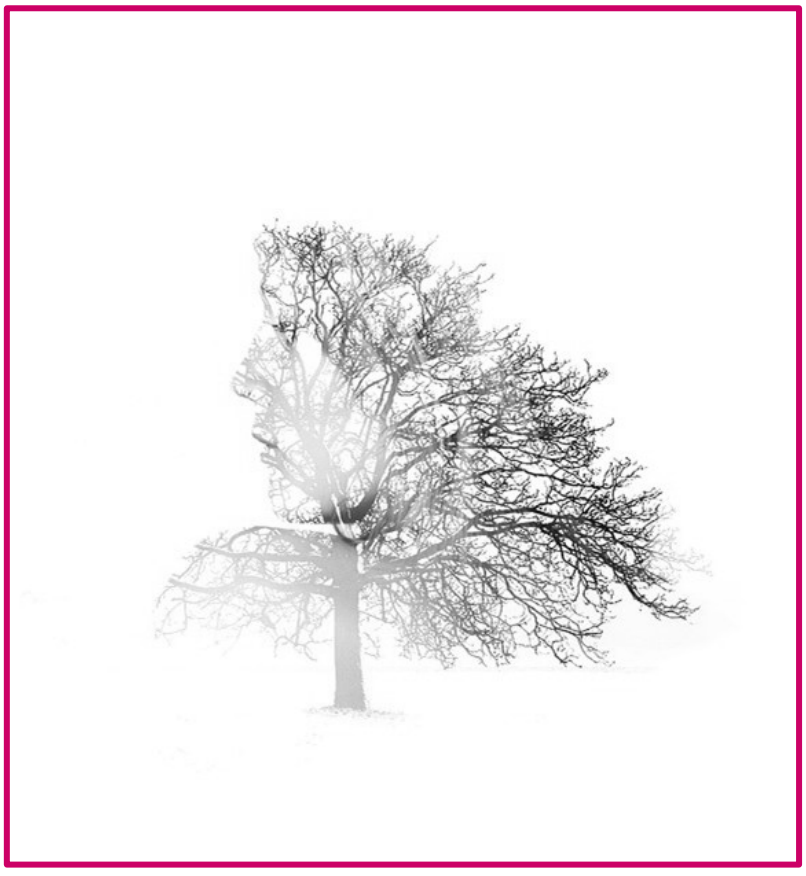
Self-harm and Health-Harming Behaviours

Guidance for Schools and Settings



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Introduction

What is self-harm?

The National Institute for Health and Care Excellence (NICE, 2004) describes self-harm as "**self-poisoning or self-injury, irrespective of the apparent purpose of the act**".

Self-harm is also sometimes referred to as: **deliberate self-harm, self-injury or self-injurious behaviour, self-mutilation, self-destructive behaviour, self-poisoning, or self-wounding** (Best, 2006). You may commonly see these terms in documentation or research surrounding self-harm.

What counts as self-harm?

Self-harm refers to the **deliberate harming of one's own body tissue**. Self-harm can take many forms, but commonly includes:

- Cutting
- Banging, scratching, or burning one's body
- Hair-pulling
- Swallowing objects
- Breaking bones
- Self-strangulation
- Inserting pins (or other objects) beneath the surface of the skin

Self-poisoning is a form of self-harm which involves the **deliberate ingesting of harmful substances, with the intention of causing harm to one's own body**. This can include:

- Ingesting toxic substances
- Taking too many tablets e.g., taking too many paracetamol tablets is the most common form of self-poisoning (Hawton et al., 2012)
- Drinking too much alcohol (with the intention of harming oneself)

What does not count as self-harm?

Most definitions of self-harm exclude many harmful behaviours which are 'culturally acceptable,' such as:

- Excessive alcohol consumption/ 'binge drinking' (*without the intention of harming oneself)
- Dieting
- Overeating
- Drug use (*without the intention of harming oneself)
- Piercing, tattooing, or other forms of body modification

Turp (2003) coined the term **CASHAS (culturally acceptable self-harming activities)** to describe forms of self-harm which are socially acceptable, such as the use of tobacco, alcohol and recreational drugs, body contact sports, sleep deprivation, tattooing, body-piercing, and even over-working. Because these behaviours are 'acceptable' by society, we would not perceive someone engaging in these behaviours to be 'self-harming.'

Harmful terminology

Defining self-harm is a controversial area, and we must be careful about the terms we use when working with children and young people who self-harm.

There is some debate over whether self-harm should be described as **deliberate** or not. Many young people who self-harm does not actively want to do so but feel that they have little control over their behaviour (Coleman, 2004). Terms such as 'deliberate self-harm' or 'intentional self-harm' imply that an individual wants to engage in behaviours which harm themselves, or that they have more control over their self-harming behaviours than they may feel like they have.

Self-harm and mental illness

Self-harm is not considered to be a **mental illness** in itself. However, self-harming behaviours are often observed in individuals who experience mental illness.

In fact, between **30 – 82% of individuals** who experience mental illness self-harm (Hooley & Franklin, 2018). Self-harm is therefore thought to be closely related to emotional distress, which is often a symptom of mental illness. As NICE (2004) state:

"Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself."

Self-harm and suicide

Self-harm is often considered only in the context of suicide - more often in fact self-harm is a survival strategy rather than an attempt to end life.

Often what frightens people most about self-harm is the assumption that the person is trying to kill themselves. This is not true. In most cases, self-harm is a coping mechanism, not a suicide attempt.

It may seem counter-intuitive, but in many cases, people use self-harm to stay alive rather than end their life. (Source- Jody Walshe, 2022)

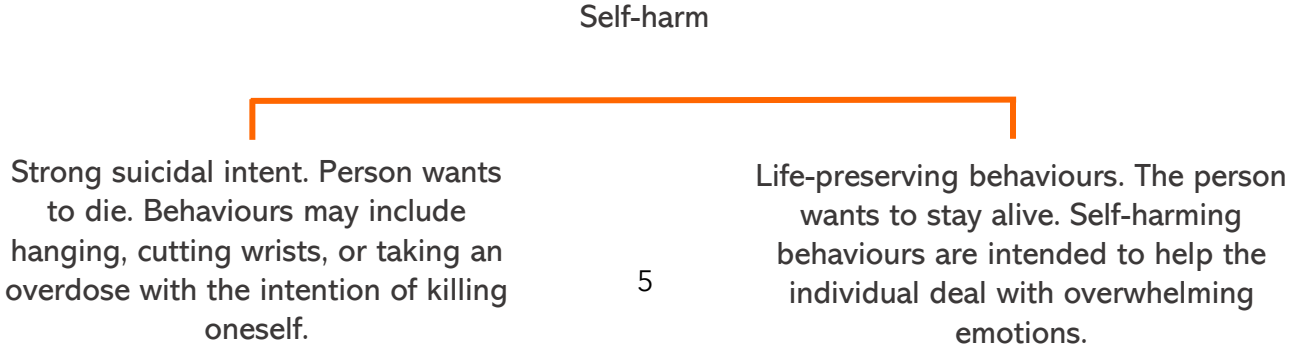
(See appendix 1 for additional information on self-harm and suicide)

Self-harm: On a continuum?

Turp (2003) has suggested that we could usefully understand self-harm as being on a continuum with self-care. At any point in our lives, our behaviours can range from 'good enough' self-care (e.g., eating well and exercising), all the way to 'severe self-harm' (e.g., taking an overdose of harmful pills).

In contrast, Coleman (2004) suggests that we should understand self-harm as being on a continuum, with behaviours ranging from those with **a strong suicidal intent**, to those which are '**life-saving**', and designed to keep a person alive:

"*…it is most helpful to consider self-harm as a continuum, ranging from behaviour which has a strong suicidal intent (e.g., some kinds of overdose) to behaviour which is intended to help the person stay alive (e.g., cutting)*" (Coleman, 2004, p.6).



Who self-harms?

It is considered that self-harming behaviours emerge in **adolescence** (around the age of 12) and is most observed in those aged between **11 – 25 years old** (Rae & Walshe, 2017). Most of the research into self-harm has focused on this age group.

Much less is known about younger children who self-harm, although they *are* known to do so (Simm, Roen & Daiches, 2008; Simm, Roen & Daiches, 2010). This may be due to two reasons:

1) Very few studies have investigated self-harm in younger (primary school) students, meaning much less is known about it.

2) Teachers, and other education or mental health workers, may not recognise self-harming behaviours in younger children[10]. This may be because self-harm is assumed to be a behaviour that only emerges in adolescence, and therefore there is little awareness of self-harm occurring in younger children. It could also be that the strategies of self-harm used by younger children may be quite different to those used by adolescents and may therefore not be recognised as self-harm.

Although there are factors which can increase an individual's risk of engaging in self-harm (such as experiencing bullying, poor body image, feeling isolated, having poor peer or family relationships, or experiencing exam pressure) there is **no one risk factor** which predicts whether an individual is more or less likely to self-harm (Fox & Hawton, 2004).

If anything, research suggests that self-harm results from complex interactions between a range of factors, including personality, individual experiences, social relationships, and environmental factors.

Self-harm should therefore be understood on a **case-by-case basis**, and professionals working with children and young people should keep in mind that **anybody could self-harm**. Furthermore, those that *do* self-harm may have quite different experiences, or reasons for doing so. It is also worth noting that some people who self-harm once may rarely or never do so again. However, for some individuals self-harm can become **chronic and severe**.

Self-harm: An under-reported phenomenon

It can be difficult to gauge exactly how many people self-harm.

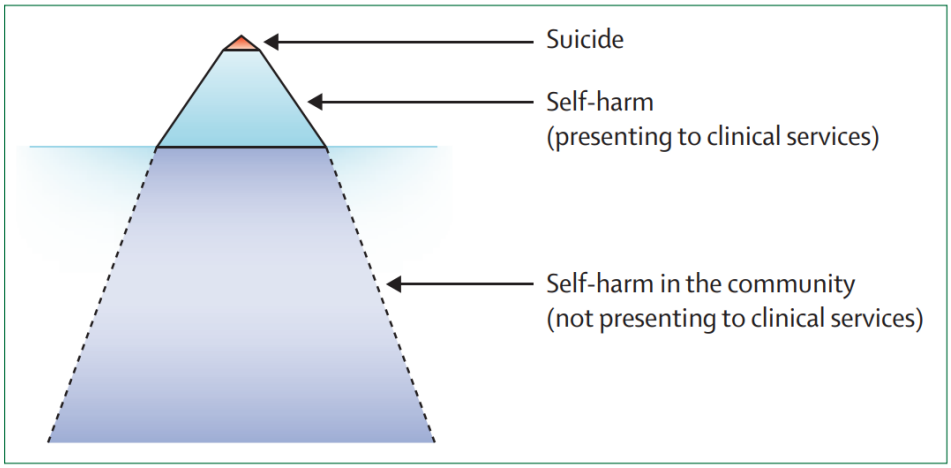
Many prevalence estimates are based on clinical populations; that is, people who have self-harmed so seriously that they present to hospital for treatment. However, evidence suggests that **fewer than 13%** of those who self-harm present for hospital treatment (Rowe et al., 2014), meaning that **rates of self-harm based on clinical populations are vastly underestimated**.

Other prevalence estimates are based on self-report measures; that is, people reporting that they self-harm, or have done so in the past. Figures from the NSPCC (2014) indicate that **1 in 3 children** who call ChildLine mention self-harm in their counselling sessions. Importantly this figure (29%) **increased significantly** from the figure recorded in 2011 (19%), suggesting either that rates of self-harm are increasing, or that reporting of self-harm is increasing.

A common myth is that people who self-harm do so to get attention. However, the reality is that most people who self-harm does so **in secret** and try to hide their behaviour from others. This means that rates of self-harm are hugely **under-reported**.

There is evidence that as many as **87.4%** of young people who self-harm does not seek help from hospitals (Madge et al., 2008), and that **one-third to ½** of young people do not seek any help for their self-harm at all (Rowe et al., 2014).

We could therefore think about rates of self-harm as the 'tip of an iceberg' (Hawton, Saunders & O'Connor, 2012):



Self-harm may be extremely evident in those who have died by suicide, attempted suicide, or who have presented to clinical services (e.g., hospitals) requiring treatment (i.e., the 'tip' of the iceberg). However, **a great deal of self-harm may be hidden, occurring in communities, and being performed by individuals who do not want their self-harm to be noticed** (i.e., 'below the surface' of the iceberg). Those working with children and young people should therefore be vigilant and should not assume that self-harm is not occurring because they are not 'seeing' it.

Why 'hidden' self-harm?

There are many reasons which may prevent a child or young person from disclosing their self-harm. Research has suggested that young people are unlikely to disclose or seek help for their self-harm because:

- They do not know where to turn for help (Klineberg, Kelly, Stansfeld & Bhui, 2013)

- They do not know what to expect from the help they might receive (Klineberg et al., 2013)
- They fear they will not receive effective support (Rowe et al., 2014)
- They may be discouraged by the shame and stigma associated with self-harm (Rowe et al., 2014)
- They may be discouraged from seeking help for their self-harm by peers/internet users (Fadum et al., 2013)
- They may be deterred by 'negative attitudes and inaccurate knowledge of health professionals' (Berger, Hasking & Martin, 2017)

To encourage disclosure and help-seeking in children and young people who self-harm, **professionals must work hard to overcome these barriers**. Research has shown that young people may feel encouraged to seek help for their self-harm if (Rowe et al., 2014; Klineberg et al., 2013):

- They receive assurances of confidentiality (Fortune, Sinclair, and Hawton (2008) explained many young people fear that rumours about their self-harm will circulate at school if they disclose it)
- They believe they will be treated respectfully
- They feel that they have a trustworthy person to talk to
- They have the option of speaking to someone of a similar age and background
- They feel the stigma surrounding self-harm is removed or reduced

"*Adults should be more aware that many children have problems and just need to know that they will be listened to… Most children think that no one cares. Children should grow to understand that it is okay to tell people your problems and you are not weird or different. It makes you feel weird if you go to a school counsellor or shrink."* (Fortune et al, 2008, p.101)

Self-harm Cycle

The Cycle Self-harm can provide temporary relief to distressing thoughts, feelings, and experiences, but the act of self-harm can add to their guilt, shame, and distress which, after the temporary relief has passed often means their problems feel bigger, not better. If they have no other ways of seeking this relief, they may turn again to self-

harm. It is therefore important to work towards a more holistic understanding of self-harm.

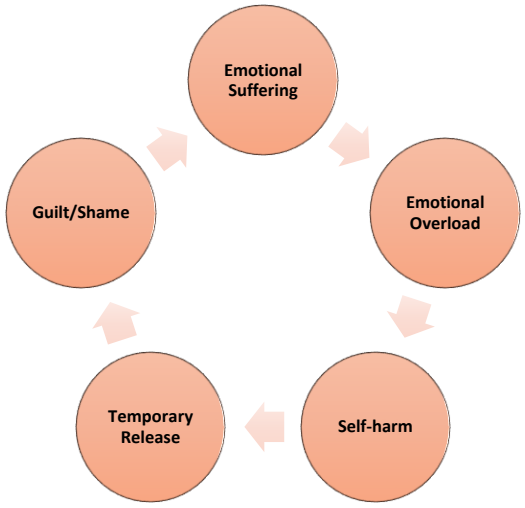
• Self-harm meets a need and so the child returns to it

• The cycle is self-reinforcing

• If self-harm continues it becomes normalised and habit forming

• It is easier to break the cycle if we intervene earlier

• Simple concrete discussion about the self-harm helps us understand & builds bridges



(Source- Jody Walshe, 2022)

Theories of self-harm

As previously mentioned, there are many reasons why an individual might self-harm. Understanding self-harm is not a one-size-fits-all practice. People who self-harm will have different **qualities, connections and experiences**, and self-harm may serve **different functions** for different individuals.

Different theories/explanatory models have been proposed to try and help us to understand why people may self-harm (Walshe, 2016):

Developmental model	The developmental model predicts that self-harm develops in adolescence, and often resolves naturally over time. However, certain young people may require more support, and in some cases self-harm can become chronic and severe, persisting into adulthood.
Emotional regulation model	The emotional regulation model suggests that self-harm acts as a form of emotion regulation. In this model, self-harm is viewed as a coping mechanism used for managing difficult or distressing emotions.
Psychodynamic model	The psychodynamic model views self-harm as an external expression of a deeper emotional issue, which the individual may be aware (conscious) or unaware (unconscious) of.
Systemic model	The systemic model understands self-harm in terms of the wider systems surrounding the individual, such as their family, peer group, school, culture, and society. The systems acting on an individual have the potential to perpetuate self-harming behaviour. However, they also provide excellent opportunities for support and intervention.

Self-harm: risk factors & vulnerabilities

Self-harm can be a way that children and young people try to deal with exceedingly difficult feelings and emotions that build up inside them. Young people say different things about why they do it. There are a variety of reasons why young people start to self-harm. At times young people experience anger, fear, worry, depression, distress, or low self-esteem and need to manage these feelings. Not all children and young people with the common reported factors will go on to self-harm.

Self-harm is clearly serious and is becoming more prevalent. In some cases, it can be life threatening. It is therefore important to be aware of potential risk factors that can lead to self-harm. Adults working with young people need to be vigilant for any early indicators of self-harm so that support can be accessed.

Risk factors

The following is not a definitive list, but have been identified as potential risk factors for self-harm:

Individual factors

- Depression/anxiety
- Physical health problems
- Poor communication skills. – difficulties expressing their feelings and emotions, especially those who are struggling to deal with extreme feelings of sadness, anger, or frustration
- Low self-esteem/low mood/anxiety/lack of self-worth
- Poor problem-solving skills
- Feelings of hopelessness
- Impulsivity
- Lowered inhibitions through drug or alcohol misuse
- Extremely high expectations of achievement (academic or personal), having a constant fear of failure, difficulties with accepting mistakes

Family factors

- Unreasonable expectations
- Abuse (physical, sexual, emotional or neglect)
- Poor parental relationships and arguments
- Difficulties or disputes within the family
- Depression, self-harm, suicide, or other mental health difficulties in the family
- Drug or alcohol misuse in the family
- Domestic violence
- Being a young carer/child in care

Social factors

- Difficulty in making or maintaining relationships.

- School/work problems
- Feeling lonely.
- Confusion about sexuality or gender
- Persistent bullying, teasing or peer rejection.
- Having friends who have self-harmed
- Participating in highly competitive hobbies due to risk of failure
- Easy availability of drugs, medication, or other methods of self-harm.

The following groups of children and young people may be at an increased risk of self-harming:

• Children and young people in residential settings (e.g., in-patient units, prison, sheltered housing, hostels or boarding schools)

• Children and young people with mental health difficulties

Vulnerabilities

The Royal College of Psychiatrists (2015) identified circumstances in which young people have reported incidents of self-harming:

- *Some say that they have been feeling desperate about a problem and do not know where to turn for help. They feel trapped and helpless. Self-injury helps them to feel **more in control**.*
- *Some people talk of feelings of anger or tension that get bottled up inside, until they want to explode. Self-injury helps to **relieve the tension** that they feel.*
- *Feelings of guilt or shame may also become unbearable. Self-harm is a way of **punishing oneself**.*
- *Some people try to cope with very upsetting experiences, such as trauma or abuse, by convincing themselves that the upsetting event(s) never happened. These people sometimes feel 'numb' or 'dead'. They say that they feel detached from the world and their bodies, and that self-injury is a way of **feeling more connected and alive.***
- *A proportion of young people who self-harm does so because they feel so upset and overwhelmed that they wish to die by **suicide**. At the time, many people just want their problems to disappear, and have no idea how to get help. They feel as if the only way out is to kill themselves.*
- *An episode of self-harm is most triggered by an argument with a parent or close friend. When family life involves abuse, neglect or rejection, people are more likely to harm themselves. Young people who are depressed, or have an eating disorder, or another serious mental health problem, are more likely to self-harm. So are people who take illegal drugs or drink too much alcohol.*

Collaborating with schools and families

Research

Approaching young people to discuss self-harm is an uncomfortable area for 60% of school staff (See Appendix 2). As this is a common feeling amongst school staff this guidance aims to provide the resources and tools to allow staff to facilitate these conversations more comfortably. Two in three staff members feared that they may say the wrong thing therefore we feel it is important to ensure our guidance highlights the following:

1. **Knowledge of self-harm and how to respond**
2. **Confidence to respond to a child who self- harms**
3. **Change in response – respond to someone who self-harms in a positive way**

(Pierret et al; 2020)

These outcomes are in line with the Green Paper: Transforming Children's and Young People's Mental Health (2017) to ensure that families and schools are supported to develop their knowledge and understanding of children's mental health.

Practical Advice:

- Always make the child/young person aware of information sharing and the importance of confidentiality (See 'Self-Harm Conversation Prompts)
- Talking to the young person using the following approach to gather all the facts:
    - TED - **T (tell me), E (explain) D (describe)** (see self-harm conversation prompts)
- Whilst waiting for a child to access support from alternative services, if necessary, it is important to create a staying safe plan in collaboration with the young person (See 'Devise a risk assessment' and 'Devise a Safety Plan').
- It is important to be aware if a risk assessment already exists for a young person and to clarify if any other agencies are involved and need to be updated following a self-harm disclosure. If no risk assessment exists, please follow your school's safeguarding policy.

Self-Harm Conversation Prompts

The examples below provide an outline of conversations, please also consider the following factors, and think about how they may influence your conversation:

- Choice of language – are the words appropriate for the child's age and comprehension?
- Tone of voice.
- Body language.
- Non-judgemental approach to ensure the child does not feel stigmatised.
- Environment.
- Timing.
- The level of detail asked may need to be adjusted according to the individual situation and this may take place across several conversations

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

	• "Have you ever seen a doctor because you were worried about a wound?"
Reasons for self-harm	• "I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment…?" E.g., peer relationships; bullying; exam pressure; difficulties at home; romantic relationship breakup; substance misuse; abuse
Coping strategies and support	• "Is there anything that you find helpful to distract you when you are feeling like self-harming…? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family…reading, going for a walk etc." • "I can see that things feel difficult for you now…and I am glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before? Is there anyone else that you think maybe good to talk to? How would you feel about letting them know what is going on for you now?" • "How could we make things easier for you at school?" • "What feels like it is causing you the most stress at the moment?" • "What do you think would be most helpful?"
Speaking to parents (where appropriate)	• "I understand that it feels hard to think about telling your parents…but I am concerned about your safety, and this is important…would it help if we did this together? Do you have any thoughts about what could make it easier to talk to your parents…"
Ongoing support	• "Why do not we write down what we have agreed as a plan together…then you have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or really want to self-harm it is difficult to remember the things that you have put in place-this can help remind you…"

Devise a Risk Assessment

Assure them that it is okay to talk about their need to self-harm and reassure them that they have your support even if you do not understand why they are doing it or what they are going through. Remember any indication of a negative emotion or being judgemental is likely to aggravate the situation (Jody Walshe, 2022).

It may be necessary to inform the GP to allow a chronology of events to be logged. However, if you feel the child or young person is in imminent danger take them to A&E.

Child:

- Assess risk, but in a caring and non-reactive way.
- Understanding who is good support and who is not.
- Reasons behind their self-harming
- Do they require additional support? /Coping strategy?
- When did it start?
- What are their methods for self-harming? (Ligature, razor blade, medication)
- How often do they self-harm?
- Is the child aware of how to look after their wounds and ensure that any equipment used is clean to avoid infections?
- Explore whether young person feelings are fleeting thoughts or whether they will act on their actions – this will lead to safeguarding referral being made to first response.
- Explore who else is aware of their self- harming behaviour.

Parent:

- Are parents aware that their child is self-harming?
- Gather context from parents (when and where it began, how often/ frequent, triggers)
- Explore what the young person is using to self-harm (sharp objects, medication, ligature, physical injury etc.)
- How to support parents to be risk averse (For further information see: Self-Harm: A Support Guide for Parents and Carers)
    - Parent to increase supervision of the young person at home, locking away any items of risk in the home, talking to the child to establish what can help, seeking support from GP and/or an A&E attendance
- Parents may have to have difficult conversations with the young person
- Assess cut – are they superficial cuts or deep cuts? Does the child require medical attention?
- Are the parent/child aware of how to look after their wounds and ensure that any equipment used is clean to avoid infections?

Consulting with services

For further support seek guidance from health professionals or the Educational Psychology Service on eps.queries@staffordshire.gov.uk. Details of all support services are available on https://www.staffordshireconnects.info/

Devise a Safety Plan

Once we have had the opportunity to assess risk, in a caring and non-reactive way it is time to devise a plan to increase their safety. The aims of a safety plan are to reduce harm, encourage alternative coping strategies, involve others, and understand triggers. It will be useful to discuss how active the self-harm is and plans to stop. Mapping out the young person's support system and understanding who good support is and who is not. (For examples see Appendix 3 and 'Useful Resources and Information' section)

(Jody Walshe, 2022).

What Helps?

The first minute can be the most challenging time, so remind children that if they can manage this first minute, they will be able to ride the emotions that they are experiencing. With thanks to Jody Walshe (2022) for suggestions list:

The First Minute	Other Useful Strategies
Set a one-minute timer and watch the time pass	Journaling
Count from 100 to 0 backwards	Expanding support system or being with someone who genuinely cares about you
Listen to your favourite song from beginning to end	Learning to set boundaries
Play a game on your phone	Breathing/grounding techniques
Try to remember the names of everyone in your first class or name the people in your life and their favourite item	Working through trauma(s)
List an animal for every letter of the alphabet	Being overt and modelling emotional expression
Count all the certain coloured things you can see	Physical Exercise
Access your self-soothe box (one made earlier)	Addressing the reasons for self-harm
Further distraction techniques can be accessed at the National Self-Harm Network (https://www.nshn.co.uk/downloads/Distractions.pdf)	Frequent and consistent dialogue between school, parents, and young person.

Safety Plan Tips:

- Every plan is different. We are all individuals. What works for one child may not work for others.
- There are no right or wrong answers so if something works, note it down even if it feels strange or silly
- Try to be as specific as possible when noting ideas down, this will make it easier to follow your plan at times of crisis when the child may not be thinking very clearly.
- Be flexible – adapt and change your plan over time, adding new ideas as they come up and getting rid of anything that you have tried but does not work.

Spotting the Signs

Disclaimer: These can be warning signs but may also be for other areas that they are currently finding difficult. Remember if you have any suspicions then ask the question.

Self-Harm	Health Harming
Seeing injuries	Not looking after themselves – not meeting basics, eating, showering, clean clothes
Noticed and then covered (e.g., pull down item of clothing)	Outbursts of anger, or risky behaviour like drinking or taking drugs.
Injuries in the same place may be cuts, scratches, or bruises from hitting	Attention needing or attachment seeking behaviours – lateness, detentions
Pain or itching certain areas	Parental conflicts, or family arguments, or siblings' conflict
Unexplained wounds or scars	Excessive internet use
Requesting to be changed elsewhere	Concerns from parents e.g., time alone, not going out, no extra activities or hobbies

Social Emotional Mental Health needs that may contribute to risk factors:
Sudden life changes
High levels of distress and not currently having strategies or resources to cope
Low self-esteem
Low mood or irritability
Withdrawn
Having apathy, lack of motivation and/or depression
Anxiety or worry
Feeling excluded from peer groups or experiencing loneliness
Friendship group or relationships difficulties
Not pushing self to do other activities or being seen
May be experiencing feelings of failure or perfectionism
Perceived pressure from external sources

The list was compiled following information form the following sources: Uh et al., 2021; Westers & Plerner, 2020; Young Minds, Anna Freud, NHS Inform, Priory Group, NSPCC.

Dos and Don'ts

Things to do	Things not to do
Open methods of communication	Do not force them to talk about it
Give them the option to come to talk to you IF they want to	Do not make them feel that this is something that should be kept secret and is wrong to talk about or that they 'have' to talk about it
Ask them if they want to talk about what, if anything led to the individual episode of self-harm	Do not assume every episode of self-harm is for the same reason
Ask them what if anything they would like you to do to help	Do not assume what they need and want, or take any action without discussing it and being sure that they are comfortable with it
IF they are willing to talk about it recommend and encourage them to seek professional help, coping strategies, support groups, support forums etc.	Don' t force them into going to get help and take control away from them (they may not be ready; forcing this may cause them to withdraw from you)
Let them remain in control as much as possible (many people who self-harm feel they have a lack of control over their lives and feelings etc.).	Do not try to make them stop self-harming (you can make it more difficult by removing objects you see as putting them at risk and doing this in collaboration with the child) or give them ultimatums or do things with which they are not comfortable. NEVER ask them to 'promise' they will not harm themselves. This will only add more pressure
Learn as much as you can about self-harm	Never jump to conclusions
Try and be understanding	Do not tell them what they are doing is wrong or be judgemental
Show them that you care and can see the person beyond the self-harm	Do not change your perspective of them as a person (They are an individual, not a 'self-harmer'!)
Be positive. Try and focus on their strengths	Do not be negative, their self-harm does not change everything about them
If they tell you they have just self-harmed, stay calm and ask if they want to talk about it or need any medical help (despite how you may feel, try not to show it)	Do not get angry with them, shout at them, or show shock after individual episodes of self-harm (you may feel this way but expressing it may cause more harm and make the individual feel guilty)
Get help for dealing with and understanding your own feelings and emotions	Do not blame yourself or take it personally
Only help as much as you feel able to. You need to look after your own health too. You need to maintain some self-preservation, supporting someone else can be emotionally draining	Do not blame them for making you worry or talk about how much this is impacting on you; this may make them feel even more guilty and lead to further self-harm
Offer ideas for distractions, talk about things not related to self-harm, but respect requests for time on their own	Don' t assume that they always need to talk about the self-harm if they are low or not allow them any time and space alone

These recommendations are taken from the National Self Harm Network (nshn): NSHN -- Friends and Family

Self-Harm Roles and Responsibilities

(Source: NHS Kernow CCG (n.d.))

Please ensure that you follow all key statutory guidance and safeguarding policies and refer to NICE guidelines.

CEO/Head teacher /Head of School

- Play a central role in developing positive mental health strategies in schools. They should recognise the need to develop whole school awareness of mental health and emotional health issues, including self-harm, and be supported to do so.
- Making sure self-harm training is a priority for staff alongside other mandatory training. The support for training is crucial to enable staff to feel confident in supporting young people in effective, non-judgemental, and respectful ways.
- In collaboration with the Trust or Governing Body, develop and implement a school self-harm policy using the guidance provided.
- Ensure staff, parents and pupils are aware of their roles and responsibilities when implementing the policy across the school.
- Appoint one or more designated members of staff to be responsible for all incidents relating to self-harm. Depending upon your own setting, this could be a teacher, a member of support staff or the school nurse.
- Ensure that all designated staff receive full and appropriate training regarding self-harm and are fully confident with the procedures to follow.
- Provide practical and emotional support for key staff dealing with self-harm *(see appendix 4 for more information on how to support staff wellbeing*).
- Ensure that all staff including teaching assistants, laboratory technicians and other non-teaching staff are made aware of and understand the self-harm policy.
- Ensure that good procedures are in place for record keeping, audit and evaluation of all activities in relation to self-harm in the school.

All Staff and Teachers

- Review all self-harm guidance and policy documents, alongside safeguarding policy documents, and be aware of guidance on communication processes.
- Make it known to pupils that you are available to listen to them.
- Remain calm, respectful, sensitive, and non-judgemental at times of student distress.
- Do not adopt a dismissive or belittling attitude in relation to the reasons for a student's distress.
- Encourage pupils to be open with you and assure them that they can get the help they need if they are able to talk.
- Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need
- Do not make promises you cannot keep, especially regarding issues of confidentiality.
- Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives.
- Provide and encourage access to external help and support where possible.
- Monitor the reactions of other pupils, who know about the self-harm.

- Avoid asking a pupil to show you their scars or describe their self-harm.
- Avoid simply telling a pupil to stop self-harming - you may be removing the only coping mechanism they have.
- Discuss an incident or disclosure of self-harm with a designated member of staff as soon as you become aware of the problem and inform the pupil that you are doing this

Trust Board/Governing body

- Provide pupils with information and education about self-harm and details of who to go to for help and support.
- Decide, in collaboration with the school's senior leadership team, how awareness and understanding of self-harm should be promoted. This includes self-harm being covered in the school PSHE curriculum, extra-curricular presentation for parents and training for all school staff.
- Consider issues of parental consent and whether parents/carers or guardians should be invited to learn more about self-harm.
- Review reasonable adjustments for pupils who self-harm such as providing permission to wear long sleeves for sports.
- Support the development of procedural policy for self-harm incidents occurring at school.
- Encourage pupils to go to a key worker at times of emotional distress, rather than resorting to self-harm in school.
- Be clear about what behaviour cannot be accepted and ensure that all pupils are aware and understand the guidance (examples include self-harming in front of other pupils or threats to self-harm as bargaining, may be deemed by the school as unacceptable).

Designated key staff member(s)

- Implement the self-harm policy, communicate with each other and report back to the head teacher at each stage of the process
- Maintain up-to-date records of pupils experiencing self-harm, incidents and all other concerns surrounding the issue.
- Communicate with the head teacher and other key staff on a regular basis and keep them informed of all incidents and developments.
- Monitor the help, support, and progress of the students in your care and maintain communication with them.
- Be fully confident in the understanding of self-harm and seek additional information and/or training if necessary. You may need to reflect upon and update your practice in relation to those who self-harm.
- Contact other organisations and key services in your area and find out what help, and support is available for pupils who self- harm.
- Consult with the head teacher and pupil to decide if any other members of staff who have contact with the pupil should be made aware of the self-harm and underlying concerns. Whenever possible adhere to the principle of the 'need to know' principle.
- Ensure that all first aiders are well informed about self-harm.

- Inform the pupil's parents if appropriate and consult with them as to how best to manage the situation.
- Be aware of when it is essential for other professional bodies to be informed, such as social services, educational psychologists, GP, primary mental health team and CAMHS.
- Report any mention of suicidal feelings or behaviour as a matter of urgency.
- Take care of your own emotional well-being and seek support as and when is necessary.

Parents

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

Useful Resources and Information

NHS funded site stayingsafe.net (aimed at suicidal adults is also useful for adolescents who self-harm).

https://hampshirecamhs.nhs.uk/issue/crisis-self-harmand-suicide/

https://www.gmmh.nhs.uk/self-help-suicide-and-self-harm

Calm Harm App

https://www.pookyknightsmith.com/post/new-suicide-safety-plan-tool-site

Young Minds Self-harm | Signs of Self-harm And Getting Help | YoungMinds

Anna Freud Self-harm: Mentally Healthy Schools

NSPCC Preventing Child Self-Harm & Keep Them Safe | NSPCC

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Overdosing, attempted suicide, and **parasuicide** are terms which are sometimes used synonymously with self-harm[2]. However, these terms are controversial, and should be used with extreme caution, as not everybody who self-harms want to die.

Self-harm has been described as a way to "*replace overwhelming emotions with definable sensations*"[7]. For some people, self-harm is a way to regulate painful or overpowering emotions, and is therefore a **life-saving strategy** which is performed because an individual *does not* want to die:

"*It is quite dangerous to just always assume that it is because somebody might want to end their life, because I do think quite often [self-harm and suicide] are very separate. It has always just been a way to… deal with these overwhelming emotions, to punish myself for imaginary crimes that I have done, for failures, for things like that. It has not been anything related to wanting to end my life at all, it has just been something to deal with the pain right now*" (Sian Bradley, mental health campaigner, speaking on an MQ Open Mind Podcast, 2020).

The term **'non-suicidal self-injury' (NSSI)** can therefore be used to refer to self-harm which is *not* an intentional attempt of suicide.

Although not everybody who self-harms want to die, people with a history of self-harm **are more likely to attempt suicide** in later life. People who self-harm are also at **increased risk of serious injury**, sometimes requiring hospital treatment.

While we should not automatically assume that someone is self-harming because they want to die, we still need to be mindful that an individual who is self-harming is at increased risk of seriously injuring themselves, even unintentionally. Equally, we must not assume that someone who is self-harming *does not* want to die. They may have already attempted suicide or may have made plans to take their own life.

The YoungMinds/Cello Talking Self Harm report found that school staff found it least comfortable approaching young people regarding discussions around self-harm.

- Sixty percent of school staff say they do not feel able to talk about self-harm.
- Two in three staff thought they would say something wrong that they would say the wrong thing if someone turned to them for help with self-harm
- Eighty percent of school staff said they wanted practical advice on how to help

Review: Education and training interventions, and support tools for school staff to respond to young people who disclose self-harm – a systematic literature review of effectiveness, feasibility, and acceptability (Pierret et al; 2020).

This is a systemic review (qualitative research) about education training, intervention for school staff to respond to children who self-harm.

- In the review there were eight papers (studies undertaken in different western countries).
- Six evaluated interventions
- Two evaluated tools
- There were over eight hundred participants in schools to see whether they were successful over three outcomes:

1. Knowledge of self-harm and how to respond
2. Confidence to respond to a child who self- harms
3. Change in response – respond to someone who self-harms in a positive way

Appendix 3

Safety Plan Guidance & Template

Things to get me through the next minute

Make a list of things that can help you in the moment when you feel overcome by the urge to self-harm. It can helpo to think about times in the past when you've felt the urge to self-harm but managed not to- what helped then?

Steps to make me safer

What can you do to make yourself safer when you feel the urge to self-harm? For example you might find that going and being near to other people means you are less likely to hurt yourself or you might take yourself to a room away from items that you use to harm yourself.

Things that help me feel calmer

List things that help you to feel a little bit calmer or that lift your mood. This might include things like mindfulness or relaxation activities, talking to a friend, looking at pictures that make you smile or listening to music.

Things to distract me

Sometimes it can be helpful to try and think about something less distressing for a few minutes. You can do this in any way that works for you, it might include things like playing with a pet, watching videos, going for a walk or talking to a friend.

Who can I talk to or go to for help?

It's helpful to think about school and home options here- who can you go to if you're really struggling and need someone to help you feel safe?

Other types of support

List any websites, helplines or text lines that you find helpful. Having at least one source of support that is available 24/7 is helpful as you never know quite when you'll need support.

(Source- Jody Walshe 2022)

Things to get me through the next minute
Steps to make me safer
Things that help me feel calmer
Things to distract me
Who can I talk to or go to for help?
Other types of support

Young people spend a large proportion of their time at school, meaning their experiences at school are a key factor in their psychosocial and emotional development. Because of this young people often feel more comfortable disclosing self-harm to school staff than parents, guardians, or other professionals. This often means that teachers are at the forefront of responding to self-harm.

What are professionals' experiences of disclosures and working with young people who self-harm?

Education professionals describe experiencing various emotions in response to disclosures of self-harm from young people, including shock, alarm, upset, feeling disturbed, anxious, distressed, and bewildered. Frustration when a situation is not improving for a student and uncertainty about how to help are also commonly experienced.

If staff feel unsupported in these situations, it can impact their interpersonal relationships with students and lead to increased stress and reduced problem-solving.

Staff views: what is important for educational professionals working with children and young people who self-harm?

Research exploring the views of education staff has highlighted that:

- Education professionals are keen to help students who self-harm but many report feeling underconfident in how best to respond and identify needs.
- There is a need for more effective guidance on self-harm, as well as support systems and safe spaces for staff to process their experiences and talk to trusted colleagues.
- It is important that the responsibility for supporting young people who self-harm does not solely rest with one individual and is shared by a team of professionals.
- Experience, support, and access to training are significant factors that can support the wellbeing and confidence of staff working with young people who self-harm.
- Teachers pointed to the need for support from leadership and management in prioritising wellbeing

Looking after ourselves and colleagues

Supporting young people who experience self-harm can be a highly challenging responsibility and it is normal to feel affected by it, but at times of high stress it is important to recognise if these experiences have become overwhelming for staff as they may be experiencing compassion fatigue and impacts on their mental health.

Signs to look out for:

Professionals who support these young people can be affected in several ways and it is important to be mindful of potential signs that you or a colleague needs further

support such as changes in behaviour, emotional states and coping in the work environment. Examples include changes in physical wellbeing (such as energy levels, sleep difficulties and frequent illness), changes in emotional states (such as increased irritability, feeling anxious) and difficulties coping with work demands, task avoidance, and feeling forgetful.

- Reach out to others and where comfortable share your experiences.
- Practice self-care by taking the steps to maintain a positive work-life balance.
- When needed seek further professional support and debriefing using organisational support systems. Ideally, organisations would benefit from formal support structures such as regular peer support sessions for staff working with vulnerable young people, and opportunities for supervision.

How to support your peers' wellbeing?

Psychological informed first aid (PFA) builds a way of remembering how to deliver support to individuals of any age. If you think a colleague may be struggling, be prepared to have a conversation with them. Your peer may not want to talk, but if they do PFA can be a helpful guide.

1) Look – For any signs of distress
2) Listen – Give your peer time to speak, use empathy and be gentle kind and understanding.
3) Link – Promote sources of support like community activities such as clubs, groups, and physical activity.

What whole-school strategies could be used?

How can we help Staff maintain their wellbeing whilst supporting students who self-harm?

- Teachers pointed to the need for support from leadership and management in prioritising wellbeing

- Generating a whole school policy which clearly explains how staff should respond to self-harm. (*See roles and responsibilities section*)

- Provide training opportunities for all staff to increase their understanding of self-harm

- Provide opportunities for staff to come together before, or after delivering any sensitive content relating to self-harm.

- Be mindful that staff members may have a history of self-harm themselves, or within their families.

- Support new members of staff by considering a peer mentoring system whereby more experienced members of staff can provide a safe space to discuss best practice around self-harm and provide peer supervision.

- Promote self-care activities and foster a whole school positive approach to wellbeing.

How to foster a whole school positive approach to mental wellbeing?

- Put emotional wellbeing first for everybody, including all staff members.
- Re-affirm the schools' strengths and core values this could be done through:
  - Completing a strengths-based audit of what the school does well relating to wellbeing
  - Student and staff voice
  - Planning assembles and displays that re-affirm wellbeing as a core value
- Build on relationships between staff members and peer support within the school

Organisation Structures

All the evidence underlines the reality that staff cope better and recover quicker if their organisation has the following characteristics:

• A positive and supportive ethos where staff feel supported and valued.

• The organisation encourages staff to discuss concerns and work collaboratively within a collegiate framework.

• The organisation recognises that there can be a cost to caring and providing pastoral care to vulnerable young people. Therefore, there is an acknowledgment that staff's need for support may increase in correlation to the support they are providing children and/ or young people.

• Support plans and decisions about these young people should arise from careful discussions with other support staff and the responsibility for the care of these young people rests, not with one individual, but with the support team.

Further information is available on Staffordshire County Council's Graduated Response Toolkit under EPS COVID-19 Recovery Materials.
https://www.staffordshire.gov.uk/Education/Access-to-learning/Graduated-response-toolkit/School-toolkit/EPS-COVID-19-recovery-materials/Staff-wellbeing/Staff-wellbeing-resource.aspx

Appendix 5

Evaluation Form

If you have used this guidance booklet, it would be helpful if you could complete this evaluation form. This feedback will allow us to explore what has been useful and what adaptions may be required.

Name of setting (optional): ……

Purpose used for (tick all that apply):

- ☐ Individual case
- ☐ Staff development
- ☐ With parents/carers

Age of CYP……

Briefly explain how this document has been used:

……

……

……

……

Qualitative Feedback:

What did you find the most useful?

……

……

……

Is there anything you would have found helpful that is not included?

……

……

……

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This guidance has been useful					
This guidance has helped staff develop their understanding of self-harm					
This guidance has supported staff to develop policy					
This guidance has informed/facilitated the support for a CYP who has self harmed					
This guidance has helped to promote positive outcomes for a CYP who has self-harmed					
This guidance will be used within our educational setting					

Thank you for taking the time to complete this form. Please scan and email to Vanessa.Willis@staffordshire.gov.uk.

Educational Psychology Service

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