



Managing self-harm

Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly

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Introduction

Welcome to the latest information and resources to help you recognise the signs, risks and support available for anyone who works within education when dealing with students who self-harm or are at risk of intentionally harming themselves.

The updated information contained within these pages has been put together at the request of teachers, nurses, mental health professionals, doctors and nurses) known as Cornwall Multi-agency Emotional Wellbeing and Mental Health Board following the successful first edition developed in 2017.

The guide recognises the growing number of young people who harm themselves in Cornwall and the Isles of Scilly and across the country.

Young people living in Great Britain have the highest rate of self-injury in Europe¹ and many school staff struggle to know how to respond to incidents of self-harm. Teachers have described feeling: “fazed , repulsed, bewildered, sorry and mystified”, when faced with people who had harmed themselves².

The guide also supports the local transformation plan for children and young people’s mental health services document which is called Turning the Tide and the really valuable work that is already taking place through the i-Thrive Framework.

The information and suggestions within this guide will support and compliment the self-harm policy your school has or is in the process of developing.

The managing self-harm guide is best read and used alongside the Self-Harm Among Children and Young People: a strategy for Cornwall and the Isles of Scilly document.



What is self-harm?

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

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

Self-harm may be a response to strong feelings and distressing experiences, which are hard to deal with. During adolescence, young people may encounter particularly painful emotional events for the first time. Adolescents who self-harm describe feelings of powerlessness, despair and say that they turn to self-harm to release powerful and frightening emotions, relieve unbearable tension or gain a fleeting sense of control.³

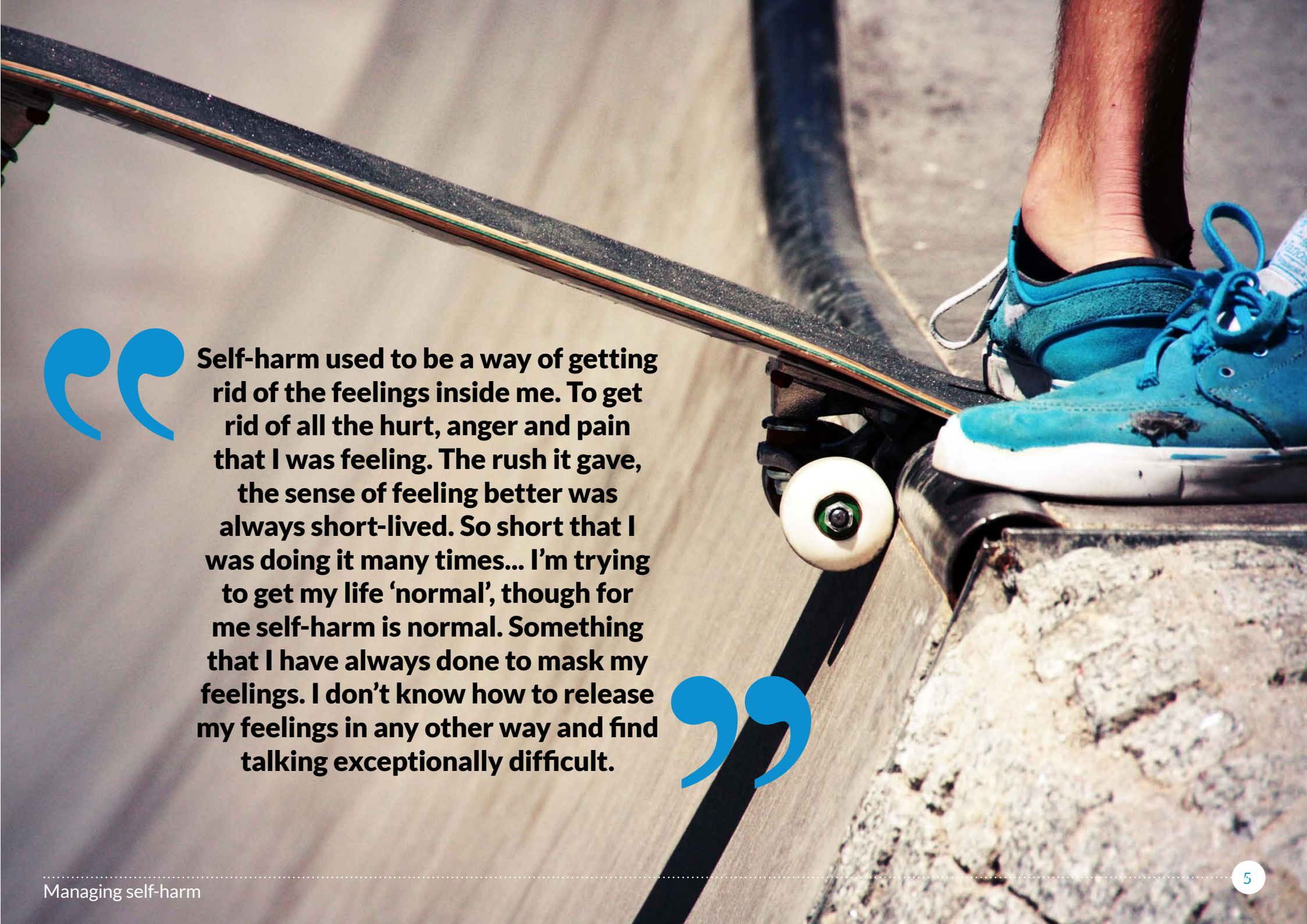
‘Some young people harm themselves in less obvious, but still serious ways such as taking drugs, having unsafe sex, or binge drinking. Some simply starve themselves⁴. It’s usually a sign that something is wrong in the life of that young person⁵. It can feel to other people that these things are done calmly and deliberately - almost clinically, but we know that someone who

self-harms is usually in a state of high emotion, distress and unbearable inner turmoil.

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

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

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



Self-harm used to be a way of getting rid of the feelings inside me. To get rid of all the hurt, anger and pain that I was feeling. The rush it gave, the sense of feeling better was always short-lived. So short that I was doing it many times... I'm trying to get my life 'normal', though for me self-harm is normal. Something that I have always done to mask my feelings. I don't know how to release my feelings in any other way and find talking exceptionally difficult.

Who self-harms and what are the risks?

There is not one type of person who self-harms. Some groups are more vulnerable than others but each case is individual. We know that there are factors that contribute to the risk of self-harm⁶. These include:

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

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

The reality is that:

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



Is there a link between suicide and self-harm?

People often think that self-harm is closely linked to suicide. The vast majority of people who self-harm are not trying to kill themselves - rather they have some hope that by communicating their distress something will be understood and someone will help them. It is a way of coping with strong and painful feelings and circumstances. However, it is not always clear from the severity of the self-harm what the intention of the young person is. If you discover that someone is self-harming, it gives you a real opportunity to help them deal with the underlying problems they are wrestling with. It is important that you explore with them what their intentions are, and what it is that cannot be tolerated with the support of more healthy coping skills. In rare circumstances the internal distress becomes so great that self-harming becomes increasingly dangerous and can become a real threat to life; or the way in which the young person harms themselves becomes more dangerous - either by accident or intent. This of course requires close monitoring. For information on training courses that deal with mental health and suicide, visit www.healthycornwall.org.uk/training-programme



Why young people self-harm

There are many reasons why young people resort to self-harm as a means of managing strong and painful feelings.

A young person may self-harm because:

- It is a way of dealing with intense, painful feelings and provides a sense of relief afterwards. The strong feeling of relief (and the power of overcoming pain) may be a powerful driver to repeat self-harming.
- It is a way to communicate their distress, especially for young people who lack other routes to express themselves and to have this distress understood, accepted and attended to.
- It may be a way of exacting retaliation or punishment on those close to them, when they are left feeling hurt or unable to resolve negative feelings about others –especially if they feel that others are responsible for their distress. This process may operate unconsciously.
- It can be a way to influence or control others and it may, on occasion, be used to elicit care, affection or confirm love from those close to them. Young people with limited resources for controlling their environments can use self-harm to influence the feelings and actions of others.

The reasons for self-harm among young people include the following factors:

- Some young people have a long history of not knowing how to regulate their own strong feelings –especially those feelings, which they find internally threatening, distressing, difficult, overwhelming or shameful. Self-harm offers a means of regulating emotions, which affords a temporary sense of release, relief and control.
- Some young people have not developed healthy ways of calming and soothing themselves when faced with strong emotions. Other young people may find they cannot rely on the help and support of friends and family when they are distressed or they may not know how to communicate their strong feelings to friends and family.
- Some young people feel they have very little control over their circumstances and this leaves them with limited ways of expressing their frustrations and powerful feelings. Self-harm offers these young people a sense of control.
- Self-harm is also linked to other mental health problems in childhood and adolescence, such as anxiety and depression.
- It is more common among young people who live in families characterised by conflict, domestic violence, parental mental health including parents who self-harm and insecure early relationships, built upon lack of sensitive and consistent parenting.



My emotion can vary rapidly and be very intense. If in an emotionally charged situation, I will either during or shortly after harm myself. I'm not good at dealing with emotions or communicating mine to others.



When I first started self-harming, it helped me through a difficult time in my life. It was so effective at making me feel better, more powerful in a way, and like I didn't need anyone else at all to talk to or to talk to me. I could face down that teacher who kept telling me to take my nose stud out. Anytime anyone upset me at school or at home I always had my little secret friend to help me.

Chloe aged 15 (Childline, 2007)



I don't deal with daily stress very well. So when extra events occur however big or small, my tension levels rise, resulting in my needing a 'release'. Self-harm has proven to be the most successful in dealing with this.



I don't think they love me. They argue all the time and my dad sometimes hits out at me.

Chrissie, aged 14 (Childline, 2007)



I cut myself when I am angry. It hurts, but it helps my anger.

Lisa, aged 11 (Childline 2007).



How self-harm works

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

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

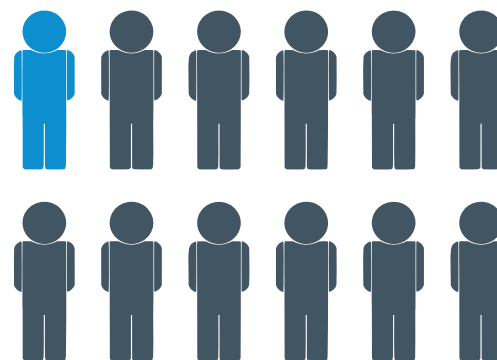
Spotting the warning signs

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

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

Things to look out for

- Changes in eating and sleeping habits.
- Wearing heavy clothes even in warm weather.
- Appear more distressed.
- Poorer level of school attendance.
- Increased isolation from friends and family.
- Lowering of school or college grades.
- Talking about self-harming or suicide.
- Drug or alcohol misuse.
- Expressing feelings of failure, uselessness or loss of hope.
- Giving away possessions.
- Risk taking behaviour.



1 in 12
young people
self-harm at some
point in their lives

Responding to self-harm in schools

In primary schools it is recommended that self-harm is specifically referenced in the school's safeguarding policy. International evidence and research shows that self-harm becomes more prevalent in the teenage years. As such, it is recommended that in addition to being referenced in the school's safeguarding policy, secondary schools should also have a separate and specific self-harm policy, which contains the protocol of how to deal with self-harm in school. It will need to include how and when a pupil's parents/carers are informed, which staff are informed, and how to support staff dealing with incidents of self-harm. There needs to be a designated member of staff to manage and co-ordinate the school's response to self-harm. This will usually be the designated child protection (CP) lead but just because this person is the lead, doesn't mean they have to be the person who takes immediate action when a child self-harms or discloses self-harm.

The immediate intervention flowchart offers guidance on what actions to take. If you are the CP lead, staff may refer cases of self-harm to you to lead on and deal with. After the initial incident and once you are happy that the young person is safe, both physically and emotionally (for example, that wounds have been attended to), you will need to gather more information and plan ongoing support for the young person.

Immediate intervention flowchart

Does the pupil require immediate medical care?	
Yes	No
If the pupil has heavy bleeding, has overdosed or is unconscious, call 999.	Follow next steps ↓
Are you the right person to deal with this incident? Are you the child protection lead or self-harm designated staff member?	
Yes	No
Reassure the pupil and decide on best course of action	Discuss best course of action with CP lead.
Decide on what the best course of action is based on the young person's injuries and emotional state. Is the young person in imminent danger?	
Yes	No
Take the young person to A&E	Administer first aid at school
Once the young person is stabilised, both physically and emotionally, gather more information and plan ongoing support.	
Follow-up actions are offered in the ongoing support guidance in appendix two to help the CP lead/member of staff decide what subsequent action to take.	

Note: NICE guidance suggests all cases of children or young people under the age of 16 that attend A&E after harming themselves should be admitted to a paediatric ward for assessment.

Things to remember



Anyone from any walk of life or any age can self-harm, including young children. Self-harm is most common in young people aged 11 to 25 years.



Self-harm affects people from all family backgrounds, religions, cultures and demographic groups.



Self-harm affects both males and females. Boys and girls may harm themselves in different ways.



People who self-harm often keep the problem to themselves for a very long time, which means opening up to anyone about it can be difficult.



You can't tell someone who self-harms to simply stop – it is not that easy!



Self-harming behaviour may have developed because of high distress, poor emotion regulation and underlying difficulties over a long period of time. Developing new coping strategies may also take time to establish and for the young person to be able to use the strategies.



General advice for school staff when students tell them they've been self-harming

- Listen to the pupil and seek to understand the situation from their point of view in a non-judgemental, respectful and empathic way. Show that you take the young person's feelings seriously and that you understand their experience.
- Validate the young person's feelings and try to understand their experience.
- It is important to have some understanding of the risk presented, and access to guidance on assessing risk in schools ([appendix seven](#)).
- Learn about self-harming behaviour and the difference between suicide and self-harm.
- Encourage all school staff to attend training in self-harm to support their understanding and capacity to respond to self-harm in appropriate ways.
- Remember that if someone tells you that they self-harm it could be a sign that they trust you and are willing to share this very personal problem with you. Respond to this trust in a thoughtful and reflective way.
- Self-harm is not the only way for people to deal with emotional distress, encourage the pupil to seek alternative methods of coping. However, do not expect them to be able to stop self-harming or develop new coping strategies immediately.
- If your school has an on site trained professional, for example a school nurse or counsellor. You may be able to put the pupil in touch with them as a first step to getting additional support. Advice and referral can also be gained from Primary Mental Health team and the Educational Psychology Service or specialist CAMHS nurse if concerns are high.
- It is important to ensure the safety of the student and keeping them in a safe place at school is part of this. Sending them home is unlikely to ensure safety.
- Be aware that social media is sometimes used by young people to enquire about ways to self-harm or to discuss and share details or images of their self-harming with their peers.
- Be aware that supporting young people who harm themselves may evoke feelings of anxiety, frustration and repulsion, bewilderment and helplessness. It is important not to convey these feelings to the young person.
- Staff need to take care of themselves and seek support when they need it. Staff should be aware of their own feelings and limitations and not offer more help than they can cope with giving.

Assessing risk

When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time. It is OK to talk with young people about these issues; it will not make things worse (see appendix seven).

Factors that increase the risk⁷

- Where a child is of primary school age and present with self-harming behaviour please consult with the designated safeguarding lead, as a referral to the Multi Agency Referral Unit (MARU) or Early Help Hub (EHH) should be considered.
- The use of alcohol or drugs when self-harming (this can increase recklessness and impulsiveness).
- Feelings of hopelessness about life (whether it be not caring about themselves or actively wanting to die).
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm (eg frequent small overdoses may cause long-term harm).
- An increase in the frequency of self-harm or a feeling of having to do more to feel what they perceive to be the benefits.

Unless a child or young person is in obvious emotional crisis, kind and calm attention to ensuring that any immediate physical wounds are treated (by an appropriate member of staff) should precede additional conversation with them about the non-physical aspects of self-harm.

If child or young person is expressing a wish to die and says they have a plan of what to do, they should be seen urgently by the local emergency department who will access mental health services as appropriate.



Questions of value in assessing severity of the injury include⁸ :

- Where on your body do you usually self-harm?
- What do you normally use to self-harm?
- What do you do to care for your wounds?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

When in doubt or if concerned, seek medical attention.

In general students are likely to fall into a spectrum of risk.

- **Lower risk students:** Little history of self-harm, a generally manageable amount of stress and at least some positive coping skills and external support.
- **Higher risk students:** More complicated profiles, report frequent or long-standing self-harm practices, use of high-risk methods that threaten life, younger age, parental mental health problems and/or students who are experiencing chronic internal or external stress with few positive supports of coping skills.

These risks and questions serve only as a guide to support staff and are by no means exhaustive. Assessing risk should be in collaboration with the young person and designated safeguarding lead.

Where there is any doubt about risk, it is important to discuss with the safeguarding lead, primary mental health team, or the educational psychology service:

- Where a child or parent is unwilling to engage with support services, a referral to the Early Help Hub or the MARU should be considered, as refusal to engage may constitute a safeguarding issue.
- After assessing immediate risk, gaining further information from the child or young person may take place over a number of conversations and should occur at a pace comfortable for them.
- Remember, if you are concerned that the child or young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisation's child protection procedures.

"You shouldn't be ashamed of who you are. That was something the workers told me."

Young Person

Confidentiality and information sharing

If there are concerns about self-harm in a primary school it is important for the children to know about issues of confidentiality and how these will be dealt with. Secondary school pupils must also be aware of the school's self-harm policy, especially issues of confidentiality, and what to expect if they disclose self-harm to a teacher or member of staff. Confidentiality will, no doubt, be a key concern for pupils, and they need to know that staff will respect their right to privacy with all of the exceptions fully explained to them. For example, if the young person is considered to be a risk to themselves or others, then this information will be shared with the school's safeguarding lead and may be shared with other agencies, such as the MARU. Issues of confidentiality are likely to be of great concern to the young person and will need to be discussed fully and clearly (see appendix eight).

It can be very challenging to decide whether to break a young person's confidentiality and disclose self-harm to their parents or to other important adults in a young person's life. Nevertheless, a young person who is hurting him or herself is often struggling to manage intense distress without enough support or is struggling to communicate this distress. Very often a reluctant young person can be helped to tell (or let you tell) their parents what has been happening.

When this is not the case, there are no hard and fast rules, but ask yourself the following questions:

1. Will you put the young person at greater risk by telling their parents? If you are concerned about the safety of the young person, you must discuss the issues with your school's safeguarding colleagues and social care colleagues (via MARU).
2. What is the young person's family situation? It is important to remember that if you do disclose, give a young person as much control as possible over the process. For example, do they want to tell their parents themselves, do they want to be present when you talk to them? Ensure that you follow up with the young person after this conversation to check the impact and outcome of this conversation on them.
3. Do you need to seek advice from MARU?

A person wearing a blue long-sleeved shirt and a red tie is holding onto a silver chain-link fence. The person's face is not visible, but their hands are gripping the fence. The background is blurred, showing what appears to be a paved area and some foliage.

Talking to children or young people who are self-harming

Every child or young person is an individual and their experience of self-harm is going to be unique. Talking about self-harm is not easy. The language, wording, choice of questions asked and the general approach to the conversation may need to be adjusted according to the age and understanding, capacity and special educational needs of the child or young person. For example, an older student may prefer a more direct or upfront approach. The level of detail asked may need to be adjusted according to the situation and this may take place across several conversations.

Conversation prompts

Topic	Possible prompt questions
Confidentiality	<ul style="list-style-type: none"> “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	<ul style="list-style-type: none"> “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	<ul style="list-style-type: none"> “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	<ul style="list-style-type: none"> “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	<ul style="list-style-type: none"> “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 that you think maybe 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)	<ul style="list-style-type: none"> “I understand that it feels really hard to think about telling your parents but I am really 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	<ul style="list-style-type: none"> “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 really want to self-harm, it is difficult to remember the things that you have put in place - this can help remind you”.

Dos and don'ts for talking to children or young people about self-harm

Do	Don't
<ul style="list-style-type: none">• 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.• 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.• 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.• 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.• 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.• 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.• Help them find alternatives to self-harm.	<ul style="list-style-type: none">• Tell them off (eg this behaviour is wrong') or punish them in some way. This can make the person feel even worse, so could lead to more self-injury.• 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.• 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.• Avoid talking about self-harm. It won't make it go away but will leave them feeling very alone.• 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 more dangerous.• 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.• Treat them as mad or incapable. This takes away their self-respect and ignores their capabilities and strengths.• Panic and over react. 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.

Distraction/coping strategies

Some young people find it helpful to develop a list of alternatives to their self-harm. Young people have said that their most successful alternatives include:

Calming/stress relief/distraction

- Going for a walk.
- Listening to sound.
- Creating something –drawing, music, writing, cooking, sculpture, crafts.
- Keeping a diary.
- Stroking or caring for a pet.
- Watching TV or a movie.
- Getting in touch with a friend.
- Listening to soothing music.
- Having a relaxing bath.
- Breathing exercises.
- Plan an activity or trip (such as volunteering or going to the cinema or park).
- Looking at self-help websites.

Releasing or managing emotions

- Clenching ice cube until it melts.
- Snapping an elastic band against the wrist.
- Drawing on the skin with a red pen instead of cutting.
- Sports or exercise.
- Using a punch bag/ punch pillow to vent anger and frustration.
- Listening to or creating loud music.
- Writing down thoughts and feelings on paper and possibly ripping them up.
- Tearing up a newspaper.
- Repetitive counting or writing.
- Sing or shout (loudly).

Other factors to consider

Should we encourage students to cover up visible scars, cuts or burns?

Some teachers may worry about other children/young people being distressed or influenced by another child or young person's scars. The decision whether to cover up scars or not should be led by the child or young person unless covering up is required from a first aid or medical/safety point of view.

What does 'safe-harm' mean?

Staff may come across the concept of 'safe-harm' or 'harm minimisation' where children or young people may have been given advice on how to self-harm in a safer manner eg using clean blades with advice not to share blades⁹. Though this is a recognised concept it should only be introduced to, or discussed with the child or young person by an experienced clinician or specialist.

Ongoing support and documentation

Guidance on risk management is available in [appendix seven](#). In addition, a template letter ([appendix four](#)) to parents following the self-harm meeting and a self-harm incident reporting form has been included ([appendix six](#)).

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

The advice in this pack is likely to need adjusting according to the individual child or young person with special educational needs and/or disability (SEND) who are self-harming. In addition to the possible reasons for self-harm listed earlier, there may be other reasons why some children or young people with SEND self-harm. Some children/young people with severe learning disabilities may self-harm as a way of expressing pain from an underlying medical problem eg pain from an infection may be expressed by hitting the ear¹⁰.

It is difficult to cover the broad range of individual needs in this document however generally speaking, where the child/young person with SEND is self-harming, staff should consider:

- Informing and seeking advice from the educational psychology service, primary mental health team or relevant SEND specialist.
- Reviewing the child's educational health and care plan for advice.
- Seeking medical advice.
- In all cases, inform the designated safeguarding lead.

In relation to the needs of children with SEND it is very important to communicate effectively among professionals to understand the needs of the young person, whilst applying the key principles of helping young people who self-harm.

Roles and responsibilities within schools

CEO Headteacher Head of School	<ul style="list-style-type: none"> • Play a central role in developing positive mental health strategies in schools. They should recognise the need to develop whole school awareness of mental health and emotional health issues, including self-harm, and be supported to do so. • Making sure self-harm training is a priority for staff alongside other mandatory training. The support for training is crucial to enable staff to feel confident in supporting young people in effective, non-judgemental and respectful ways. • In collaboration with the Trust or Governing Body, develop and implement a school self-harm policy using the guidance provided. • Ensure staff, parents and pupils are aware of their roles and responsibilities when implementing the policy across the school. • Appoint one or more designated members of staff to be responsible for all incidents relating to self-harm. Depending upon your own setting, This could be a teacher, a member of support staff or the school nurse. • Ensure that all designated staff receive full and appropriate training regarding self-harm and are fully confident with the procedures to follow. • Provide practical and emotional support for key staff dealing with self-harm. • Ensure that all staff including teaching assistants, laboratory technicians and other non-teaching staff are made aware of, and understand the self-harm policy. • Ensure that good procedures are in place for record keeping, audit and evaluation of all activities in relation to self-harm in the school.
Trust Board Governing body	<ul style="list-style-type: none"> • Provide pupils with open access to information about self-harm and details of who to go to for help and support. • Decide, in collaboration with the school's senior leadership team, how awareness and understanding of self-harm should be promoted. This includes self-harm being covered in the school PSHE curriculum, extra-curricular presentation for parents and training for all school staff. • Consider issues of parental consent and whether parents/carers or guardians should be invited to learn more about self-harm. • Review special permissions for pupils who self-harm, for example, 'time out' of the classroom during emotional distress and permission to wear long sleeves for sports. • Support the development of procedural policy for self-harm incidents occurring at school. • Encourage pupils to go to a key worker at times of emotional distress, rather than resorting to self-harm in school. • Be clear about what behaviour cannot be accepted, and ensure that all pupils are aware and understand the guidance (examples include self-harming in front of other pupils or threats to self-harm as bargaining, may be deemed by the school as unacceptable).

All staff and teachers	<ul style="list-style-type: none"> • Review all self-harm guidance and policy documents, alongside safeguarding policy documents, and be aware of guidance on communication processes. • Make it known to pupils that you are available to listen to them. • Remain calm, respectful, sensitive and non-judgemental at times of student distress. • Do not adopt a dismissive or belittling attitude in relation to the reasons for a student's distress. • Encourage pupils to be open with you and assure them that they can get the help they need, if they are able to talk. • Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need • Do not make promises you can't keep, especially regarding issues of confidentiality. • Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives. • Provide and encourage access to external help and support where possible. • Monitor the reactions of other pupils, who know about the self-harm. • Avoid asking a pupil to show you their scars or describe their self-harm. • Avoid simply telling a pupil to stop self-harming - you may be removing the only coping mechanism they have. • Discuss an incident or disclosure of self-harm with a designated member of staff as soon as you become aware of the problem and inform the pupil that you are doing this.
Designated key staff member(s)	<ul style="list-style-type: none"> • Implement the self-harm policy, communicate with each other and report back to the head teacher at each stage of the process • Maintain up-to-date records of pupils experiencing self-harm, incidents and all other concerns surrounding the issue. • Communicate with the head teacher and other key staff on a regular basis and keep them informed of all incidents and developments. • Monitor the help, support and progress of the students in your care and maintain communication with them. • Be fully confident in the understanding of self-harm and seek additional information and/or training if necessary. You may need to reflect upon, and update your practice in relation to those who self-harm. • Contact other organisations and key services in your area and find out what help and support is available for pupils who self-harm. • Liaise with the head teacher and pupil to decide if any other members of staff who have contact with the pupil should be made aware of the self-harm and underlying concerns. Whenever possible adhere to the principle of the 'need to know' principle. • Ensure that all first-aiders are well informed about self-harm. • Inform the pupil's parents if appropriate and liaise with them as to how best manage the situation. • Be aware of when it is essential for other professional bodies to be informed, such as social services, educational psychologists, GP, primary mental health team and CAMHS. • Report any mention of suicidal feelings or behaviour as a matter of urgency. • Take care of your own emotional well-being and seek support as and when is necessary.

Pupils

- Access to leaflets and guidance about self-harm, including guidance for young people, which clearly sets out their rights and what they should expect when they disclose self-harm to professional staff.
- When talking to family, teachers or friends about self-harm, focus on the emotional reasons behind distress and not just on the self-harm itself.
- Avoid talking graphically about injuries to other pupils or describing the methods used.
- Never encourage anyone to self-harm.
- When under emotional distress or feeling the urge to self-injure at school, talk to a teacher or staff member as soon as possible.
- Discuss additional support they need while going through emotional distress.
- Be aware that teachers and designated self-harm staff are there to help. The more pupils talk to them, the better able they will be to give the support and help needed. As with all cases where safety is at risk, and a teacher is concerned in a serious way about safety or wellbeing, he/she may have to break confidentiality for the pupils own safety.
- If a pupil is worried that a friend may be self-harming, they should talk to a teacher for support and guidance.
- If a pupil is concerned that a friend may be suicidal, or has mentioned suicide, they should alert a teacher straight away.

Parents

- Understand and endorse the school's self-harm policy.
- Educate themselves about self-harm and discuss the subject with their child.
- If a child is self-harming, parents should work closely with the school and take an active role in deciding the best course of action.
- Keep the school informed of any incidents outside of school that they feel the school should know about.
- Take care of themselves and seek emotional support they need in dealing with a child's self-harm.

Self-harm guidance for primary schools

Previously, research focused upon self-harm among secondary school aged children, because it was wrongly thought that this issue did not affect younger children. It is now recognised that children as young as five years can harm themselves.

The NSPCC, who run Childline, report that they now have children as young as seven seeking help. Although it is still uncommon for younger children to harm themselves, the numbers are increasing and significant, including those treated in A&E. The rising numbers of teenagers who are treated in A&E each year with serious self-inflicted injuries is well documented. It is only more recently that there is recognition that life can be so distressing for our younger and most vulnerable children that they harm themselves. Self-injuring can significantly impact a child's education, relationships and social functioning.



“I’ve got all this pain in my stomach and I get really angry and stuff. And... it makes me want to punch somebody. But if I do that I’ll get in trouble. So, I hit my head instead... on something hard like a wall. I’m not good at stuff. I can’t do all the work. But I don’t like it when they make me stay after school. So I hit my head harder and harder until I get a really bad headache. It hurts. I don’t tell anyone else. Only you”.

Luke, a nine-year-old boy who self-harms



Primary school aged children may experience high levels of emotional distress, including strong and negative feelings that they are unable to process or communicate. Under these conditions they may harm themselves as an outlet and release of strong feelings. In addition, they may have low self-esteem, feel depressed or anxious, feel ashamed or guilty about something in their lives, experience loneliness or lack of control, or even feel numb. They are also more likely to have fewer friends and have conflict in their relationships. The common ways that younger children harm themselves may differ from the ways adopted by teenagers.

What to look out for to recognise younger children experiencing distress

- Being withdrawn, worried or unhappy.
- Low self-esteem and feeling bad about oneself, including high levels of shame.
- Wearing clothing to hide injuries.
- Not participating in activities that require short sleeves.
- High emotional reactivity –becoming suddenly very distressed or angry.
- Unexplained cuts, scratches and bruises.
- Behaviour that can lead to injury or increased risk of injury.
- Relationships with peers that are characterised by conflict
- Poor school attendance.

How do younger children harm themselves?

- Biting, hitting or punching themselves.
- Banging their head on a school desk.
- Harming self by jumping off climbing frame, placing themselves in danger.
- Attack themselves rather than expressing their anger or distress directly.
- Act in ways that puts them in danger.
- Scratching or cutting themselves (eg with blade from pencil sharpener).
- Highly prone to having accidents.
- Pulling out hair.

Why do younger children harm themselves?

- Greater levels of stress, unhappiness and insecurity among younger children.
- Conflicted and troubled family relationships.
- Family break-up, separation divorce or bereavement.
- Domestic conflict and violence.
- Domestic abuse and/or neglect.
- Self-harm among other family members.
- Unhappiness and anxiety.
- Belief that life is not worth living.
- Problems in relationships and attachments.
- Bullying.
- Few friends and difficulties with friendships.
- Isolation.
- Limited family support.

Prevention strategies in primary schools

Primary school is a key time to help prevent self-harm, as children are learning how to cope with their emotions. Helping children learn healthy and adaptive ways of coping with stress, build resilience and self-esteem in the early and primary school years helps to promote good mental health for life. Schools are well placed to help promote protective factors that can reduce the risk that children will engage in maladaptive coping strategies such as self-harm. Primary schools might like to use these strategies to reduce the risk of self-harm:

- Support children's social and emotional development and teach effective emotional coping skills (eg [KidsMatter](#)).
- Build a positive school community that encourages children to seek support when they are distressed.
- Educate school staff to understand self-harm and what may underlie the behaviour.
- Work with families and provide them with information about promoting children's social and emotional learning and understanding self-harm.
- Increase resilience through the curriculum and other school based activities.
- Provide activities that enable pupils to raise their self-esteem and feelings of self-worth.

Responding to self-harm in primary school

Helping primary school aged children who harm themselves can be very challenging for school staff. Primary school staff report, like their counterparts in secondary schools, that working with children who self-harm may lead them to feel under skilled, have little expert support and have limited understanding of self-harm among children so young¹¹. They also report feeling, scared, shocked, panicked, sad and distressed. Some teachers described feeling out of their depth when working closely with a child who is self-harming.

It's not the responsibility of school staff to cope with such incidents on their own. Developing clear and consistent policies around dealing with self-harm will benefit everyone in the school community. This includes identifying external services and professionals who can offer support for the child, family and school staff. School staff who are working with a child who self-harms should refer to the local MARU. Any response will normally include the parents or carers. Working with mental health professionals to address underlying emotional issues can help to ensure children receive the support they need.

Strategies to respond to self-harm:

- Non-judgemental and empathic approach.
- Respond calmly and with compassion to children who self-harm.
- Provide first aid for wound care.
- Appoint one or two staff members to take a lead in responding to all self-harm matters, including a member of the school pastoral team.
- Work collaboratively with families and external mental health support services.
- Provide support and self-care for school staff that have responded to or witnessed self-harm.



Example questions to help you think about the ways your school community prevents and addresses self-harming behaviour in children:

- What is your school community's current understanding of self-harm and why it occurs?
- What are the challenges associated with talking about self-harm with children, families and staff members at your school?
- What process does your school have in place to help children to cope with their emotions and deal with stress?
- Would school staff be confident to identify self-harming behaviour?
- Does your school have policies and processes in place to respond to incidents of self-harming behaviour?
- If so, is everyone in the school community aware of the school policy and procedures that address self-harm? Do staff, students and families know what to do if someone has disclosed that they are self-harming?
- How do you support the mental health of all children at the school? This includes children who self-harm, children who witness others self-harming and staff who respond to incidents of self-harm.
- Is there anything you would like to change about the way your school helps to prevent and address self-harm? If so, how would you go about making those changes?

What parents can do if they discover a child is self-harming

- Stay calm and avoid judging your child, even if you are upset. Be supportive.
- Understand that your child is not self-harming to get attention but rather to manage emotions and communicate distress.
- Listen and talk to your child and try to understand what is prompting the behaviour. Be empathic and non-judgemental.
- Convey to your child that you want to understand their difficulties and support your child to find new ways of coping.
- Try to remove the temptation of self-harm, if possible, by encouraging your child to avoid situations in which he/she could self-harm.
- Help your child think about why he/she is self-harming by asking if there is anything that can be done about the cause or if something else needs to change to make things better for the child.
- Make a list of people your child can talk to such as you or your partner, other relatives, a teacher, or friends of the family.
- Depending on your child's age, encourage talking about feelings; writing them down; drawing them; breathing exercises, or physical activity as a way to relieve stress and anxiety.
- If your child's behaviour is not changing or if you suspect he/she might be depressed, ask your doctor for advice. Depression and anxiety can be treated in many ways.

End notes

- 1 Madge, N. National Children's Bureau
- 2 Truth Hurts Inquiry: Mental Health Foundation
- 3 Do more good than harm, 2006
- 4 Royal College of Psychiatrists 2012
- 5 Young Minds, 2014)
- 6 Supporting Children at Risk of Suicide, 2013
- 7 Let's Talk self-harm toolkit
- 8 Content adapted from: Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009). Adapted from Wiltshire Children and Young People's Trust Model toolkit: Schools responding to incidents of self-harm (2013)
- 9 Self Harm UK Harm minimisation available at: www.selfharm.co.uk (accessed 29/8/18)
- 10 Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009)
- 11 Sim et al. 2010

References and useful information

- National Self-harm network (www.nshn.co.uk)
- Young Minds (www.youngminds.org.uk)
- Truth Hurts: National Inquiry into Self –Harm among young people. Mental Health Foundation.
- Managing self-harm in young people (2014) Royal college of Psychiatrists.
- NICE (2013) NICE quality Standard 34. Quality Standard for self-harm
- NICE (2011) Self-harm: longer-term management. NICE clinical guidance 133
- Arnold, L. & Magill, A. Working with self-injury: a practical guide.
- Arnold, L. & Magill, A. What's the harm? A book for young people who self-harm or self-injure.
- National children's Bureau: information on a wide range of initiatives relating to young people who self-harm.
- Self-harm website (www.selfharm.co.uk)
- Childline (www.childline.org.uk)
- NSPCC (www.nspcc.org.uk)
- Young Minds Parents Information Service. Telephone 0808 802 5544
- Social Care Institute for Excellence (SCIE; 2005) Research Briefing 16: Deliberate Self-Harm (DSH) Among children and Adolescents: London: SCIE
- Shapiro, S. (2008) Addressing Self Injury in the School Setting, School Nursing, 24 (3) pp. 124-130
- National Institute for Health and Clinical Excellence (2013) Providing help for those who self-harm (www.nice.org.uk)
- Well at School Guidance and advice for teachers and other educational professionals about children who self-harm (www.wellatschool.org)
- KidsMatter Primary (www.kidsmatter.edu.au/primary)

Appendices

Appendix 1: Key content for school self-harm policy

<p>Aims and purpose of the policy</p> <input data-bbox="430 699 477 746" type="checkbox"/>	<p>Definitions of self-harm, clarifying what self-harm is</p> <input data-bbox="846 699 893 746" type="checkbox"/>	<p>Risk factors associated with self-harm</p> <input data-bbox="1272 699 1319 746" type="checkbox"/>	<p>Relationship of the self-harm policy to other policy documents, in particular child protection procedures and policies; risk assessment processes and confidentiality</p> <input data-bbox="1691 699 1738 746" type="checkbox"/>	<p>Roles and responsibilities of all school staff</p> <input data-bbox="2101 707 2148 754" type="checkbox"/>
<p>Clear pathways for immediate (including risk assessment) and ongoing response to self-harm</p> <input data-bbox="430 1329 477 1377" type="checkbox"/>	<p>Importance of training for school staff on dealing with self-harm, care and referral pathways and flow charts, guiding response to self-harm, to increase the whole school's understanding and confidence.</p> <input data-bbox="846 1329 893 1377" type="checkbox"/>	<p>Arrangements for recording, audit, monitoring and evaluation of incidents of self-harm in the school</p> <input data-bbox="1272 1329 1319 1377" type="checkbox"/>	<p>Date self-harm policy is established by Trust Board / Governing Body and the date for full implementation of the self-harm policy</p> <input data-bbox="1691 1329 1738 1377" type="checkbox"/>	<p>Support for parents, siblings and peers</p> <input data-bbox="2101 1337 2148 1385" type="checkbox"/>

Appendix 2: Ongoing support guidance for lead designated staff

It's important to assess the young person at regular intervals as things may change. It is good practice to keep a record of these meetings, and record any information you gather during discussions with the young person and their parents. If other professionals are involved you may want to consider initiating a multi-agency meeting (eg CAF). To make certain the young person has the opportunity to talk and be taken seriously, you may want to use the following series of questions to help you understand the episode and gather essential information to know how best to respond:

About the self-harm

- What was used to self-harm?
- When did it take place and where?
- What time of day/night?
- What did the young person do?
- Who was around at the time?
- Who did they tell?
- What did they do?

Degree of intent and risk of further self-harm

Along the scale below, what communication did the young person intend?



- How long has the young person been thinking about harming himself or herself?
- Was the act impulsive or part of a long-standing plan?
- What were they thinking at the time of the event?
- Who knew that they were feeling so bad? What would you have wanted them to do?
- What did they expect to happen as a result of the event?

What other vulnerabilities affect the self-harming behaviour?

- **Trauma:** Family violence, child abuse, bullying
- **Life events:** Parent divorce, exams, and bereavement
- **Cultural factors:** Identity, sexuality, and language
- **Social support:** Friendship/relationship breakdown, isolation
- **Family:** Mental health of parents, domestic violence

Knowledge about the young person's self-harming?

- Who knows the pupil has/is self-harming?
- How does the young person feel about this?
- How have parents/carers been engaged?
- What support has been provided to the young person and their parent/carer?

What services need to be involved?

- Has a referral been made previously?
- Consider referral to CAMHS /discuss with Primary Mental Health
- **School nurse:** Complete and submit a form indicating concern
- **GP:** Complete and send a 'Consent to share information' form to GP

Reassess regularly - is a follow-up required?

- Follow up with head teacher and designated lead for self-harm
- Follow up with the School Nurse and GP
- Follow up with CAMHS or Primary Mental Health
- Review where on the 'GP and School Communication Cycle' you are, and what should be done next.
- Follow up with young person and/or parents

Appendix 3: Self-harm leaflets for parents for young people

For young people:

Self-Harm

What to do if you are worried about self-harm. Information for young people.

What is Self-Harm?

Self-harm is where someone does something to deliberately hurt themselves when they find things difficult to cope with. It can include things like:

- Cutting
- Overdosing (self-poisoning)
- Hitting (self and others)
- Burning or scalding
- Picking or scratching skin
- Pulling hair
- Ingesting toxic substances (like bleach)
- Eating disorders

Who does it?

There is not one type of person who self-harms. It does not depend on age, sex, religion or background. Both sexes self-harm, but their methods may be different, for example males may engage in behaviours such as fighting.

Both adults and young people can self-harm. LGBTQ young people, those who have been abused or witnessed Domestic Violence, have been in care/adopted, identify as emo, been bullied or experienced parental substance misuse are potentially more at risk of self-harm or other mental health concerns.

Why do they do it?

People self-harm for a number of reasons. Something might have happened to make them feel bad about things. This could be stress or anxiety, friendship or relationship difficulties, isolation or loneliness, low self-esteem, questioning sexuality or gender. **But often there is no known cause or trigger.**



Someone has told me they are hurting themselves; what should I do?

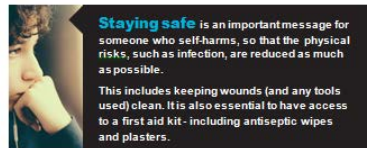
Do

- Offer your friend a kind smile or hug, and ask "what can I do to help?"
- Listen to your friend
- React calmly and be reassuring and supportive
- Let your friend know they aren't alone
- Encourage them to ask for help from an adult, and look up ideas for support and information online together
- Ensure they get medical attention if this is needed
- Make sure you find someone to talk to who can support you

Don't

- Be judgmental
- Be dismissive of their problems
- Tell them to stop
- Panic
- Feel it is your responsibility to make things better
- Promise to keep this a secret—if you feel your friend is unsafe, tell a trusted adult. This is to keep your friend safe so they can get the help they need

Social media & websites There are some really good websites that have information and advice about self-harm and coping strategies. But there are some sites and social media that can be dangerous. They can put people who self-harm, or those who are thinking about it, at risk. Only use safe sites, like those recommended in this leaflet. If a site makes you feel uncomfortable in any way, it's best to close it straight away.



For parents and carers:

Self-Harm

Information about self-harm for parents in Cornwall and the Isles of Scilly.

What is Self-Harm?

Self-harm is when someone intends to hurt themselves or chooses to inflict pain on themselves in some way. This can include:

- Cutting
- Overdosing (self-poisoning)
- Hitting (self and others)
- Burning or scalding
- Picking or scratching skin
- Pulling hair
- Ingesting toxic substances (like bleach)
- Eating disorders

Who self-harms?

There is not one type of person who self-harms. It does not depend on sex, age, religion or background. Both sexes self-harm, but their methods may be different, for example males may engage in behaviours such as fighting. **Both adults and young people can self-harm.** LGBTQ young people, those who have been abused or witnessed DV, have been in care/adopted, identify as emo, been bullied or experienced parental substance misuse are potentially more at risk of self-harm or other mental health concerns.

Why do people self-harm?

People self-harm for a number of reasons. Something might have happened to make them feel bad about things. This could be stress or anxiety, friendship or relationship difficulties, isolation or loneliness, low self-esteem, questioning sexuality or gender. **But often there is no known cause or trigger.**



About this leaflet

The NHS and Cornwall Council have been working with schools in Cornwall to develop a countywide strategy for self-harm. Together our aim is to make sure that we support young people not to self-harm. We also aim to offer the best possible support for those who do self-harm and their families.

This leaflet is intended to help all parents and carers understand what self-harm is, and to help those whose children self-harm. Perhaps the most important thing we can do together is to build

the emotional resilience of our children and young people. If young people develop the skills to combat adversity and deal with the emotional rollercoaster of childhood and the teenage years, the rate of self-harm will start to reduce. You can find out more about the work going on at: www.savvykernow.org/parents



Some reasons given by people who self-harm include:

- **Relief of feelings** By hurting themselves, people say they are able to release feelings that seem unbearable when held inside.
- **Distraction** Self-harm can provide distraction from internal emotional pain.
- **Communication** Self-harm may be a way of communicating distress.
- **Comfort** Self-harm may be experienced as soothing and comforting; the release of tension, but also by providing an opportunity to seek care and nurture from others.
- **Feeling alive or real** Sometimes life experiences leave people feeling numb. Hurting their body may be a way of making them feel alive and real again.
- **Self-punishing** Some people carry feelings of shame, low self-esteem and self-blame, and may harm themselves as a way of punishing themselves.
- **Control** Self-harm can be a way of feeling in control when other things in people's lives feel out of control.

Is there a link to suicide?

People often think that self-harm is linked to suicide; however the vast majority of people who self-harm are not trying to kill themselves.

For schools:

Self-Harm

What to do if you are worried about self-harm. Information for school staff.

What is Self-Harm?

Self-harm is where someone does something to deliberately hurt themselves when they find things difficult to cope with. It can include things like:

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Some reasons given by people who self-harm include:

- **Relief of feelings** By hurting themselves, people say they are able to release feelings that seem unbearable when held inside.
- **Distraction** Self-harm can provide distraction from internal emotional pain.
- **Communication** Self-harm may be a way of communicating distress.
- **Comfort** Self-harm may be experienced as soothing and comforting; the release of tension, but also by providing an opportunity to seek care and nurture from others.
- **Feeling alive or real** Sometimes life experiences leave people feeling numb. Hurting their body may be a way of making them feel alive and real again.
- **Self-punishing** Some people carry feelings of shame, low self-esteem and self-blame, and may harm themselves as a way of punishing themselves.
- **Control** Self-harm can be a way of feeling in control when other things in people's lives feel out of control.

Websites and Social Media There is some concern about the role of the web and social media in encouraging self-harm or copycat behaviour. This can be linked to publicity about 'celebrity' self-harm or sites that encourage young people to share experiences or photos of self-harm, or that actively promote self-harm.

That it is why it is important to encourage the signposting of trusted, safe sites when looking for information about self-harm and support available. See list on back.

Is self-harm attention-seeking or 'fashionable'?

Anyone who is self-harming is struggling with difficult feelings and their behaviour needs to be seen as indication of an underlying problem, not attention-seeking. In fact, most people who self-harm go out of their way to hide any evidence of what they've been doing, even from close friends and family.

Information for young people on what to do if you are worried about self-harm.

Information about self-harm for parents in Cornwall and the Isles of Scilly.

Information for school staff on what to do if you are worried about self-harm.

Appendix 4: Sample letter to parents following meeting about self-harm



Dear (parent or carer)

Thank you for coming to discuss.....

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

The recent incident of self-harm (or threat to self-harm) by suggests that he/she may need additional support and guidance..

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

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

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

Yours sincerely

Title

Copies to:



Appendix 5: Information sheet for young people on self-harm

What is self-harm?

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

How many young people self-harm?

A recent large study in the UK found that about seven percent (i.e. seven people out of every 100) of 15-16 year-olds had self-harmed in the last year.

Why do young people self-harm?

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

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

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

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

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

How can you cope with self-harm?

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

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

Getting help

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

- **At home:** Parents, brother/sister or another trusted family member
- **In school:** School counsellor, school nurse, teacher, teaching assistant or other member of staff
- **GP:** You can talk to your GP about your difficulties and he/she can make a referral for counselling

Useful help lines and websites

Young Minds	0808 802 5544	www.youngminds.org.uk
Papyrus HOPELineUK	0800 068 414	www.papyrus-uk.org
The Samaritans	08457 90 90 90	www.samaritans.org
MIND Info line	0845 766 0163	
Youth Access	0208 772 990	
National Self Harm Network		www.nshn.co.uk

My friend has a problem, - how can I help?

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



Appendix 6: Sample of an incident form to be used when a young person self-harms

Name of pupil:		Date of birth:	
Gender:		Special needs?	
Name of professional:		Job Title:	
Agency:		Date of report:	
School college attended:		Year:	
Details of incident:			
Date and time of occurrence:			
Action taken by professional:			
Decision made with respect to contacting parents (reasons for decision)			
Recommendations			
Follow up:			

Appendix 7: Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents.

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

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

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

- History
- Frequency
- Types of method used
- Triggers
- Psychological purpose
- Disclosure
- Help seeking and support
- Past history and current presence of suicidal ideation and/or behaviours.

In general pupils are likely to fall into one of two risk categories:

1. **Low risk pupils:** Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.
2. **Higher risk pupils:** Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

Appendix 8: Confidentiality

Professionals should adhere to their own school guidelines regarding information sharing and confidentiality. The child/young person must be involved wherever possible and consulted on his/her views.

Professionals should always take age and understanding into account when involving children and young people in discussions and decision-making.

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

Information given to professionals by a pupil should not be shared without the child/young person's permission except in exceptional circumstances. Such exceptional circumstances will include:

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

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, the practitioner should follow the local safeguarding process immediately.

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