
Tameside & Glossop Policy & Procedure in relation to Self-Harm

Guidance is intended for use by anyone working with children and young people in Tameside and Glossop.

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1. INTRODUCTION

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

This document aims to give an overview of self-harm, the reasons why young people do this, the proportion of young people who self-harm and the most common methods of self-harming. The document also aims to give workers a pathway to follow to advise how to respond to a young person who has self-harmed and tools for use when discussing self-harm with a young person.

Finally, the document contains a resource section with sample tools, checklists and conversation prompts, plus leaflets for staff, friends of and the parents / carers of young people who have self-harmed.

What is Self-Harm?

Self-harm refers to intentional self-poisoning or self-injury, irrespective of type or motive or the extent of suicidal intent. Most self-harming behaviour is not lethal and is unlikely to lead to death. Most young people who self-harm do not intend to risk their lives; however it is also important to note that some children and young people do die and that the majority of successful suicide attempts involve young people who have previously self-harmed.

In its broadest sense, self-harm describes a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging. Self-harm is an expression of personal distress. It can result from a wide range of psychological, social and physical problems.

Self-harming actions might include;

- Cutting or scratching with knives, razor blades or other sharp implements
- Taking overdoses of drugs, or swallowing other substances
- Burning with flames, heated metal, wax or chemicals etc.
- Hitting or banging arms, legs or head on walls, or with fists or objects
- Putting objects under the skin or elsewhere in the body, e.g. needles
- Taking risks with the intention of hurting oneself
- Self-strangulation

This definition does not include the behaviours of young people experiencing eating disorders, drug and alcohol misuse, risk taking behaviours such as unsafe sex, or dangerous driving etc. Neither is it an exhaustive list of behaviours that would constitute self-harm, and where a professional thinks something is a form of this behaviour then it should be treated as such

2. WHO IS AT RISK?

Child:

Protection Factors	Risk Factors
Family Factors	Family Factors
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 groups

Parents:

Protection Factors	Risk Factors
Family Factors	Family Factors
<ul style="list-style-type: none"> • 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 the child • Provide accurate feedback to the child • Uses firm but loving boundaries • Believes in and practice a 'higher purpose' 	<ul style="list-style-type: none"> • Low self-esteem • Violence or unresolved conflict between adults • Low marital satisfaction • High criticism/low warmth interactions • Conditional love • Excessively high or low goals set for the child • Physical, emotional or sexual abuse • Neglect of child's basic needs • Inconsistent or inaccurate feedback for the child • Parents with drug or alcohol problems • Parental mental health problems

School:

Protection Factors	Risk Factors
Environmental Factors	Environmental Factors
<ul style="list-style-type: none">• Caring ethos• Students treated as individuals• Warm relationships between staff and children• Close relationship between parents and school• Good PHSE• Effectively written and implemented behaviour, anti-bullying, pastoral policies• Accurate assessment of special needs, with appropriate provision	<ul style="list-style-type: none">• Excessively low or high demands placed on child• Student body treated as a single unit• Distance maintained between staff and children• Absent or conflictual relationships between staff and school• Low emphasis on PHSE issue• Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care• Ignoring or rejecting special needs

Housing and community:

Protection Factors	Risk Factors
Environmental Factors	Environmental Factors
<ul style="list-style-type: none">• Permanent home base• Adequate level 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	<ul style="list-style-type: none">• 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

3. PRINCIPLES FOR WORKING WITH CHILDREN/YOUNG PEOPLE

Children and young people have identified the following principles as important when providing help. They underpin the guidance that follows and should be seen as the right of any child or young person who maybe experiencing emotional wellbeing and/or mental health issues. In adopting these principles we hope to convey the importance of empowering young people with support to make positive changes and ensure that we place the views of the young person at the centre of all your work with them.

The Voice of the Child

1. I should be listened to, given time to tell my story and feel like what I say matters
2. I want my situation to be treated sensitively and I should be respected and not feel judged
3. I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me
4. I should always be made to feel safe and supported so that I can express myself in a safe environment
5. I should be treated equally and as an individual and be able to shape my own goals with my worker
6. I want my friends, family and those close to me to understand the issues so that we can support each other
7. I want clear and up to date detailed information about the services that I can access
8. I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse
9. I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling
10. I want my support to feel consistent and easy to find my way around, especially if I need to see different people and services

The 10 principles' above are not intended to be a definitive or exhaustive guide when helping a young person who is or at risk of self-harm. We also need to recognise and acknowledging that everyone can do something to help young people who self-harm. In doing so we need to:

- Recognise that being clear about confidentiality and informed consent is very important to young people.
- Have a non-judgemental, non-blaming, competent, calm and trustworthy approach from practitioners offering support is highly valued by young people.
- Acknowledge that all practitioners working with young people who self-harm need support, supervision and training.
- Recognise that practitioners can help young people to work towards minimising harm and finding alternative coping strategies.
- To help young people who self-harm to maximise their health, happiness and potential.

4. CONFIDENTIALITY AND CONSENT

Everyone is entitled to confidentiality even if they are under the age of 18.

It is good practice to seek parental consent to work with a young person. There are situations, however, where this is not required:

1. Young people of 16 or over are presumed by law to be competent to seek their own medical treatment so long as they are judged to have the capacity to do so. The test for capacity is the same as it would be for adults.
2. Children under 16 can consent to treatment if they are deemed to be competent to do so. Lord Fraser set out guidelines to help determine competence but in simple terms it refers to a young person under the age of 16 who has sufficient understanding and intelligence to enable him or her to fully understand what is proposed (NSPCC, 2008).

In assessing competence you need to ensure that the child/young person understands the information and advice that you are giving them. If a child/young person is judged as not competent and does not understand their situation, you will need to work sensitively as you may have to break their confidence. Inform them of your requirement to do this, how this will be done and what is expected to happen. Your aim is to ensure they are safe and have access to any help which is required.

Establishing trust is central to helping a young person who self-harms. This must include being clear about confidentiality from the start.

The decision whether to share the information depends on the degree of current or potential harm, it does not depend on the age of the child/young person. Remember to let the child/ young person know your confidentiality procedures and their limits. If you decide not to share information then record your rationale for doing so and inform your manager.

Note: If the child is under 16 and deemed not competent to consent to your involvement but is adamant that they do not want their parents to know then this does not preclude you from discussing with the child options for seeking help or helping them decide how to tell their parents. These discussion and agreed actions can be summarised in the Safety Plan that is covered later in this guidance. It is important to explain the parameters of consent and confidentiality to young people, ensuring their consent is sought in the first instance. There may be times where consent is not given by young people however due to risk to themselves the safeguarding concerns will override the need for consent. It is important to ensure the young people are included in this discussion and they are informed of your decision. Please consider any potential risk to the young person by breaking their confidentiality.

Young people and their families may have different views and feelings regarding self-harm and may struggle to understand. For the professional trying to help it is often difficult to achieve a balance and support everyone involved. Don't feel you need to manage this by yourself. It is not unusual for more than one person to provide support.

Self-harm within families can make people feel helpless and it is therefore important to help them to explore these feelings in a safe way. It is important for all involved to remain open-minded, non-judgemental and to respect the views of all family members to reduce feelings such as blame, guilt or shame being directed at any one individual.

Young people often have reservations about their family being aware of their self-harm. Here are some ways you can help the young person feel more comfortable about their family becoming involved:

- Discuss any possible concerns and the benefits of their family's involvement
- Be clear about what you have both agreed can be shared with the family
- Agree what the young person would like to achieve through their family's involvement.

Should the young person not want their family involved, you will need to consider the young person's ability to consent and your duty to maintain confidentiality. The safety of the young person must remain paramount to any decision made.

5. WHAT TO DO WHEN A YOUNG PERSON TELLS YOU THEY HAVE SELF- HARMED

What to do when a young person tells you they have self- harmed

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 have access to the free, online training on self-harm offered by the Department of Health funded MindEd website:

Mental Health and Well-being:

www.minded.org.uk/course/view.php?id=104

Managing Risk: Self-harm and suicidality www.minded.org.uk/course/view.php?id=274

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 Tameside and Glossop Self-Harm pathway for the relevant age.

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 and contact the young person's parents or carers

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 Tameside pathway / speak to the organisation's designated officer, who can then follow the pathway. In considering first aid remember not just to respond the physical elements but also consider emotional and psychological first aid that may be required.

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 (within the last 7 days) 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.

*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. For example, if the overdose/ingestion of a harmful substance is historic (over 7 days) and there is no medical emergency, the designated officer should seek advice from the GP or 111 in the first instance.

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

- Under 16; Follow points 7-11
- Aged 16-17; Follow points 12-15

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

Where the young person is under 16 and does not require emergency first aid or medical treatment, (i.e. superficial self-harm) the staff member or designated officer should:

- a) Contact the duty officer at CAMHS/Single Point of Access Team for advice, where required;
- b) Where first aid, medical treatment, or support or advice from CAMHS is 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 safeguarding for not doing so. If safeguarding concerns are identified you should complete a referral to the Multi Agency Safeguarding Hub (MASH) for Tameside and Derbyshire Starting Point for Glos-sop. As such if you are aware that this stance may cause problems in getting the right support ensure that this is communicated with the duty team and relevant actions or strategies are agreed and that young person is included (see section on Confidentiality and Working with young people and their families).
- c) Complete the appropriate records following an incident or allegation of self-harm: by completing the self-harm incident form
- d) Complete the risk assessment/checklist & Safety Plan
- e) Agree how to / who should support the young person (e.g. member of staff / following discussion with CAMHS, arrange a mental health referral through the Multi-Agency Request for Service)
- f) Record what follow-up action 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/Single Point of Access Team – please see flow charts below.

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: attendance at ED does not guarantee a same-day response from the community 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 professional (if they have consent from parents + all relevant history) using the Multi Agency Request for Service (MARS) form. As soon as SPOA receive the referral, they will contact the family to ensure robust safety plan and refer into CAMHS for either the same day or the following day appointment, depending on need with safety plans discussed.

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 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 All Age Mental Health Liaison Team (MHLT) for advice, where required;
- b) For a young person aged 16 or 17, consider whether the young person's parents / carers should be contacted. See section on consent/confidentiality
- c) Complete the appropriate records following an incident or allegation of self-harm: by completing the self-harm incident form
- d) Complete the risk assessment/checklist & Safety Plan
- e) 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).
- f) 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 & Liaison 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 Mental Health Liaison Team immediately: 0161 716 3636. 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. Responding to Self-harm -GP Guide Responding to Self-harm -GP Gui Responding to Self-harm -GP Guide

6. RESPONDING TO SELF-HARM - GP GUIDE

ADVICE AND HELP

Reported thoughts of self-harm or one-off incident with no further intent to cause harm to self. No significant injury sustained. The young person may have suicidal thoughts but no plans or intent.

SPEAK with the Single Point of Access Team(SPOA)/Neighbourhood Practitioner on 07517 577196 Monday-Friday 9am-5pm or email pcn-tr.camhsearlyhelpaccess@nhs.net

IMMEDIATE STEPS:
Gain consent from young person and parent/guardian to discuss with a mental health professional. Thank the young person for being open about their self-harm.

Assess the nature of self-harm, administer first aid as required. If disclosed thought of suicidal ideation explore whether they have any suicidal plans or intent.

ADVICE AND HELP:
Email/Telephone SPOA team for further advice. Please note that this is not a crisis service and SPOA have up to 5 working days to respond.

Direct the young person and their parent/guardian to www.kooth.com for self-help materials and walk in service through TOGMind.

URGENT HELP

One off incident which has caused harm or reports of repeated self-harm. Intent to cause further harm to self. The young person may have suicidal thoughts but no plans or intent.

SPEAK with the Single Point of Access Team(SPOA)/Neighbourhood Practitioner on 07517 577196 Monday-Friday 9am-5pm or email pcn-tr.camhsearlyhelpaccess@nhs.net

If unavailable, contact Tameside & Glossop CAMHS Duty Service on 0161 716 3600 Monday-Friday 9am-5pm.

CONTINUED FROM IMMEDIATE STEPS:
Email/Telephone SPOA team for further advice. Please note that this is not a crisis service and SPOA have up to 5 working days to respond. Alternatively complete a referral for mental health support:
<https://secure.tameside.gov.uk/forms/mars/f1312mars.asp>
Select the amber button for Child emotional/mental health.

Speak with the parent/guardian about ensuring the immediate safety of their child: All sharps, medication, potential ligatures, and hazardous substances to be locked away/removed/kept safe and close supervision to be maintained

Direct the young person and their parent/guardian to www.kooth.com for self-help materials and walk in service through TOGMind.

EMERGENCY HELP

Self-harm which could result in serious injury (requiring medical attention) or death. The young person may have suicidal thoughts and a plan or ambivalence about a plan. Intent to cause further harm to self.

Contact Tameside & Glossop CAMHS Duty Service on 0161 716 3600 Monday-Friday 9am-5pm.

In an emergency: Call 111, 999 or attend ED.

CONTINUED FROM IMMEDIATE STEPS:
Speak with the parent/guardian about ensuring the immediate safety of their child: All sharps, medication, potential ligatures, and hazardous substances to be locked away/removed/kept safe and close supervision to be maintained

Direct the young person and their parent/guardian to www.kooth.com for self-help materials and walk in service through TOGMind.

Contact the SPOA team via email/telephone for non-urgent advice. If urgent contact CAMHS duty service on 0171 716 3600. Both teams operate Monday Friday 09:00-17:00.

In an emergency: Call 111, 999 or attend ED.

SAFEGUARDING:

If there are any concerns regarding parenting capacity, the ability to keep the child and any other children in the household safe or complex environmental factors: Tameside: please complete a MARS (multi-agency request for service) form highlighting that you have a safeguarding concern and submit to the Multi-Agency Safeguarding Hub (MASH). You must make the parent/s or guardian/s aware that you are making this referral as a duty of care:

<https://secure.tameside.gov.uk/forms/mars/f1312mars.asp> (Glossop: Starting Point contact and referral service - Derbyshire County Council)

7. THE TAMESIDE AND GLOSSOP SELF-HARM PATHWAY

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

Is emergency treatment required? If a serious incident (e.g. ligature/attempted hanging or drowning) seek help from a first aider if necessary. **Young people should not be sent to a hospital Emergency Department unless there is a physical need* to attend. Regardless of physical intervention needed please also follow appropriate safeguarding procedures.**

Yes

Contact parent/s; carer/s (unless there are safeguarding reasons for not doing so) & identify the most appropriate person to support the young person. **If safeguarding concerns are identified complete MASH referral for Tameside (RED button) and Derbyshire Starting Point Referral for Glossop**

No

If first aid is required, ensure this is administered then:

Contact the CAMHS duty service for advice where required 0161 716 3600 Monday to Friday 09:00-17:00

If treatment at a hospital Emergency Department (ED) 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 within the last 7 days or ingested harmful liquids. Please note young 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, for example, if the incident occurred some time ago, the designated officer should seek advice from the GP or 111).

Either you, or your Designated Officer, can then:

- Accompany young person to hospital, if needed

Following the incident:

- Complete the self-harm incident form (Appendix A)
- Have ED completed a safety plan (Appendix C) and communicated it with relevant agencies/parent/s/carer/s (CAMHS, CSC, GP)?
- Follow your team's safeguarding procedures and consider if not already know to CSC consider completing a safeguarding referral
- Ensure you have your own support system in place to help you deal with the incident including debrief with your team/manager, support/advice from the Safeguarding Team

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

- Speak to the young person and ask if there is anything you can do to help
- Speak to somebody who knows the young person well
- Consider referring to another appropriate agency with the appropriate consent
- In the case of an overdose of tablets advise/support young person to attend AED if the overdose was within the last 7 days. If the overdose is over 7 days, please ensure the young person accesses an urgent medical review through their GP practice. Then make a mental health referral to the Single Point of Access team on the Multi-Agency Request for Service (MARS) form.
- In the case of voiced suicidal thoughts/plans/intent contact CAMHS immediately on 0161 716 3600 to seek advice/safety plan.

Then:

- Complete the self-harm incident form (Appendix A)
- Complete the risk assessment/checklist (Appendix B)
- Complete and share a safety plan (Appendix C)
- Agree how to/who should support young person following discussion with CAMHS duty.
- Record what follow up actions will be undertaken and set clear timescales
- Follow your team's safeguarding procedures and consider if not already know to CSC consider completing a safeguarding referral
- Ensure you have your own support system in place to help you deal with the incident including debrief with your team/manager, support/advice from the Safeguarding Team.

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Is emergency treatment required? If a serious incident (e.g. ligature/attempted hanging or drowning) seek help from a first aider if necessary. **Young people should not be sent to a hospital Emergency Department unless there is a physical need* to attend. Regardless of physical intervention needed please also follow appropriate safeguarding procedures**

Yes

Contact parent/s; carer/s (unless there are safeguarding reasons for not doing so) & identify the most appropriate person to support the young person. **If safeguarding concerns are identified complete MASH referral for Tameside (RED button) and Derbyshire Starting Point Referral for Glossop**

No

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

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.)

Either you, or your Designated Officer, can then:

- Contact parents/carers (unless there are child protection reasons for not doing so) & identify the most appropriate person to support the young person
- Accompany young person to hospital, if needed

Following the incident:

- Complete the self-harm incident form (Appendix A)
- Have ED completed a safety plan (Appendix C) and communicated it with relevant agencies/parent/s/carer/s (CAMHS, CSC, GP)?
- Follow your team's safeguarding procedures and consider if not already know to CSC consider completing a safeguarding referral
- Ensure you have your own support system in place to help you deal with the incident including debrief with your team/manager, support/advice from the Safeguarding Team

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

- Speak to the young person and ask if there is anything you can do to help
- Speak to somebody who knows the young person well
- Consider referring to another appropriate agency with the appropriate consent
- Consider contacting the Single Point of Access Team for further advice on treatment, next steps etc.
- In the case of an overdose of tablets advise/support young person to attend AED if the overdose was within the last 7 days. If the overdose is over 7 days, please ensure the young person accesses an urgent medical review through their GP practice. Then make a mental health referral to the Single Point of Access team on the Multi-Agency Request for Service (MARS) form.

Then:

- Complete the self-harm incident form (Appendix A)
- Complete the risk assessment/checklist (Appendix B)
- Complete and share a safety plan (Appendix C)
- Follow your team's safeguarding procedures and consider if not already know to CSC consider completing a safeguarding referral
- Ensure you have your own support system in place to help you deal with the incident including debrief with your team/manager, support/advice from the Safeguarding Team.

If a young person is contemplating suicide, contact the Access & Liaison Mental Health Team immediately on 0161 7163636

9. WHAT SUPPORT IS THERE FOR YOUNG PEOPLE WHO SELF-HARM

Support services in Tameside and Glossop are delivered using the Thrive framework. The THRIVE Framework provides a set of principles for creating communities of mental health and wellbeing support for children, young people and families. It aims to talk about mental health and mental health wellbeing help and support in a common language that everyone understands.

The Framework is needs-led which means that mental health needs are defined by the children, young people and their families, alongside professionals, through shared decision making. Needs are not based on severity, diagnosis or care pathways.

The THRIVE Framework thinks about the mental health and wellbeing needs of children, young people and families through five different needs based groupings: Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. Emphasis is placed on the prevention and promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.



The THRIVE Framework is for:

- all children and young people aged 0–18 within Tameside and Glossop;
- all families and carers of children and young people aged 0–18 within Tameside and Glossop, and;
- any professionals who seek to promote mental health awareness and help or support children and young people with mental health and wellbeing needs, including those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).

www.tameside.gov.uk/TamesideMBC/media/adultservices/Tameside-Glossop-Mental-Health-in-Education.docx

Children and young people can approach any professional for advice and support and find information on all local services for mental health at: www.tamesideandglossopccg.org/mentalhealth-support/children For professionals worried about a young person's emotional well-being or mental health they can seek advice from:

Getting Advice Services

CAMHS Neighbourhood Link Workers/
Single Point of Access Service
Contact Number: 07517 577196
pcn-tr.camhssadvice@nhs.net

Early Help Access Point
Contact Number: 0161 342 4260
Multi-agency Request for service (MARS)
form: <https://secure.tameside.gov.uk/forms/mars/f1312mars.asp>

10. APPENDIX A

Incident form to be used when a young person self-harms within education setting

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

11. APPENDIX B

Assessing the level of risk - Supporting guidance tools for assessing self-harm and risk management.

Section 1: Protective factors and risk factors

This framework is a guide for Practitioners and managers in every school and agency that works with, or is involved with children, young people and their families. Its aim is to assist Practitioners and managers in assessing and identifying a child's level of need.

The aim is that as far as possible children's needs should be met within universal provision, but that flexible support should be introduced to meet additional needs with the consent of the child and parents, at the earliest possible stage, thus helping to achieve good outcomes and to prevent an increase in difficulties. Relevant factors should be included in the full assessment.

Child:

Protection Factors	Risk Factors
Family Factors	Family Factors
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 groups • Hopelessness • Impulsivity • Bereavement • Difficult times of year (e.g. anniversaries)

Parents:

Protection Factors	Risk Factors
Family Factors	Family Factors
<ul style="list-style-type: none">• 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 the child• Provide accurate feedback to the child• Uses firm but loving boundaries• Believes in and practice a 'higher purpose'	<ul style="list-style-type: none">• Low self-esteem• Violence or unresolved conflict between adults• Low marital satisfaction• High criticism/low warmth interactions• Conditional love• Excessively high or low goals set for the child• Physical, emotional or sexual abuse• Neglect of child's basic needs• Inconsistent or inaccurate feedback for the child• Parents with drug or alcohol problems• Parental mental health problems (including self-harm and suicide)• Parental separation and/or loss

Schools:

Protection Factors	Risk Factors
Environmental Factors	Environmental Factors
<ul style="list-style-type: none">• Caring ethos• Students treated as individuals• Warm relationships between staff and children• Close relationship between parents and social• Good PHSE• Effectively written and implemented behaviour, anti-bullying, pastoral policies• Accurate assessment of special needs, with appropriate provision	<ul style="list-style-type: none">• Excessively low or high demands placed on child• Student body treated as a single unit• Distance maintained between staff and children• Absent or conflictual relationships between staff and school• Low emphasis on PHSE issue• Unclear or inconsistent policies and practice for behaviour bullying and pastoral care• Ignoring or rejecting special needs

Housing and community:

Protection Factors	Risk Factors
Environmental Factors	Environmental Factors
<ul style="list-style-type: none">• Permanent home base• Adequate level 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	<ul style="list-style-type: none">• 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 and easy access to drugs• Social isolated communities• Being a Looked After Child

Section 2

Name	Gender	Date of Birth
Name of person completing this form:	Organisations/service	Date completed

At Risk 'Groups'

Complete this with the young person

Tick all boxes which apply to you:

- I am a Looked After Child
- I am excluded from school/college
- I have poor attendance
- I have a Social Worker
- I have an Early Help Worker
- I have a learning disability
- I have a neuro-development disorder e.g., ADHD, Autism
- I am currently, or have in the past received support from CAMHS
- I have family members who have mental health problems
- I am a young carer

At Risk 'Situations'

Complete this with the young person

Tick all boxes which apply to you:

- I am homeless – living in supported accommodation, temporary accommodation or sofa
- I have had repeated injuries when under the influence of drugs or alcohol
- I have caused other to become concerned about my lifestyle
- I have regular, unplanned, unprotected sex
- My home life is affecting my mental health

Section 3: Self-harm risk indicators

Name	Gender	Date of Birth
Name of person completing this form:	Organisations/service	Date completed

Intrinsic – Self Harm – Risk Indicators				
Risk Indication	Protection Factors	Low Risk	Med Risk	High Risk
Self-poisoning	No issues	Threats to self-poison	Threats to self-poison; evidence of planning	Poison ingested
Alcohol/ Drug use Inc. solvents	No issues	Culturally appropriate use	Regular use	Uncontrolled use
Self-cutting	No issues	Scratching, picking skin	Breaking skin, causing sores, superficial cuts	Needs Suture
Eating	No issues	Missing meals, comfort eating	Weight changes evident	Severe weight loss, food refusal
Burning	No issues	Thinking about burning	Superficial burns	Deep burns
Sexual Activity	No issues	Not sexually active within peer group norms	Under age sexual activity outside of peer group norm	Exploitative/ coercive or abusive relationship
Suicide attempt	No issues	Fleeting thought but assertion that will not act	Wanted to die but no plan made	Plan, letter, isolated self

Extrinsic – Self Harm – Risk Indicators

Risk Indication	Protection Factors	Low Risk	Med Risk	High Risk
Mental Health	Self-aware, able to discuss feelings	Indications of emotional distress	Emotional distress impacting on life	Poison ingested
e.g. Missing lessons	Emotional state interfering with life in many areas	Culturally appropriate use	Regular use	Uncontrolled use
Bullying	No bullying	Feeling some bullying is evident	Becoming isolated	School refusal
Family/Carer	Supportive and involved	Some support	Ambivalent	Abusive L.A.C
	No issues	Thinking about burning	Superficial burns	Deep burns
	No issues	Not sexually active within peer group norms	Under age sexual activity outside of peer group norm	Exploitative/coercive or abusive relationship
Peer Group	Supportive Friendships	Changing peer group, part of risk taking peer group	Peer groups engaged in anti-social activities/becoming hostile to the individual	Peer group engaged in dangerous activities/openly hostile to the individual
Family History	Supportive and involved	Some history of mental ill health	Self-harm activity a recent or current activity	Suicide in a close family member

If you identify one or more of the high-risk indicators, or two or more medium risk indicators, as well as a risk factor in Section 2, please attach this document and any additional information if required and seek advice and support.

Section 1 and 2 : total

Section 4: Self-Harming practice

Name	Gender	Date of Birth
Name of person completing this form:	Organisations/service	Date completed

No	Data item no.	Criteria	Yes	No	
Do you have the young person's consent to complete this assessment?					Young Person's Signature
Are the parents/carers aware?				If no please state reasons why;	
Have the following been disclosed?			Please add comments below as discussed specific details will be needed for the assessment		
1.	1.1	Methods of current self-harm?			
	1.2	Any reasons given for self-harm?			
	1.3	Methods of past self-harm?			
	1.4	Frequency of current self-harm?			
	1.5	Frequency of past self-harm?			
	1.6	Longevity of self-harm?			
	1.7	Current suicidal intent?			
	1.8	Past suicidal intent?			

2.	2.1	Coping strategies that the person has used?	
	2.2	Relationships that may be supportive and may lead to changes in the level of risk?	
	2.3	Relationships that may represent a threat and may lead to changes in the level of risk?	
3.	3.1	Situations/people/relationships which minimise the risk? (refer to protective factors in section 1)	
	3.2	Situations/people/relationships which minimise the risk? (refer to protective factors in section 1)	

Section 5: Self-harming assessment and consent

Contact Details		
Assessors Name		
Assessors Signature		
Contact address:		
Young Persons Details		
Name:	Date of Birth:	
Address:	Telephone (Home)	Telephone (mobile)
Can the young person be contacted at home <input type="checkbox"/> Yes <input type="checkbox"/> No		
Young Persons Consent		
Do you give permission for this information to be shared with appropriate professional or agency to access help and support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Signature:	Date:
Parent/Carers Consent		
Do you give permission for this information to be shared with appropriate professional or agency to access help and support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Signature:	Date:

If no consent is given by either young person or parent and Low concerns indicated this information may form part of your service/organisation support plan with the young person. If you have indicated Medium or High concerns please consult with your line manager and/or CAMHS (CAMHS) or Access and Liaison Team for further guidance if required.

If requesting a service please send this Self-Harm Risk Assessment form with any additional information to support the risk assessment to:

CAMHS (CAMHS)

Springleigh Child and Family Therapy Services, Waterloo Road,
Stalybridge, SK15 2AU.

Tel: 0161 716 3600

Fax: 0161 716 3601

- If this assessment identifies a HIGH RISK, please tick this box for priority review and contact the Public Service Hub 0161 342 4101 or out of hours duty team on 0161 342 2222 to discuss your safeguarding concerns.**

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Understanding Self-harm

What is self-harm?

Self-harm is when somebody intentionally damages or injures their body. Examples of Self-harming behaviour include (but are not limited to):

- ❑ 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 and scratching/head-banging/banging
- ❑ Episodes of alcohol/drug abuse or over/ under eating at times
- ❑ Risky sexual behaviour

Why people self-harm?

Life can, at times, be hard to cope with, especially if you have experienced traumatic events.

Self-harm is most often described as a way to express or cope with emotional distress. Sometimes it feels that the only way to feel better or express how you feel is to hurt yourself in some way. Some of the reasons that people may self-harm include:

- ❑ Expressing or coping with emotional distress
- ❑ Trying to feel in control
- ❑ A way of punishing themselves
- ❑ Relieving unbearable tension
- ❑ A cry for help
- ❑ A response to intrusive thoughts



Self-harm may be linked to bad experiences that are happening now, or in the past. But sometimes the reason is unknown. The reasons can also change over time and will not be the same for everybody.

Self-harm can help you feel in control and reduce uncomfortable feelings of tension and distress. However, this does not mean that a person who uses self-harm as a coping strategy cannot use some alternative coping methods.

Common causes of emotional distress

There are many possible causes of emotional distress. It's often a build-up of many smaller things that leads people to think about self-harm. Some examples include:

- ❑ Being bullied
- ❑ Pressure at school or work
- ❑ Family arguments or relationship problems
- ❑ Money worries
- ❑ Low self-esteem
- ❑ Struggling with stress, anxiety or depression
- ❑ Confusion about sexuality
- ❑ Grief after bereavement or loss
- ❑ Physical or sexual abuse
- ❑ Being in contact with the criminal justice system
- ❑ Experiencing complex mental health difficulties that sometimes cause impulsive behaviour or difficulty controlling emotions, often due to past trauma



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some alternative coping methods which other young people who self-harm have found helpful. This list is not exhaustive – different people find different things useful in various situations – so if they do not work at first, try other techniques.

- ❏ Talk to someone you feel comfortable with – if you are on your own perhaps you can ring a helpline, friends or family
- ❏ Do something you enjoy doing such as drawing, writing lyrics, dancing
- ❏ Do some exercise such as going for a walk or going to the gym
- ❏ Get some sleep
- ❏ Have a cuddle from someone you trust or cuddle toys or pets
- ❏ Watch television or do something else to distract yourself
- ❏ Listen to music, particularly music that lifts your mood or relaxes you
- ❏ Clean your room, house or flat
- ❏ Grip some ice cubes in the palm of your hand to cause numbness
- ❏ Make a safe box. This is when you put photographs, pictures, pebbles and other things that make you feel safe in a box
- ❏ Put an elastic band round your wrist and ping
- ❏ Hit pillows to release anger
- ❏ Keep a diary of how you are feeling to learn the triggers to self-harm
- ❏ Make something fiddly with your hands so that you are distracted
- ❏ Give yourself some harmless pain, for instance have a cold shower
- ❏ Do some relaxation techniques – relax and focus your mind on something pleasant
- ❏ Have a bath or pamper yourself
- ❏ Alternatively you may think of something yourself that you find relaxing

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Triggers to Self-Harm

Firstly, there are no fixed rules about why people self-harm. The reasons for self-harming are very different for everyone. For some young people, self-harm is linked to specific experiences and is a way of dealing with something that's either happening at the moment or which happened in the past. For others, the reasons are less clear and some young people sometimes might not know why they do it.

Some triggers for self-harm include:

- ❑ Bullying or peer rejection
- ❑ Money worries
- ❑ Sexual, physical or emotional abuse
- ❑ Neglect
- ❑ Bereavement
- ❑ Confusion about your sexuality
- ❑ Breakdown of a relationship (including family, romantic or friendship)
- ❑ Loss of a job
- ❑ An illness or health problem
- ❑ Low self-esteem
- ❑ An increase in stress
- ❑ Difficult feelings, such as depression, anxiety, anger, numbness or hopelessness
- ❑ Drinking alcohol or taking drugs can increase the likelihood of self-harm
- ❑ Pressures at school or work
- ❑ Night time
- ❑ Family arguments or relationship problems
- ❑ Being in contact with the criminal justice system
- ❑ Experiencing complex mental health difficulties that sometimes cause impulsive behaviour or difficulty controlling emotions, often due to past trauma
- ❑ A response to any situation or pressure with the potential to impact on someone
- ❑ Exacerbating factors to be mindful of; Having poor communication skills and poor problem-solving skills
- ❑ Parental separation and/or loss
- ❑ Presence of depression, deliberate self-harm or suicide in the family
- ❑ Difficulty in making relationships/loneliness
- ❑ Seeing others self-harm (e.g. copied self-harm behaviour, the contagion effect)
- ❑ Difficult times of year e.g. anniversaries

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Warning Signs of Self-Harm

Sometimes noticing self-harm behaviours can be difficult. However, you may see some changes in the behaviour of the young person that are associated with self-harm. While these are more common signs, it is important to note this is not an exhaustive list and each young person may present differently.

Signs to be aware of may include:

- ❑ Changes in eating/sleeping habits
- ❑ Increased isolation from friends/family
- ❑ Changes in activity and mood, e.g. more aggressive than usual or more withdrawn
- ❑ Lowering of academic grades
- ❑ Talking about self-harming or suicide
- ❑ Frequent injuries (i.e., cuts, bruises, burns) with suspicious explanations.
- ❑ Wearing trousers and long sleeves in warm weather (to cover injuries)
- ❑ Wearing baggy or loose clothes to conceal wounds
- ❑ Wearing bangles, bracelets and wristbands (to cover injuries)
- ❑ Low self-esteem or an increase in negative self-talk
- ❑ Difficulty handling emotions or easily overwhelmed
- ❑ Extremely sensitive to rejection
- ❑ Self-defeating comments and attitude
- ❑ Extreme emotional ups and downs (due to the cycle of self-injury)
- ❑ Difficulty functioning at school, work or home
- ❑ Relationship problems
- ❑ Avoiding sports or other activities that would require showing more of one's body
- ❑ Isolation and avoiding social situations
- ❑ Always providing justification for having cuts, marks or wounds on the body

The presence of behaviours that often accompany self-injury:

- ❑ Eating disorders
- ❑ Drugs/alcohol misuse
- Excessive risk-taking
- ❑ Discovery of tools used for self-injury (broken disposable razors, lighters, un-bent paper clips)
- ❑ Finding razors, scissors, lighters or knives in places where they do not belong Bloodied wads of tissue or toilet paper, blood on clothing
- ❑ First aid supplies being used quickly
- ❑ Rubbing of arms, especially wrist, through sleeves (cuts often itch while they are healing)
- ❑ Withdrawing from activities once enjoyed
- ❑ Increased time alone
- ❑ Spending long periods locked in a bedroom or bathroom
- ❑ Increased time with peers who self-injure_____

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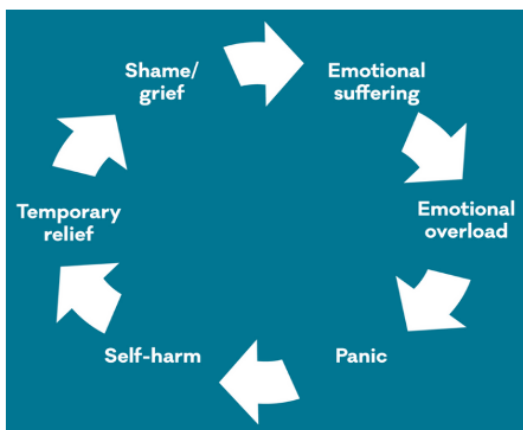
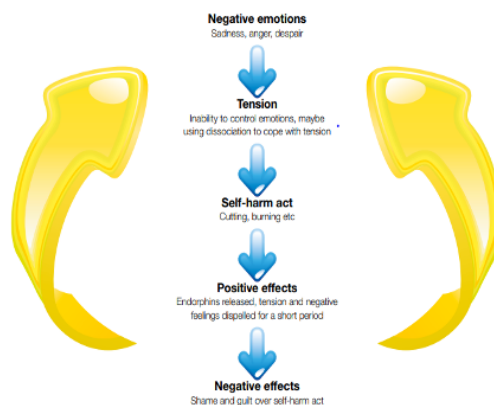
The cycle of Self-harm

Self-harm is behaviour where individuals cause harm to themselves as a way to cope with difficult thoughts and feelings. Self-harm is a coping mechanism.

The cycle of self-harm starts as a way to relieve the build-up of pressure or negative effects that occur as a result of distressing thoughts and feelings that a young person is experiencing.

For those who do self-harm, temporary relief from the emotional suffering can be had. It's important to know that this relief is only temporary because the underlying reasons still remain.

But soon after the relief, feelings of guilt and shame arise which then leads up to another episode of emotional suffering, emotional overload, and panic. Then the cycle restarts.



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.

Due to self-harm providing some temporary relief at the start, it can become someone's normal way of dealing with life's difficulties. However, learning new coping strategies to deal with these difficulties can make it easier to break the cycle of self-harm in the long term.

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Self-Harm: The do's and don'ts for staff

DO	DON'T
<p>Stay calm: do not show anxiety, <u>disapproval</u> or disgust</p>	<p>Panic: <u>unfortunately</u> many young people self-harm. It is a complex <u>issue</u> and each young person will have a different reason and story behind their behaviour. Panicking will not help the young person feel psychologically contained.</p>
<p>Then...Listen: just being listened to can be a brilliant support and bring a great relief to someone, particularly if they have never spoken to anyone about their self-harm before</p>	<p>Work alone: you may still see a young person on your own, but you will be to offload with an appropriate staff member or colleague from another agency.</p>
<p>Listen initially: calmly ask any relevant questions, <u>try</u> and build a rapport with the young person, whilst you ascertain what is happening for them.</p>	<p>Offer...to the take the young person to your home environment.</p>
<p>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?</p>	<p>Give them your mobile number or home number...or get into texting the young person. It is more appropriate and professional for you to help the young person to identify their support network, than 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 difficulties).</p>
<p>Think...carefully before you act. What is in the best interests of the young person?</p>	<p>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.</p>
<p>Try and remember that most episodes of self-harm have nothing to do with suicide. <u>However</u> 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.</p>	<p>Be judgemental: keep an open mind about the behaviour and don't refer to it as "attention seeking".</p>

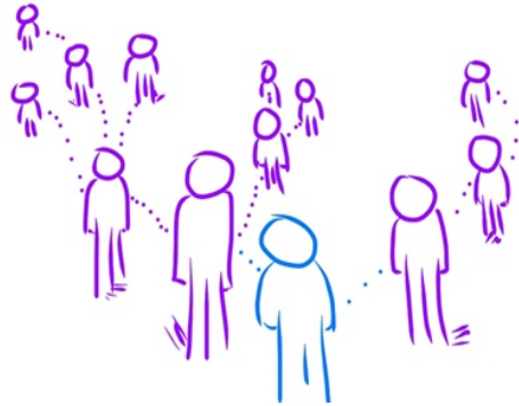
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Contagion: Self-harm can be contagious

What is the contagion effect?

Contagion is the tendency to repeat the behaviours of others that you have seen being performed. There is a growing concern that self-harm may be contagious between children and young people.

Self-harm contagion happens when people are exposed to self-harm behaviour by one's family, peers, or acquaintances and subsequently perform the self-harm behaviour themselves.



Awareness of a friend's self-injurious behaviours is associated with an adolescent's own self-injury and suicidality and viewing self-injurious behaviour can act as a trigger that increases urge to self-injure.

Studies showing the presence of the contagion effect

There is lots of research which shows the contagion effect for self-harm in young people. In a recent study in 2020, a young person's knowledge of a friend's non-suicidal self-injury was significantly associated with the adolescent's own non-suicidal self-injury (Syed et al., 2020). It is important to note that these effects were found irrespective of the presence of a mental health disorder in the young person.

Additional research shows exposure to peer non-suicidal self-injury may put vulnerable adolescents (e.g., persons with comorbid conditions) at particular risk for perceiving the behaviour as an effective coping strategy, especially because adolescents often identify with similar peers (Nock, 2008).

It has been found that the contagion effect for self-harm is seen in inpatient services as well as in the community. Furthermore, it can also spread from person to person or between groups.

Contagion and social media

There is a growing presence of self-harm behaviour being passed between young people through the internet. Researchers feel that thoughts, feelings and behaviour, including self-harm, spreads in an epidemic-like-pattern through social networks (Christakis and Flower, 2009).

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Self-harm is now so widely spoken about on social media, there is believed to be an attitude held by young people that they see other people self-harming and feel "it may work for me".

Some young people blog or vlog about their self-harm, this can lead to connections between young people who currently self-harm and can introduce those who aren't currently to self-harm.



When does the risk of contagion increase?

The risk of contagion escalates when:

- A popular child in school is self-harming
- When people use self-harm as a way of belonging to a group
- It is used to create peer identify
- It is believed by peers as being an effective way of coping with emotional distress
- Self-harm is present in a group of females. Females are more susceptible to the contagion effect.
- Young people are between the ages of 14-18 years old. Please note this does not mean it does not occur in younger age groups.

How to stop the spread:

Interventions aimed at preventing non-suicidal self-injury should consider prevention of possible contagion at the school and/or community level. Research has found that social contagion can be reduced by...

- ❑ Increasing psychoeducation and awareness about non-suicidal self-injury in schools, colleges, and treatment programs.
- ❑ Reducing communication between children and young people about self-harming. Instead procedures should be in place for young people to speak to an appropriate adult about their self-harm.
- ❑ Not dismissing that suicidal thoughts and/or self-harm thoughts exist for adolescents; this is not helpful to their mental health. Instead, educate young people about what to do if the thoughts are experienced and resources available.
- ❑ Encouraging peers to cover and dress self-injury wounds appropriately in school to reduce the chances of peers seeing them i.e. reduce visibility. Visibility of self-harm injuries can increase self-harm behaviours in others.



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- Avoiding classroom discussions about non-suicidal self-injury and discourage young people from talking explicitly to their peers about their self-harm.
 - N.B. While discouraging young people from discussing self-harm may reduce contagion, it is important it doesn't lead to further stigmatisation of self-harm.
 - Instead...Extensive and robust support should be in place for young people to seek help for self-harm. Encourage young people to discuss their feelings behind such behaviours with their peers instead of discussing the methods of self-harm itself.

13. APPENDIX D - Resources for young people and families



Alternatives to self-harm

For young people who self-harm, many say that they find alternative coping strategies and techniques useful. Take a look at the lists below and see if any of them seem like they may work for you. Remember this list is not exhaustive, different people find different things useful in various situations, so if the technique you pick doesn't work at first, try others!

Distraction Techniques

- ❑ Cleaning
- ❑ Tidying
- ❑ Washing clothes
- ❑ Playing games- cards/ board games/computer
- ❑ Spots exercise – walking/running/dancing
- ❑ Gardening/planting
- ❑ Visiting a friend
- ❑ Telephoning a friend
- ❑ Painting or drawing pictures/posters/cards
- ❑ Writing letters
- ❑ Puzzles
- ❑ Watching TV/film
- ❑ Listening to music
- ❑ Cinema
- ❑ Shopping
- ❑ Hobbies – sewing, knitting

Positive emotional techniques

- ❑ Read old letters
- ❑ Look through old photos
- ❑ Listen to emotional music
- ❑ Watch funny/heart-warming film
- ❑ Read joke book
- ❑ Say positive statements to self
- ❑ Make an emergency bundle
- ❑ Read your list of assets and strengths
- ❑ Self-voice tape

Relaxation technique

- ❑ Guided fantasy dreamtime
- ❑ Focus solely on breathing/ breathe deeply
- ❑ Count your breaths
- ❑ Focus on the position of your body
- ❑ Relax each muscle individually
- ❑ Listen to relaxation music
- ❑ Listen to guided relaxation on tape
- ❑ Meditation
- ❑ Yoga
- ❑ Massage hands, feet, head etc.

Comforting techniques

- ❑ Hold a safe object
- ❑ Sit in a safe place
- ❑ Listen to soothing music
- ❑ Sing favourite songs
- ❑ Use hand cream/ perfume
- ❑ Spray room with fragrance
- ❑ Use potpourri
- ❑ Buy fresh flowers
- ❑ Eat a favourite food
- ❑ Have a soothing drink
- ❑ Have a bubble bath
- ❑ Soak your feet
- ❑ Change the sheets on your bed
- ❑ Stroke/ play with your pet
- ❑ Wear comfortable clothes
- ❑ Hug someone
- ❑ Put lights on (to sleep)
- ❑ Prayer
- ❑ Sleeping

Comforting techniques

- ❑ List emotional triggers
- ❑ Write poetry and proses regarding feelings
- ❑ Paint/draw emotions
- ❑ Write a diary
- ❑ Discuss feelings with another person
- ❑ Rainy day letter

Alternative 'Safer' forms of Self-Harm

- ❑ Hold ice in hand
- ❑ Squeeze rubber ball
- ❑ Listen to very loud music
- ❑ Rubber band on wrist
- ❑ Throw things/scream, punch cushions
- ❑ Body paint
- ❑ Stand under very hot/cold water
- ❑ Break sticks
- ❑

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Displacement

- ✘ Drawing on self with red marker pen
- ✘ Putting on fake or henna tattoos and then peeling it off
- ✘ Putting plasters or bandages on where you want to self-harm
- ✘ Mix water and food colouring and put it on your skin
- ✘ Make ice cubes with added red food colouring and rub them on where you want to self-harm
- ✘ Chewing leather
- ✘ Use stage make-up to create fake injuries
- ✘ Use skin plasticine, smear it on your skin, cut it (carefully), pour fake blood or food colouring into it
- ✘ Draw yourself or around your arm on a piece of paper, draw the harm you are envisaging and then destroy the paper
- ✘ Take a photo of yourself when you are feeling upset, write all over it how you are feeling and then destroy the picture
- ✘ Take a hot shower, use a good exfoliating body wash, glove or sponge and scrub
- ✘ Draw over old scars
- ✘ Bite into a chilli

Constructive

- ✘ Doing school work, homework, paperwork
- ✘ Writing a to-do list
- ✘ Untangling a necklace, string or wool
- ✘ Organising your room, clothes or photographs
- ✘ Organising CDs, DVDs and books in genres, alphabetical and/or chronological order
- ✘ Reading a book
- ✘ Cook, bake a cake or make cookies or a meal
- ✘ Polishing furniture or jewellery or shoes
- ✘ Writing a list of positive things about your life
- ✘ Shredding
- ✘ Painting your nails
- ✘ Putting on false nails
- ✘ Putting on fake tan
- ✘ Stamping on cans for recycling (with sturdy shoes on)
- ✘ Gardening

Physical

- ✘ Exercise
- ✘ Going to the gym
- ✘ Punching a punch bag
- ✘ Having a pillow fight with the wall
- ✘ Shouting and screaming
- ✘ Ripping up paper into small pieces
- ✘ Popping bubble wrap
- ✘ Popping balloons
- ✘ Playing with a stress ball
- ✘ Plucking your eye brows
- ✘ Taking anger out on a soft toy
- ✘ Throwing socks against the wall
- ✘ Dancing
- ✘ Stamping feet (with boots on)
- ✘ Going for a walk, drive, bus ride

Delay technique

- ✘ When you have the urge to self-harm, snap a glow stick and resist urge until it has stopped glowing, by then hopefully the urge will have passed.
- ✘ Wait for 10 minutes, then a further 10 minutes, delay for an hour, and keep increasing the time for as long as you can.

□

Self-harm can be difficult to talk about and can be extremely upsetting and distressing for the young person – but **you can beat it!** If you are finding it difficult to keep yourself safe, remember, you are able to go to the hospitals' emergency Accident and Emergency Department.

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My 'keeping me safe' Plan

If you are struggling with self-harm behaviour, please complete the form below. Self-harm is most often described as a way to express or cope with emotional distress. There are many possible causes of emotional distress. It's often a build-up of many smaller things that leads people to think about self-harm. When you are struggling, follow the plan one step at a time until you are safe. We want to reduce your distress and increase your coping resources. Keep the plan where you can easily find it when you'll need it.

What I need to do to reduce the risk of me acting on the self-harming?

What warning signs or triggers is there that make me more likely to self-harm?

What have I done in the past that helped?

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What ways of coping do I have?

What can I do to help calm and soothe myself?

What are my main concerns?

What will I tell myself (as alternatives to the dark thoughts)?

How could others help me?

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Who of my family and friends can I safely share my feelings with?

If I feel like harming myself, I will do one of the following (try to list 6-8 items):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Who can I call:

- Friend or relative:
- Health professional:
- Telephone helpline:
 - Samaritans: 116 123
 - Childline: 0800 1111
- Local Hospital:
- Look on a trusted website: <http://www.withuinmind.nhs.uk/>
- GP:
- My Social Worker:

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<p>A place of safety I can go:</p> <p>If the plan above is not working for me and I still feel out of control: I will go to the hospital's emergency Accident and Emergency Department</p> <p>If I can't get there safely - I will call 999</p>
<p>Details of any medication (if any). Any physical health needs / conditions / medications:</p>
<p>Any special needs (including religious/cultural needs):</p>

Signed: Date:

Name of service user:

Name of clinician:

Name and contact details of next of kin:
.....

Who should be contacted when in a crisis:
.....

Who should not be contacted when in a crisis:
.....

Who would you like to advocate for you on your behalf:
.....

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How to tell someone about your Self-harm

What is Self-Harm?

Self-harm is when somebody damages or injures their body on purpose. People can self-harm as a way to express or cope with emotional distress. Sometimes it feels that the only way to feel better or express how you feel is to hurt yourself in some way.

Self-harm is difficult to talk about but it's a common problem and **you can beat it!** Here are some tips on how to tell someone about your self-harm:

Find someone you can trust – such as a parent, close friend, family member, trained volunteer, health or other professionals

Decide on the right time or place to talk to someone – it may feel easier to write something down, talk online or call and practise what you want to say first

Let the person know that what you're sharing may be a shock to them, but you're looking for help – ask to continue the conversation another time if the other person feels distressed or you're interrupted

Try to talk honestly and openly – be clear about how you're feeling, why you're asking for help and things they may be able to do

Decide if you want to show the other person any injuries or scars – if you're talking to a health professional they may want to check if you need treatment

Let the other person ask questions – but do not feel you have to answer them all right now

Contact your local services: your GP/School
3rd sector services; NSPCC/Samaritans



