

Stockport Safeguarding Children Board

Multi-agency Policy & Procedure

Young People & Self-Harm in Stockport



Young People & Self-Harm: Stockport Procedures

Acknowledgements

This document has been adapted from a document produced by the Stockport Public Health team Education sector in October 2014, drawing on resources from West Berkshire, Northampton and Derby Councils, as well as practice experience of Stockport Professionals.

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Introduction

This document is designed to help a range of professionals, working across agencies in Stockport, to respond to the issue of self-harm amongst young people in a consistent caring and effective way.

All agencies should be aware of the need for a consistent response to young people who self-harm and should have a reporting procedure in place, which is applied and monitored regularly.

This document contains information about self-harm: what it is, potential triggers and warning signs. It details how to respond to a young person who has self-harmed or is considering self-harming and explains the pathways to be followed when working with young people.

In Stockport, as in every borough in the country, young people experience pain and distress. For some young people, self-harm becomes a means of coping with this distress.

Most cases of self-harm in young people, whilst distressing both to the young person and to those around him or her, can be managed without recourse to hospital treatment or other medical intervention.

Hospital emergency departments should only be used in cases of medical emergency. In the majority of cases, young people can be cared for more effectively by a professional known to them offering a low-level, supportive intervention in a location they are familiar with than by visiting a hospital emergency department (A&E).

If a young person does not need emergency medical treatment, then a wait – possibly of several hours – in a busy and unfamiliar environment, whilst he or she is distressed and which may not result in any immediate support being offered is unlikely to be a positive experience.

What is self-harm and how common is it?

Self-harm is the term used to describe a situation where an individual deliberately initiates behaviour with the intention that it will cause them harm.

Types of self-harm include:

- Cutting
 - Burning
 - Banging or scratching one's own body
 - Breaking bones
 - Hair pulling
 - Ingesting toxic substances or objects
 - Ligation strangulation
 - Cyber Self-Harm / 'Self-Trolling'. (There are number of self-harm websites, used by young people, which claim to offer a supportive community but in fact offer young people a chance to compare injuries and spur one another on to more serious injury. There is also evidence to show that some young people are anonymously bullying themselves online or "self-trolling". They may set up multiple online profiles and use them to post abusive messages about themselves. This form of emotional self-harm is psychologically very complex.)
-
- Whilst some very young children and some adults self-harm, it is most common amongst young people aged 11 to 25 and the average age of onset is 12.
 - In 2002, a British Medical Journal survey into self-harm in England and Wales found that between 1 in 12 and 1 in 15 young people self-harm.
 - A 2014 World Health Organisation (WHO) Survey of 11, 13 and 15 year olds in England showed a significant increase from the 2002 survey. In the WHO survey, 1 in 5 15-year olds said that they had self-harmed in the last year¹.
 - This means that there are likely to be between 2 and 6 young people in every secondary school classroom who have self-harmed at some time.
 - Whilst a proportion of young people who self-harm have a strong desire to kill themselves, for the majority of young people, there are many other factors that motivate them 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.
 - Self-harming may express a powerful sense of despair and needs to be taken seriously.

¹ The full survey data has not yet been released, so the prevalence data for 11 and 13 year olds is not yet available.

What causes self-harm?

- Young women are at least four times more likely to self-harm than young men.
- For young Asian women, the risk is even higher.
- Young offenders, Looked After Children and children with emotional, conduct or hyperkinetic disorders are all more likely to self-harm than their peers.
- In addition, the following risk factors – particularly in combination – may make a young person vulnerable to self-harm.

Individual Factors:

- Depression / anxiety / low mood
- Poor communication skills
- Low self-esteem
- Poor problem solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol misuse

Family Factors:

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Child being Looked After
- 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
- Living in the borough's more deprived areas

Trigger Factors & Warning Signs

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

- Family income-related poverty
- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break- up of a relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- 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

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)

However, there may be **no** warning signs at all.

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.

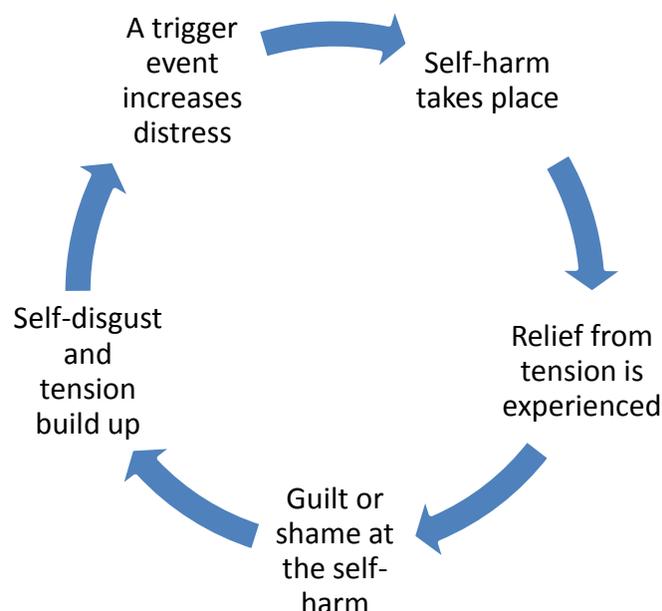
What keeps self-harm going?

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

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real / not feel numb
- Way of punishing self
- Way of taking control
- 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

The Cycle of Self-Harm

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.



The Stockport Self-Harm Procedures
(for young people up to 16 years of age)

Self-harm: the facts

Fact: People self-harm in different ways.

Some cut their arms or legs; others bang or bruise their bodies. Self-harm also includes burning, scratching, hair-pulling, or anything that causes injury to the body. Some people take tablets, perhaps not a big overdose, but enough to blot things out for a while. Some people hurt themselves just once or twice. Other people use self-harm to cope over a long time. They might hurt themselves quite often during a bad patch.

Fact: Self-harm isn't necessarily about suicide.

Sometimes people harm themselves because they want to die. But often it's more about staying alive. People may hurt themselves to help them get through a bad time. It's a coping mechanism.

Fact: It's not 'just attention-seeking'.

People self-harm because they are in pain and trying to cope. They could also be trying to show that something is wrong. They need to be taken seriously.

Fact: Self-harm isn't always a sign of mental illness or of something being 'wrong' with a person.

All sorts of people self-harm. Even people in high-powered jobs. It's a sign that something is bothering and upsetting someone, not that they are mad. You may not have met anyone else who self-harms and may find it upsetting or shocking. There's a lot of secrecy about self-harm, but many thousands of people cope in this way for a while. Approximately 1 in 12 young people self-harm at some point.

Fact: Other things can be 'self-harm' too. Things like starving, overeating, drinking too much, risk-taking, smoking and many others are also types of 'self-harm'. Some coping methods (like burying yourself in work) may be more socially acceptable, but can still be harmful.

Fact: People do stop self-harming.

Many people stop self-harming - when they're ready. They sort their problems out and find other ways of dealing with their feelings. It might take a long time and they might need help. But things can get better.

Fact: People self-harm for a reason.

Self-harm is often a way of coping with painful experiences and trying to gain a sense of control over difficult circumstances. These might include being abused or neglected, losing someone important, being bullied, harassed or assaulted, or being very lonely and isolated.

Stockport Policy and Procedure in relation to Self-Harm

The following points should be read in conjunction with the Pathways represented on the following pages – these are dependent on the age of the child or young person.

1. All staff working with young people should receive training on safeguarding and— where appropriate—have access to the free, online training on self-harm offered by the Department of Health funded MindEd website: www.minded.org.uk.
2. All team managers should decide whether to have a designated officer (or officers) who will respond to self-harm incidents, or whether all staff should be trained to respond to incidents. If a team follows the ‘designated officer’ model, all staff and volunteers should know who the designated officers are.
3. Any member of staff who:
 - a) witnesses a self-harm incident,
 - b) hears about a self-harm incident, or
 - c) is approached by a young person who is reporting a self-harm incident (their own or someone else)should follow the Stockport Self-Harm pathway for the relevant age (see pages 13-15).
4. Following any of the situations above (points 3a, b or c), the staff member should establish, first of all, whether the young person requires immediate first aid or other treatment.
5. If the young person does need first aid treatment, he or she should be accompanied to the organisation’s first-aider to receive appropriate care. Alongside this, the staff member should either follow the relevant steps in the Stockport pathway / speak to the organisation’s designated officer, who can then follow the pathway.
6. If the young person has injuries that require treatment in a hospital Emergency Department (ED), (such as cuts that are deep and/or bleed profusely, burns that are blistering or red, where the young person has lost consciousness or has recently overdosed or ingested harmful liquids*), then the staff member or designated officer should speak to the young person’s parents (where appropriate), arrange for the young person to attend ED and subsequently follow the relevant steps in the Stockport pathway.

*In distress, people may take larger than normal doses of medication or swallow something harmful. However, staff should be aware that hospital treatment may not always be necessary in such cases, depending on the amount and substance ingested. Where the young person is conscious and alert / the incident occurred some time ago, the designated officer should consult the duty officer at CAMHS to discuss what treatment may be needed. If the designated officer is unable to get a response from the CAMHS duty officer, the young person should be supported to get a same-day appointment with their GP / receive telephone advice from the GP practice. If this is not possible, the young person should attend their nearest ED.

The referral pathways depend on the age of the young person;

- Under 16; Follow points 7-11
- 16-17; Follow points 12-15
- The Pathway for those young adults 18+ is illustrated on page 15.

7. Where the young person is under 16 - (see page 13 for illustrated pathway)

Where the young person is under 16 and does not require emergency first aid or medical treatment, the staff member or designated officer should:

- a) Contact the duty officer at CAMHS for advice, where required;
 - b) Where first aid, medical treatment, or support or advice from CAMHS are required, the staff member / designated officer must contact the young person's parents / carers. The presumption should always be that parents / carers will be contacted, unless there are child protection reasons for not doing so.
 - c) Complete the appropriate records following an incident or allegation of self-harm: by completing the self-harm incident form (or other suitable documentation)
 - d) Agree how to / who should support the young person (e.g. member of staff / following discussion with CAMHS, arrange a referral to the service)
 - e) Record what follow-up will be undertaken with the young person and set clear timescales for this.
8. Where incidents occur during normal office hours, organisations should be able to receive same-day telephone support, where required, from the duty officer at CAMHS.
 9. Where organisations have significant concerns about a young person's safety and have been unable to receive advice from CAMHS, it would be appropriate to request a same-day appointment with the young person's GP—or suggest attending the nearest hospital Emergency Department (ED). However, staff should be aware of the CAMHS / Hospital pathway (see page 13): attendance at ED does not guarantee a same-day response from the CAMHS service.
 10. Where a young person is expressing suicidal thoughts, the designated officer should contact CAMHS immediately. If the young person is already in contact with CAMHS, the service may be able to see the young person for urgent risk assessment that day or the next—without the young person needing to visit ED. If the person is not known to CAMHS, CAMHS will advise that an urgent referral be sent to them by a school nurse (if they have consent from parents + all relevant history) or that the young person gets an urgent GP appointment, so that the GP can make a referral to CAMHS. As soon as CAMHS receive the referral, they will contact the family to offer an appointment, either the same day or the following day, depending on need.
 11. Staff are often understandably concerned about the possible consequences of letting a distressed young person leave the premises. However, the designated officer is required to follow the steps set out in the pathway but is not responsible for ensuring the young person's on-going safety.

OR

Where a young person is 16-17 follow - (see page 14 for illustrated Pathway)

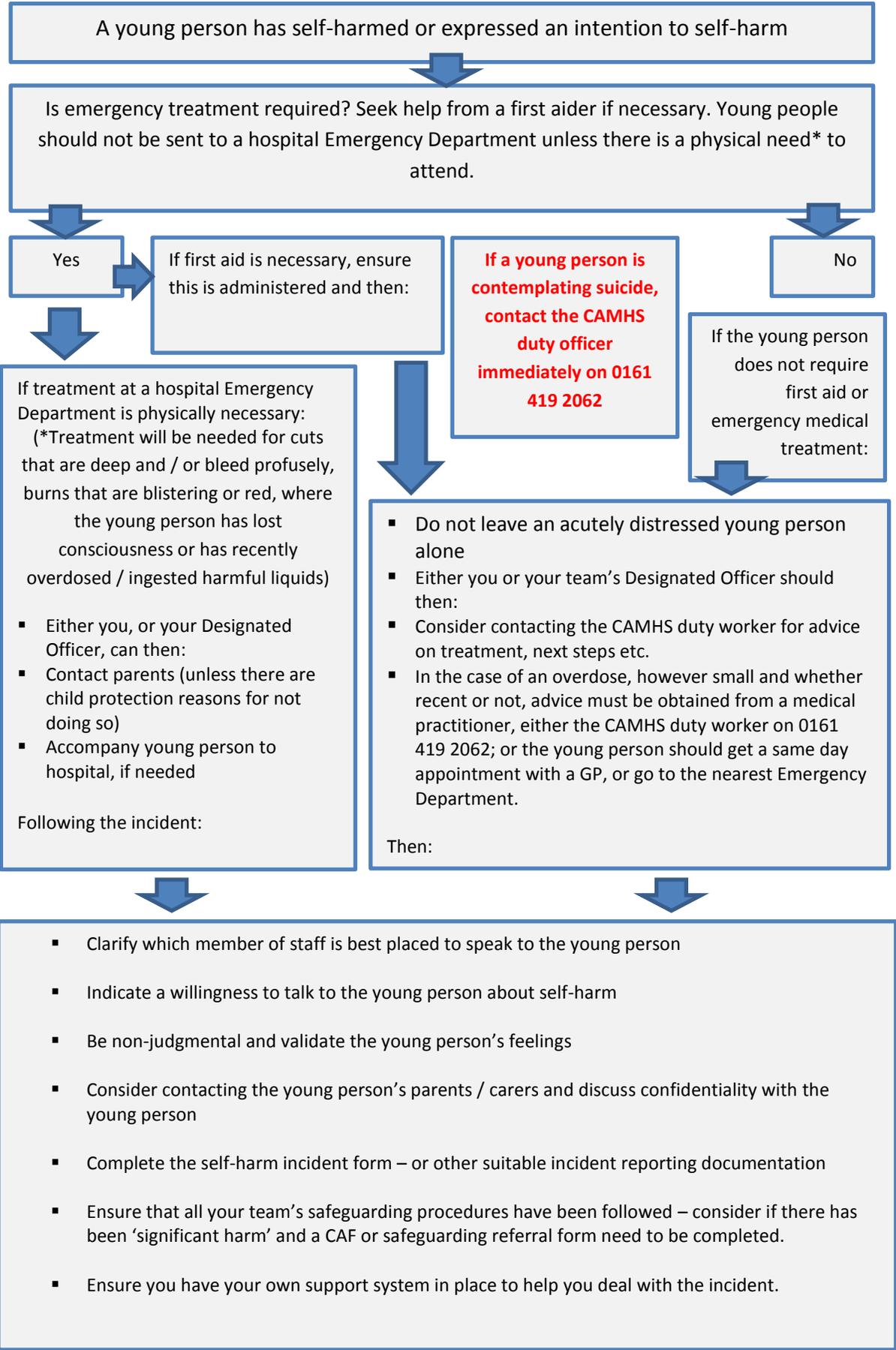
12. Where the young person does not require emergency first aid or medical treatment, the staff member or designated officer should:
 - a. Contact the duty officer at the Access team for advice, where required;
 - b. For a young person aged 16 or 17, consider whether the young person's parents / carers should be contacted. The presumption should always be that parents / carers will be contacted, unless there are child protection reasons for not doing so.
 - c. Complete the appropriate records following an incident or allegation of self-harm: by completing the self-harm incident form (or other suitable documentation)
 - d. Agree how to / who should support the young person (e.g. member of staff / arrange a referral to the Access team or Psychological Wellbeing Service).
 - e. Record what follow-up will be undertaken with the young person and set clear timescales for this.

13. Where organisations have significant concerns about a young person's safety and have been unable to receive advice from the Access team, it would be appropriate to request a same-day appointment with the young person's GP—or suggest attending the nearest hospital Emergency Department (ED).

14. Where a young person aged 16 or 17 is expressing suicidal thoughts, the designated officer should contact the Access team immediately: 0161 419 4678. For a young person aged 18+, please contact the Access team – or encourage the young person to contact them. Encourage the young person to think about how they can keep him or herself safe, by completing a written exercise, for example. Provide the young person with the contact details for the Samaritans – see contact details of support services on page 17.

15. Staff are often understandably concerned about the possible consequences of letting a distressed young person leave the premises. However, the designated officer is required to follow the steps set out in the pathway but is not responsible for ensuring the young person's on-going safety.

The Stockport Self-Harm Pathway (for young people up to 16)



The Stockport Self-Harm Pathway (for young people aged 16 - 17)

A young person has self-harmed or expressed an intention to self-harm

Is emergency treatment required? Seek help from a first aider if necessary

Young people should not be sent to a hospital Emergency Department unless this is clinically necessary*.

Yes

If first aid is necessary, ensure this is administered and then:

If a young person is contemplating suicide, contact the Access team immediately on 0161 419 4678

If the young person does not require first aid or other **emergency** medical treatment:

If treatment at a hospital Emergency Department (A&E) is clinically necessary: (**Treatment will be needed for cuts that are deep and/or bleed profusely, burns that are blistering or red, where the young person has lost consciousness or has overdosed or ingested harmful liquids.*)

- A team member / Designated Officer should:
- Contact parents (unless there are child protection reasons for not doing so),
- Accompany young person to hospital if needed
- Following the incident:

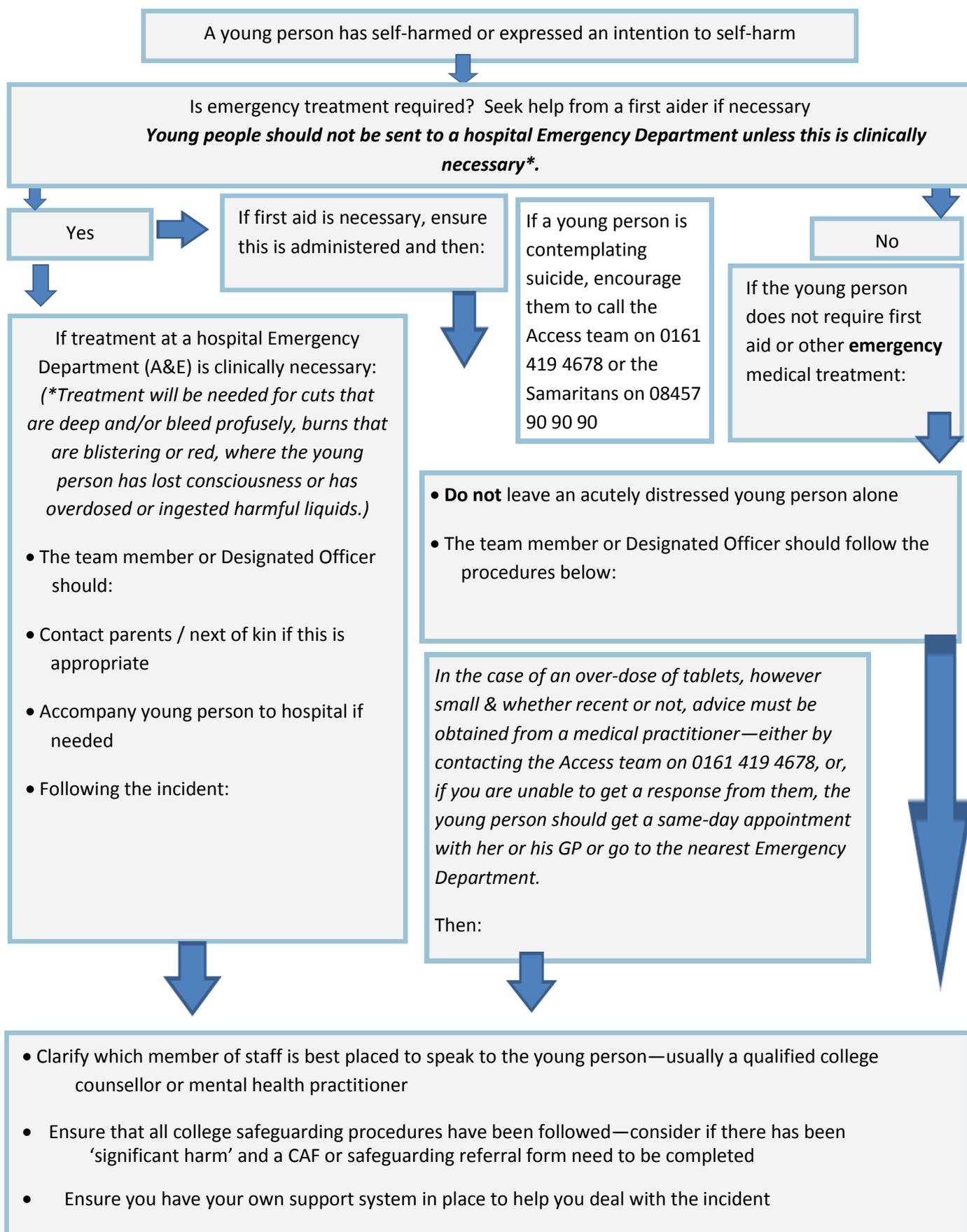
- **Do not** leave an acutely distressed young person alone
- A team member or Designated Officer should follow the procedures below:

In the case of an over-dose of tablets, however small and whether recent or not, advice must be obtained from a medical practitioner—either by contacting the Access team on 0161 419 4678 or supporting the young person to get a same-day appointment with her or his GP. If this is not possible, the young person should go to the nearest hospital Emergency Department.

Then:

- Clarify which member of staff is best placed to speak to the young person
- Indicate a willingness to talk to the young person about self-harm
- Be non-judgmental and validate the young person's feelings
- Consider contacting the young person's parents / carers and discuss confidentiality with the young person
- Complete the self-harm incident form – or other suitable incident reporting documentation
- Ensure that all your team's safeguarding procedures have been followed – consider if there has been 'significant harm' and a CAF or safeguarding referral form need to be completed.

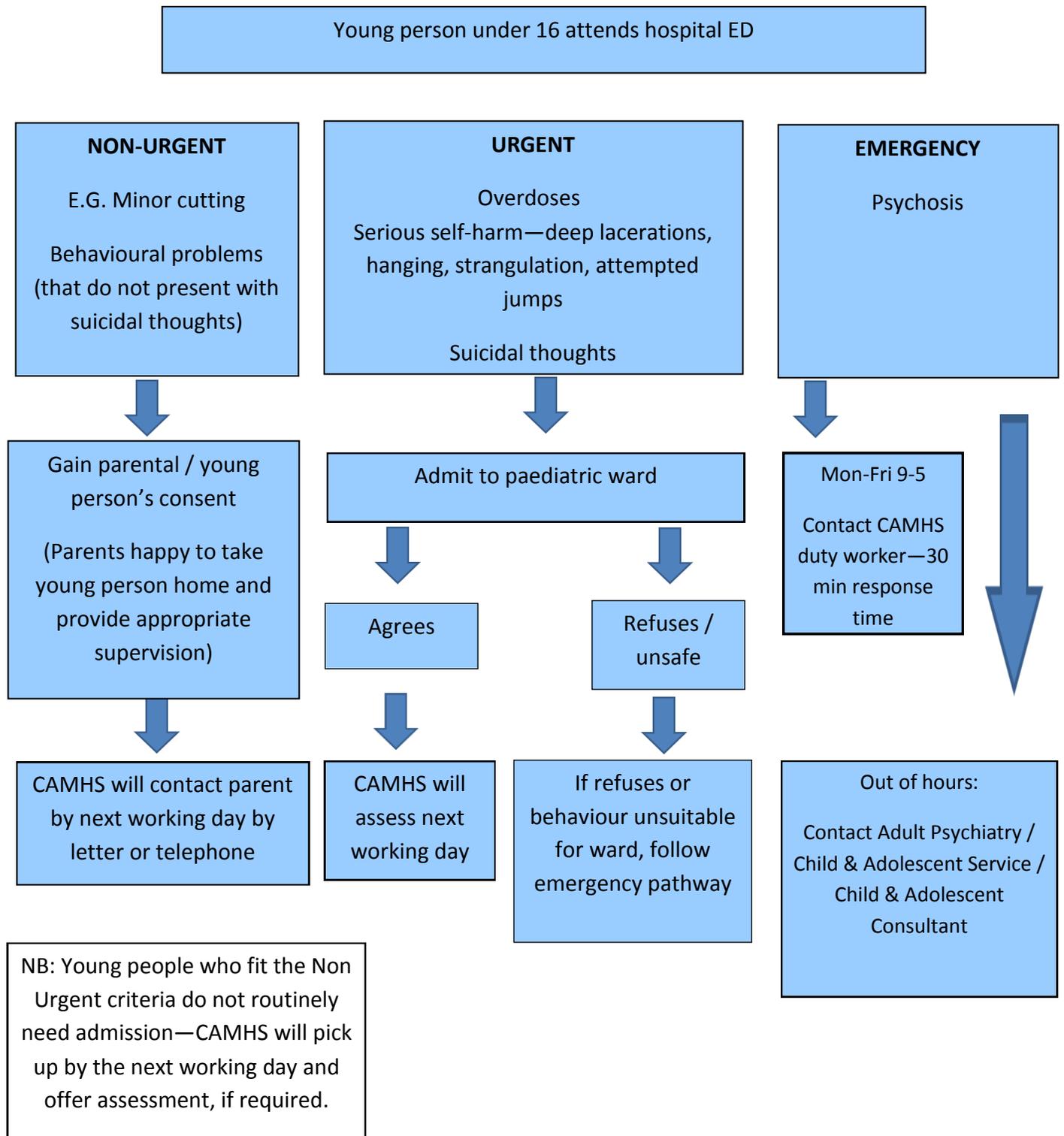
The Stockport Self-Harm Pathway (for young people aged 18+)



Pathway for Child & Adolescent Mental Health Services + Hospital Emergency

Departments: Understanding the process for children aged under-16

The following pathway shows what happens if a young person attends a hospital Emergency Department at Stepping Hill Hospital as a result of self-harm (or other emotional, behavioural or mental health problem). Similar pathways operate across other Greater Manchester hospitals.



What support is there for young people who self-harm?

Level One / Universal Services

The child or young person is carrying out deliberate acts of self-harm that do not require medical treatment.

The child or young person has expressed a desire to manage the self-harm themselves. Their preference is for informal support.

All young people can receive support from their **GP** and from the **School Nursing** team. Each **library** in Stockport has a 'Self-Health' collection, providing easily accessible self-help resources.

There are also some self-help resources, designed to support young people who are self-harming, in the Self-Harm section on the following website:

<http://www.safeguardingchildreninstockport.org.uk/children-and-young-people/>

There are also a number of websites and helplines, providing advice and support for those involved in – or concerned about someone who is – self-harming.

- Childline:** Call 0800 1111 or visit www.childline.org.uk
24/7 support for all young people
- Papyrus:** Call 0800 068 4141, text 07786 209697, email pat@papyrus-uk.org or visit www.papyrus-uk.org
Advice and support for young people aged up to 35 who have suicidal feelings
- Saneline:** Call 08457 678 000 or visit www.sane.org.uk
Practical care and support to anybody affected by mental health problems
- Samaritans:** Call 08457 90 90 or visit www.samaritans.org
Confidential, emotional support for anyone, 24 hours a day, 7 days a week

Level Two / Targeted Services

The child or young person is carrying out deliberate acts of self-harm that USUALLY do not require medical treatment.

The child or young person's needs require a coordinated response from additional services and extra support from a targeted intervention/service in order to minimise the risk of escalation.

Consider CAF / TAC at this point - Could other agencies help to support this young person?

- **Primary Jigsaw** offer mental health support to young people attending a mainstream primary school. They work with young people who are experiencing a range of difficulties, such as sadness / low mood, irritability, anxiety and self-harm which does not require medical treatment. Referrals can be discussed with the Primary Jigsaw team by calling 0161 437 4956, option 2.
- **Secondary Jigsaw** provide mental health support to young people attending a mainstream secondary school. They work with young people who are experiencing a range of difficulties, such as sadness / low mood, irritability, anxiety and self-harm which does not require medical treatment and is not a sign of suicidal ideation. Referrals can be discussed with the Jigsaw team by calling 0161 428 9305 and a CAMHS Community Referral form can then be completed.

- **KITE** offer mental health support to Looked After Children and Children in Need. They work with young people who are experiencing a range of difficulties. Call 0161 419 2050.
- **Counselling at Central Youth:** This service is available to all young people in Stockport. To find out more or book an appointment, call 0161 426 9683.
- **Stockport Psychological Wellbeing Service** provides psychological therapies for mild to moderate mental health problems such as depression, anxiety, self-esteem and panic disorders. They see adults and young people aged 16+ and also provide an e-therapy course for 10-18 year olds (see below). Contact the service on 0161 480 2020 or visit www.stockportpws.org.uk
- **Stress-busters** is a supported online Cognitive Behaviour Therapy programme for 10-18 year olds affected by mild to moderate depression. The programme is designed to help young people with problems such as bullying, exam pressure and uncertainty about the future. Groups run weekly, after school hours at the Kingsway School and the Stockport Wellbeing Centre. Visit www.selfhelpservices.org.uk to find out more.
- **Beacon Counselling** (via a buy-back service) offer a counselling service in Stockport secondary schools and units. Young people can contact the counsellor in their school, or staff can refer young people to the service. Beacon offer counselling for young people aged 14-18 who are NEET (not in employment, education or training) and run a programme for young people at risk of or experiencing child sexual exploitation. Beacon also offer counselling for adults (18+) at their Stockport town centre and Bramhall village offices. Contact Beacon on 0161 440 0055 / 285 1827 or email admin@beacon-counselling.org.uk

Levels Three – Four / Specialist Services

The child or young person may have expressed suicidal ideation and / or may be carrying out acts of deliberate self-harm that require medical treatment.

The child or young person's needs are increasingly deeper and more complex with extra support required from either/both a specialist and statutory intervention/service.

or

The child or young person's needs have reached the threshold of significant harm or risk of significant harm.

CAMHS (the Child and Adolescent Mental Health Service) Core Team is based at the Tree House in Stepping Hill Hospital. The Core CAMHS team will see young people with moderate to severe depression, suicidal ideation and deliberate self-harm that requires medical treatment. If a young person meets the threshold for the CAMHS service, they will be assessed and receive a number of sessions from a CAMHS team member who could be a psychologist, psychiatrist, family therapist or mental health practitioner.

Core CAMHS will only accept referrals from a GP or school nurse. However, staff can always contact the CAMHS duty worker on 0161 419 2062 for advice about particular incidents.

- **Adult Access Team:** For all referrals and advice / consultations about young people aged 16+ (who are not currently being seen by CAMHS or Secondary Jigsaw), contact the Single Point of Access Team, based at Stepping Hill Hospital. The Access team will assess young people and advise on the most appropriate service. Contact them on 0161 419 4678.

Multi Agency Safeguarding and Support Hub (MASSH)

Where self-harm appears to have contributory factors which may require a response from other agencies, advice can be sought from the Contact Centre / MASSH - Tel 217 6028.

Where there is immediate danger to a young person which requires an **emergency** response ring the Police on 999.

Where to go for help and advice out of hours

- If a young person or adult is in acute distress outside of normal office hours, he or she should be advised either to contact either a 24-hour support service (such as Childline or the Samaritans), their out-of-hours GP service (in Stockport, this is run by Mastercall and patients contact the service by telephoning their usual GP contact number which will transfer to the out-of-hours service) or to attend their local hospital Emergency Department.

Appendix 1

Responding to Self-Harm

- Young people may present with injuries to any member of staff, including first-aid or reception staff. It is important that frontline staff are aware that an injury may be self-inflicted and that they are aware of these guidelines and able to pass on any concerns.
- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling.
- What is important for many young people is having someone to talk to who listens properly and does not judge.
- Confidentiality is a key concern for young people, and they need to know that it may not be possible for you to offer this. If you consider that a young person is at serious risk of harming him or herself or others, then information needs to be shared.
- 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. Make sure that as part of your conversation you work out together who are the best people to tell.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it again.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.
- Take a non-judgmental 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.
- Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.
- Read the "DOs and DON'Ts" for staff—overleaf—and the suggested conversation prompts.
- If you find a young person who has self-harmed, e.g. by overdosing or cutting, try to keep calm, give reassurance and follow your organisation's first-aid guidelines.
- If a young person has a self-inflicted injury (but has not taken medication / an overdose), he or she should not be sent to a hospital Emergency Department (ED) unless a first-aider has confirmed that the young person has injuries requiring emergency medical treatment, or this has been advised by a CAMHS team member or other medical practitioner. Injuries that require emergency medical treatment include: burns that are blistering or red, cuts that are deep and / or bleeding profusely, where the young person has lost consciousness or has recently overdosed or ingested harmful liquids.

- In the case of a non-recent overdose of tablets and where the young person is conscious and alert, advice must still be obtained from a medical practitioner, but it may not be necessary for the young person to attend ED. The designated officer should try to obtain advice from the duty officer at CAMHS – 0161 419 2062 – or the school nursing team. If this is not possible, the young person should get a same-day appointment with her or his GP or go to the nearest hospital Emergency Department.

- The Stockport Self-Harm Pathway should be followed in all cases of actual or intended self-harm – see pages 13 – 15.

Appendix 2

DOs and DON'Ts for Staff

Do

Stay Calm – do not show anxiety, disapproval or disgust. Be prepared to be shocked and mindful of the possible severity of the incident, then.....

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

Listen intently – calmly ask any relevant questions – try and build rapport with the young person, whilst you ascertain what is happening for them, the severity, frequency and duration of the self-harm.

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

Think carefully before you act – what is in the best interest of the young person?

Remember that 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 intention 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.

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.

Send the young person away – make some time for them – either help them find other ways of coping or help them to get the right kind of support.

Be judgemental – keep an open mind about the behaviour and don't refer to it as “attention seeking”.

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.

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.

Appendix 3

Talking to young people about self-harm

- Focus on listening
- Don't talk too much
- Don't pretend to understand
- Don't be afraid to make eye contact
- Offer support
- Acknowledge how hard it is to discuss these issues
- Don't assume that an apparently negative response is actually a negative response
- Don't break your promises—or make promises you can't keep

The information below has been adapted from material produced by the PHSE Association in 2013, using young people's words.

1. Focus on listening

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a young person has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

2. Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should [find them for me]. Just keep quiet, I'll get there in the end."

The young person should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the young person does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the young person to explore certain topics they've touched on more deeply, or to show that you are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

3. Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of self-harm can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

4. Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the young person may interpret this as you staring at them. They may think that you are horrified about what they are saying. On the other hand, if you don't make eye contact at all then a young person may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the young person.

5. Offer support

"I was worried how she'd react, but she just listened then said 'How can I support you?' No one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the Stockport policy on this issue. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the young person to realise that you're working with them to move things forward.

6. Acknowledge how hard it is to discuss these issues

"Talking about [self-harm] for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a young person chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the young person.

7. Don't assume that an apparently negative response is actually a negative response

"The voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a young person has confided in you, and may even have expressed a desire to get help, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the young person.

8. Never break your promises

"Whatever you say you'll do, you have to do, or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a young person wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within your organisation's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the young person's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix 4

Sample incident form to be used when a young person self-harms

Teams do not need to use this exact form, but must have a clear incident reporting policy in place for their staff to use and must ensure that there is an effective system for recording such incidents.

Self-Harm Incident Report		
Young Person's Name:	Date of Report:	
Age:	Gender:	Special Needs:
Staff member name:		
Staff member job title:		
Nature of incident:		
Date & time of occurrence:	Stockport Self-Harm pathway followed: <input type="checkbox"/>	
Action taken:		
Decision made with respect to contacting parents and reasons for decision:		
Recommendations:		
Follow up:		
Signature:		

Appendix 6

Prompts for use During a Conversation with a Young Person

Initial Questions
What has been happening?
Have you got any injuries or taken anything that needs attention (consider emergency action?)
Who knows about this?
Are you planning to do any of these things – consider likely or imminent harm?
Have you got what you need to do it (means)?
Have you thought about when you would do it (timescales)?
Are you at risk of harm from others?
Is something troubling you? – family, school, social. Consider use of child protection procedures.
Responses
If urgent medical response needed call an ambulance
Say who you will have to share this with (e.g. designated officer) and when this will happen
Say who and when the right person will speak with them again to help and support them
Check what they can do to ensure they keep themselves safe until they are seen again e.g. Stay with friends, go to support staff.
Give reassurances i.e. It's ok to talk about self-harm and suicidal thoughts and behaviour
Setting up the contract with the child or young person
Discuss confidentiality—explain what can and cannot be kept confidential
Discuss who knows about their concerns and discuss contacting parents
Discuss who you will contact i.e. team leader
Discuss contacting external support service (i.e. CAMHS, school nursing team, GP)
Further Questions
What, if any, self-harming thoughts and behaviours have you considered or carried out? (Either intentional or unintentional – consider likely / imminent harm)
If so, have you thought about when you would do it?
How long have you felt like this?
Are you at risk of harm from others?
Are you worried about something?
Ask about the young person's health (use of drugs / alcohol?)
What other risk taking behaviour have you been involved in?
What have you been doing that helps?
What are you doing that stops the self-harming behaviour from getting worse?
What can be done in [this organisation] to help you with this?
How are you feeling generally at the moment?
What needs to happen for you to feel better?