed, Low (6–10)
If depressed; for how long (circumstantial?)	Now and then, (at school/home/after argument), most days for a long time, (nearly all the time, anywhere)

Note: Example responses in Red may indicate a higher level of urgency.

Talking about a visit to the Accident and Emergency department

If a young person has self-harmed with an overdose, they MUST attend emergency services and parents/guardians must be informed. Other types of self-harm may require A&E for assessment and or treatment.

Waiting Times

It is important to let the young person, and their family know there may be an initial wait in the A&E department. This can vary depending on the time of day and demands on the hospital at that time, so it is important to ensure everyone has an expectation of waiting to be seen.

Triage

You can explain to the young person that a 'triage' assessment will be made to determine how critical their physical injuries and state of mind are. These are categorised as 'minor' or 'major', with the most life-threatening prioritised. For under 16-year-olds who have taken an overdose there will be an admission to the paediatric ward for assessment of physical and mental health.

Different hospitals have different clinic days so depending on which day the young person is admitted, there may be an overnight stay(s) before a full assessment can take place. Young people over 16 years old are seen by the Psychiatric Liaison Team and may not be admitted for overnight stay. If an overnight stay was indicated this may not be in a paediatric ward.

The two most common types of self-harm are cutting, and overdose also known as self-poisoning. The following describes the most likely emergency procedures:

Cutting

The doctor will ask what has happened, what the young person cut themselves with; when where and why they did this

They will be asked if they have a history of mental illness. As the physical injury is only one part of the emergency, this needs to be known so they can be suitably cared for

The young person's wounds will be cleaned, and the doctor will look to see how deep the cuts are. If the wound isn't very deep and there doesn't seem to be any nerve or muscle damage, it can be closed with paper stitches or medical glue

If the wound is particularly deep, a local anaesthetic to numb the area can be given

If there is damage to the nerves and muscles, the young person may be referred to a specialist, such as an orthopaedic surgeon or plastic surgeon. They may perform an operation.

Overdose

The doctor will need to know what the young person has taken, when they took it and how much

Within an hour of taking the overdose they may be given a drink of 'activated charcoal' ask A&E if this still happens—a black, unpleasant-tasting drink that prevents the stomach from absorbing the poison

Blood tests will be taken, and paracetamol levels checked. It will depend on the amounts taken as to when they may be treated. If there's evidence to suggest a very large overdose, treatment will start immediately, otherwise they will wait to find out the levels

A drip treatment may be given via a cannula (a plastic tube inserted into a vein in the arm) and may need to remain in place for up to 24 hours

For some overdoses, the young person may just need observation in the hospital, sometimes for up to 12 hours.

Other relevant information

<http://www.themix.org.uk/mental-health/self-harm/going-to-a-and-e-for-self-harm-5687.html>)

Suggested script for talking to parents/guardians

Good morning/afternoon name of parent/carer/guardian.

This is _____ from your child's school.

I am just ringing to let you know that _____
has come to me today in school to tell me that they have harmed themselves.

OR

I am just ringing to let you know that I have noticed that _____
has been self-harming.

*Usually parents are quite shocked by the first phone call, so please use lots of reassurance
e.g. not uncommon.*

Depending on the reaction – some suggestions of what to say next:

This is not uncommon and is a way of them coping at the present time/with difficulties they have described.

Your child cannot stop self-harming just because you want them to. Self injury isn't something you can stop because of will power or because you have made a decision. Nor is it a cry for help or attention-seeking.

Your child is having trouble dealing with emotions and for now, this is the only way they can deal with them.

Trying to physically restrain your child or prevent them from harming is the worst thing you can do. If a young person feels they are being prevented from doing what they need to do, it can drive the behaviour underground so they are less likely to seek help – or they are likely to feel more out of control. When they feel out of control they are more likely to harm themselves in a worse way.

This doesn't mean you have to put up with anything and you certainly don't have to accept or approve their self-harming. But what you can say is this: 'OK, we accept that this is where you are now. Let's see how we can help you move forward'. There can be clear boundaries put in place – where your child agrees to keep talking to you, the parent and seek help.

They have self-harmed by

They have told me that they are self-harming because (please insert reason)

Self-care and supervision

Working with a young person who is self-harming and/or having suicidal thoughts can be difficult, exhausting and distressing. It is important to look after yourself. Remember, if you don't, you will be less able to help the young people, as well as putting yourself at risk of stress and burnout.

Some kind of formal supervision can be helpful in managing the demands of working with distressed young people and their potentially upsetting circumstances. Even if formal supervision is not available in your setting, informal support can still be useful. Take time to reflect on your own feelings, the actions that were taken and the outcomes, and talk through the process with a trusted colleague or line manager. This will not only assist in processing any difficult emotions but will also help you and your organisation to continually improve practice.

- Monitor your own emotional and mental well-being
- Be aware of any distress and seek help when and if you need to
- Be honest with yourself about your emotions
- Other things that some people find helpful when managing stress include:
- Getting regular exercise trying yoga, meditation, mindfulness (see the MindEd for Families session on mindfulness available online at <https://mindedforfamilies.org.uk/Content/mindfulness/#/id/5a54ca222467748f64fe5c12>) or other relaxation techniques
- Talking to someone you trust while maintaining confidentiality and anonymity – a partner or a friend – about how you're feeling but do not share any person-identifiable details
- Accessing external support such as counselling. ([See appendix](#))
- Supporting emergency services, health and social care worker, teacher and their families with the psychological impact of the pandemic.

Frequently asked questions

Does that first conversation count?

If a young person approaches you and talks about self-harm, it will have taken them courage to do so, and they are putting their trust in you. It's important to respond to them appropriately. While you may not be able to solve all their problems in one conversation, non-judgmental calm listening can pave the way to future help-seeking.

Are they attention seeking?

Some young people do reveal self-harm as a means of seeking support, often because they find it difficult to express themselves verbally. This is not 'attention-seeking' behaviour so much as a communication of a need for help. The young person may well need attention, but the right attention, in the right way, which in turn may tend to decrease subsequent motivation to self-harm. Your response is so important in setting the tone for the future –this is all about early intervention.

Will they kill themselves?

Some self-harm behaviours may be related to suicidal thoughts and plans. However, for many people, self-harm is a coping mechanism. Rather than trying to end their lives, young people may be using self-harm to manage their distress and carry on.

There is a relationship between self-harm and suicide but while self-harm in young people is common, suicide is rare. You may well have heard that suicide is the 'biggest killer' of young people. This is because young people rarely die of other causes unlike older age groups.

Can I tell their parents/carers?

Confidentiality is very important to young people. It is better to be open with a young person about this acknowledging that their health, safety and welfare is paramount and that you are obliged to share information. Let them know who you are telling and what you are sharing. Otherwise, they often feel their trust has been betrayed. Trust is hard to win, easily lost, and takes a much longer to rebuild. Gain consent, if possible, but you must share the information even if this is refused in line with safeguarding policies.

If letting parents/carers know poses a risk of harm to the young person, for example where abuse is suspected, a decision should be made in line with safeguarding policies and not individually by staff. If appropriate do share information with parents/carers. Discuss this with the young person and gain their consent if possible.

Responding to issues of self-harm and thoughts of suicide in young people:

Guidance for teachers, professionals, volunteers, and youth services

Can I tell them to stop self-harming and set some targets for behaviour? Don't tell them that they must stop self-harming or make threats. Try to avoid making them feel ashamed or attacked or 'in trouble'. Self-harm can be difficult to manage in schools, colleges, and Universities.

It's scary and there may be worries about the effects on other learners. It is worth thinking carefully before setting boundaries around these behaviours as justification for exclusion. Remember, that excluding a learner in distress may contribute further to any feelings of isolation and impacts on young people's attainment which further affects their trajectories.

If I talk to them about self-harm, are they more likely to do it?

There is no evidence that a conversation with a young person where you try to understand their reasons and circumstances for self-harming makes them more likely to self-harm again or puts the idea into their head. In fact, non-judgmental conversations may encourage them to seek help in the future.

Does this guidance apply to children and young people with special educational needs and/or disabilities?

The advice in this pack is likely to need adjusting according to the individual child or young person with special educational needs and/or disability (SEND) who are self-harming. In addition to the possible reasons for self-harm listed earlier, there may be other reasons why some children or young people with SEND self-harm.

Some children/young people with severe learning disabilities may self-harm as a way of expressing pain from an underlying medical problem e.g. pain from an infection may be expressed by hitting the ear. However, for children and young people with Learning disabilities who are non-verbal or minimally verbal, this can take the form of hitting or biting themselves, hitting their head against hard surfaces, poking their eyes, scratching themselves, putting their finger in their bottoms or genital areas, this can result in significant tissue damage and injury. Also eating items which are not food (Pica). This could be anything in their environment e.g., twigs, stones, leaves, discarded sweets, batteries, nails, paper, dishwasher tablets etc, this represents a significant risk and families should be advised to have high level of supervision and remove access to high-risk items.

Where the child/young person with SEND is self-harming, staff should consider:

- Informing and seeking advice from the educational psychology service, primary mental health team or relevant SEND specialist
- Reviewing the child's educational health and care plan for advice
- Seeking medical advice
- In all cases, inform the designated safeguarding lead.
- Communication between professionals in cases of children with SEND is the most important strategy professionals have to understand the needs of the young person.

For additional resource: <https://cerebra.org.uk/download/self-injurious-behaviour-in-children-with-intellectual-disability-2/>

Appendix

1. 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 into the space below the safety net, the things that you can do yourself to cope with difficult feelings and keep yourself safe.

Things I can do myself to cope with difficult feelings:

The following link provides some useful distraction techniques that can help:

<http://www.nshn.co.uk/downloads/Distractions.pdf>

2. Incident form to be used when a young person self-harm

School / College /University		Date of Report
Age	Gender	Year
Name of Child		
Special needs		
Staff member Position		
Incident description		
Date and time of occurrence		
Action taken by education staff		
Advice from CAMHS link/advice line Yes/No		
If Yes please provide details		
Decision made with respect to contacting parents and reasons for decision		
Follow up		
Signature	Date	
Designation		

3 A child's legal rights - Gillick competency and Fraser guidelines

Taken from NSPCC website: <https://www.nspcc.org.uk/preventing-abuse/child-protection/system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines>

When we are trying to decide whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

The Gillick competency and Fraser guidelines help us all to balance children's rights and wishes with our responsibility to keep children safe from harm.

What do 'Gillick competency' and 'Fraser guidelines' refer to?

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local health authority (West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgement delivered by Mr Justice Woolf:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." (Gillick v West Norfolk, 1984)

How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment:

"provided he is satisfied in the following criteria:

1. that the girl (although under the age of 16 years of age) will understand his advice;
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;
5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." (Gillick v West Norfolk, 1985)

How is Gillick competency assessed?

Lord Scarman's comments in his judgement of the Gillick case in the House of Lords (Gillick v West Norfolk, 1985) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved." He also commented more generally on parents' versus children's rights:

"parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

What are the implications for child protection?

Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm.

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation.

Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

4 PAN Lancashire Procedures

The following link directs you to the Lancashire Local Safeguarding Children Board Procedures Manual for Self-Harm and Suicide.

[5.40 Self-Harm or Suicidal Ideation \(proceduresonline.com\)](#)

The Pan Lancashire safeguarding assurance partnership procedure manual.

[Contents \(proceduresonline.com\)](#)

This guide is for everyone who works with children, young people, and their families in Blackburn with Darwen, Blackpool and Lancashire.

5 CAMHS Contact - [CAMHS Website contact page](#)

If you would like to discuss a child or young person you can contact the duty professional on the following numbers. Remember, this isn't an emergency service; if you need help urgently you must contact your doctor's surgery or visit the Accident & Emergency department of your local hospital. (If the child or young person is already working with CAMHS, you can contact their local centre 9am to 5pm Monday to Friday; otherwise contact your doctor's surgery or A&E).

Lancaster and Morecombe CAMHS :	01524 550650
Fylde & Wyre CAMHS:	01253 657166
Preston CAMHS:	01772 777344
Chorley & South Ribble CAMHS:	01772 644644
Blackpool	01253 957160
West Lancashire CAMHS:	01772 588430
Longlands CDU:	01524 34331
Central Lancashire	01772 773415

Out of Hours Advice Line

The Child and Adolescent Mental Health Service (CAMHS)

Out of Hours – Advice Line number 01244 397644

Blackpool Hospital CASHES : 0800 121 7762, OPTION 1

Blackpool Advice Line open from:

9am to 5pm, Monday to Thursday and 9am to 4.30pm Friday Tel: 01253 478959 duty.assessment@blackpool.gov.uk

Blackburn and Darwen Monday to Friday: 08:45 to 17:00 telephone: 01254 666400

Emergency out-of-hours (evenings and weekends) telephone: 01254 587547

6 Young Persons Self-Harm Passport and safety plans

What is the self-harm passport?

The self-harm passport was developed by young people. Young people felt that in times of crisis, such as going to A&E, staff didn't respond in a way that helped them or didn't know how to respond. The passport captures what matters to the young person and informs how they would want to be treated should they have a mental health crisis.

The passport covers the following headings and has versions for under and over 16 years:

- A bit about me
- My treatment options
- Who is important to me
- Anything else I want to say.

You can download amendable self-harm passports below:

[Under 16 red self-harm passport](#)

[Under 16 blue self-harm passport](#)

[Over 16 self-harm passport](#)

You can also download a My Health Passport app on your smart phone. Just search My Health Passport in your APP store on your phone or click the link below.

[See the My Health Passport app](#)

If you are using the paper form of this pathway, all the above links can be found online here:
<http://www.cwp.nhs.uk/about-us/our-campaigns/person-centred-framework/recoverytoolbox/self-harm-passport/>

7 Self Smoothing Box

This is a box you can make that contains things that grounds you, make you feel more relaxed and reduce symptoms of panic, anxiety or low mood.

[How to make a self-soothe box | YoungMinds](#)

8 Useful publications

- **Adolescent self-harm AYPH Research Summary No 13** (March 2013) Ann Hagell,
Association for Young People's Health http://www.ayph.org.uk/publications/316_RU13%20Self-harm%20summary.pdf
- **Self-harm in young people: For parents and carers** (2020) Royal College of Psychiatrists
<https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/self-harm-in-young-people-for-parents-and-carers>
- **Young people who self-harm: A guide for school staff** (2018) University of Oxford
<https://www.psych.ox.ac.uk/news/young-people-who-self-harm-new-resource-for-school-staff-published>
- **Coping with self-harm: A guide for parents and carers** (2016) University of Oxford
https://www.psych.ox.ac.uk/files/research/coping-with-self-harm-brochure_final_copyright.pdf
- **Self-harm and suicide prevention competence framework: Children and young people** (2018) NHS
https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/self-harm-and-suicide-preventioncompetence-framework/nccmh-self-harm-and-suicide-prevention-competence-framework-children-andyoung.pdf?sfvrsn=29d0a351_4
- **On the edge Childline spotlight: suicide** (2014) Childline/NSPCC
<https://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf>
- **Inquiry into the support available for young people who self-harm** (2020) All Party Parliamentary Group on Suicide and Self-Harm Prevention
https://media.samaritans.org/documents/APPG_inquiry_full_report.pdf
- **What to do in a crisis** (2016) MindEd for Families
https://mindedforfamilies.org.uk/Content/what_to_do_in_a_crisis_selfharm/#/id/5a8bfed77917b495647e187d
- **Advice and information for parents: Self-harm. Young Minds** <https://youngminds.org.uk/media/3691/self-harm-updated-dec-2019.pdf>
- **Self-harm in schools** (2020) Mentally Healthy Schools <https://www.mentallyhealthyschools.org.uk/mental-health-needs/self-harm/?searchTerm=self-harm>
- **Self-Harm UK, The Mix, Young Minds, New survey shows more than a third of young people have self-harmed**, (2018), <https://youngminds.org.uk/media/2200/new-survey-shows-more-than-a-third-of-young-people-have-self-harmed.pdf>
- **The truth about self-harm for young people and their friends and families – Mental Health Foundation**<https://www.mentalhealth.org.uk/sites/default/files/Truth%20about%20self%20harm%20WEB%20FINAL.pdf>
- **Epidemiology and nature of self-harm in children and adolescents: findings from the multicentre study of self-harm in England** (2012) <http://www.psych.ox.ac.uk/publications/320422>
- **Self-harm in young people** (2014) <http://ebmh.bmj.com/content/17/4/97.full.pdf+html>
- **Self-harm in young adolescents (12–16 years): onset and short-term continuation in a community sample** (2013) <http://www.biomedcentral.com/1471-244X/13/328>
- **The significance of site of cut in self-harm in young people** (2020). Journal of Affective Disorders, 266, 603–609. <https://doi.org/10.1016/j.jad.2020.01.093>
- Gardner K. J., Clements., C. E. Bickley, H. Rayner, G & Taylor, P. T. (2022). **The significance of location of self-injury** (2022).

9 National and Local advice and helplines

Beat – Beating Eating Disorders Helpline 0345 3641414 Youthline 0345 634 7650 (Mon to Fri 4.30pm to 8.30pm and Sat 1pm - 4.30pm)	Beat provides helplines, online support and a network of UK-wide self-help groups to help adults and young people affected by eating disorders, difficulties with food, weight or their shape. www.b-eat.co.uk
Battle Scars	24/7 Peer support via private Facebook group for all 16-25 effected by self-harm https://www.facebook.com/groups/182423148780739/
Childline Freephone 0800 1111	The UK's free NSPCC 24hrs helpline, online chat and message boards for children and young people under 18. www.childline.org.uk
Children's Legal Centre (CORAM)	A charity that promotes children's rights and gives legal information, advice and representation to children and young people
Child Law Advice Service 0300 3305485	www.childrenslegalcentre.com
Wellbeing Text line Service	Free 24/7 support at your fingertips - Text HOME to 741741 to connect with a crisis counsellor www.crisistextline.org
Lancashire Mental Health Helpline 08009154640 Carers Helpline 03331039747	Free helpline and texting service for a confidential space to discuss mental health related issues. www.lscft.nhs.uk/Mental-Health-Helpline 24/7 CHAT Line
Family Lives	Provides information, guidance, advice and support in all aspects of family life, including bullying.
Helpline service 0808 800 2222	www.familylives.org.uk
Talk to FRANK Helpline 0300 123 66 00	24/7 Friendly confidential drug advice. www.talktofrank.com
Get Connected Freephone 0808 808 4994	Free, confidential telephone helpline service for young people who need help but don't know where to turn www.getconnected.org.uk
Harmless	Support providing a range of services about self-harm, including support, information, training and consultancy to people who self-harm www.harmless.org.uk/
Hearing Voices Network 0114 271 8210	Information and support for people who hear voices, see visions or have other unusual perceptions www.hearing-voices.org
Hub of Hope	Search engine for services available in your area www.hubofhope.co.uk
Karma Nirvana Helpline 0800 5999247	Supporting victims of honour crimes and forced marriages www.karmanirvana.org.uk
Kooth	Online support platforms with Live chat support, community support and self-help resources www.kooth.com
LifeSIGNS	Self-injury guidance and Network Support www.lifesigns.org.uk
MIND	Advice, information and support for anyone experiencing a mental health problem www.mind.org.uk
National Self-Harm Network	Online support forum for people who self-harm provides free information pack to service users. www.nshn.co.uk

Ncompass Deaf Link Service Available Free	Frees counselling service for young people aged 11-18 in Fylde and Wyre, Preston, Chorley and South Ribble regarding Self Harm Counselling n-compass Deaf Link Service n-compass
NSPCC professional's helpline 0808 800 5000	Information, advice and support services about preventing child abuse. www.nspcc.org.uk
PAPYRUS Prevention of Young Suicide HOPEline UK 0800 068 41 41	Provides a range of services, including information, advice and support to help reduce young suicide www.hopelineuk.org.uk
SAFA	Offering support and counselling service for people in Cumbria who Self Harm or are affected by Self Harm. www.safa-selfharm.com
Samaritans Free helpline 116 123	Confidential emotional support for anybody in crisis. Samaritans volunteers listen in confidence to anyone in any type of emotional distress, without judging or telling people what to do www.samaritans.org.uk
The Butterfly Project	An anonymously run blog supporting young people with coping techniques which include drawing butterflies around cut marks. www.butterfly-project.tumblr.com
The Site	An online 24/7 guide to life for 16 to 25 year-olds. It provides non-judgmental Support. Online advice, forums apps and tools www.thesite.org
Young Minds Parent helpline 0808 8025544	Range of information, advice, support services for young people, parents and professionals to improve the emotional well-being and mental health For young people http://www.youngminds.org.uk/for_children_young_people
Youth Access	An organisation for youth information, advice and counselling agencies for children aged 11-25 and their carers but does not provide direct advice. www.youthaccess.org.uk to search their directory of services for help.
YoutherapY	Offering drop-in sessions for people in Blackpool every Wednesday www.bfwh.nhs.uk/ 01253955858

10 Evaluation form

This can be completed online via the link <https://forms.office.com/e/St2DAnQcYz>

Or scanning your responses to Helen.Parry17@nhs.net

If you have used this guidance booklet, it would be helpful if you could complete this evaluation form. This feedback will allow us to explore what has been useful and what adaptations may be required.

Name of setting (optional):

☐ Purpose used for (tick all that apply):

☐ Individual case

☐ Staff development

☐ With parents/carers

Age of CYP.....

Briefly explain how this document has been used:

.....

What did you find the most useful?

.....

Is there anything you would have found helpful that is not included?

.....

This guidance has been useful

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

This guidance has helped staff develop their understanding of self-harm

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

This guidance has supported staff to develop policy

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

This guidance has informed/facilitated the support for a CYP who has self-harmed

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

This guidance has helped to promote positive outcomes for a CYP who has self-harmed

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

This guidance will be used within your setting

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Thank you for taking the time to complete this form. Please scan and email to Helen.Parry17@nhs.net