Sefton

Multi-Agency

Self-harm

Practice Guidance

Updated: October 2024

CONTENTS **PAGE No**

These guidelines have been developed by incorporating the previous Sefton Self Harm Guidelines with the Cheshire and Merseyside CYP Self Harm Guidelines and NICE NG225 Guidance. We give thanks to the Liverpool LSCB for sharing their document.

1. INTRODUCTION

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

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

- What self-harm is
- The triggers for self-harm and
- Guidance about what to do when working with young people and children who have self-harmed.

All professionals should be familiar with the NICE Clinical Guidance NG225: Self-harm: assessment, management and preventing recurrence (2022).

When someone presents with self-harm, in whatever context, it is important to consider the following as quickly as possible:

For staff who are non-health professionals, consideration should be given as to whether the child or young person has a care plan and make reference to their care plan.

In addition, these guidelines should be considered alongside the Sefton Safeguarding Children Partnership Level of Need Document:

Staff in Educational Settings:

All educational settings should have policies and procedures for staff to support students who self-harm. These should include:

• how to identify self-harm behaviours

• how to assess the needs of students

• what do to if they suspect a student is self-harming

• how to support the student's close friends and peer group

Educational settings should have a designated lead responsible for:

- ✓ ensuring that self-harm policies and procedures are implemented
- ✓ ensuring that self-harm policies and procedures are regularly reviewed and kept up to date in line with current national guidance
- ✓ ensuring that staff are aware of the self-harm policies and procedures and understand how to implement them
- ✓ supporting staff with implementation if there are any uncertainties

All educational staff should:

- ✓ be aware of the policies and procedures for identifying and assessing the needs of students who self-harm
- ✓ know how to implement the policies and procedures within their roles and responsibilities
- ✓ know who to go to for support and supervision

Assessment and care in social care:

When working with people who have self-harmed, social care practitioners should foster a collaborative approach with all agencies involved in the care of the person, as well as their family members and carers, as appropriate.

If self-harm has been identified during a social care assessment or through ongoing work, seek advice from, or refer the person to, the local urgent and emergency mental health service.

Continue to offer social care support and involvement to a person who has self-harmed, particularly if the person may be a Cared for Child or have ongoing social care needs.

The **role of all professionals** is to understand the level of need, associated risks and mechanisms for safety for every child who has self-harmed, or who might be at risk of self-harm. This guide will help professionals to document their concerns and support their decision-making.

2. WHAT IS SELF-HARM?

NICE Clinical guidance[1] 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 him or herself. 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 the majority of cases, self-harm remains a secretive behaviour that can go on for a long time without being discovered.

Many children and young 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
- head banging or 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

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

NICE Clinical guidance defines self-harm as 'self-poisoning or injury, irrespective of the act's apparent purpose. However, self-harm is also commonly known as self-injurious behaviour (SIB), non-suicidal self-injury (NSSI), or deliberate self-harm.

Common characteristics of self-harm behaviours

Compulsive, ritualistic	Sometimes, but not always, occurs with depression and anxiety
Episodic (every so often)	Serves a purpose to the child or young person
Repetitive (on a regular basis)	Serves as a way of communicating to others that something is wrong

[1] NICE (2022c) *Self-harm: assessment, management and preventing recurrence*. National Institute for Health and Care Excellence. https://www.nice.org.uk [Free Full-text]

Self-harm and suicide

Suicide is a rare event, although this has increased in recent years to 9.1 per 100,000 in the 15 to 24 year old population[2], with males being more at risk than females.

While methods used for suicide are often different to those used for self-harm, those who repeatedly self-harm are most at risk of suicide. Suicide was the leading cause of death for males and females aged between 5 – 34 in 2019[3].

Many young people who self-harm do not want to end their lives, they do it to live. It is how many people cope with emotional distress. However, there is a high prevalence with suicide and self-harm, so we must remember:

- Self-harm is the strongest clinical predictor of death by suicide and the behaviour causes great concern among family members, friends, teachers 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 will eventually die by suicide.
- The act that leads to suicide, however, may not be the same as that for previous self-harm.
- Some young 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.
- Frequency of self-harm can vary and increasing frequency usually means distress is greater.
- Distress needs to be heard so that professionals can understand if the young person is coping or not coping. Long term not coping increases the risk of suicide.
- Children and adults who are neurodiverse are over represented in completed suicides and an increased risk of attempting to end their life. Systemic barriers for neurodiverse individuals need to be included in safety planning documents and use of easy read versions considered when needed.

3. HOW MANY YOUNG PEOPLE ARE AFFECTED BY SELF-HARM/PREVALENCE?

Self-harm is common, especially among younger people. Reported rates of self-harm is hampered by under reporting. UK data suggests 60% of adults and 90% of young people aged 12-17 do not contact medical or psychological services after self-harming.[4]

[2] Suicide – RCPCH – State of Child Health
[3] ONS: Deaths registered in England and Wales (2019) section six 'Leading causes of death'.
[4] Knipe, D., Padmanathan, P., Newton-Howes, G., *et al.* (2022) Suicide and self-harm. *Lancet* **399**(10338), 1903-1916

- Approximately 1 in 10 young people report having engaged in self-harm.

- A 2019 systemic review of global data between 1989 and 2018 showed that the aggregate lifetime and 12 month prevalence for non-suicidal self-injury amongst children and adolescents was 22.1% and 19.5% respectively.[5]

- A wide range of psychiatric problems, such as emerging emotionally unstable personality disorder, depression, bipolar disorder, psychosis, and disorders related to drug and alcohol use are associated with self-harm. However, many young people will not have a diagnosable mental disorder.

- Self-harm may occur in peer groups but this does not reduce the risks – listening and assessment are still very important.

Studies use different definitions of self-harm and cover different age ranges. This makes it very difficult to understand how many young people are affected. However, it is reasonable to conclude that:

- self-harm becomes more common after the age of 16, but is still prevalent among teenagers and younger children from the age of 8;

- young women are up to 3 times more likely to self-harm than young men;

- rates amongst young Asian women can be even higher but other than this, there is no reported difference in prevalence between young people from different ethnic backgrounds;

- Lesbian, gay, bisexual and transgender, questioning (LGBTQ) young people are more likely to self- harm.

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

Prevention

We need to keep in mind that preventing self-harm and nurturing resilient, emotionally literate young people within a society that does not cause harm should be our aim. Focus on risk and safety are important but keeping in mind when risk factors are absent is important as these are signs of resilience. e.g. social connectedness, coping, problem solving, supportive family/friends/carers.

Agencies are encouraged to access training on resilience and positive mental health to provide trauma informed, emotionally resourced environments for children and young people to flourish. This includes promoting cultures which are inclusive, challenge stigma and provide easy access to thoughtful and empathic adults for young people to talk to.

[5] Lim, K.S., Wong, C.H., McIntyre, R.S., *et al.* (2019) Global Lifetime and 12-Month Prevalence of Suicidal Behavior, Deliberate Self-Harm and Non-Suicidal Self-Injury in Children and Adolescents between 1989 and 2018: A Meta-Analysis. *International Journal of Environmental Research and Public Health* **16**(22), 4581

4. UNDERSTANDING SELF-HARM

Prevention/Protective Factors

It can be difficult to identify young 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 are no unique individual or behavioural characteristics to look out for.

Nevertheless, **schools in particular** are well placed to take action to address some of the issues known to be associated with self-harm such as bullying/cyber-bullying, child sexual exploitation, peer pressures, exam pressures and unhelpful online activity (e.g. accessing pro-suicide website or unhelpful forums). This can be achieved in the following ways:

- By being aware of students who display the characteristics associated with self-harm.
- Being alert to changes in their demeanour and behaviour that suggest anxiety or low mood.
- Awareness of any specific incident that might trigger an act of self-harm.
- Breaking the cycle of Adverse Childhood Experiences (ACEs).
- Observing expressions of hopelessness or suicidal feelings.

Most importantly:

- **Remembering that young people seek out staff they are comfortable with, not just teachers or pastoral care staff;**
- By being pro-active - showing concern and asking if there is a problem and taking any expression of anxiety seriously;
- Recording and taking action upon any incident of self-harm within school or affecting a student;
- Having good links with key services such as CAMHS Partners, School Health and Early Help Services
- Having policies and procedures that support these actions (See Appendix 1).
- Having a referral pathway that all school staff are aware of. Awareness sessions for schools and other organisations.

Becoming Self-Harm Aware

There are no specific causes of self-harm. It is not a clinical condition but a response by a young 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 young 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 young people for example, those in custody, LGBTQ+, victims

of abuse, those from Black, Asian and Minority Ethnic Group or those affected by sexual exploitation, are at greater risk.

Factors that motivate young 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.”

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, scratching themselves, putting their finger in their bottoms or genital areas, and 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.

Vulnerability and Risk Factors:

There can be many factors within a young person, their immediate and wider social networks and their environment which might predispose him/her to a wide range of vulnerabilities and not just self-harm. Protective factors mitigate those vulnerabilities (see appendix 3).

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

Common problems preceding self-harm

Being bullied or hate crime.	Pressure at school.	Low self-esteem.
Health problems, illness.	Sexuality.	Gender identity.
Breakdown in relationships.	Bereavement.	Alcohol or drug misuse.
Anger, shame.	Family conflict.	Perfectionism.
Sexual, physical, emotional abuse.	To make thoughts, feelings visible.	Speech and language impairment.
Express suicidal thoughts/ feelings without taking your own life.	Difficult feelings such as anxiety, depression or other mental health disorders.	Incident of homophobia or bi-phobia, or trans-phobia (including internalised).
Being in care.	Racism.	A sense of being in control.
Exclusion or social isolation.	Parental criminality.	Poverty.

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

- Significant trauma e.g. bereavement/loss and difficult times of the year, e.g. anniversaries
- Living with domestic abuse
- Self-harm behaviour amongst the young person's peer group (contagion effect)
- Trouble in school or with the police
- Exam pressure
- Unhelpful online activity.

Warning signs to look out for:

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

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

The Self Harm Cycle:

The act of self-harm can often release endorphins which are natural painkillers which can also reduce emotional pain. In addition, the pain children and young people experience during harming often distracts from internal pain and distress. Self-harm may be a way to elicit care – sometimes it is the only way young people can get others to notice they are feeling so bad. This means that dismissing self-harm as "attention seeking" can be very punitive to such vulnerable youngsters who may desperately need others to help more.

Self-harm behaviour in young people can be transient and triggered by particular stresses that are resolved fairly 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 a number of purposes for young people and it becomes a way of coping.

5. What to do if a young 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 young people is having someone to talk to who will take them seriously.

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

Do	Don't
Listen and care. This is the most important thing you can do. It might not seem much, but showing that you want to know and understand can make a lot of difference. They may find it more helpful if you focus on their feelings, and this shows that you understand that, at that time, self-harm works for them when nothing else can.	Tell them off (e.g. this behaviour is wrong') or punish them in some way. This can make the person feel even worse, so it could lead to more self-injury.
Accept mixed feelings. They might hate their self-harm, even though they might need it. It helps if you accept all of these changing and conflicting feelings.	Jump in with assumptions about why they are self-harming. Different people have different reasons, and it's best to let them tell you why they do it.
Help them find further support. They may need help in addition to what you can give - you can support and encourage them in finding this.	Blame them for your shock and/or upset. You have a right to feel these things, but it will not help if you make them feel guilty about it.
Show concern for their injuries. If the person shows you a fresh injury, offer the appropriate help in the same way as if it was an accident. Don't overreact just because it is self-inflicted.	Treat them as mad or incapable. This takes away their self-respect and ignores their capabilities and strengths.
Help them find alternatives to self-harm (there are lots of distracting techniques in section 4 in the Toolkit)	Avoid talking about self-harm. It won't make it go away but will leave them feeling very alone
	Ask them to promise not to self-harm. This will not work but is likely to put a lot of emotional pressure and can set them up to feel guilty.
Voice any concerns you have. Make sure you also listen to their feelings about what they want to happen. Work out together a way of taking care of their health and safety.	Try to force them to stop self-harming. Doing things like hiding razor blades or constantly watching them doesn't work and is likely to lead to harming in secret, which can be moredangerous.
Recognise how hard it may be for them to talk to you. It may take a lot of courage for them to discuss their self-harm and feelings, and it may be difficult for them to put things into words. Gentle, patient encouragement can help.	Panic and overreact. This can be very frightening for the person. It is better to try and stay calm and take time to discuss with them what they would like you to do for them or the next steps they'd like to take.

- Do not have mental health problems – they are under stress and have no other means of managing their emotions;
- Do feel shame and stigma – it is not easy for them to talk about it.

Simple things you can say:

Firstly, take stock of your own feelings and thoughts before asking any questions. If your feelings or thoughts about the young person's behaviour are negative in any way, 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.'*

Conversation prompts	
Topic	Possible prompt questions
Confidentiality	"I appreciate that you may tell me this in confidence, but it's important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what's going on, but I will always have that discussion with you before and let you know what the options are so that we can make these decisions together."
Starting the conversation/ establishing rapport	"Let's see how we can work this out together. I may not have the skills to give you the help you need, but we can find that help for you together if you would like." Use active listening - for example: "Can I just check with you that I have understood that correctly?"
The nature of the self-harm	"Where on your body do you usually self-harm?" "What are you using to self-harm?" "Have you ever hurt yourself more than you meant to?" "What do you do to care for the wounds?" "Have your wounds ever become infected?" "Have you ever seen a doctor because you were worried about a wound?"

Reasons for self-harm	"I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment? Can you tell me a little more?" For example, peer relationships, bullying, exam pressure, difficulties at home, relationship break-up or substance misuse or abuse.
Coping strategies and support	"Is there anything that you find helpful to distract you when you are feeling like self-harming? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading or going for a walk?" "I can see that things feel very difficult for you at the moment, and I'm glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before, or is there anyone you think may be good to talk to? How would you feel about letting them know what's going on for you at the moment?" "How could we make things easier for you at school?" "What feels like it is causing you the most stress at the moment?" "What do you think would be most helpful?"

Speaking to parents (where appropriate)	"I understand that it feels really hard to think about telling your parents, but I am concerned about your safety, and this is important. Would it help if we did this together? Do you have any thoughts about what could make it easier to talk to your parents?"
Ongoing support	"Why don't we write down a plan that we have agreed together? Then you will always have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or want to self-harm, it is difficult to remember the things you have put in place - this can help remind you".

Do not keep it to yourself

With advice from your line manager or other colleague, form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral.

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

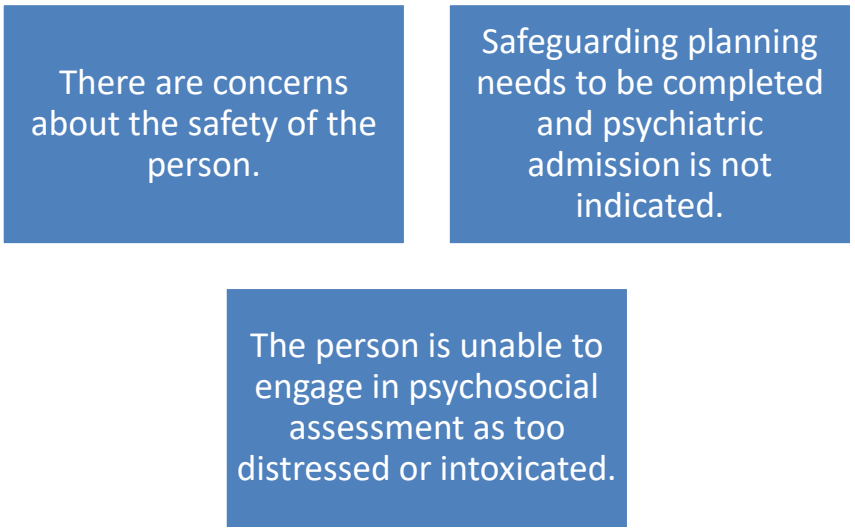
Do not work alone

Explain to the young person that you cannot keep this information to yourself. Talk about the importance of sharing how they are feeling (and perhaps 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 others – teachers, school nurses, youth workers, 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.

6. WHEN HOSPITAL CARE IS NEEDED

When a young person requires hospital treatment in relation to physical self-harm, clinical practice should comply with NICE guidance: [Self-harm: assessment, management and preventing recurrence (nice.org.uk)](nice.org.uk).

Hospital attendance should be considered if:



- Triage, assessment and treatment for under 16's should take place at Alder Hey or Ormskirk Hospital (or a local A&E department if out of area).
- Over 16s are seen at any adult hospital setting. Where possible, there should be a separate area of the Emergency Department for 16 and 17 year olds.
- Assessment should be undertaken by healthcare practitioners experienced in this field.
- Assessment should follow the same principles as for adults who self-harm but should also include a full assessment of the family, their social situation, family history and safeguarding issues.

Any child or young person who refuses admission should be reviewed by a senior Paediatrician in the Emergency Department and, if necessary, their management discussed with the on-call Child and Adolescent Psychiatrist.

7. FOLLOW UP

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

- Seek advice and support for yourself from your line manager, safeguarding lead, CAMHS or other source.
- Contact the young person's parents/carers, unless it places the young person at further risk. The age, wishes, legal status and voice of the child should always be considered when determining contacting parents and carers (See Section 8).

- Provide advice and written information on the nature of help, helplines and other sources of advice and support (See Appendix 7).
- For children (under 16) who present at the Emergency Department, a 7-day follow up will be conducted by Alder Hey Specialist CAMHS. If appropriate, the child will also be referred for ongoing work if they are not already known to the CAMH Service.
- For Adolescents between 16 and 18, immediate safety and crisis work will be offered by Mersey Care. If they are open to CAMHS or a referral to CAMHS is required then this can be facilitated by Mersey Care and the Alder Hey CAMHS Crisis Care Team.

Consider the need for:

- An Early Help Assessment – consider if / what support is needed for the wider family.

- Referral to CAMHS (this will already have been completed if the child has attended at Alder Hey or Ormskirk and the child consents to onward referral). You can still contact Crisis Care Team to offer your recent risk assessments and knowledge of the child/young person.

- Referral to Children's Social Care where there are serious or complex needs or child protection concerns – refer to the Sefton Level of Need Document. Sefton Safeguarding Children Partnership - Level of Need Guidance (November 2024).

In addition:

- Ensure information is shared appropriately

- Ensure that there is a plan to provide help and support, and that the young person understands it.

- Record what has happened and what needs to happen next, following your own agency's procedures.

Provide parent/carer with the carer/parent's information found here:

https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/self-harm/

https://www.seftonliverpoolcamhs.com/resources/self-harm-7

Help them to understand the self-harm so they can be supportive of the young person.

8. CONFIDENTIALITY AND INFORMATION SHARING

Young people will be concerned that they do not lose control of the issues they have disclosed. In particular, they will be concerned that sensitive and personal information is not shared without their agreement. Where it is shared, with or without their agreement, they will be concerned that it is properly safeguarded and not misused. This is often expressed as a request for confidentiality.

At the earliest, suitable time, there needs to be a discussion with the young 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 teachers/pastoral care, GP's) can be understanding and supportive;
- parental expectations that information they need to have is not withheld from them – except where there are concerns about parenting, outcomes for young people are invariably better with parental engagement.

Where a young person is withholding their consent, professional judgment must be exercised to determine whether a child or young person in a particular situation is competent to consent, or to refuse consent, to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. Be mindful that until 18, children should still be safeguarded and significant risk to them (even by themselves) are a safeguarding issue, providing the opportunity to override consent.

A young 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.

The Gillick Competency Fraser Guidelines should be used to determine whether or not information should be shared without agreement with the young person.

Best practice would always be to share and include parents in interventions, whenever this is possible and in the best interests of the children and young people. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all, the child's wishes should be respected, unless the conditions for sharing without consent apply.

Practitioners should refer to their agencies information sharing policy for further information.

Where there is no consent to involved family members; family members can still provide information about the person at risk.

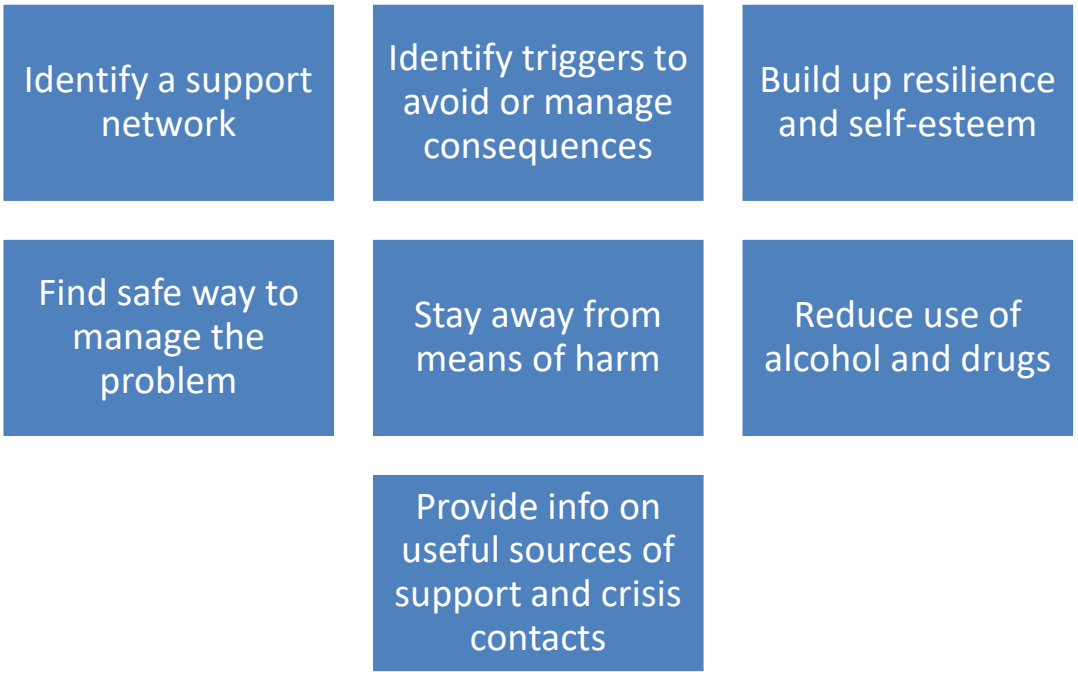
It is important to offer the young person alternative means of sharing their distress, if vocalising the distress is difficult.

9. NEXT STEPS

Adopt a "team around" approach by commencing an Early Help Assessment and consider convening a meeting at a mutually convenient time and place within the school environment or other setting where the young person feels comfortable.

Invite representation from the relevant services, ensure young people and their families are accessing the Sefton Local Offer to ensure all potential services are included.
Be clear about information sharing what information will be shared and with who.
Encourage and support the young person to express their needs and what would be helpful.

Help the young person to:



Working with friends and peers:

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

- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming.
- Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.
- They also need to know that they can seek advice without disclosing the identity of the young person in question – should a serious risk requiring such a disclosure arise, it can be addressed as necessary.
- Peers can play an important part in protecting a young person from harm

Occasionally concerns may arise in relation to self-harming behaviours occurring within a group context.

If a child or young person has self-harmed it is important to support their friends and peers. Providing support to reduce the distress of the peers and the young person.

Prevention is important and ensuring schools and other contexts that focus on:

- Emotionally healthy communication
- Challenging stigma and promoting positive language
- Offering information about moderating social media
- Promoting ‘affect tolerance’
- Improved problem solving
- Supporting exploration of sexuality and gender in a supportive environment.

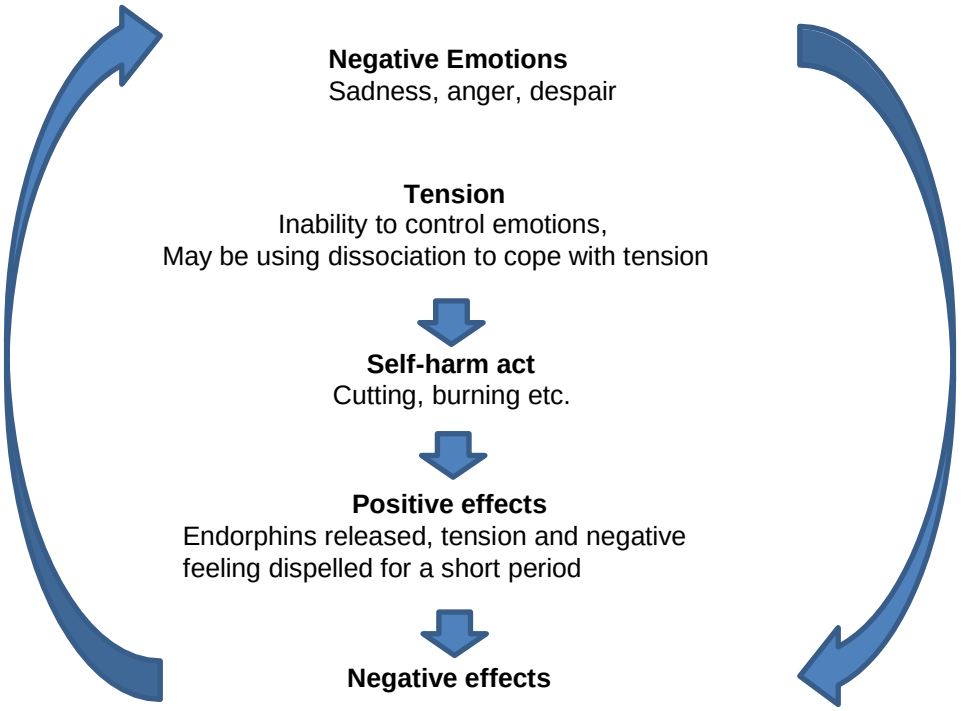
Each young person will have individual reasons for self-harming which should be assessed individually leading to an individual action plan - professionals must not assume that all the young people involved have the same needs and respond in the same way.

There may be evidence that group dynamics/pressures are an additional factor in determining/ maintaining the behaviours - social media and electronic communications will need to be considered as part of the overall picture, including young people accessing websites supporting self-harm, but may also be used as a positive influence.

10. WORKING WITH YOUNG PEOPLE WHO SELF-HARM

The cycle of self-harming/cutting

When a person inflicts pain upon him or herself, the body responds by producing endorphins, (which are similar to 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. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially:



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/shower or reading a book; Writing a diary or journal;
- Looking after an animal;
- Going into a field and screaming;
- 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;
- 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;
- Getting out of the house and going to a public place, e.g. a cinema
- 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
- Using apps on-line such as calm harm, get self-help
- Have contact numbers/text easily accessible to be contacted when needed

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

My Safety Net (Appendix 5) provides a simple format to help a young person explore and record what alternative coping strategies they might be able to use.

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

CAMHS and Clinical interventions

It is now evident that adolescent self-harm is an important indicator of future mental health status in young adulthood. Adolescents who report self-harming behaviour (regardless of

whether or not they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. 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 young people who have self-harmed in a potentially serious way should be assessed in hospital by a medical professional and a Mental Health specialist. This is necessary for the management of medical issues and to ensure young people receive a thorough psycho-social assessment.

A small number of young people will be at high risk of developing a serious and persistent pattern of repeat/high risk self-harm behaviours which may be linked to co-morbid mental health conditions. These are a priority group within specialist CAMHS services. The evidence base for 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 or Dialectic Behaviour Therapy (DBT-A) which teaches new methods of coping and that offer brief but swift response to crisis, will prove helpful.
It is also suggested that using a number of different interventions tailored to meet the individual young 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 the whole family.
- Pharmacological interventions for this age group are generally discouraged.
- Ensuring young 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. Also take-up of treatments depends largely on parental background and attitudes.
- Group work can also help some young people.
- Adolescents who report self-harming behaviour (regardless of whether or not they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. 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.

11. SUPPORT FOR PRACTITIONERS

A checklist of some of the procedures and practices can help in the management and prevention of self-harm can be found at appendix 1

The needs of practitioners

Practitioners may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to 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 young 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 young 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 such as children's homes 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 – for example INSET days in schools – provide an excellent vehicle for training the network of staff who need to work together and Alder Hey CAMHS and other services will always aim to respond positively to any such request. An important aspect of prevention of self-harm is having a supportive environment in the school / organisation that is focused on building self-esteem and encouraging healthy peer 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 young people on a day or full-time basis have additional responsibilities to build resilience:

- in the young people themselves, so they can cope with the ups and downs that they will have to cope with.

- in the staff who are the adults young 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 young person may conceal injuries such as cuts or present for first aid because they cannot verbalise their need for help.

Appendix 1: Example of a check list for schools / other agencies for self-harm procedures & practices

Checklist for schools and other agencies: supporting the development of effective practice

Organisational ethos

- A culture that encourages young people to talk and adults to listen and believe.
- Utilises PHSE / to help build resilience in its students / informal education activities for young people
- It is working towards implementation of Mental Health and Behaviour in Schools (2018) and Improving Mental Health Services for Young People (2015)
- It works closely with other agencies, the school nursing service, CAMHS and others to identify and respond to the needs of vulnerable students.
- The school has a policy or protocol approved by the Governors on supporting young people who are self-harming or at risk of self-harming.

Training

- All new members of staff receive an induction on safeguarding procedures and setting boundaries around confidentiality including awareness of self-harm.
- All members of staff receive regular training on safeguarding procedures.
- Administrative and ancillary staff also receive awareness training commensurate with their roles and responsibilities.
- Staff members with pastoral roles (head of year, designated safeguarding lead, welfare officers) have access to additional training in identifying and supporting students who self-harm.
- Whole organisation approach to self-harm and managing disclosures to ensure young people have a choice of who they would like to speak to

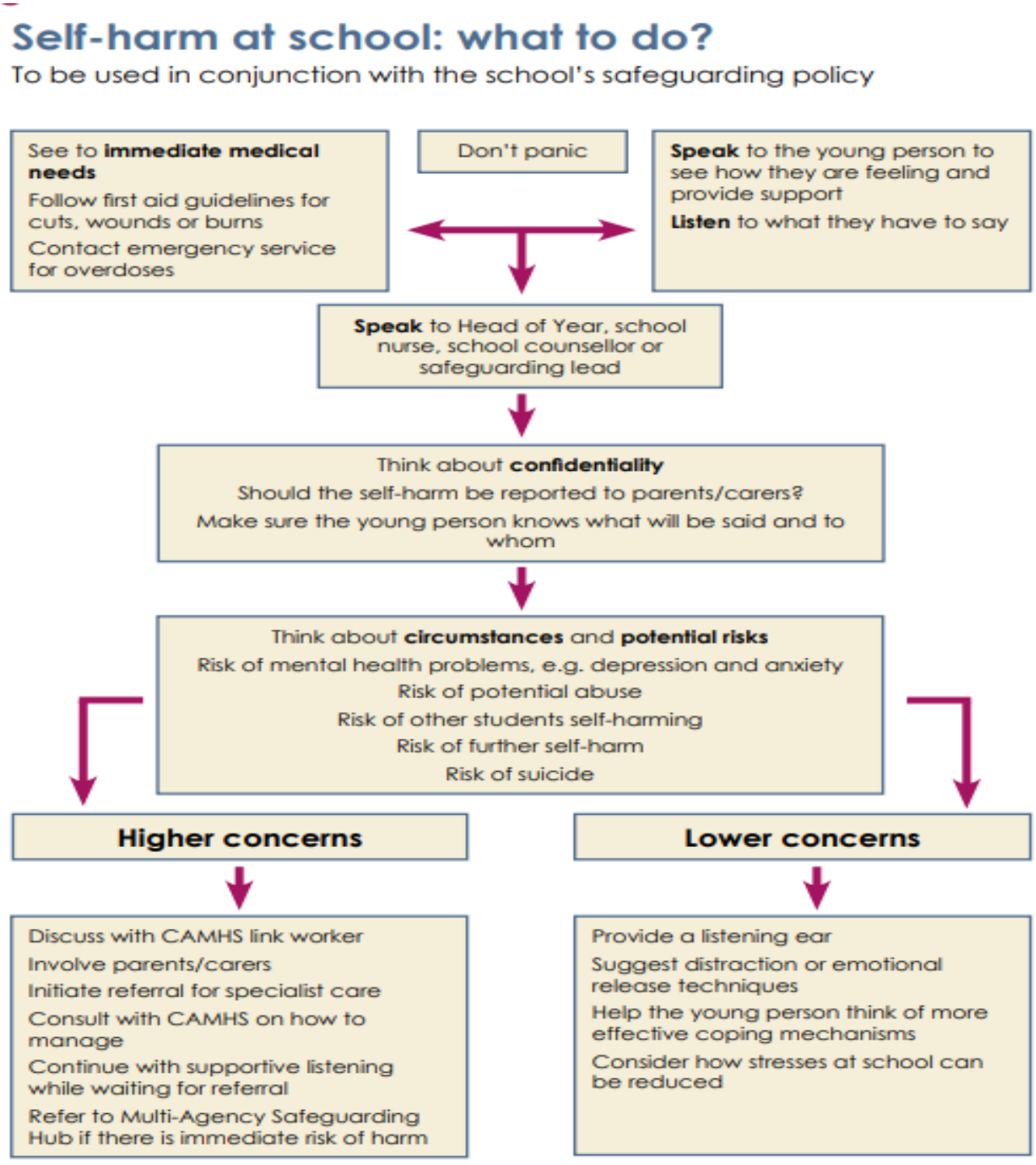
Communication

- The organisation has systems that ensure good communication about students requiring additional help and support both within the school and other agencies.
- All members of staff know to whom they can go if they discover a young person who is self-harming.
- Senior staff ensure that all members of staff are included in communications about vulnerable young people at a level appropriate with their roles and contact with students.
- Time is made available to listen to and support the concerns of staff members on a regular basis.

Support for staff / young people in a school

- School members know the different agency members who visit the school, e.g. school counsellors, CAMHS Links, school nurses etc.
- Staff members know how to access support for themselves and young people.
- Young people know to whom they can go for help

Appendix 2: Self-harm at school: What to do? **To be read in conjunction with schools safeguarding policy. (Reference: young-people-who-self-harm-a-guide-for-school-staff.pdf)



Appendix 3: Example of documentation of self-harm and safety plan.

School / Organisation		**Date of Report:**					
Young person's name:		**Age:**		**Gender:**		**Year:**	
Special needs:							
Staff member:		**Role:**					
Date of incident:		**Time of incident:**					
Details of incident							
Immediate Action taken by member of staff							
Decision made with respect to contacting parents and reasons for decision							
Confirmation of Safety Plan understood by young person and shared with relevant adults.							
Signature:		**Role:**					

Appendix 4: Risk and Protective Factors

FAMILY PROTECTIVE FACTORS	
CHILD	**PARENTS**
• High self-esteem • Good problem-solving skills • Easy temperament • Able to love and feel loved • Secure early attachments • Good sense of humour • A love of learning • Good communication skills • Belief in something bigger than the self	• High self esteem • Warm relationship between adults • High marital satisfaction • Good communication skills • Good sense of humour • Capable of demonstrating unconditional love • Set developmentally appropriate goals for child • Provide accurate feedback to the child • Uses firm but loving boundaries

FAMILY RISK FACTORS	
CHILD	**PARENTS**
• Low self esteem • Few problem-solving skills • Difficult temperament • Unloving and reject love from others • Difficult early attachment • Tendency to see things literally • Fear of failure • Genetic vulnerability • Being male • Poor communication skills • Self-centred thinking • Rejected / isolated from peer group • Loss/bereavement • LGBT/Identity • Cultural issues	• Low self-esteem • Violence or unresolved conflict between adults • Low marital satisfaction • High criticism / low warmth interactions • Conditional love • Excessively high or low goals set for the child • Physical, emotional or sexual abuse • Neglect of child's basic needs • Inconsistent or inaccurate feedback for the child • Parents with drug or alcohol problems • Parental mental health problems

ENVIRONMENTAL PROTECTIVE FACTORS	
School/Organisation • Caring Ethos • Students treated as individuals • Warm relationships between staff and children • Close relationships between parents and social • Good PHSE/opportunities for open discussion • Effectively written and implemented behaviour, anti-bullying, pastoral policies • Accurate assessment of special needs with appropriate provision	**Housing and Community** • Permanent home base • Adequate levels of food and basic needs • Access to leisure and other social amenities • Low fear of crime • Low level of drug use in the community • Strong links between members of the community

ENVIRONMENTAL RISK FACTORS	
School/Organisation • Excessively low or high demands placed on child • Student body treated as a single unit • Distance maintained between staff and children • Absent or conflictual relationships between staff and school • Low emphasis on PHSE • Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care • Ignoring or rejecting special needs • Fear of failure	**Housing and Community** • Homelessness • Inadequate provision of basic needs • Little or no access to leisure and other social amenities • High fear of crime • High levels of drug use • Social isolated communities

Appendix 5: My Safety Net (whether we can use the Mersey Care 10 step safety plan)

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
- helplines and professional people you could go to for help.

Things I can do myself to cope with difficult feelings

1.....

2.....

3.....

Who do I need to speak to, to help me manage?

Where do I need to be or go to keep safe?

What are my triggers and what can help me manage them?

TRIGGERS	Ways to avoid triggers and cope when they are around.

What makes me hopeful?

Who do I contact if I am in Crisis?

Appendix 6: Local Sources of Support

SEFTON CHAT

Contact if worried about a young person: Children's Help and Advice Team (CHAT) (sefton.gov.uk)

The Children's Help and Advice Team (CHAT) is the front door of our service. We are the first people you will speak to if you have a concern about a child or young person.
We will talk through your concerns and discuss what support we can offer. We may arrange for a social worker to visit the family, pass you to our Early Help colleagues or signpost to services available to all in the community.

Whatever the outcome, you will be a part of making a plan to alleviate any pressures or issues that may be present and finding the best solution for the family.

You can call the CHAT Team on 0151 934 4013.

https://youtu.be/s5KttDQtKMM

1. Opening Hours

Monday, Tuesday, Thursday: 9am-5:30pm

Wednesday: 10:30am- 5:30pm (an answerphone service available 9am-10:30am)

Friday: 9am-4pm

If the issue cannot wait until the next working day, please contact our Emergency Duty Team outside of the above hours, including weekends and bank holidays, on 0151 934 3555.

Remember, if a child or young person is in immediate danger, please call 999.

2. What is a Concern?

You may want to report a concern if you:

- Are worried about the safety or wellbeing of a child
- Suspect neglect or abuse
- Would like to report an incident
- Are a child or young people who needs support

We appreciate that making a referral to us may be difficult for you. Please be reassured that your concerns will be recorded and any response carefully considered.

Keeping children and young people safe is everyone's responsibility - families, carers, the public and professional staff in Children's Services and partner agencies.

You should always report your concerns, even if the person you suspect is abusing or neglecting a child is your partner, or a member of your own family or someone you know well.

You can also discuss your concerns with someone who works with children and families, e.g. health visitor, school nurse, social worker or teacher who can contact CHAT instead.

3. Information for Professionals

For emergency out of hours service e.g. fire, police and A&E we will still accept paper referrals, however where possible, a phone call is best for the family.

Members of the public can remain anonymous if you wish to, however as a professional we need to know where the referral has come from and how we can put something in place to help that family together.

Family Advice and Support Team: Family Advice and Support Team (sefton.gov.uk)

The Family Advice and Support Team is the front door of our Early Help Service. We are the first people you will talk to if you think you or a family you work with or know could benefit from support from an Early Help Worker.

Call the FAST Team on 0151 934 4545

You can also email the team on fast@sefton.gov.uk

We will have a discussion with you and see how we can help you across a range of different topics.

This could include help with:

- Maintaining Positive Relationships
- Managing Family Conflict
- Parenting

Alder Hey Crisis Care Team: CAMHS Crisis Care - Alder Hey Children's Hospital Trust

The CAMHS Crisis Care service is available 24 hours a day, 7 days a week and we can be contacted on either of the numbers below:

CAMHS Crisis Line: 0808 196 3550 or 0151 293 3577

Information:
Please note these are the only contact numbers for Crisis Care.

We have a dedicated 24/7 crisis telephone line that children, young people, parents, carers and professionals can ring for support and advice on any mental health difficulties, callers will speak directly to a member of the CAMHS Crisis team who will support them with the crisis. This service for children and young people under the age of 18 with a Liverpool or Sefton GP, other callers outside of this area will be signposted to the relevant team.

We offer a number of same day or next day emergency appointments for those young people whose mental health needs to be assessed quickly but do not need to attend the Emergency Department for a medical review.

If a young person attends the Emergency Department (ED) in mental health crisis at either Alder Hey or Ormskirk hospital a member of the Crisis Team will be contacted for advice on

how they can be supported, this may include a referral to the community CAMHS team, an assessment by our team in ED or an admission to hospital.

If the young person is aged 16 and over and requires a mental health review then they would need to attend their local adult Emergency Department where our colleagues in Mersey Care will support them.

Over 16 Urgent Care Support: https://www.merseycare.nhs.uk/urgent-help

Liverpool and Sefton

1. Anyone aged 16 and over

For urgent mental health support, please call our 24/7 freephone helpline: **0800 145 6570.**

Appendix 7: National advice & helplines

CALM -
https://www.thecalmzone.net/

Beat – Beating Eating Disorders
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
- Youthline 0345 634 7650 (Monday to Friday evenings from 4.30pm to 8.30pm and
- Saturdays 1.00pm - 4.30pm)
- Helpline 0345 3641414

Childline
Childline is the UK's free NSPCC helpline for children and young people. It provides a 24hrs helpline, online chat and message boards for children and young people under 18.

- Freephone 0800 1111
- www.childline.org.uk

Children's Legal Centre (CORAM)
The Children's Legal Centre is 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

Family Lives
Family Lives offers a confidential and free* helpline service (previously known as Parentline). Please call us on **0808 800 2222** for information, advice, guidance and support on any aspect of

parenting and family life, including bullying. Our helpline service is open 9am – 9pm, Monday to Friday and 10am – 3pm Saturday and Sunday.

They currently answer 58% of all callers ringing. If you don't get answered the first time please do try again.

FRANK
Friendly confidential drug advice.

- Helpline 0300 123 66 00 (24 hours)
- www.talktofrank.com

Get Connected
Free, confidential telephone helpline service for young people, who need help but don't know where to turn

- Freephone 0808 808 4994
- www.getconnected.org.uk

Harmless
Self-harm Support at Harmless 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
Information and support for people who hear voices, see visions or have other unusual perceptions

- Phone: 0114 271 8210
- www.hearing-voices.org

Karma Nirvana
Supporting victims of honour crimes and forced marriages
Helpline 0800 5999247

- www.karmanirvana.org.uk

LifeSIGNS
Self-injury guidance and Network Support

- www.lifesigns.org.uk

MIND
Advice, information and support for anyone experiencing a mental health problem

- MIND Infoline 0300 123 3393
- www.mind.org.uk

National Self-Harm Network
On-line support forum for people who self-harm, provides free information pack to service users

- www.nshn.co.uk

NSPCC

Information, advice and support services about preventing child abuse.

- NSPCC professionals helpline 0808 800 5000
- www.nspcc.org.uk

PAPYRUS Prevention of Young Suicide

Provides a range of services including information, advice and support to help reduce young suicide

- Helpline HOPEline UK 0800 068 41 41
- www.hopelineuk.org.uk

Royal College of Psychiatry

www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx

RU-OK

RU-OK is about young people helping themselves - coping with common, and sometimes serious problems, as well as using your strengths

- www.ru-ok.org.uk – new website launching soon www.ruok.org.uk

Samaritans

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

- Free helpline 116 123
- 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

The Site is an online 24/7 guide to life for 16 to 25 year-olds. It provides non-judgmental support and information on everything from sex and exam stress to debt and drugs. Online advice, forums apps and tools

- www.thesite.org

Young Minds

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.

- Parent helpline 0808 8025544
- For young people http://www.youngminds.org.uk/for_children_young_people
- *https://youngminds.org.uk/media/1519/youngminds-self-harm.pdf*
-

Youth Access

A national membership organisation for youth information, advice and counselling agencies. Provides information on youth agencies to children aged 11-25 and their carers but does not provide direct advice.

- Visit www.youthaccess.org.uk to search their directory of services for help in your area

Useful Phone applications

In Hand app - *www.inhand.org.uk/*

Useful Websites

https://www.getselfhelp.co.uk/

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

Adolescent Mental Health AYPH Research Update No 16 summary (February 2014) Ann Hagell Association for Young People's Health
http://www.ayph.org.uk/publications/533_Mental%20health%20RU%20Feb%202014%20public. pdf

Factsheet: Key facts and trends in mental health update (2014) The NHS Confederation's Mental Health Network
http://www.nhsconfed.org/Publications/Factsheets/Pages/facts-trends-mental-health-2014.aspx

Managing self-harm in young people (June 2014) Royal College of Psychiatrists College report CR192
http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf

On the edge Childline spotlight: suicide (2013) Childline/NSPCC
https://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline- suicide-report.pdf

Resilience and Results; how to improve the emotional wellbeing of children and young people in your school (2012) Children and young people's mental health coalition
http://www.cypmhc.org.uk/media/common/uploads/Resilience_and_Results.pdf

Tackling Stigma – a practical toolkit (2011) National CAMHS Support Service workforce programme
http://www.chimat.org.uk/tacklingstigma

Talking Self-harm (2012) Cello Group/ Young Minds
http://www.cellogroup.com/pdfs/talking_self_harm.pdf

Truth Hurts - Report of the National Inquiry into self-harm among Young People (2006) Mental Health Foundation
http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-mental- health/mentalhealthfoundation/truth06.aspx

Resilience Handout - Young Minds
https://www.youngminds.org.uk/assets/0000/1399/Resilience_handout.pdf

Risk Factors Handout - Young Minds
https://www.youngminds.org.uk/assets/0000/1383/Risk_factors_handout_Looked_After_Toolkit. pdf

Research articles

Repetition of self-harm and suicide following self-harm in children and adolescents: findings from the Multicentre Study of Self-harm in England (2012) Keith Hawton, Helen Bergen, Navneet Kapur, Jayne Cooper, Sarah Steeg, Jennifer Ness, and Keith Waters, Centre for Suicide Research, University of Oxford, Oxford, UK; Centre for Suicide Prevention, University of Manchester, Manchester, UK Derbyshire Healthcare NHS Foundation Trust, Derby, UK
http://www.antoniocasella.eu/salute/Suicide_Australia_2012.pdf#page=37

Epidemiology and nature of self-harm in children and adolescents: findings from the multicentre study of self-harm in England (2012) Keith Hawton, Helen Bergen, Keith Waters, Jennifer Ness, Jayne Cooper,Sarah Steeg & Navneet Kapur, European Child & Adolescent Psychiatry ISSN 1018-8827, Eur Child Adolesc Psychiatry DOI 10.1007/s00787-012-0269-6 http://www.psych.ox.ac.uk/publications/320422

Self-harm in young people (2014) Ellen Townsend Self-Harm Research Group, School of psychology, University of Nottingham, University Park, Nottingham NG7 2RD, UK; Ellen.Townsend@nottingham.ac.uk published in clinical review *Evid Based Mental Health* 2014
17: 97-99 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) Paul Stallard, Melissa Spears, Alan A Montgomery, Rhiannon Phillips and Kapil Sayal http://www.biomedcentral.com/1471-244X/13/328