

Self Harm Practice Guidance





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Contents	Page
What is self-harm and how common is it?	5
Warning signs	6
What keeps self-harm going?	7
Coping strategies	7
How to help	8
Understanding the self harm	10
Appendix 1: Schools checklist for self harm procedures & practices	12
Appendix 2 Sample of an incident form to be used when a young person self harms	13
Appendix 3 My safety net	14
Appendix 4: Fact sheet on self-harm for parent/carers	15
Appendix 5: Information on self-harm for young people	16
Appendix 6 National advice and help lines	18
Appendix 7 Risk and protective factors	19
Appendix 8 What you should do if you discover a young person is self-harming	21

What is self-harm and how common is it?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self strangulation or running in front of a car where the intent is deliberately to cause self-harm.

Some people who self-harm can have a strong desire to kill themselves. However, there are other factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others.

Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously.

Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are “probably 2 young people in every secondary school classroom who have self-harmed at some time” (The truth about self-harm. London: MHF/CF).

What causes self-harm?

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

Individual factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse.

Family factors

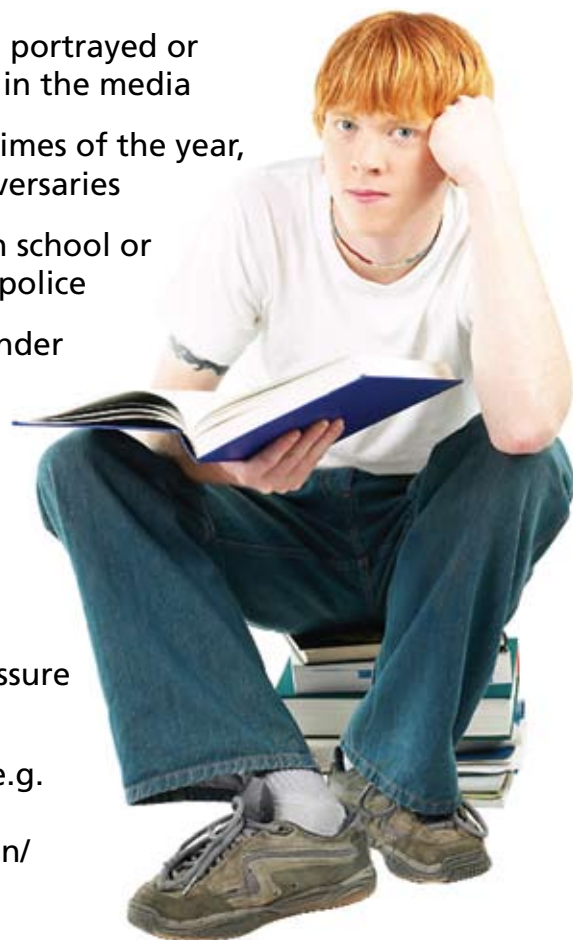
- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional).
- Poor parental relationships and arguments.
- Depression, deliberate self-harm or suicide in the family.

Social Factors:

- Difficulty in making relationships/loneliness.
- Persistent bullying or peer rejection.
- Easy availability of drugs, medication or other methods of self-harm.

A number of factors may trigger the self-harm incident, including:

- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce.



Warning signs

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
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Risk taking behaviour (substance misuse, unprotected sexual acts)

Examples of self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/under-medicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse,
- Over or under-eating at times may be deliberate acts of self-harm.
- Risky sexual behaviour.

Self-harm can be transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater.

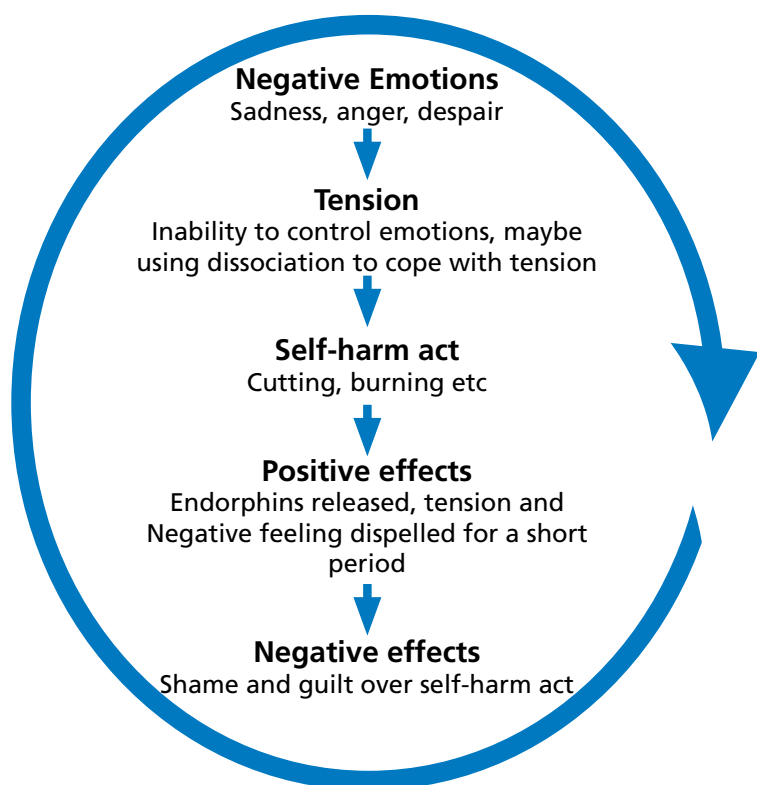
Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.



What keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the student and it becomes a way of coping, for example:

- Reduction in tension (safety v
- Distraction from problems
- Form of escape



- Outlet for anger and rage
- Opportunity to 'feel real'
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act.

Cycle of self-harming/cutting

When a person inflicts pain upon him- or herself, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. 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 can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Examples of safer ways of coping include:

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

For some 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.

Reactions of Front Line 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 discuss the impact that self-harm has on them personally. The type and nature of opportunities where these issues are discussed will vary between schools. Young People may present with injuries to first-aid or reception staff. It is important that these frontline staff are aware that an injury may be self-inflicted and that they pass on any concerns.

How to Help

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling (see pathway card page 21, appendix 8).
- Build up a full picture of the young person's life by talking to his or her form tutor, year head and any other adults who come into contact with him or her. Find out any particular strengths and vulnerabilities (see protective and risk factors, page 19 appendix 7).
- What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This person may be, for example, a mentor, counsellor, youth worker, school nurse, teacher, Connexions personal advisor, special educational needs coordinator, behaviour support teacher, education welfare officer, educational psychologist or someone that the young person chooses to talk to. Resist asking them to promise you that they won't do it again.
- It is important that all attempts of suicide or self-harm are taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.
- If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by school policy. In the case of an over-dose of tablets, however small, advice must be obtained from medical practitioners (or Accident and Emergency department).
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell.
- Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.

- Contact the person's parents/carers, unless it places the child or young person at further risk (refer to Derby and Derbyshire Safeguarding Children Procedures). Provide parent/carer with the carer/parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.
- For education staffs think about the resources there are in school and the local community which could support the young person: this should include a Pastoral Support Plan (PSP). A referral to the GP or school nurse may also be considered.
- Follow the school policy of informing the designated person/senior management of your concerns
- The Children & Young People's Service Safeguarding Team should be informed

If the young person discloses child protection concerns, follow the Derby and Derbyshire Safeguarding Procedures. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow.

- A Common Assessment Framework could be raised at a network meeting if appropriate
- If other agencies are already involved with the young person, then it may be important to liaise with these agencies and work together.
- Follow up the parents' meeting with a letter to them indicating your concern.
- Have crisis telephone numbers available and easily accessible to young people. (see appendix 6 page 18).
- Record any incident (see appendix 2 page 13).
- Seek support for yourself if necessary.

Simple things you can say:

- Check your own feeling and thoughts before asking any questions. If your feelings or thoughts about the young person's behaviour are negative in anyway, they will be communicated to them non-verbally when you talk to them and hinder the helping process.
- See the person, not the problem. Talk in a genuine way. Address them as you would wish to be addressed. For example:

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

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

'We know that when young people are bothered/troubled by things, they cope in different ways and self harm is one of these ways. Those who do this need confidential support from someone who understands problems in relation to self harm. Unfortunately I don't have the skills to help, but I would like to help by asking (Name of counsellor) to see you. Would you agree to this?'



Understanding the self harm

It may be helpful to explore with the young person what led to the self-harm - the feelings, thoughts and behaviours involved.

This can help the young person make sense of the self-harm and develop alternative ways of coping.

Confidentiality

Confidentiality is a key concern for young people, and they need to know that it may not be possible for their support member of staff to offer complete confidentiality. If you consider that a young person is at serious risk of harming him or herself or others, then confidentiality cannot be kept.

It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge.

Strategies to help

- Consider consultation with a CAMHS Primary Mental Health Worker (PMHW)/ Education Specialist Teacher Mental Health/ or a colleague
- Arrange a mutually convenient time and place to meet within the school environment
- At the start of the meeting, set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage the young person to talk about what has led him or her to self-harm.
- Remember that listening is a vital part of this process.

- Support the young person in beginning to take the steps necessary to keep him or herself safe and to reduce the self-harm (if he or she wishes to), e.g.
 - washing implements used to cut
 - avoiding alcohol if it's likely to lead to self-injury
 - taking better care of injuries (the school health nurse may be helpful here).
- help the young person to build up self-esteem.
- help the young person to find a safer way of managing the problem e.g. talking, writing, drawing or using safer alternatives. If the person dislikes him or herself, begin working on what he or she does like. If life at home is impossible, begin working on how to talk to parents/carers.
- Help the young person to identify his or her own support network, e.g. using Protective Behaviours
- Offer information about support agencies. Remember that some Internet sites may contain inappropriate information.
- If you have a number of young people who self harm in your school or caseload, you may consider seeking consultation with your PMHW.

Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information.
- It is important to encourage 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.
- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually.

Response of supportive members of staff

For those who are supporting young people who self-harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm themselves.

If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed.

The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings. However, your feelings matter too. You will need the support of your colleagues and management if you are to listen effectively to young people's difficulties.

Issues regarding contagion in Schools and Residential Settings

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools and residential facilities discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both in school staff and in other young people.

Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support.

However, it may also be helpful to discuss the matter openly with the group of young people involved. In general, it is not advisable to offer regular group support for young people who self-harm.

Be aware that young people communicate electronically also through social networks and mobile phones.

Support/training aspects for staff

Staff giving support to young people who self-harm may experience all sorts of reactions to their behaviour, such as anger, helplessness and rejection. It is helpful for staff to have an opportunity to talk this through with work colleagues or senior management.

Staff with this role should take the opportunity to attend training days. Liaison with the CAMHS Primary Mental Health Workers may be helpful.

General aspects of Prevention of self-harm

An important part of prevention of self-harm is having a supportive environment in the school that is focused on building self-esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. The checklist of procedures and practices can help in the management and prevention of self-harm.



Appendix 1: Schools checklist for Self Harm procedures & practices

DATE

Checklist for schools: supporting the development of effective practice

- The school has a policy or protocol for supporting students who are self harming or at risk of self harming. The school governors have approved this.
- The Derby City and Derbyshire Self Harm and Suicide Prevention Strategy Guidelines have been approved by the school governors.

Training

- All new members of staff receive an induction on child-protection procedures and setting boundaries around confidentiality
- All members of staff receive regular training on child-protection procedures.
- The following staff groups – reception staff, first aid staff, technicians, dinner supervisors - receive sufficient training and preparation for their roles.
- Staff members with pastoral roles (head of year, child protection co-ordinator, SENCO etc.) have access to training in identifying and supporting students who self-harm.

Communication

- The school has clear open channels of communication that allow information to be passed up, down and across the system.
- All members of staff know to whom they can go if they discover a young person who is self-harming.
- The senior management team is fully aware of the contact that reception, first aid staff, technicians and dinner supervisors have with young people and the types of issue they may come across.
- Time is made available to listen to and support the concerns of staff members on a regular basis.

Support for staff / students

- School members know the different agency members who visit the school, e.g. school counsellors, Connexions Personal Advisors, school health nurses etc.
- Male members of staff are supported in considering their responses to girls whom they notice are self-harming.
- Staff members know how to access support for themselves and students.
- Students know to whom they can go for help.

School ethos

- The school has a culture that encourages young people to talk and adults to listen and believe.

Appendix 4: Fact sheet on self-harm for parent/carers

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what that young person you care about really needs is support from you. That young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. They need to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self strangulation, running in front of a car or risk taking behaviour e.g. alcohol intoxication, where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 7 per cent had self-harmed in the previous year.

Is it just attention-seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

Why do young people harm themselves?

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

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm.

Suffering a bereavement or serious rejection can also increase the risk.

Sometimes, young people try to escape their problems by taking drugs or alcohol.

This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What you can do to help

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible.

Some people you can contact for help, advice and support are:

- Your family doctor
- Young Minds Parents Information Service: tel. 0800 018 2138
- Samaritans: tel. 08457 90 90 90
- MIND Info Line: tel. 0845 766 0163 (self-help books also available)
- School health nurse
- Health visitor

Appendix 5: Information on self-harm for young people

What is self-harm?

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

How many young people self-harm?

A large study in the UK found that about 7 per cent (i.e. 7 out of every 100 people) of 15- to 16-year-olds had self-harmed in the past year.

Why do young people self-harm?

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

- feeling sad or 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, such as someone dying or leaving.

When difficult or stressful things happen in a person'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 can build up until the young person feels he or she 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 that person showing other people that something is wrong in his or her life.

How can you cope with self-harm?

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

- finding someone to talk to about your feelings, such as a friend or family member
- talking to someone on the phone, e.g. you might want to ring a helpline
- writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- scribbling on and/or ripping up paper
- listening to music
- going for a walk, run or other kind of exercise
- getting out of the house and going somewhere where there are other people
- keeping a diary
- having a bath/using relaxing oils, e.g. lavender
- hitting a pillow or other soft object
- watching a favourite film

Getting help

In the longer term it is important that the young person learns to understand and deal with the causes of stress that he or she feels. 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 or she can make a referral for counselling or specialist Child & Mental Health Services Support

Help Lines:

Young Minds

tel. 020 7336 8445

or email enquiries@youngminds.org.uk

Samaritans

tel 08457 90 90 90

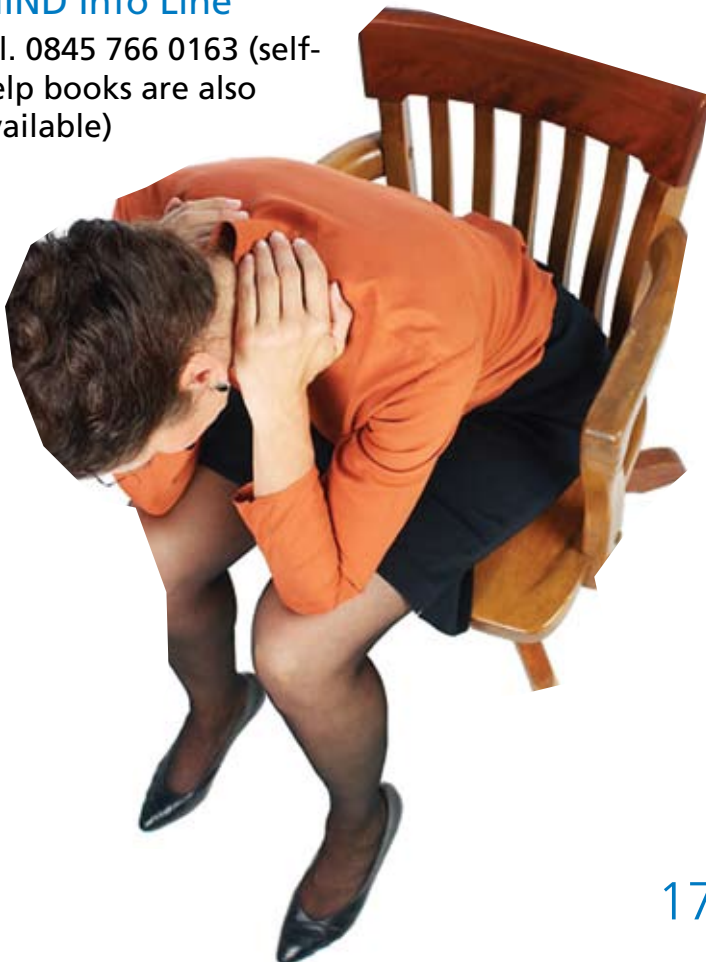
or email jo@samaritans.org.uk

MIND Info Line

tel. 0845 766 0163 (self-help books are also available)

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 or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a 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 or not done enough.
- Your friend may get angry with you or tell you that 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 talk to an adult who can support you. You may not always be able to be there for your friend, and that's ok.



Appendix 6

National Advice and Help Lines

Careline

020 8514 1177

Mon to Fri 10am – 4pm, 7pm – 10pm

Confidential telephone counselling for people of any age on any issue

Childline

0800 1111

www.childline.org.uk

24hrs helpline for children and young people under 18 providing confidential counselling

PAPYRUS

0870 170 4000

www.papyrus-uk.org

Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal

NCH

020 7704 7000

www.nch.org.uk

Provides family centres, child abuse treatment services, leaving care projects, respite etc. Counselling for families and children, and printed information

National Self-Harm Network

www.nshn.co.uk

Support for people who self-harm, provides free information pack to service users.

Samaritans

08457 90 90 90

www.samaritans.org.uk

Confidential emotional support for anybody who is in crisis.

Young Minds

www.youngminds.org.uk

Information on a range of subjects relevant to young people.

There are many other projects out there traceable through phone directories, web searches etc.



Appendix 7

Family

Protective Factors

Child

- 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
- Being female
- Good communication skills
- Belief in something bigger than the self
- Having close friends

Parents

- 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
- Believes in and practice a 'higher purpose'

Risk Factors

Child

- 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

Parents

- Low self-esteem
- Violence or unresolved conflict between adults
- Low marital satisfaction
- High criticism / low warmth interactions
- Condition 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

Protective Factors

School

- Caring Ethos
- Students treated as individuals
- Warm relationships between staff and children
- Close relationships between parents and social
- Good PHSEE
- Effectively written and implemented behaviour, anti-bullying, pastoral policies
- Accurate assessment of special needs with appropriate provision

Environmental Factors

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

Risk Factors

School

- 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 PHSEE
- Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care
- Ignoring or rejecting special needs
- Fear of failure

Environmental Factors

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 8

What You Should Do If You Discover A Young Person Is Self-Harming

SELF HARM CARE PATHWAY



DON'T

Panic - Unfortunately many young people self-harm - it is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel safe and contained.

Don't send the young person away - make some time for them - either help them find other ways of coping or support them in getting the right kind of support.

Don't be judgemental - keep an open mind about the behaviour and don't refer to it as "attention needing".

Work Alone - you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency.

Don't offer to take the young person to your home environment. Don't give them your mobile number or house number - or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself.

Self harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person's difficulty

DO

Stay Calm - do not show anxiety, disapproval or disgust. Be prepared to be shocked - then...

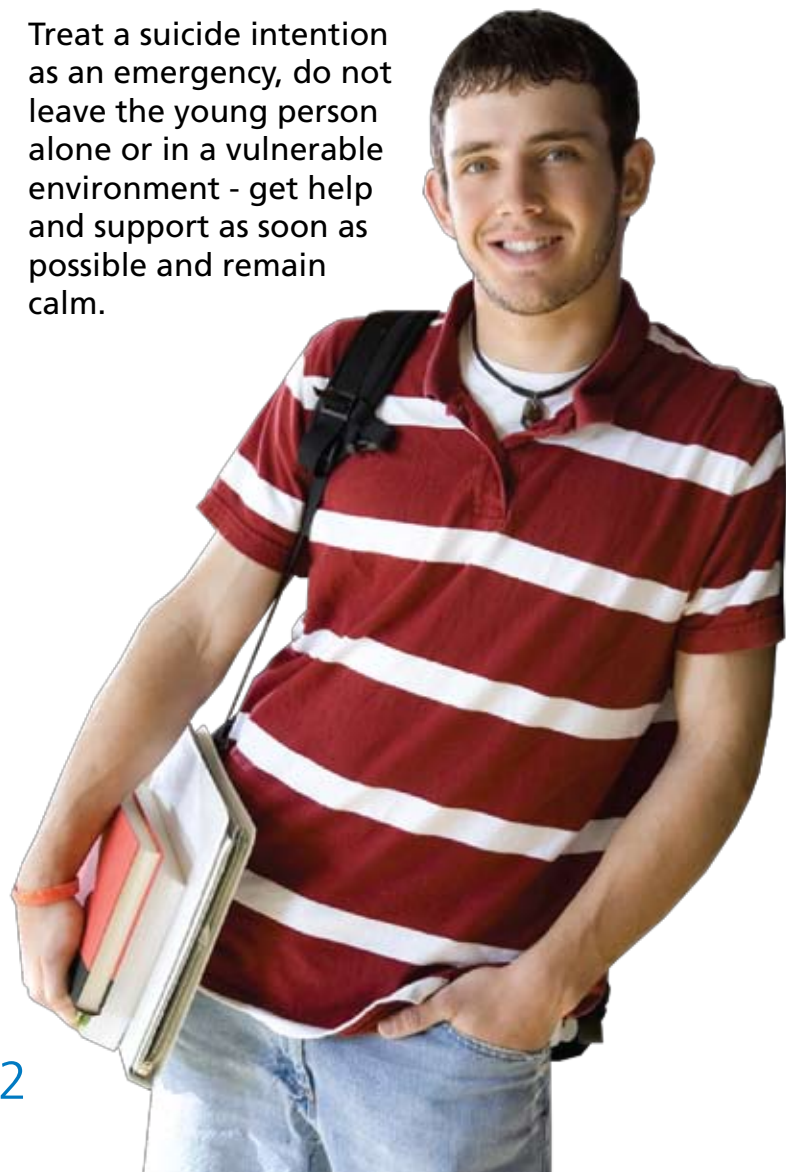
Listen - just being listened to can be a brilliant support and bring great relief to someone: particularly if they have never spoken to anyone about their self-harming before.

Listen intently - does not just require ears - Observe the young person's non verbal clues - look at their body language - does what they say and what you see match up? What is the underlying mood state - is it Anger? Sadness? Frustration?

Think carefully before you act - what is in the best interest of the young person.

Remember most episodes of self-harm have nothing to do with suicide. However the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intent behind the self-harm behaviours.

Treat a suicide intention as an emergency, do not leave the young person alone or in a vulnerable environment - get help and support as soon as possible and remain calm.





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