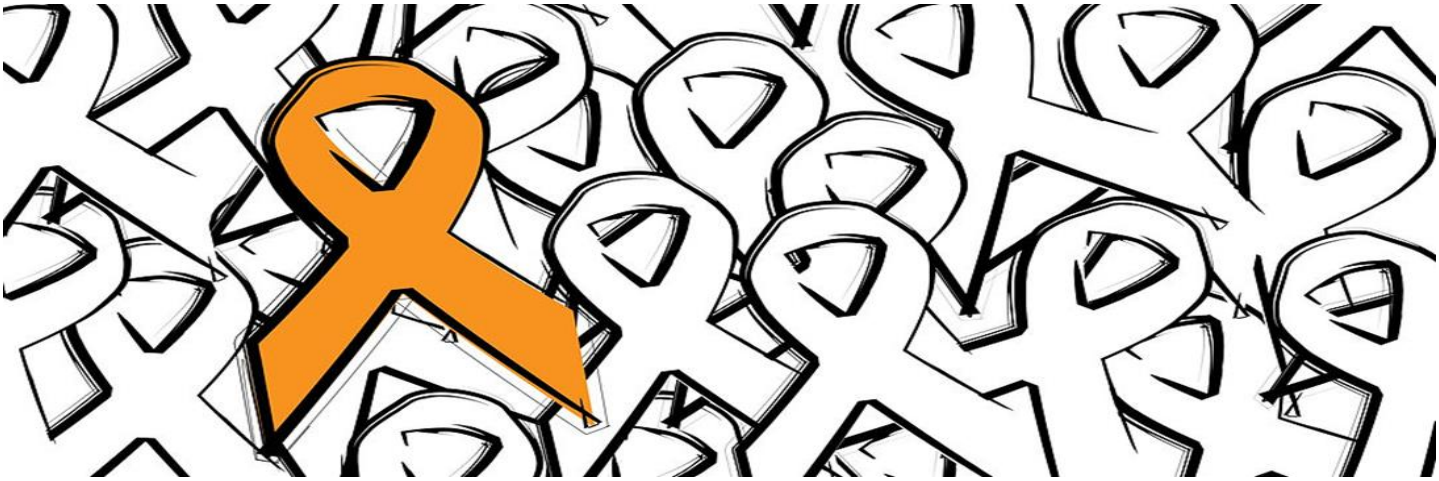
NHS
Lancashire and South Cumbria
Integrated Care Board

Self-Harm Practice Guide



2024

Lancashire and South Cumbria ICB

Introduction

This document has been developed as a reference guide for all agencies and practitioners. It is intended as a guide to supporting people who have thoughts of, are about to or have self-harmed.

The guidance will support practitioners to keep people safe by outlining:

- What is self-harm?
- The triggers for self-harm
- Guidance about what to do when working with people who self- harm.

What is Self-Harm?

NICE Clinical guidance defines self-harm as 'self-poisoning or injury, irrespective of the apparent purpose of the act'.

Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm themselves. Self-harm describes a wide range of behaviours that someone does to themselves, usually in a deliberate and private way, and without suicidal intent, resulting in non-fatal injury. In many cases, self-harm remains a secretive behaviour that can go on for a long time without being discovered.

Many people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. Examples of self-harm behaviours are:

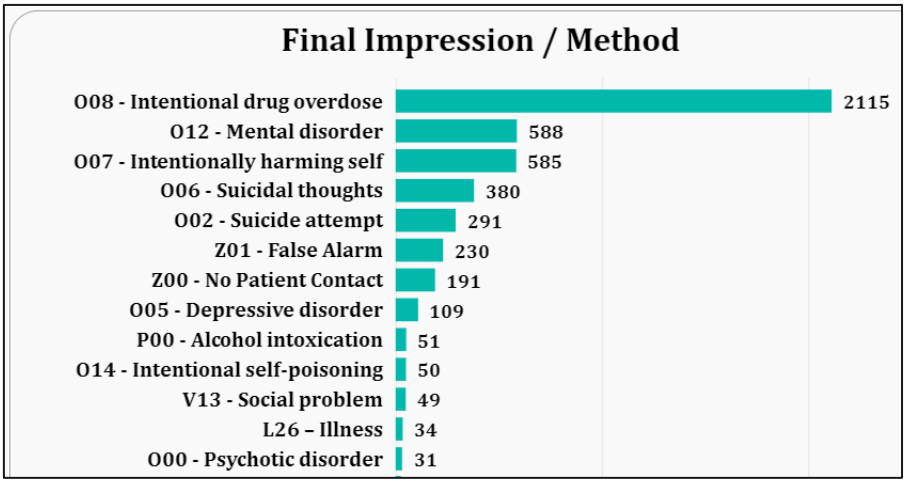
- Self-cutting or scratching
- Burning or scalding oneself
- Hair pulling
- Over/under-medicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Swallowing objects
- Self-poisoning i.e. taking an overdose or ingesting toxic substances.

Self-harm and mental illness

- Self-harm is not considered to be a mental illness. However, self-harming behaviours are often observed in individuals who experience mental illness.
- In fact, between 30 – 82% of individuals who experience mental illness self-harm (Hooley & Franklin, 2018). Self-harm is therefore thought to be closely related to emotional distress, which is often a symptom of mental illness. As NICE state:

"*Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself*."

Methods of self-harm reported to Northwest Ambulance Service (NWAS) in Lancashire and South Cumbria ICB (Integrated Care Board) (23rd Oct 2023 – 31st May 2024)



There are other behaviours that are related but which do not normally fall within the definition which include:

- Self-neglect – physical and emotional
- Reckless risk taking
- Staying in an abusive relationship
- Eating distress (anorexia and bulimia/eating disorders)
- Substance misuse
- Risky sexual behaviour.

Common characteristics of self-harm behaviours

- Compulsive, ritualistic
- Episodic (every so often)
- Repetitive (on a regular basis)
- Sometimes occurs with depression and anxiety, but sometime occurs without
- Serves a purpose to the person
- A way of communicating to others that something is wrong.

Common myths about self-harm

The most common myths about people who self-harm is that they:

- Are manipulative
- Are attention-seeking
- Do it for pleasure
- Do it as a group activity
- Follow a 'Goth' sub-culture
- Have a borderline personality disorder
- Are a risk to others.

Self-harm and suicide

- While methods used for suicide are often different to those used for self- harm, those who repeatedly self-harm are at increased risk of suicide
- Self-harm is the strongest clinical predictor of death by suicide and the behaviour causes great concern among family members/carers and clinicians

- In general, self-harm is a key factor associated with risk of eventual suicide especially in those who self-harm by cutting
- Self-harm significantly increases the likelihood that the person could die by suicide
- The act that leads to suicide, however, may not be the same as that for previous self- harm
- Some people who do not intend to kill themselves may do so because help does not arrive in time
- Others may not realise the seriousness of their behaviour and the implications of, for example, other factors such as drugs or alcohol.

Incidents in Lancashire and South Cumbria ICB (Oct 2023 – May 2024)

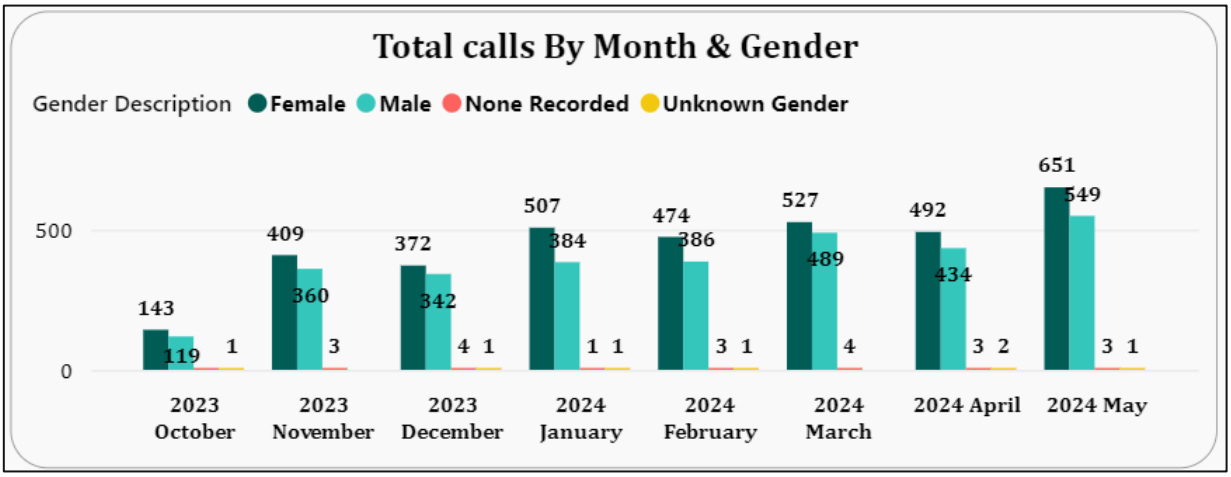
The total number of Self Harm incidents/calls made to Northwest Ambulance Service between 23rd October 2023 to 31st May 2024 in Lancashire and South Cumbria ICB is 6668.

October 2023 shows one week worth of calls number, this explain why there was lower number of incidents for that month.

May in current year shows high number of incidents of 1204 calls, followed by March 1020 calls.

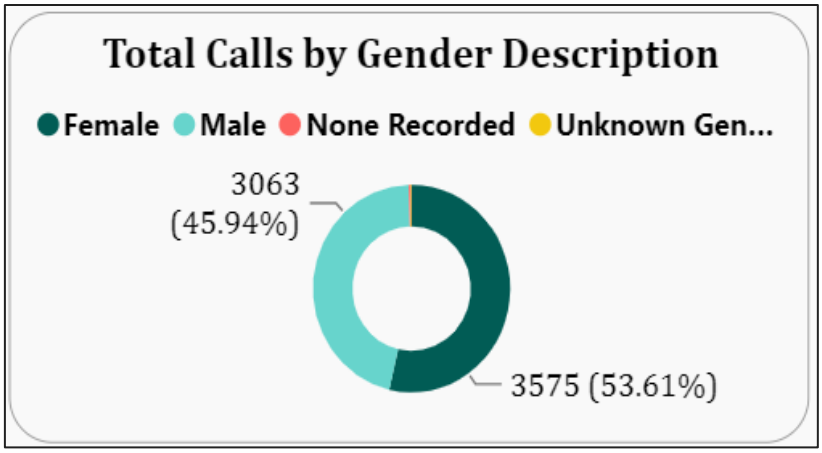
The age groups with the highest number of incidents were 25-29yr olds (300), followed by 40-44 yrs. olds (270) and 30-34yr olds (258) and 35-39yr olds (253).

December 2023 has the lowest number of calls of 712 followed by November 772 calls.



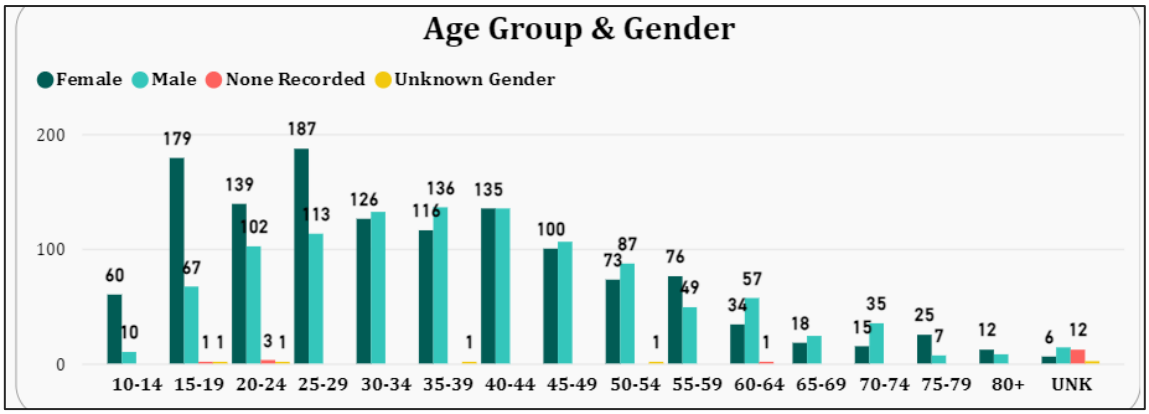
The data shows a higher number of female incidents compared to males. In May 24 there were 102 more female incidents, in Jan 123 more females, in March 58 more females.

Incidents by Gender in Lancashire and South Cumbria ICB (Oct -May 2024)



- For all age groups, annual prevalence is approximately 0.5%
- A wide range of psychiatric problems, such as anxiety, borderline personality disorder, depression, bipolar disorder, schizophrenia, and disorders related to drug and alcohol use are associated with self-harm. However, many people will not have a mental disorder
- Lesbian, gay, bisexual, and transgender (LGBTQ+) people are more likely to self- harm.

Incidents by age group in Lancashire and South Cumbria ICS (Integrated Care Systems) (Oct 2023-May 2024)



Self-harm is often managed in secondary care – this includes hospital medical care and mental health services. However, **most people who self-harm do not present anywhere for treatment.**

There were 3272 cases conveyed to A&E between 23rd October 2023 – 30th May 2024the hospitals with the highest numbers attending for this reason were: Royal Blackpool (635), Blackpool Victoria (578), Royal Preston (496) and Royal Lancaster (300).

Why do people Self-Ham?

Causes

There are no specific causes of self-harm it is an individual way of coping. It is not a clinical condition but a response by a person under stress. It may be in relation to repeated or long-standing stress, such as that arising from abuse or domestic violence, or a reaction to a single event such as bereavement. It may be the only way a person has learned to cope with powerful emotions, or it might be the method of choice – the one that works best for them.

Self-harm is primarily a coping mechanism, a means of releasing tension and managing strong feelings. Marginalised people for example, those in custody, LGBTQ+, victims of abuse, or those affected by sexual exploitation, are at greater risk.

This is partly because they are more at risk of depression and anxiety and because they are less likely to have role models demonstrating effective, alternative coping strategies. They may also be more likely to know others who use self-harm themselves or attempt suicide, factors that have been identified as a risk in several studies.

Factors that motivate people to self-harm include 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. Self-harming may express a powerful sense of despair that needs to be taken seriously. Such behaviours should not be dismissed as "attention-seeking."

Prevention

It can be difficult to identify people at risk of self-harm even though they may seek help before they self-harm. This is partly due to the secrecy and shame that tends to surround self-harm or impulsiveness that precipitates an act of self-harm, but also because there is no unique individual or behavioural characteristics to look out for.

Becoming Self-Harm Aware

Vulnerability and Risk Factors

There can be many factors within a person, their immediate and wider social networks and their environment which might predispose them to a wide range of vulnerabilities and not just self-harm. Protective factors mitigate those vulnerabilities.

Characteristics of people who self-harm

Common characteristics of people who self-harm are similar to the characteristics of those who take their lives by suicide. Physical, psychological, emotional, or sexual abuse may be a factor. Recently there has been increasing recognition of the importance of depression in non-fatal as well as fatal self-harm in people. Substance misuse is also common, although the degree of risk of self-harm in people attributable to alcohol or drug misuse is unclear.

As many as 30% of people who self-harm report previous episodes, many of which have not come to the attention of professionals. At least 10% repeat self-harm during the following year.

Common problems preceding self-harm

- Difficulties or disputes within the family
- Financial problems
- Unemployment
- Work issues
- Difficulties with husbands/wives
- Long term physical ill health issues
- Depression
- Low self-esteem
- Sexual problems
- Alcohol or drug misuse
- Awareness of self-harm by friends
- Sexual exploitation
- Incident of homophobia or bi-phobia or trans-phobia.

Factors associated with repeated self-harm

- Previous self-harm
- Personality disturbance
- Depression
- Alcohol or drug misuse
- Chronic psycho-social problems and behaviour disturbance
- Disturbed family relationships
- Domestic abuse
- Alcohol dependence in the family
- Social isolation.

Triggers to self-harm

Vulnerabilities increase the likelihood that a person might self-harm, one or more additional factors, or "triggers," make this more likely to occur. These may include:

- Family relationship difficulties
- Difficulties with relationships, e.g. break up of relationship
- Bullying
- Significant trauma e.g. bereavement/loss
- Living with domestic abuse
- Self-harm behaviour amongst the person's peer group (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Involvement in the criminal justice system.

Warning signs to look out for

There may be a change in the behaviour of the person that is associated with self- harm or other emotional difficulties, such as:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive/withdrawn than usual
- Changes in appearance, sudden /drastic weight loss/gain
- Talking about self-harming or suicide/suicidal ideation
- Increased use of drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness, or loss of hope
- Giving away possessions
- Risk taking behaviour (substance misuse, unprotected sexual acts)
- Suicide or self-harm history in family
- Reluctance to take part in activities where a change of clothes is required
- Wearing long sleeves, tights/legging's, trousers even in hot weather, may not be just a 'style thing'
- Cuts, scratches, or burns that may not be accidental.

What to do if a person discloses that they have, or intend to, self-harm, express suicidal thoughts or you have concerns and need to approach them

Protective and supportive action the general approach to be taken

What matters for many people is having someone to talk to who will take them seriously. A study in 2012 found that people want to be able to talk about self-harm and help people but do not have the language/vocabulary to communicate effectively.

- People find it easier to seek help online but feel they should go to GP, friends/colleagues etc
- The response online can be very varied ranging from help and advice to dismissal and ridicule that can increase the very feelings that trigger the self-harm
- The lack of understanding/ambivalence about self-harm can increase the risk of escalation to suicide.

A supportive response is one that demonstrates respect and understanding together with a non-judgmental stance, are of prime importance together with a focus on the person, not what they have said or done. Remember, most people who self-harm:

- Do not have mental health problems – they are under stress and have no other means of managing their emotions
- Feel shame and stigma – it is not easy for them to talk about it
- Do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative.

Do

- Depending upon the setting and circumstances, find somewhere private to talk with the person
- Talking to the young person using the following approach to gather all the facts: o TED - T (tell me), E (explain) D (describe)
- Listen attentively - just being listened to can be a brilliant support and bring great relief to the person, particularly if they have never previously spoken to anyone about their self-harming before
- Encourage them to talk about their feelings
- Stay calm - it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the person is saying and what their body language is telling you
- Find out if they have taken any substances or injured themselves
- Take all mention of self-harm or suicidal thoughts seriously – listen carefully and keep detailed notes
- Clarify whether there are immediate needs for medical attention especially about cutting or possible overdose, or to keep the person safe and respond accordingly
- In the case of an over-dose of tablets, however small, the person may need to be taken to a hospital as they may have taken more tablets than stated. If the incident took place over 72 hours ago, advice must be obtained from medical practitioners (or Hospital Emergency Department)
- Provide first aid if necessary and always take medical advice if an overdose may have occurred.

Exploring what the problem is

- Having dealt with any immediate medical needs, explore with the person what is going on in their life that has caused them to feel/behave like this - the feelings, thoughts and behaviours involved. This can help the person to make links between feelings and behaviours, begin to make sense of the self-harm and to think about other ways of coping
- People often say that the focus by professionals' dwells too much initially on the self-harming behaviour – rather than the thoughts / feelings that preceded it
- Look beyond the act of self-harm to the underlaying cause because this could be social, medical, physical, or emotional factors that are happening, has happened or the person perceives to be happening.

Do

- Take time to really hear the person - try to find out what is causing the distress/what risks the person may be exposed to and who they trust and find supportive

- Find out what is troubling them/were they worried about something? How long have they felt like this? Are they at risk of harm from others?
- Explore how imminent or likely self-harm might be
- What other risk-taking behaviour have they been involved in?
- Ask about the person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues
- Ask who else may be aware of their feelings – who they have the spoken to, what was the response
- Ask what help or support the person would wish to have
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- How are they feeling generally now?
- What needs to happen for them to feel better?
- Ask are there any times when they have wanted to self-harm but didn't – what did they do instead?

Try to find out about not only the risks and vulnerabilities but also about any strengths and protective factors.

Simple things you can say:

Firstly, take stock of your own feeling and thoughts before asking any questions. If your feelings or thoughts about the person's behaviour are negative in anyway, they will be communicated to them non-verbally when you talk to them and hinder the helping process.

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

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

'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present.'

'I do not think I am the best person to help you, I do not know enough about the things that are bothering you and what to do about it. How would you feel if I arrange for you to see……? I can be with you if you like.'

Try not to:

- Panic or try quick solutions, e.g. removing blades from those who cut this may increase the risk of more serious self-harm as cutting may be there only way of coping currently
- Dismiss what the person says
- Believe that a person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the person
- Ignore or dismiss the feelings or behaviour
- See it as attention seeking or manipulative
- Trust appearances, as many people learn to cover up their distress
- Ask them to promise you that they will not do it again.

Assessing the risks

Part of building up a picture of what is happening in the person's life is assessing the risk to which they are exposed and whether it includes anyone else. This assessment of risk should be undertaken at the earliest stage and regularly updated – some elements will remain constant, others will be situational and liable to change, sometimes very quickly. When assessing the risks of repetition of self-harm or risks of suicide, identify and agree with the person who has self-harmed the specific risks for them, considering:

- Methods and frequency of current and past self-harm
- Current and past suicidal intent
- Depressive symptoms and their relationship to self-harm
- Any psychiatric illness and its relationship to self-harm
- The personal and social context and any other specific factors preceding self-harm, such as unpleasant affective states or emotions and changes in relationships
- Specific risk factors and protective factors (social, psychological, pharmacological, and motivational) that may increase or decrease the risks associated with self-harm
- Coping strategies that the person has used to either successfully limit or avert self- harm or to contain the impact of personal, social, or other factors preceding episodes of self-harm
- Significant relationships that may either be supportive or represent a threat (such as abuse or neglect) and may lead to changes in the level of risk
- Immediate and longer-term risks.

When assessing risk, also consider

- The possible presence of other co-existing risk-taking or destructive behaviours, such as engaging in unprotected sexual activity, exposure to unnecessary physical risks, drug misuse or engaging in harmful or hazardous drinking
- Asking the person who self-harms about whether they have access to family members', carers', or other people's medicines.

Do not keep it to yourself

With advice from your line manager or other colleagues, form a view about the level of risk, whether there may be a mental health problem or other significant concern requiring an onward referral.

Always talk through with the person, the assessment of risks. If the person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment**.**

Do not work alone

Explain to the person that you cannot keep this information to yourself. Talk about the importance of sharing how they are feeling (and what they have done) re- assuring them that this information will not be misused or inappropriately shared. Explain that they will not get the support and understanding of other professionals, social workers, GP etc. – if those people do not know there is a problem. Try to work together to identify who it is important to tell and who is the best person to provide advice and support.

- Wherever possible, such information sharing should be undertaken with the person's agreement (see Section 9 - confidentiality and information sharing)
- Offer to be there for them.

When hospital care is needed

When a person requires hospital treatment in relation to physical self-harm, clinical practice should comply with NICE guidance.

- Triage, assessment and treatment should take place in a separate area of the Emergency Department in order to allow the person to vent their feelings in a safe manner
- Assessment should be undertaken by healthcare practitioners experienced in this field

- If the person requires ongoing treatment and admission to a medical/surgical ward, they should be referred to the Mental Health Liaison team who will continue to monitor their mental state and provide appropriate mental health interventions
- Assessment should also include a full assessment of the family, their social situation, family history and any safeguarding issues.

A person who requires ongoing medical/surgical interventions but who refuses admission should be reviewed by a senior mental health practitioner in the Emergency Department and, if necessary, their management discussed with the on-call Psychiatrist.

Follow Up

Having dealt with any immediate medical problem, make sure there is proper follow-up and provide a report using your organisation's incident form.

- Seek advice and support for yourself from your line manager, safeguarding lead, CMHT or other source
- Provide advice and written information on the nature of help, helplines and other sources of advice and support.

Consider the need for:

- Referral to the local Home-Based Treatment service
- Referral to the local Community Mental Health Team if the person is unknown to them
- Any treatment decisions to be communicated to the person's GP
- Ensure information is shared appropriately
- Ensure that there is a plan to provide help and support and that the person understands it
- Follow your agency's own local safeguarding procedures regarding confidentiality, recording, identification of needs and decision-making
- Record what has happened and what needs to happen next, following your own agency's procedures.

Confidentiality and Information Sharing

At the earliest, suitable time, there needs to be a discussion with the person about who needs to know what and why. It needs to be explained in terms of:

- seeking help from relevant agencies and professionals
- ensuring those who need to know (such as other professionals involved in their care, GP etc) can be understanding and supportive.

Where a person is withholding their consent, professional judgment must be exercised to determine whether the person in the situation has capacity to consent, or to refuse consent, to sharing information. Consideration should include the person's mental and emotional state, vulnerability and comprehension of the issues.

- A person, especially if they are distressed and anxious, may not appreciate the seriousness of the risks they are taking and the harm that might occur and not be judged competent to make decisions at that point about who needs to be told what.

Next Steps

Adopt a "team around" approach, convening an MDT meeting to consider the need for an early help assessment at a mutually convenient time and place within the environment or other setting where the person feels comfortable.

Invite representation from the relevant services.

Be clear about information sharing.

- Encourage and support the person to express their needs and what would be helpful

Help the person to:

- Build up self-esteem
- Identify their own support network, e.g. using protective behaviours
- Find a safer way of managing the problem e.g. talking, writing, drawing or using safer alternatives. If the person dislikes themselves, begin working on what he or she does like
- Stay safe and reduce the risk of self-harm e.g. Washing implements used to cut
- Avoiding alcohol/other substances if it is likely to lead to self-injury
- Taking better care of injuries
- Provide information about advice on support agencies, including websites and advice on which are safe and recommended
- In line with your agency's procedures, ensure full recording of all meeting, contacts with the person, concerns and actions taken in response. Ensure meetings are recorded, agreed actions circulated and review dates adhered to.

Working with families and carers

These can often be the first to recognise the signs and symptoms of self-harm.

- Families and carers 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 they are taking responsible action
- They also need to know that they can seek advice without disclosing the identity of the person in question – should a serious risk requiring such a disclosure arise, it can be addressed as necessary

Working with people who Self Harm – Understanding what maintains Self Harm behaviours

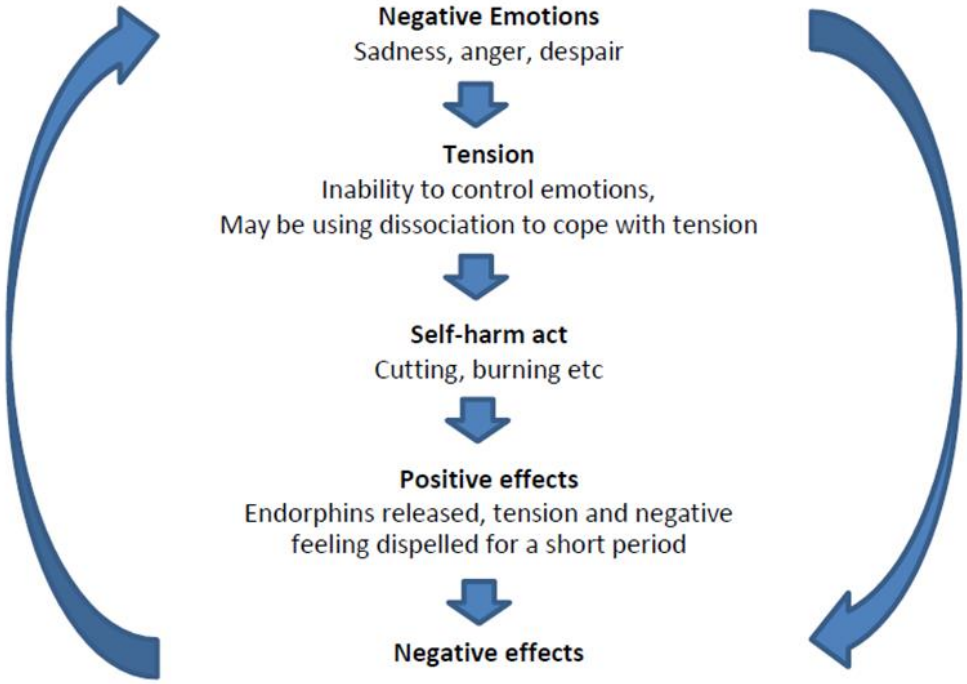
Self-harm behaviour in people can be transient and triggered by stresses that are resolved quickly. Others, however, develop a longer-term pattern of behaviour that is associated with more serious emotional/mental health difficulties.

The more underlying risk factors that are present, the greater the risk of further self-harm. Once self-harm, particularly cutting behaviours, are established, it may be difficult to stop. Self-harm can have several purposes for people, and it becomes a way of coping, for example:

- By reducing inner tension (safety valve)
- A distraction from problems
- A form of escape
- Outlet for anger and rage
- Opportunity to 'feel real'
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act
- Shame and guilt over self-harm act.

The cycle of self-harming/cutting

When a person inflicts pain upon themselves, the body responds by producing endorphins, (which are like the drugs opium and heroin) a natural pain-reliever that gives temporary relief or a feeling of peace. These chemicals are released when a person feels in danger, experiences fear and particularly when the body is injured in any way. They produce insensitivity to pain that will help the individual survive when having to deal with danger. The addictive nature of this feeling can make the stopping of self-harm difficult. People who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



Coping Strategies

Replacing the cutting or other self-harm with safer activities (Distraction Strategies) 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. Successful distraction techniques include:

- Using a creative outlet e.g. writing poetry & songs, drawing, collage or artwork and talking about feelings
- Using stress-management techniques, such as relaxation
- Having a bath
- Reading a book
- Looking after an animal
- Writing a diary or journal
- Writing negative feelings on a piece of paper and then ripping it up
- Talking to a friend (not necessarily about self-harm)
- Going online and looking at self-help websites or ringing a helpline
- Using a red water-soluble felt tip pen to mark instead of cut; *(the butterfly project)*
- Scribbling on a large piece of paper with a red crayon or pen
- Hitting a punch bag to vent anger and frustration
- Rubbing ice instead of cutting
- Putting elastic bands on wrists and flicking them instead of cutting

- Getting out of the house and going to a public place, e.g. a cinema
- Going into a field and screaming
- Physical exercise or going for a walk/run
- Listening to loud music
- Making lots of noise, either with a musical instrument or just banging on pots and pans.

For some people, self-harm expresses the powerful desire to escape from a conflict of unhappiness. In the longer term, the person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family/carer support is likely to be an important part of this. Learning problem solving and stress- management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

These strategies should always be used alongside addressing the underlying reasons for the behaviour.

Clinical interventions

Interventions should not only focus on reducing self-harm, but should also treat the anxiety, depression and substance use problems that may accompany self-harming behaviour.

All people who have self-harmed in a potentially powerful way should be assessed in hospital. This is necessary for the management of medical issues and to ensure the person receives a thorough psycho-social assessment.

A small number of people will be at elevated risk of developing a serious and persistent pattern of repeat/elevated risk self-harm behaviours which may be linked to co-morbid mental health conditions. These are a priority group within specialist mental health services. The evidence base on interventions for self-harm is not very conclusive, but it seems likely that interventions based on a problem-solving approach such as Cognitive Behavioural Therapy (CBT) or Dialectic Behaviour Therapy (DBT) or which teach new methods of coping and that offer brief but swift response to crisis, will prove helpful. It is also suggested that using several different interventions tailored to meet the individual person's needs as part of an ongoing care plan may provide a good response.

- The problem-solving approach can also be extended to involve family/carers
- Ensuring people know where to go for quick access to help if they require support or are hurt is very important
- A crisis intervention model is often most appropriate. Compliance, however, can be a problem because the self-harm may have a positive effect by providing temporary relief from a difficult situation
- Group work can help some people.

Support for practitioners

The needs of practitioners

Practitioners may also experience a range of feelings in response to self-harm in a person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to share the impact that self- harm has on them personally and receive help and support. Colleagues need to be open to the possibility that having to deal with self-harm in a person for whom they have a duty of care may require a member of staff to confront issues within their own lives, past or present, or that relate to someone close to them.

- It is important that any plan to address a person's self-harm needs is clear about the expectations of individual staff/practitioners – failing to set limits on the roles of individuals can leave them feeling too responsible for too long
- Staff in some settings will have more intensive and enduring responsibilities and may need additional training and access to consultation to support them in their role.

The responsibility of managers and supervisors

Managers/supervisors are responsible for creating a workplace environment where these sensitive issues such as self-harm can be discussed within an atmosphere of openness, mutual trust/respect and reciprocal support and sensitivity. They are also responsible for facilitating access to training on self-harm and encouraging take up. In house training provides an excellent vehicle for training the network of staff who need to work together. Services will always aim to respond positively to any such request. An important aspect of prevention of self-harm is having a supportive environment that is focused on building self-esteem and encouraging healthy relationships.

Other related issues that can form part of a wider programme will include, anti-bullying, internet safety, child sexual exploitation and substance misuse. Those who have the care of people on a day or full-time basis have additional responsibilities to build resilience:

- In the people themselves so they can cope with the difficulties that they will have to cope with
- In the staff who people are most likely to turn to for help, so they are better equipped to respond positively
- In the agency/organisation through policies and procedures that promote safe and effective practices
- They also need to be alert to the possibility of self-harm – a person may conceal injuries such as cuts or present for first aid because they cannot verbalise their need for help.

Appendix

NICE Self-Harm Guidance

Self-harm Quality standard (2022)- https://www.nice.org.uk/guidance/qs34

Local and National support services

Mental Health Support in Lancashire and South Cumbria

You can find organisations that will help you with a range of support types including bereavement, addictions, anxiety and depression, debt and children and young people. For more information visit https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/mental-health/support

Useful Publications

- National Self-Harm Network. (2022). **NSHN -- Friends and Family**. https://www.nshn.co.uk/friends.html.
- NHS. (2020). **Self-harm. Nhsinform.scot**. https://www.nhsinform.scot/illnesses-and-conditions/mental-health/self-harm#signs
- **Adolescent self-harm AYPH Research Summary No 13** (March 2013)
- NSPCC. (2022). **Self-harm**. https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/.
- Young Minds. (2022). **Self-harm | Signs of Self-harm And Getting Help.** https://www.youngminds.org.uk/young-person/my-feelings/self-harm/
- **Two Pathways to Self-Harm in Adolescence (**2021). 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-andcarers/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-athird-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).** https://doi.org/10.1016/j.jad.2020.01.093

Support Service

Beat – Beating Eating Disorders Helpline 0345 3641414 Youthline 0345 634 7650	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 (Mon to Fri 4.30pm to 8.30pm and Sat 1pm - 4.30pm)
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) Child Law Advice Service 0300 3305485	A charity that promotes children's rights and gives legal information, advice and representation to children and young people www.childrenslegalcentre.com
Crisis line	Free 24/7 support at your fingertips - Text HOME to741741 to connect with a crisis counsellor www.crisistextline.org
Lancashire Mental Health Helpline 08009154640	Free helpline and texting service for safe and confidential space to discuss mental health related issues. www.lscft.nhs.uk/Mental-Health-Helpline
Family Lives Helpline service 0808 800 2222	Provides information, guidance, advice, and support in all aspects of family life, including bullying. 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 do not 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 MIND Infoline 0300 123 3393	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
RU-OK	Helping young people helping themselves - coping with common, and sometimes serious problems, as well as using your strengths www.ruok.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 of children and young people. YoungMinds | Mental Health Charity For Children And Young People | YoungMinds
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/ Free phone 01253955858

Evaluation form

This can be completed online via the link https://forms.office.com/e/jHneKgb5aq
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 adaptions may be required.

Name of setting (optional): ……

☐ Purpose used for (tick all that apply):

☐ Individual case

☐ Staff development

☐ With parents/carer

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