

Self-harm

Information for school and college staff in Hertfordshire



Adapted from resources created
by the Oxfordshire Adolescent Self
Harm Forum

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Information for School Staff in Hertfordshire

This [information leaflet](#) is intended to help school staff to understand more about self-harm and be able to support young people who harm themselves.

This information should be read in conjunction with the Hertfordshire Safeguarding Children's Board procedures in relation to self-harm and suicide: proceduresonline.com

Further resources to help schools to support pupils who self-harm can be found here (log in details are required via a short registration process): healthyyoungmindsinherts.org.uk

To register on to the Healthy Young Mind in Herts website, please follow the instructions on this page: [registration-and-website-guide](#)

What is Self-Harm?

Self-harm is any behaviour where the intent is to deliberately cause self-harm.

Self-harm will have different triggers and functions for each individual.

Examples of Self-Harming Behaviour

- ▶ cutting, often to the arms using razor blades, broken glass or knives
- ▶ taking an overdose of tablets
- ▶ inserting or swallowing hazardous materials or substances
- ▶ burning – either physically or chemically
- ▶ over/under medicating, e.g. misuse of insulin
- ▶ punching/hitting/bruising
- ▶ hair pulling/skin picking
- ▶ head banging
- ▶ attempted hanging
- ▶ episodes of alcohol/drug/substance misuse or over/under eating can at times be acts of deliberate self-harm
- ▶ risk-taking behaviours may be acts of deliberate self-harm, e.g. running in front of cars

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

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

Myth Busting

There are a lot of common myths around self-harm. However:

- ▶ Self-harming is not an attention-seeking behaviour. In fact, it is often done in private, and young people will attempt to hide it. If they reveal their self-harm, it is because they want to seek support, not gain attention.
- ▶ Self-harm is not a mental illness. It is a coping mechanism for feeling distress.
- ▶ People who self-harm do feel pain, but they may experience it differently to those who don't self-harm. It can even release endorphins (usually released when experiencing pleasure).
- ▶ Self-harm can occur in any age group, but it is more common in adolescents.
- ▶ Self-harm is not just a phase. It requires intervention, otherwise it can continue into adulthood.
- ▶ People who self-harm often do not intend to end their lives. Even if the intent to die is not high, self-harming behaviour may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so, because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

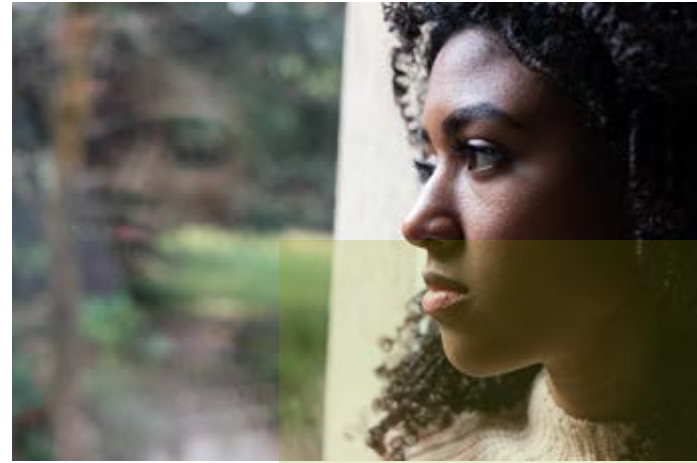
How Common is Self-Harm?

Over the last 40 years there has been a large increase in the number of young people who engage in self-harming behaviour. A large community study in the UK found that in 15-16 year olds, approximately 6.9% of young people (3.2% males and 11.2% females) had self-harmed in the last year.

See *Hawton et al. (2002) Deliberate self harm in adolescents: self report survey in schools in England. BMJ, 325, 1297-1211.*

More recent research suggests that self-harm may be increasing amongst certain groups, with a 68% increase in self-harm rates among girls aged 13 to 16 since 2011.

In the Transforming Children and Young People's Mental Health Provision: A Green Paper, December 2017, it has been noted that the Office for National Statistics Survey (ONS, 2004) highlighted that based on parents' reports, 2% of all children, aged 5-16, had self-harmed. Of those children with an emotional disorder, 14% had self-harmed. However, these figures were far higher when looking at the child's report, with 7% of all children, and 28% of children with an emotional disorder, reporting self-harm.



It is also reported in this same Green Paper that individuals who identify as lesbian, gay, bisexual and transgender (LGBT) of all ages are more likely to experience poor mental health than individuals who identify themselves as heterosexual, which indicates that LGBT children and young people have particular support needs. For example, individuals who identify as LGBT+ were found to be at higher risk of mental disorder, suicidal thoughts, substance misuse and self-harm than heterosexuals.

A further point was also made relating to young people involved in gangs who are felt to face particularly high rates of mental illness. Signs of severe behavioural problems before the age of 12 are prevalent (40% of those who were gang members, of both sexes, compared with 13% of general youth justice entrants), and as many as 1 in 3 female and 1 in 10 male gang members are considered at risk of suicide or self-harm.

More local data, specific to our Hertfordshire population has been provided by the Young Person's Health and Wellbeing Survey (YPHWS) which was developed for secondary school aged young people (and replaces the bi-annual Health Related Behaviour Questionnaire (HRBQ) and the Lancaster Model survey for secondary schools).

Results from this survey were analysed during February 2021. The data was made up of 12,923 responses, with pupils from 42 Hertfordshire participating schools. The following statistical information as noted in relational to self-harm across these schools:

- ▶ 72% said they had never self-harmed (65% female and 81% male – 33% other*)
- ▶ 14% prefer not to say (17% female and 9.5% male – 20% other*), whilst 14% said yes. (17% female and 9% male – 47% other).
- ▶ 41% of young people identifying as gay, lesbian or bisexual reported that they had self-harmed.

*It has been noted that a larger proportion of those selecting 'other' for their gender, reported that they had self-harmed, when compared with those selecting 'male' or 'female'. This is based on small numbers (160) so no firm conclusions can be drawn. Given the slightly different age range

of the participants and that self-harm tends to increase with age, there is not a big difference between the 2020 self-reported self-harm rates, and 2018.

- ▶ In 2018 – 75% said they had never self-harmed, 14% said they had, and 11% preferred not to say.

What Causes Self-Harm?

Risk and Protective Factors

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm. However, there are also protective factors that may make it less likely for a young person to engage in self-harm.

Please note that this is not an exhaustive list as individuals may have additional risk factors which may be hidden to those around them. The order of the factors in the list is not necessarily significant, as they are all worthy of consideration. This list is also aimed at raising awareness, rather than to be used as a diagnostic tool. A similar list is available on the safeguarding board website: proceduresonline.com



	Risk Factors	Protective Factors
Individual factors	<ul style="list-style-type: none"> > depression/anxiety/other mental health difficulties > poor communication skills > low self-esteem > poor problem-solving skills > hopelessness > impulsivity > drug or alcohol abuse 	<ul style="list-style-type: none"> > high academic achievement > outgoing personality > good coping skills > knowledge of how to seek support
Family factors	<ul style="list-style-type: none"> > unreasonable expectations > abuse (physical, sexual, emotional or neglect) > poor parental relationships and conflicts, including separation > depression, deliberate self-harm, suicide or other mental health difficulties in the family > parental illness > drug/alcohol misuse in the family > domestic violence 	<ul style="list-style-type: none"> > good role models in the family > low level of hardship
Social factors	<ul style="list-style-type: none"> > difficulty in making relationships/loneliness (there is data available about the impact of loneliness during the pandemic on children and young peoples' mental health – click here for further information). > persistent bullying or peer rejection > easy availability of drugs, medication or other methods of self-harm > friends who have mental health difficulties/self-harm > young people who are lesbian, gay, bisexual or transgender and who feel isolated and unsupported 	<ul style="list-style-type: none"> > stable and secure friendship group
School factors	<ul style="list-style-type: none"> > pressure to perform well academically > lack of support for learning or identification of special educational needs 	<ul style="list-style-type: none"> > good support for special educational needs > inclusive and nurturing school ethos > supportive relationships with adults in school > peer support systems in place

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	Risk Factors	Protective Factors
Environmental factors	<ul style="list-style-type: none"> > young people in residential settings (e.g. inpatient units, prison, sheltered housing or hostels or boarding schools) > young people in care or with inconsistent caregivers > some young people may access internet sites relating to self-harm, some of which may be helpful but others may increase the risk of self-harm by promoting different methods and normalising self-harm. > media or social media portrayal may glamorise self-harm and elicit “copy-cat” responses 	<ul style="list-style-type: none"> > access to early support > education and support regarding internet safety

Triggers

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

- > family relationship difficulties (the most common trigger for younger adolescents)
- > difficulties with peer relationships, e.g. break up of relationship (the most common trigger for older adolescents)
- > bullying/cyberbullying
- > significant trauma (e.g. bereavement, abuse)
- > child sexual exploitation
- > self-harm behaviour in other students (contagion effect)
- > identification with a peer group which promotes self-harm
- > self-harm portrayed or reported in the media, including glorification of self-harm (e.g. on social media)
- > difficult times of the year (e.g. anniversaries)
- > trouble in school or with the police
- > feeling under pressure from families, school and peers to conform/achieve
- > exam pressure
- > times of change (e.g. parental separation/divorce)

Warning Signs

There may be changes in the behaviour of the young person which are associated with self-harm or other serious emotional difficulties:

- > unexplained injuries (e.g. cuts, bruises, cigarette burns) or blood stains on clothing
- > sharp objects in their belongings
- > keeping covered up, even in hot weather
- > changes in eating/sleeping habits
- > increased isolation from friends/family
- > excessive and secretive use of the internet
- > changes in activity and mood, e.g. more aggressive or less engaged than usual
- > lowering of academic grades
- > talking about self-harming or suicide
- > abusing drugs or alcohol
- > becoming socially withdrawn
- > expressing feelings of failure, uselessness or loss of hope
- > giving away possessions
- > risk-taking behaviour, e.g, unprotected sexual acts.

What Keeps Self-Harm Going?

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

Examples of functions include

- > reduction in tension (safety valve)
- > short term distraction from problems
- > form of escape
- > outlet for anger and rage
- > opportunity to feel real or to not feel numb
- > opportunity to feel physical pain to distract from emotional pain
- > way of punishing self or others
- > way of taking control
- > care-eliciting behaviour
- > a means of getting identity with a peer group
- > non-verbal communication (e.g. of abusive situation)
- > it can also be a suicidal act.

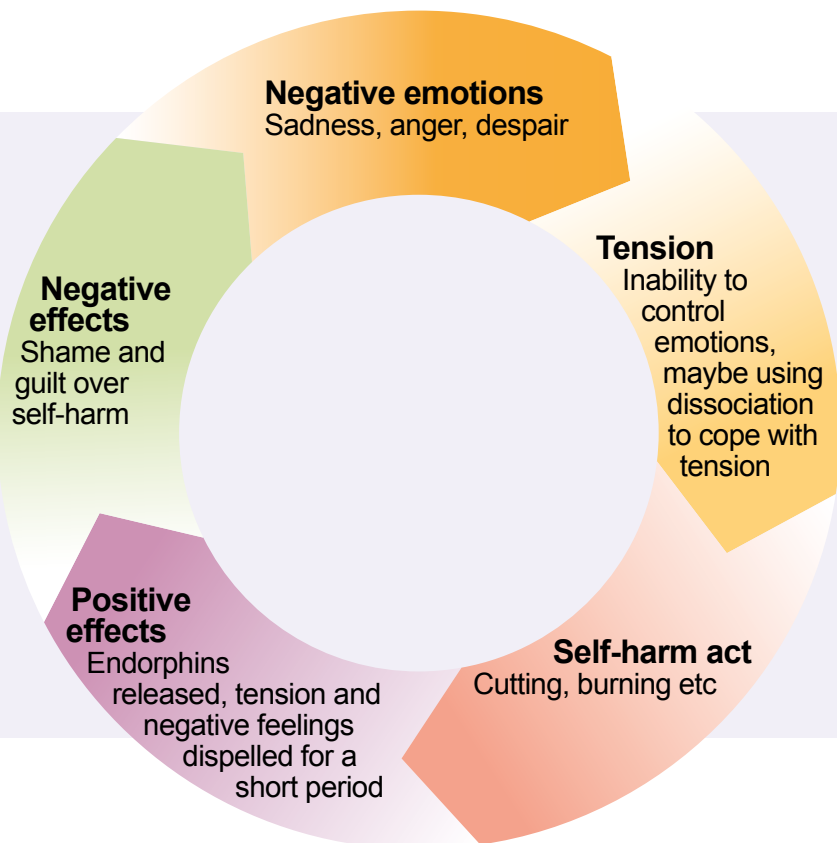
The Cycle of Self-Harm/Cutting

When a person inflicts pain upon himself 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 self-harm difficult to stop.

Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that initially led to the self-harm. See the diagram below.

The Cycle of Self-Harm taken from the Oxford Health – NHS Trust¹



¹ <https://www.oxfordhealth.nhs.uk/wp-content/uploads/2018/03/self-harm-guidelines-for-school-staff.pdf>

Diagram below taken from [Oxfordshire guidance](#). Please note that terminology within the diagram could be considered as 'Parent/ Carer' instead of 'mum', 'Siblings' instead of 'sister' depending on the young person's circumstances.

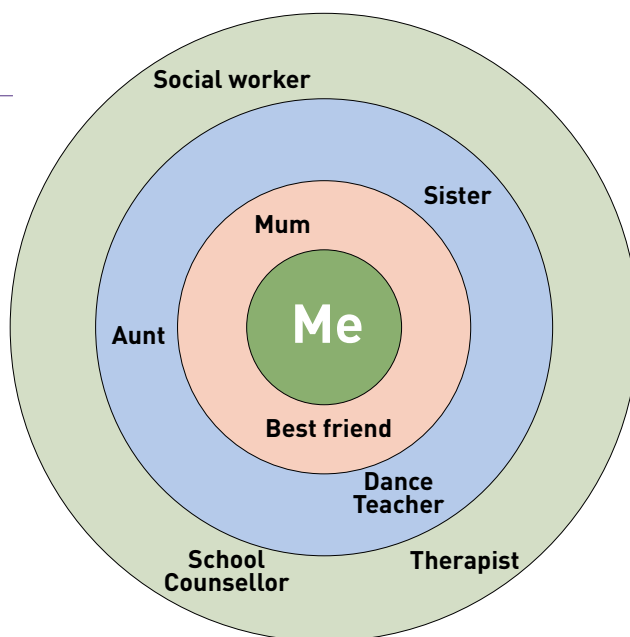
Coping Strategies

1 Using support networks

It is helpful to identify who can support the young person and how to get in touch with them. Examples are friends, family, schoolteacher, counsellor. Knowing how to access crisis support is also important.

2 Distraction Activities

Replacing the cutting or other self-harm with other safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm.



Examples of distraction methods:

- > Contacting a friend or family member
- > Going for a walk/run or other forms of physical exercise
- > Getting out of the house and going to a public place, e.g. a cinema
- > Reading a book
- > Keeping a diary
- > Looking after an animal
- > Watching TV
- > Listening to music

More distraction techniques can be found here: [Distractions.pdf](#)

3 Coping with distress using self-soothing

- > Using stress management techniques such as relaxation
- > Having a bubble bath
- > Stroking a cat or other animal
- > Going to the park and looking at the things around you (birds, flowers, trees)
- > Listening to the sounds as you walk
- > Listening to soothing music

Things I can do myself to cope with difficult feelings

- ▶ Ring my friend up
- ▶ Have a relaxing bath
- ▶ Watch a film on TV
- ▶ Go for a walk
- ▶ Write down my feelings
- ▶ Listen to my favourite music

4 Discharging unpleasant emotions in other ways

Sometimes it can be helpful to find other ways of discharging emotion which is less harmful than self-harm:

- > Clenching ice cubes in the hand until they melt – this can relieve some tension
- > Writing, drawing and talking about feelings
- > Writing a letter expressing feelings, which need not be sent
- > Going into a field and screaming
- > Hitting a pillow /soft object
- > Listening to loud music
- > Physical exercise can be a good way to discharge emotion* with caution that this does not become the replaced addiction over time due to the chemicals released in the brain.

*Taken from 'The Northamptonshire Toolkit for Supporting Children and Young People Presenting with Self-Harming Behaviours, or Intent to Self-Harm'.

In the longer term a young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep fit class or a school-based club that will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, regulating emotions, ways to keep safe and how to relax may also be useful.

Reactions of Adults in School

Learning about self-harm can be difficult for all concerned. In fact, research has shown that how a person responds to a disclosure of self-harm can greatly influence whether the young person seeks help (Lee, 2016).

In schools and other educational settings, adults may experience a range of feelings in response to self-harm in a young person (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust or rejection). It is important for all adults in school to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of the forums where these issues are discussed may vary between settings.

In schools, young people may present with injuries to first aid or reception staff. It is important that these frontline staff are aware that an injury may be self-inflicted, that they know how to support and assess a person presenting with self-harm and that they pass on any concerns. It is crucial that staff are aware of their school policy and protocols in how to manage such situations, particularly in relation to issues such as consent and next steps.



How to Help Within Schools – a Step by Step Guide

If the young person who is self-harming has a Special Educational Need and/or Disability, the advice may need to be adjusted according to their individual profile.

1. You Find Out About a Young Person Self-Harming

Adults in school may notice or be informed about self-harm in a few ways:

- They may notice an injury on a student;
- A student may tell an adult that they are injured (but not indicate that it was self-inflicted);
- A student may tell an adult that they have self-harmed and show or tell them about the injury;
- They may see a student self-harming.
- A student may tell an adult that they are aware of a friend/ peer who is self-harming

Therefore, it is important that all staff, and particularly first aiders, consider whether an injury may be self-inflicted (even if the young person does not admit it at the time) and pass on any concerns to their Designated Safeguarding Person.

Adults may also suspect that a young person is self-harming if they notice a change in their behaviour or appearance in a way that causes concern.

It is important that any information is dealt with early so that a baseline assessment of the self-harming behaviour can be undertaken.

See Appendix 1 for Script guide for interviewing young people who self-harm.

2. Identify the Severity of the Self-Harm

To identify the severity, and therefore the support that is needed, adults should consider:

- **A**pppearance and atmosphere: what you see first
- **B**ehaviour: what the individual in distress is doing, and if this is in keeping with the situation
- **C**ommunication: how the individual in distress is communicating, i.e. what they say and how they say it
- **D**anger: whether the individual themselves is in danger, or whether their actions put others in danger
- **E**nvironment: where they are situated and whether anyone else who would enter the environment could exacerbate the situation.

It is likely that this will occur through a mixture of observing the situation and how the young person is presenting, along with ongoing considerations based on discussion with them.

3. Identify How to Help the Young Person who has been Self-Harming

The main things to consider are:

- Getting the relevant information to help support the young person;
- Showing a genuine interest in them;
- Having a calm and comforting manner while gathering the information.

In an emergency

If a young person has serious physical injuries (e.g. heavy bleeding, unconscious), has taken an overdose (however small) or is at high risk of suicide, the young person **must attend A&E** (parents can take their child or an ambulance may be called depending on the circumstances) to access medical intervention.



The Designated Safeguarding Person (DSP) must be advised immediately.

Staff should remain calm and reassuring when talking to the young person.

Non-emergency situations

It is important to talk to the young person to determine physical first aid requirements and risk ([Use HSCB guidance](#)).

All attempts of suicide or self-harm must be **taken seriously**. Any mention of suicidal thoughts should be noted. With a history of repeated self-harm behavior comes a greater risk of suicide as a result children and young people need to be monitored more closely and risk assessment completed as and when required.

Consider if you need to ask someone else to have a more detailed discussion with the young person. A suitably trained worker may be best placed to undertake any assessment work. This should be discussed with the young person (see the next section on confidentiality), and you should stay with the young person until the other adult arrives.

Active listening skills are really important to this process. **Listen attentively** to what the student is saying and **check-in with yourself** if you find yourself reacting in an impulsive way to what you hear or see. Mental Health First Aid Training and Guidance can provide helpful tips around listening tips and how to respond safely to a student who has disclosed self-harming behaviour to an adult. Also see 'Talking to young people who are self-harming'.

Staff should listen in a **non-judgmental** way, and try to reassure the young person that they understand that self-harming behavior is helping them to cope at the moment and they want to help them.

Try to build a picture of the young person's life through a **caring and conversational approach**, rather than approaching the situation in a medical checklist-type way. It may help to walk together or engage in another activity whilst talking to reduce the pressure. Record key information about your judgements in relation to actions you have taken and the young person's wishes. This will help you to **assess the risk** to the young person regarding their self-harming behaviours. This shouldn't be rushed – you want to make sure you have all the necessary details.



Ask the young person what help they want or what they would find helpful. This may include ways they can keep themselves safe in the short-term (e.g. staying with friends at breaktime). Ensure the young person feels empowered in the choices around next steps, like suggesting alternative ways of managing their feelings or problems. They may not have a choice in some actions, but they may have a choice about how these take place, e.g. you may need to pass on the information to the DSP but the young person could be offered the choice about whether you do this together or not.

If you need to arrange another time to continue the conversation, make sure the time suits both of you and that the meeting is arranged in a comfortable environment. It could be helpful to set a time limit at the start of the meeting. Any boundaries (including of any on-going meetings) need to be clear. It may be that discussion needs to happen over more than one session, and that's OK.

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

A note on confidentiality

It is important to **discuss confidentiality**. This should be done as early as possible, as it may affect the young person's help seeking behaviour. They should be made aware that where there are concerns about their safety, other people need to be informed, but wherever possible they will be made aware of this and their consent will be sought.

A young person should be given a clear explanation about what is going to happen and why, and what choices they have available. Depending on the policy in your school, you may need to share information with the Designated Safeguarding Lead and / or Mental Health Lead.

Discuss with the young person the importance of letting parents know and listen to any fears they have about this. Discuss how they would like this to happen; they may wish to tell them

themselves or they may wish to do it with your support. Parental involvement should be encouraged unless there is a sound reason not to do so (e.g. it would put the young person at risk of further harm). The young person's wellbeing should always come first.

Contact parents (unless there are particular reasons why they should not be contacted) and discuss the school's concern. Help the parents to understand the self-harm so that they can be supportive to the young person. You can use the meeting follow up letter and the information leaflet for parents. Remember, a parent may experience a range of emotions after initially finding out about their child's self-harm and they may need some time to process the information.

On occasions, it may be appropriate to refer to other agencies (including the police) due to safeguarding concerns (e.g. if they are at risk of harming someone else). In these situations, it may not be appropriate to seek the consent of the young person before sharing information.

Your duty of care to the young person should always come first.

Staff should ensure that records (e.g. first aid forms, risk assessment) are stored in the correct place.

Also see the guidance from HSCB on [sharing information](#).



4. Arrange Ongoing Support

Responses to the risk assessment questions together with an assessment of the appearance and behaviour of the child or young person will lead to:

- An increased awareness of the child's or young person's needs but no further action, or
- An increased awareness of the child's or young person's needs and an on-going support and potential re-assessment system being put in place locally, or
- A recognised need for the child or young person to be referred on for a more in-depth assessment and support.

It is important that any member of staff that a young person has sought support from is supported to continue to provide support to the young person if they feel able to. It is also important that Safeguarding or Mental Health leads have an oversight of young people engaged in self-harm within the school. If the young person is known to social care, they should be contacted. However, engaging with them should not delay next steps if necessary.

External Avenues for Support

Consider a referral to a child and adolescent mental health service if there are associated mental health issues. This should be based on the information from the assessment and knowledge of what can be accessed at school. You can contact the Single Point of Access for advice or to make a referral. There is a 24/7 helpline - 0800 6444 101. Parents and the young person need to consent to this. If they are more comfortable going to the GP, you can complete the school information form to advise the GP of your concerns so they can make a robust referral.

To support a young person in a mental health crisis, you can also ring 0800 6444 101. NHS 111 also has a mental health service option (option 2). Both of these services run 24 hours a day.

Social work colleagues in Children's Services should be informed if what the young person says or does raises child protection concerns, use the Hertfordshire Child Protection referral form or ring 0300 123 4043. Document any conversations you have had with the social worker and any advice they have given you to follow. Self-harm, itself can be considered a safeguarding issue either if is serious or if parents are not addressing it adequately. You may consider making a Families First

referral. If other agencies are already involved with the young person then it may be important to liaise with these agencies and work together. This could be achieved through a Families First Assessment, for example. See the Families First website: [families-first](https://www.families-first.org.uk/)

Any external referral should be carefully considered to identify whether it is necessary, and who needs to be involved.

Remember that referrals can take several weeks, so the young person will need support within school until that referral is processed, as well as ongoing support. Staff should have an ongoing dialogue with the external agency.

See Section 8 of the [HSCB self-harm guidance](#) for possible agencies who can support, depending on the level of risk.

Whole-School Approach

Ensure your whole school approach to mental health and wellbeing is robust.

Consider a uniform policy which allows for long sleeves during summer and winter and a PE kit which allow arms and legs to be covered. If requested by a young person, consider providing an individual area for PE changing. Ensure that school trip leaders are made aware of pupils who self-harm so they can be adequately supported.

You may want to consider the ways that young people can reach out to let adults know that they self-harm. The National Self-Harm Network (see the section on organisations) have a self-report card that young people can fill in to let an adult know that they have been self-harming: [Self harm](#)



Staff Wellbeing and Supervision

When supporting issues around suicide and related issues in particular it is really important that staff wellbeing is supported –

The following links provide quality assured funded resources to support staff wellbeing

- Schools in Mind: [Guide to supporting staff wellbeing in school](#)
- Mentally Healthy Schools: www.mentallyhealthyschools.org.uk/
- Mental Health at Work: www.mentalhealthatwork.org.uk/
- Mindful Teachers: www.mindfulteachers.org/
- Education Support partnership: www.educationsupportpartnership.org.uk/
- The Education Support Partnership also provides a staff survey services for schools: www.educationsupportpartnership.org.uk/staff-engagement-wellbeing -

Helpline number: 08000 562 561

Name of Resource/ link	Focus of Resource	Who would benefit from this resource and where it would be most relevant
Staff Emotional Wellbeing and Resilience		
Looking after each other & ourselves Anna Freud National Centre for Children and Families.	Supporting the mental health and wellbeing of staff at schools and colleges during periods of disruption.	All staff All schools and colleges settings
Self-care is about the things we can do to look after our own mental health - Access over 90 self-care strategies to help if you are feeling low or anxious – From the Anna Freud National Centre for Children and Families	Originally written by young people but suitable also for adults and families	Adults
Supporting staff wellbeing in school - This booklet has been developed with our mental health experts, and aims to give school staff and Senior Leadership Teams some simple guidance and good practical examples where schools have successfully implemented wellbeing strategies.	Staff Wellbeing	Staff/ SLT
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Name of Resource/ link	Focus of Resource	Who would benefit from this resource and where it would be most relevant
Staff Emotional Wellbeing and Resilience		
Anna Freud National Centre for Children and Families - 10 steps for school staff wellbeing	Staff Wellbeing	SLT/ All staff
Mental Health at Work - National agencies supporting different professionals in their roles.	Staff Wellbeing	All staff
Mind in Mid Herts courses	Free Online Exercise Groups with Emotional Support for People wanting to get back into Exercise. Free Online Living Well Courses and Workshops. Free Online Mindfulness for You and Your Team!	All
Mental Health First Aid England resources divided for those who are Mental Health First Aiders and resources for Everyone .	Resources for remote working	Mental Health First Aiders Everyone

Supporting staff wellbeing in schools

Teaching is a tough job. It can be immensely rewarding but also physically and emotionally draining. If we want our school staff to do what is asked of them, then we need to make sure that their mental health and wellbeing is effectively supported.

Download the Anna Freud Centre for Children and Families [Staff Wellbeing booklet](#) including information on Supervision and how this supports staff wellbeing

Adult Wellbeing

Adults in school need to look after their own mental health and wellbeing, as talking about issues related to self-harm can be difficult or upsetting. For practical early help, anyone over the age of 16 registered to a GP in Hertfordshire can self-refer to the NHS Wellbeing Service via this website: www.talkwellbeing.co.uk

Some schools may also have access to an Employee Assistance Programme.

Education Support offers a free advice line for teachers and education staff:

www.educationsupport.org.uk/get-help/help-for-you/helpline/

Adults in school should not work beyond their limitations; where they wish to improve skills, knowledge and confidence with regards to helping young people who self-harm, further training is recommended.

Other sites that support adult wellbeing in schools generally include:

- www.annafreud.org/schools-and-colleges/
- www.mentallyhealthyschools.org.uk/
- www.mentalhealthatwork.org.uk/
- www.mindfulteachers.org/

Parents are likely to need support too. As well as the organisations listed in the next section, they could consider:

- Confiding in a trusted friend
- Finding a support group for parents/carers of people with mental health problems/who self-harm.

Other Organisations and Resources

Harmless: A national voluntary organisation for those who self-harm, their families and professionals: www.harmless.org.uk

The Royal College of Psychiatrists: Produce helpful information for parents, carers and anyone who works with young people: expertadvice

Just Talk: Hertfordshire multi-agency campaign, steered by young people, containing resources to boost wellbeing, look after mental health, and information on support available: justtalkherts

Head Above the Waves: Raises awareness of depression and self-harm in young people: <https://hatw.co.uk/>

For Schools

MindEd: A portal that provides e-learning modules on many aspects of mental health in children and young people. It includes a 40 minute module on Self-harm and risky behaviour: minded.org.uk and www.minded.org.uk/Catalogue

The Mental Health Foundation: Focuses on the mental health of adults and young people, bringing together evidence based approaches and practical advice for all. On their website they provide free podcasts, specific information, apps and other resources: www.mentalhealth.org.uk

Books:

- Understanding and Preventing Self-Harm in Schools: Effective Strategies for Identifying Risk and Providing Support (Tina Rae and Jody Walshe)
- Self-Harm and Eating Disorders in Schools: A Guide to Whole-School Strategies and Practical Support (Pooky Knightsmith)
 - o YouTube playlist on self-harm: www.youtube.com

Education Support: Helpline offers free, confidential support for teachers and education staff: www.educationsupport.org.uk/helping-you

For Parents

Self-harm guide for parents and carers: www.psych.ox.ac.uk

Young Minds: A national charity working towards improving wellbeing and mental health of children and young people: www.youngminds.org.uk

Parent Helpline: 0808 802 5544 (Mon-Fri, 9.30am-4pm)

YouTube video: www.youtube.com

Family Lives: A charity which supports parents with all aspects of family life: www.familylives.org.uk/about **Parent helpline: 0808 800 2222**

For Young People and Others Who Self-Harm

Local and National Services/ Organisations:

School Nurses in Hertfordshire Service:

www.hertsfamilycentres.org

www.healthforkids.co.uk/hertfordshire/ and www.healthforteens.co.uk/hertfordshire

Social media accounts: Instagram: [hct_schoolnursing](#) & [teenhealth.hct](#);

Twitter: [@HCT_SchoolNurse](#)

Chat Health text messaging service: 07480 635050 for young people aged 11-19. Texts are responded to between 9am and 5pm, Monday to Friday

Herts Mind Network: www.hertsmindnetwork.org/

[With YOUth Digital Wellbeing Service](#) for ages 5-18, parents and care givers from Herts Mind Network helpline at: **0208 189 8400** and instant messaging service for emotional support, advice and information, plus additional one to one and group support if needed.

[Lumi Nova free therapeutic gaming app](#) for ages 7-12 experiencing anxiety and/or phobia/s. Part of With YOUth service, instant access, no referral needed to use it.

Shout: Crisis messenger for young people: <https://giveusashout.org/>

Text: 85258

Self-Harm UK: A project dedicated to supporting young people impacted by self-harm. It provides a space to talk, ask any questions and be honest about what's going on in their life:

www.selfharm.co.uk

National Self-Harm Network: Forum of support for those who self-harm that is closely monitored:

<https://www.nshn.co.uk/>

Resources: www.nshn.co.uk/downloads

The Wish Centre: A charity providing advice and online support for young people to support recovery from self-harm, violence, abuse and neglect: <https://thewishcentre.org.uk/>

Self-Injury Support: Support for women and girls: www.selfinjurysupport.org.uk/

The Mix: Mental health support for those under 25: <https://www.themix.org.uk/mental-health/self-harm>. **Phone line: 0808 808 4994**

Also email and 1:1 online chat: www.themix.org.uk/get-support/speak-to-our-team

SANE: Mental health support

Website: www.sane.org.uk/

HOPELINE UK by Papyrus (for anyone experiencing thoughts of suicide or concerned that a young person could be thinking about suicide): www.papyrus-uk.org/

Phone line: 0800 068 4141

Text: 07860 039967

Email: pat@papyrus-uk.org

Head Strong: A place for talking, sharing and reading about all kinds of topics:

www.beheadstrong.uk/

Epic Friends: Site for young people to understand and support their friends through difficult times:

<https://epicfriends.co.uk/>

Samaritans: A national charity aimed at providing emotional support to anyone in emotional distress: www.samaritans.org

24hr phone line: 116 123

Childline: Service provided by the NSPCC for children and young people up to 19:

www.childline.org.uk/ Phone line: 0800 1111

Online 1:1 counsellor chat: <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

Life Signs: An online, user-led voluntary organisation, which aids understanding of self-injury and provides information and support to people of all ages affected by self-injury: www.lifesigns.org.uk

Information on scar reduction: www.lifesigns.org.uk/scar-reduction/

Mind: Provides advice and support to anyone experiencing mental health problems:

www.mind.org.uk



Apps:

distrACT app: Download from app store

Calm Harm app: <https://calmharm.co.uk/>

Local Counselling Services:

[Youth Talk](#) provides free, confidential counselling to 13-25 year olds in **St Albans and surrounding areas**.

[Signpost](#) provides counselling, coaching and other support to help young people aged 10-25 and living in **South and West Hertfordshire** overcome problems in their lives.

[Tilehouse](#) Counselling provides counselling and therapeutic group work for adults and young people in **Hitchin and North Herts**. This service is offered to any young person between the age of 13 and 18 who feels in need of support.

[Rephael House](#) provides a free service for anyone that lives within the **Hatfield and Welwyn area**. This service is for young people aged between 13 – 19 years.

[YCT](#) offers Free counselling, art therapy, drama therapy, group work and therapeutic support to 5-to- 25-year-olds in Hertfordshire and Essex.

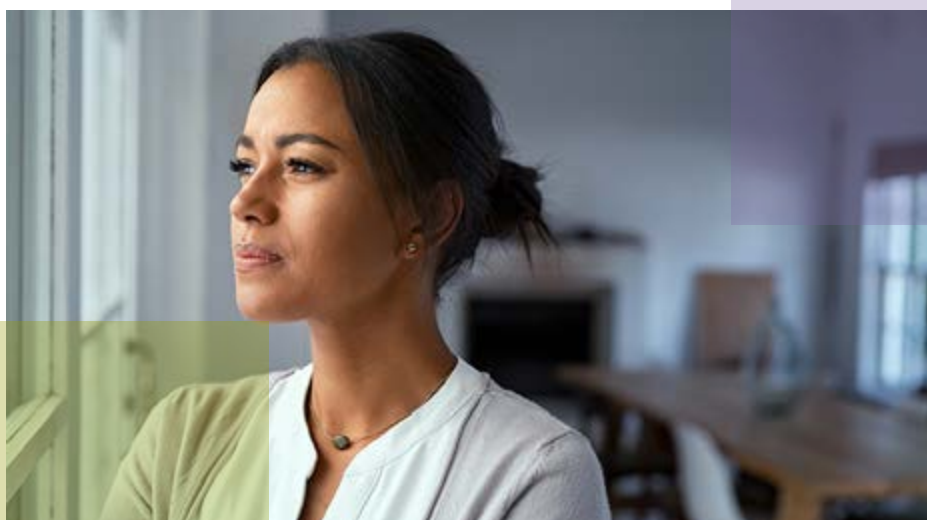
[Services for Young People](#) is part of Hertfordshire County Council and provides youth work projects, information, advice, guidance, work-related learning and wider support for young people in Hertfordshire.

Information and Resources:

NHS website: www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/

Young Minds information on self-harm for young people: www.youngminds.org.uk

Self-harm booklet: www.mind.org.uk/media-a/5783/self-harm-2020.pdf



Appendix 1: Talking to a Young Person After a Self-Harm Incident

Every young person is an individual and their experience of self-harm is going to be unique. Talking about self-harm is not easy, however the below prompts give some suggested phrases for guiding the conversation. It is important not to go through these questions as a checklist, but to include relevant questions as part of a conversation.

Topic	Possible Prompt Scripts/Questions
Starting the conversation/ establishing rapport	<ul style="list-style-type: none"> • “What has been happening?” • “That sounds frightening for you” • “Let’s see how we can work this out together... I may not have all the answers to give you the help you need but if you need more help, 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?” • Allow for silences, give YP time. Try to avoid rushing in with solutions. Manage your own responses but seek support for your own wellbeing after difficult conversations. <p>You might need to give reassurances that it is OK to talk about self-harm thoughts and behaviours and that they have done the first step to get help which is positive</p> <p>If an adult suspects a young person has been self-harming, the following scripts could be used:</p> <ul style="list-style-type: none"> • I’ve noticed you seem worried/preoccupied/troubled. Is there a problem? • I’ve noticed that you have been hurting yourself and I am concerned that you are troubled by something at the moment
Confidentiality	<ul style="list-style-type: none"> • “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 unsafe or feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what’s going on. BUT I will always aim to have that discussion with you before and let you know what the options are so that we can make these decisions together” • “Does anyone else know that you have been hurting yourself?”

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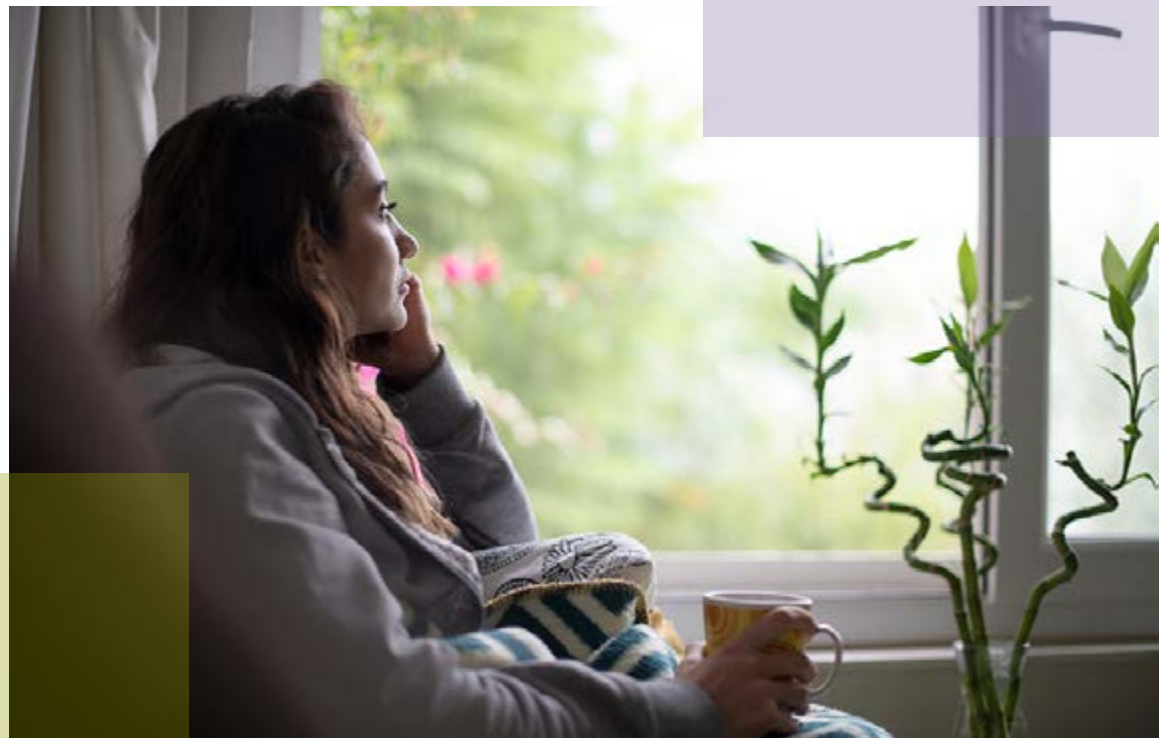
Topic	Possible Prompt Scripts/Questions
<p>The nature of the self-harm</p> <p>This will be helpful when assessing risk as well as assessing the injury</p>	<ul style="list-style-type: none"> • “Have you got any injuries or taken anything that needs attention?” (consider emergency action) • “How long have you been hurting yourself?” • “When do you feel like hurting yourself?” • “Where on your body do you typically harm yourself?” • “What sort of self-harm are you doing?” • “What are you using to self-harm?” • “How often do you self-harm? How often do you think about 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?” • “When you hurt yourself, what do you think will happen? “(consider suicidal ideation – further questions below) • “Who knows about this?” (could be helpful to discuss confidentiality and identify if previous discussions and risk assessments have taken place)
<p>Reasons for self-harm</p>	<ul style="list-style-type: none"> • “I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment?” E.g. peer relationships; bullying; exam pressure; difficulties at home; romantic relationship breakup; substance misuse; abuse; social networking or online issues • “How are you feeling generally? How is your health generally?” • “Is something troubling you?” • “Are you taking part in any risky behaviours (engaging in activities that have the potential to be harmful or dangerous)?” E.g. involvement in gangs, drinking alcohol, using drugs • “Are you at risk of harm from anyone else?”
<p>Coping strategies and support</p>	<ul style="list-style-type: none"> • “Is there anything that you find helpful to distract you when you are feeling like harming yourself? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading, going for a walk etc” • “What are you doing to stop the self-harm from getting worse?” • “I can see that things feel very difficult for you at the moment 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’s going on for you at the moment?” • “How could we make things easier for you at school?” or “What can be done in school to help you with this?”

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<p>Coping strategies and support</p>	<ul style="list-style-type: none"> • “What feels like it is causing you the most stress at the moment?” • “What do you think needs to happen for you to feel better?” • “What do you think would be most helpful?” • “What would you like to happen next?” • If you don’t feel able to help: “We know that when young people are bothered/troubled by things, they cope in different ways and self-injury is one way that some use. Those who do this need confidential support from someone who understands problems in relation to self-injury. Unfortunately I don’t have the skills to help, but I would like to help by asking [NAME e.g. of counsellor] to see you. Would you agree to this?”
<p>Speaking to parents (where appropriate)</p>	<ul style="list-style-type: none"> • “I understand that it feels really 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?” • “I understand you would like to tell your parents yourself. Do you think you could do that by tomorrow and then let me know how it went?”
<p>Ongoing support</p>	<ul style="list-style-type: none"> • “Why don’t 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 harm yourself it is difficult to remember the things that you have put in place - this can help remind you.” • “What can you do to keep yourself safe until you are seen again, e.g. stay with friends at break time, go to support staff?”
<p>Further questions if suicidal intent is identified (FIDO approach)</p>	<ul style="list-style-type: none"> • “Have you thought about suicide?” <p>If so...</p> <p>Frequency of the thoughts/behaviours:</p> <ul style="list-style-type: none"> • “How often do you have thoughts of suicide?” or “How often do you think about taking your own life?” • “Would you say your thoughts are persistent, fleeting or somewhere in between?” <p>Intensity of the thoughts/behaviours:</p> <ul style="list-style-type: none"> • “When you have thoughts of suicide, how strong do they feel?” or “When you think about ending your life, how strong are those thoughts?” • “When you think about ending your life, how strong is the urge to take action?” <p>Duration of the thoughts/behaviours</p> <ul style="list-style-type: none"> • “How long have you been thinking about ending your life?” or “How long have the suicidal thoughts been with you?” • “Have you been suicidal in the past?” • “How long ago and what helped you get through them?”

<p>Further questions if suicidal intent is identified (FIDO approach)</p>	<p>Objective planning:</p> <ul style="list-style-type: none"> • “Have you made any plans?” • “Have you thought about when you would do it?” • “Have you thought about where you would do it?” • “Have you thought about how you would do it?” • “Have you been using drugs or alcohol?” <p>Then...</p> <ul style="list-style-type: none"> • “What would you like to happen next?” • “What can we do to keep you safe for now?” <p>Immediate support:</p> <ul style="list-style-type: none"> • Make sure they are not left alone. • Remove anything they could use to take their own life, e.g. tablets. • Get medical help immediately (call 999 or take them to A&E, or call the crisis team at CAMHS).
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Adapted from Essex, Thurrock & Southend self-harm management toolkit for educational settings)



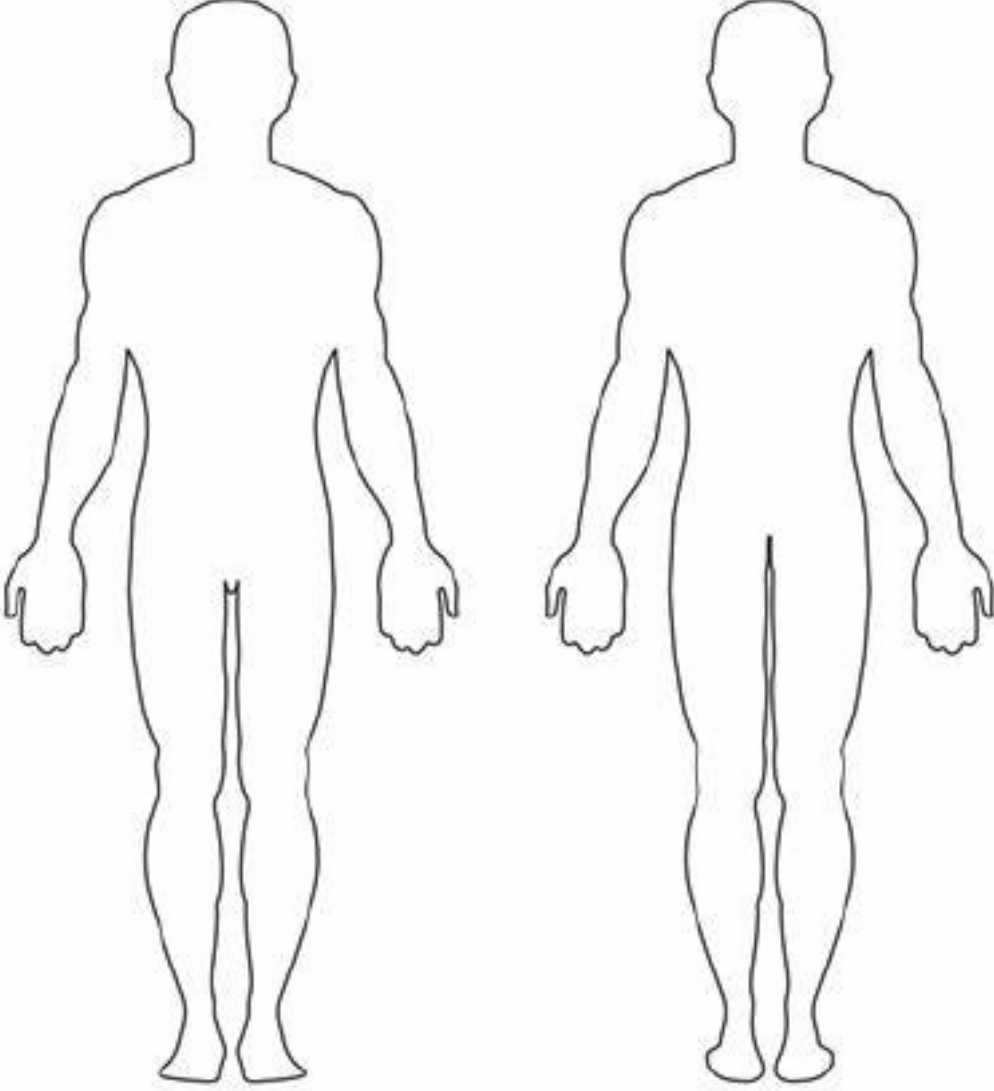
Appendix 2: Dos and Don'ts for Talking to Young People About Self-Harm

Do	Don't
<p>General:</p> <ul style="list-style-type: none"> ✓ Make a first-line assessment of risk. ✓ Take self-harm and suicidal behaviour seriously. ✓ self-harm does not increase the risk, but not talking about it may make them feel unheard or alone. <p>Talking to the young person:</p> <ul style="list-style-type: none"> ✓ Make time to talk to the young person about their self-harm. ✓ Be interested in them as a person, not just as someone who self-harms. ✓ Be patient and listen. ✓ Use a non-judgmental approach. Think about what you say. ✓ Respond with concern rather than anxiety, shock or distaste. ✓ Listen to what is being said and check your understanding if needed. ✓ Ensure that the individual is given the opportunity to direct the conversation, express their thoughts about self-harm and be involved in jointly agreeing plans for keeping safe and for further support. ✓ Find out how they are feeling – are there ups and downs? ✓ Are there underlying difficulties, e.g. bullying, difficulties in peer relationships, stress from exams, conflict at home ✓ Act appropriately in line with policy of confidentiality – inform child or young person first before informing others. 	<ul style="list-style-type: none"> ✗ Undervalue your ability to respond in an appropriate way despite your anxieties. ✗ Tell them to stop self-harming or give them an ultimatum. ✗ Ignore the self-harm however superficial it may seem to you, or assume that someone else is already helping them. ✗ See it as attention seeking or assume it is to manipulate the system or other individuals. ✗ Make judgements. ✗ Trust appearances. ✗ Panic or jump to quick solutions. ✗ Dismiss what the child or young person is saying. ✗ Disempower the child or young person. ✗ Give promises that you cannot keep. ✗ Use language that defines individuals or groups as 'self-harmers' – use 'individuals who self-harm'.
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Appendix 2: Dos and Don'ts for Talking to Young People About Self-Harm

Do	Don't
<p>Talking about coping:</p> <ul style="list-style-type: none"> ✓ Ask about coping strategies - when are they most likely to self-harm? What have they found helpful in distracting them? ✓ The child or young person may wish to have new strategies to manage some of their difficult feelings. Talking to someone or distracting themselves, e.g. by listening to music, are common strategies. <p>After the discussion:</p> <ul style="list-style-type: none"> ✓ Check when and how parents will be contacted. ✓ Consider carrying out a Families First Assessment or making other referrals (e.g. GP, school nurse, CAMHS, Services for Young People). ✓ If appropriate, make a safeguarding referral. ✓ Speak to other agencies or nominated people within the school as appropriate and within the parameters of confidentiality. ✓ Discuss concerns with your supervisor. ✓ Look after yourself; ensure you have someone to support you and talk things through with. 	<ul style="list-style-type: none"> ✗ Undervalue your ability to respond in an appropriate way despite your anxieties. ✗ Tell them to stop self-harming or give them an ultimatum. ✗ Ignore the self-harm however superficial it may seem to you, or assume that someone else is already helping them. ✗ See it as attention seeking or assume it is to manipulate the system or other individuals. ✗ Make judgements. ✗ Trust appearances. ✗ Panic or jump to quick solutions. ✗ Dismiss what the child or young person is saying. ✗ Disempower the child or young person. ✗ Give promises that you cannot keep. ✗ Use language that defines individuals or groups as 'self-harmers' – use 'individuals who self-harm'.

Appendix 3: Self-Harming Behaviours Incident Form

Date:		Name:	
Year Group:		Incident Number:	
Special Needs:		Role and Person Completing Form:	
Time of Incident:		Location:	
Context: e.g. events leading up to			
Injuries:	 <p style="text-align: center;">Front Back</p>		
Action Taken: including contacting parents, seeking external advice, first aid			
Follow Up: including developing safety plan			
Signature:			

Appendix 4 – Script guide for interviewing young people who self-harm

Things to consider and what to ask (Please highlight risk level on right of question and record answers below questions)	Low to moderate risk response*	Moderate to high risk response
What led up to self-harming? (Reasons)	Arguments; falling out with boy/girl-friend	Desperation; wanted to end it all
What was the self-harming? (Cutting/overdose)	Cutting, overdose, scratching, burning, hair pulling, inserting objects	Ligature, jumping, crashing, running into vehicles, overdose, burning, poisoning
Where were you at the time? (Circumstances)	Home, school, other	Home, school, other
Was there anyone else around? Yes/no Where were they?	Friends, family, nearby	No one
When did it happen? (Day/ time)	Anytime	Anytime
Did you tell anyone? (Who?) And how long after did you tell them?	Yes (family, friend, 999) immediately, shortly afterwards	Yes (on recovery, afterwards) Not at all
How were you feeling before the self-harming?	Anger, upset, sad, frustrated, stressed	Vengeful, anger, upset, sad, frustrated, stressed
Did you try to manage your feelings in any other ways?	No (impulsive) Yes (tried distraction)	No (impulsive) Yes (distraction, substance misuse)
Did you contemplate self-harming for any length of time beforehand?	No (impulsive)	No (impulsive) Yes (for some time; planned how to)
How did you feel after the self-harming?	Regret, foolish, embarrassed, frightened, needed to get help	Nothing (hoped it would work)
Were you under the influence of any alcohol or substance at the time?	No	Yes (lowers inhibitions increases risk)
Have you self-harmed in the past? Yes/no When was this? Any reason?	Yes; No (first time)	Yes; No (first time)

When did you first self-harm?	Long or short period	Long or short period
How long ago? How old were you? What did you do?		
What types of self-harm have you used? Where have you carried this out?	Cutting, overdose, scratching, burning, hair pulling, inserting objects,	Ligature, jumping, crashing, running into vehicles, overdose, burning, poisoning
How frequently do you use self-harm?	Infrequent, when stressed	Frequently
What other strategies have you used to help you cope?	Talking to friends, reading, writing, drawing, exercise	Talking to friends; nothing
Who do you know you can talk to?	Friends, teacher, counsellor, nurse, mum/dad	Friends, no one
Have you ever experienced suicidal thoughts? Yes/no Are they random/fleeting or persistent?	No; Yes (fleeting, random)	Yes (random, persistent)
Have you ever acted on a suicidal thought or idea?	No; Yes (partly but didn't follow through and stopped)	Yes (tried and failed attempt/ partly didn't follow through)
Have you ever written a note to be found by anyone after a self-harming incident?	No; Yes (wrote but didn't do anything)	Yes (wrote but didn't do anything or left note to be found)
Do you keep self-harming equipment anywhere in private?	No (know where to obtain); Yes (in bedroom, in bag/box)	No (know where to obtain); Yes (in bedroom, in bag/box)
What are your hopes and ambitions for the future?	Some hopes and ambitions	Little or; No hopes and ambitions
Are you interested in managing your self-harming?	Yes (to manage and try alternatives to stop self-harming)	Yes (can manage sometimes); No (don't want help or to stop self-harming)
Generally; how would you describe your mood (scale 1–10)	Sad, Low, Depressed, Ok (1–5)	Depressed, Low (6–10)
If depressed; for how long (circumstantial?)	Now and then, (at school/ home/after argument)	Most days for a long time, (nearly all the time, anywhere)
Is there anything else you want to talk about?		

Appendix 5a: Safety Support Plan Template (School Version)

Person/people involved in completing plan:	
Date plan completed:	
Date updated:	
Time of Incident:	

Nature of self-harming behaviour:	
Known triggers: e.g. requests being made, thinking work is too hard	
Behaviour signs to watch for (ongoing monitoring): E.g. early warning signs, signs that YP has self-harmed	
Risk identified (low/medium/high) and justification:	

Parent Information

Are parents aware of self-harming behaviour?	
Name(s):	
Contact details:	
Additional information from parents:	
Agreed arrangements for contact between parents and school:	

General School Support

Adaptations to school timetable, activities etc. i.e. modifying/ways to avoid triggers, preparing the YP. Consider transitions and the sensory environment	
Proactive strategies to make school a good place e.g. supporting development of peer networks, praise, teaching needed skills (e.g. social)	
Strategies young person can use if they have thoughts of self-harm e.g. communication with adults, alternative calming strategies	
Script for staff when seen the YP has self-harmed e.g. humour, distraction	

Support Person Details (Staff)

Name	
Arrangements of contact (e.g. frequency, time):	
Who will support if this person is not available?	
Notes on special arrangements to speak to them (e.g. time out card)	

This person should be readily and reliably available. It would be preferable if the young person was involved in deciding who that person is, and that the member of staff has had some training in supporting young people who self-harm.

Peer Support Network

Peer details (initials)	
Are these relationships consistent?	
Are friends aware of self-harm behaviour?	
How are friends managing the supportive role?	

Outside Agency Support

Child Protection/ Child In Need Plan?	If yes, name and details of coordinator/social worker:
GP's name and address:	
CAMHS/counsellor details:	
Any other agency support:	
Relevant information from external professionals:	

Date to be reviewed:	
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See also the HSCB self-harm pathway: hertsscb.proceduresonline.com

*This information should be treated confidentially. However, the young person's safety is paramount and therefore it is necessary to liaise with those involved with the care of the young person as appropriate to ensure his/her safety.

Appendix 5b: Safety Support Plan (Young Person's Version)

Examples of simple, practical and useful safety plans which are young people led are available through Get Self Help:

1. www.getselfhelp.co.uk/docs/SafetyPlan.pdf
2. www.getselfhelp.co.uk/docs/SafetyPlanCards.pdf

Appendix 6: Working with Parents of a Young Person who is Self-Harming

Meeting Record

Attendees

Name	Role	Signature

Summary of Key Points

Name	Role	Signature
Setting's Role including information sharing within school		
Parents'/Carers' Role including agreed safety plan and support available		
Young Person's Role including agreed safety plan and support available		
Referral to Other Agencies e.g. CAMHS, social care, GP		
Other Key Points		
Review Date		

Information to support the meeting

Consider who the best people are to attend the meeting. This would be based on: any relevant history, who knows about the self-harm and who is in the best place to offer support.

Gathering this information to identify the young person's needs will help you to identify which, if any, service(s) are most appropriate to support them. It may be that you are updating previous information (related to the self-harm or other communications with parents). On-going support will need to be considered whilst any referrals go through.

Record any agreements in the relevant section on the form. You may also want to consider going through the **safety support plan template** in addition or instead of the meeting notes template on the previous page, to provide more detail.

Remember it is important not to make promises that you cannot keep. This is true for both young people and adults.

If other services are already involved, it may be helpful to have a multi-agency approach from the start. If/when other services come on board, review meetings should involve key professionals to ensure a joined-up and consistent approach.

Introductions and establish purpose of meeting:

- The purpose of today's meeting is to discuss the needs and ongoing support for in relation to his/her recent episode(s) of deliberate self-harm. It is our responsibility to ensure that has ongoing access to his/her education/activities and is supported appropriately whilst also considering his/her safety. I am hoping that today, by the end of the meeting, that we can agree what school/setting can do, what you the parents/carers can do and what can do himself/herself.
- I think it will be useful to capture this information on a document to remind us of what we have agreed to do over the next 6–8 weeks. It would be a good idea then to meet again to review 's progress and if required, plan further care and support.

Setting's role:

- Consider what support systems are already in place (ones that the young person already accesses and ones that are already available in the school) and see what can be strengthened/developed further.
- I feel we should appoint a representative from school/setting who can be available to so he/she has access to talk about pressures, stresses and needs, to prevent further risky episodes served with agreed and planned sessions each week if needed.
- It may also be wise to consider a method in which can have permission to walk away from stresses and pressures that may exist in a classroom/activity/setting and to go instead to a pre-agreed calmer and safer environment as needed. We will be able to monitor this and hope it will be used appropriately.

- Discuss the above two points and come to agreements about who the appointed person may be and when these support mechanisms can be put into place and record them on form (i.e. who, when, where, how).
- It is important that parents and the young person are fully involved in the planning of the support. This may happen within the meeting or separately (before or afterwards). If the young person is not attending the meeting, they should be told that it is happening.
- If there are associated problems such as bullying, bereavement, relationship problems or drug use, who else can help these issues? What will the school/setting representative and the school/setting do?

Parent/carer role:

- Discussion about ways in which the parents/carers may ensure’s safety during this period of time. Ultimately parents/carers are responsible for the safety of the young person whilst they are at home.
- If the parents/carers cannot ensure this, they may consider support from the A&E department, GP, police, social care and any other relevant services. Remind parents that should an episode occur, then should be taken to the nearest Emergency Department at the hospital and agree to communicate with you the school/setting representative. This will allow you to make further plans for ongoing and further support.



Young person’s role:

- The young person should be involved as much as possible, whether for part of or for the whole of the meeting, or an adult feeding back a previous discussion they had with them. An adult may want to discuss with them what will happen in the meeting or give them prompts to think about beforehand.
- Ask the young person if they know what else may be considered as support in school that will help them to cope in a risk-free way. What resources can the young person call on and who else will help them, for instance, friends, family, significant others?

Referral to other agencies:

- Ask if any assessment has been undertaken by the Child and Adolescent Mental Health Service (CAMHS) or other services in relation to this/these episode(s) of deliberate self-harm.
- If no therapeutic support is taking place, discuss how this may be accessed with a possible referral. If referral to a therapeutic agency is required, agree on the most appropriate route and who may do this, ensuring agreement and consent from parents/carers and young person.

Finalising:

- Ask each person in the meeting if they have any other ideas for support that could be considered until a review meeting can take place.
- Ask those who are present and who have agreed interventions and support to sign the document.
- Agree further date and time for review of care plan and record this on the review section of form.



Reviewing:

- Is the young person demonstrating or talking about improvements in their situation?
- Are you noticing a difference in their presentation, and if so, are these improvements or concerning factors?
- Consider the use of a scaling tool (0–10) for the young person to give a more accurate sense of their feelings? 0 is feeling low and struggling whilst 10 is coping very well.
- Go over the plan you previously agreed and ask about each part of the plan and how things have gone since your last meeting.
- Is a referral to others needed?
- Is it appropriate to end the planned support? If so, how will you achieve this? Is there a fall back plan? Can the young person be given contacts or networks to communicate with others should another crisis occur?

Template letter to parents following meeting about self-harm concerns

Date:

Dear [Parent/Carer]

Thank you for coming to school to discuss [pupil's name and nature of concern].

After our recent meeting I am writing to express concern about [pupil's name] safety and welfare.

The recent incident whereby [pupil's name] hurt or attempted to hurt [him/herself] suggests that [he/she] may need some additional support.

You can visit your local GP for advice and help **and /or as agreed, we have sent a referral to children's services and / or an Emotional Wellbeing and Mental Health Service (Step 2 / Specialist CAMHS) / or we will provide support within school (please detail)**.

We will continue to provide support to **[pupil name]**, but would appreciate ongoing information that you feel would help us to do this as effectively as possible. I will contact you again [when] to arrange a further meeting / telephone call to review how [pupil name] is doing.

I have given you a **copy of / link to** a leaflet for parents. I can appreciate this is difficult information to take in and hope the leaflet provides you with some reassurance.

Please do contact me if you have any further questions or if there is anything else we can do to help.

Yours sincerely,

[Name and Title]

Copies to:

Adapted from: Northamptonshire Toolkit for supporting children and young people, Northamptonshire County Council, 2014

Appendix 7: Example Self-Harm Policy

Self Harm Policy NCC



Appendix 8: Managing Self-Harm Exposure in School

Consistent with social learning theory (Bandura, 1973), peer influence predicts a wide range of adolescent behaviors, attitudes, and symptoms through social learning and modelling (see Brechwald & Prinstein, 2011; Heilbron & Prinstein, 2008). Exposure to peer NSSI 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).’

[Stephanie Jarvi, Benita Jackson, Lance Swenson & Heather Crawford \(2013\)](#)

This guidance is in two parts; the first section considers managing exposure where a young person is known to be engaging in self-harming and the second section explores reducing iatrogenic risk when delivering preventative activity in school about self-harm.

Part 1: Managing contagion where a young person is known to be self-harming. Provision of support for other students who have witnessed/know about self-harm

‘Social contagion refers to the way in which behaviour like self-harm can spread among members of a group. The risk for contagion is increased when high-status or “popular” pupils are self-harming or when self-harm is used as a means for pupils to feel a sense of belonging to a particular group.

To prevent social contagion in schools, staff must reduce communication around self-harm. If a pupil is engaging with self harming behaviour, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help pupils manage scars and wounds and visible scars, wounds and cuts should be discouraged.’

(Model guidance: schools responding to incidents of self-harm, Wiltshire.

For reference only: www.wiltshirehealthyschools.org)

Issues regarding self - harming within peer groups

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

Each individual may have different reasons for engaging in self-harming behaviour as a strategy to express and manage emotional distress and should be given the opportunity for one to one support. Be aware that children may seek support through the internet where the advice they are offered may be counterproductive.'

(Greenwich safeguarding board guidance)

Contagion of self-injury among adolescents in schools

'For some people seeing signs of NSSI can act as a trigger that increases the urge to self-injure. For this reason, experts advise that wounds resulting from NSSI not be openly displayed in public (e.g. at school).

Teachers and other school staff can minimise contagion of NSSI among adolescents in schools by discouraging students who self-injure from talking to other students about their NSSI, and encouraging adolescents who self-injure to conceal unhealed wounds while at school and in front of peers. Teachers and other school staff can also minimise contagion by avoiding classroom discussion of NSSI.'

(Shedding light on [NSSI website](#))

The examples above suggest that managing the visibility of self-harm and discouraging young people who self-harm from talking to their peers explicitly about engaging in self-harm can help to minimise contagion. Please note, it may reduce contagion by discouraging young people from discussing self-harm but it may also further stigmatise self-harm and isolate young people by reducing help seeking behaviour among their peers. Self-harm can lead to feelings of guilt and shame which schools would not want to further compound. Therefore, guidelines about what is and isn't helpful to discuss with peers may be negotiated. For example, you may ask pupils to use discretion and avoid discussing methods of self-harm, attempting to shock others or romanticising self-harm. You may wish to explain to young people that discussing self-harm in this way may act as a trigger for others that may be engaging in self-harm and who may be working towards reducing their self-harming behaviour or that others may consider engaging in self-harm. You may encourage young people who are self-harming to focus their discussions on their feelings and seeking help to engage in or reinforce healthy coping strategies for example.

If you wish for young people to cover their injuries during school and if doing so would help to prevent infection, you will also need to negotiate how this will be managed in relation to PE lessons and warm weather so that young people are not left with difficult choices.

Be aware that younger siblings may be exposed to self-harm within the home and this may increase the risk of them self-harming. The potential risk may be communicated in a measured way to parents and / or the primary school if appropriate and with consent.

Group interventions

If it is suspected or known that a young person is self-harming, they should be assessed on an individual basis. Although there may be several young people engaging in self-harm within a school, year group or form, they will all likely have different reasons for doing so.

It should be remembered that interventions should seek to reduce the impact of the underlying distress driving the self-harming behaviour. Therefore, it is essential to support the young person to develop alternative strategies to manage distress or difficult feelings while the intervention will be as individual as the underlying need. Interventions focusing on reducing self-harming behaviours alone will have limited success as the behaviour is helping the young person to cope.

Group interventions for young people who are self-harming have been considered by some schools. Group interventions are generally not utilised within psychological services for young people who self-harm. While some groups (for example, for young people who are young carers or who have been bereaved) can support positive connections, groups that focus on self-harm can serve to unify the participants through the behaviour that the intervention is aiming to reduce.

If your school feels that a group intervention would suit young people engaged in self-harm, you may want to ensure that:

- The young people participating in the intervention are ready to move away from self-harm (you would need to consider how you would determine this);
- The group consists of young people experiencing emotional difficulties, some of whom may be self-harming and some of whom are not;
- The focus of the intervention is not self-harming behaviour but encouraging help seeking behaviours, emotional health and wellbeing and positive coping mechanisms



Part 2: Self-harm exposure – preventative approaches in school

This section focuses on how to engage with the topic of self-harm with the broader school community, i.e. not individuals who are known to be self-harming.

Schools report a perceived increase in self-harm among pupils. With high numbers of young people engaging in similar behaviours, the temptation can be to bring all those affected together or address the whole school during an assembly for example. It is difficult to engage with a large group about a sensitive topic and difficult to identify the dynamic among the group or individuals who may be triggered by the approach. Therefore, it may be more prudent to discuss self-harm universally in smaller groups and always to discuss engagement with self-harm on an individual basis.

The value of early intervention and prevention is well known. Many issues that affect young people have been tackled as part of the curriculum or enrichment activities in order to inform young people and attempt to reduce certain behaviours. Self-harm is a particularly difficult topic to address with groups within schools. The risk of exposure increasing self-harm behaviours through school activity is not known; therefore a number of considerations are presented here to inform your approach.



“It is important that schools don’t unintentionally promote self-harm by teaching about the behaviour (which may merely advertise how to self-harm) rather than teaching about resilience and coping strategies. Raising the profile of any suspected group activity might also unintentionally increase self-harm incidents. It is more advisable to ensure that students know about the ways the school can support them in times of need and focus on being explicit in how and in what form any help is available.”

(Greenwich Safeguarding Board Guidance)

We don’t necessarily have to talk about self-harm to address it. Self-harm exists because young people experience emotional distress. Therefore, we can address self-harm by addressing emotional distress. We need to be mindful, however, that contagion is not exacerbated by the absence of accurate messages about self-harm.

Managing exposure risk in preventative activity – First, do no harm

Things to include/focus on	Things to avoid
Destigmatise mental health as a topic (see MindEd – Self Harm resource)	Shocking young people
Promote mental wellbeing	Eliciting guilt
Promote empathy and the value of concern for people who self-harm and people with mental health problems	Sensationalising or romanticising self-harm
Challenge any misconceptions about self-harm raised by young people, particularly those that suggest self-harm serves a social function	Personal stories which create a realistic dimension to self-harm
What are normal brain responses/normal emotional responses to life problems	Statistics which promote the idea that self-harm is common
Self-awareness, how will young people know when they need self-help/external support?	Information about methods of self-harm
Ensure seeking support or prioritising self-help is seen as a critical strategy in succeeding at school/life	The term 'self-harm' can be stigmatising and trigger young people engaged with the behaviour. Consider limiting its use if discussing universally. Other suggestions include 'harmful behaviours', 'coping mechanisms that can sometimes be unhelpful/not healthy' and 'people who hurt themselves'
Where young people can get support from and how do they access it (permission to ask)	
Generate confidence that speaking to an appropriate adult (on yours or your friend's behalf) is the right thing to do	
Increase young people's capacity to ask 'how are you?'	
Share and generate ideas around healthy coping mechanisms: to provide distraction, self-expression and release endorphins we need to relax, create and be active	

The PSHE Association have published detailed guidance for schools on preparing young people for lessons about mental health. The advice would be relevant to schools wishing to explore the topics of mental health and self-harm.

The guidance provides significant advice about preparing young people in advance of the session including providing information about support services for young people. You may wish to use the [signposting guide](#) created specifically for Hertfordshire. The guidance does not focus as much on evaluation of the session and it is important to check that the lesson or workshop has not caused distress.



Research suggests mixed outcomes from school based programmes but there is a lack of research into the impact of lessons on mental health problems. It is therefore advisable to follow up, formally or informally, to establish how the session has been received, remind young people of support available and evaluate / implement any changes that would improve the session.

A whole school approach to improving mental health will underpin work to reduce mental health issues and therefore self-harm. You can use the Hertfordshire [self-review tool](#) to evaluate and enhance your approach. The 'Healthy Young Minds In Herts - A whole school and college approach to emotional wellbeing, mental health and suicide awareness School Accreditation Kitemark' information is available on the Healthy Young Minds in Herts website. Creating a [log in](#) is required in order to access this information.

If you are considering engaging with an external provider to deliver an assembly, workshop or lesson about self-harm or mental health generally, you may wish to consider the [quality assurance guidance](#) provided in this Hertfordshire document.

Please note, to access the Hertfordshire links, you will need to be [registered](#) to use the Mental Health Lead Toolkit on www.healthyyoungmindsinherts.org.uk

Appendix 9: C-Catt information

C-CATT – CAMHS Crisis Assessment & Treatment Team.

Crisis Support -Update for Schools – February 2022

Getting support for children and young people in Mental Health Crisis.

Important information to share with families:

- The quickest way to get mental health support at any time of the day or night in Hertfordshire is to call freephone number **0800 6444 101** or Call NHS 111 and select option 2 for mental health support.
- In Case of serious illness, injury or harm call **999** for emergency services.
- As a safety precaution – always ensure that prescribed and over the counter medicines are locked away securely at home.

When a child or young person is experiencing mental health crisis, this can be extremely distressing for them, as well as family members and professionals who are supporting them. Getting the right help at the right time in the right place is critical.

Serious illness/Injury/overdose - Call Emergency Services.

What to expect – Physical health tests and treatments will be completed at a general hospital and CCATT will assess mental health and risks in A&E.

Deterioration in mental health and known to mental health services. Please contact care coordinator or duty worker at the mental health team who are providing support Monday – Friday 9-5. Outside these hours – please contact Single point of Access (SPA) **0800 6444 101**

What to expect – Mental health team will advise further based on information provided and their knowledge and involvement with the child and family including safety planning and any further assessment or increase in support required during period of crisis.

Deterioration in mental health and not known to mental health services – Please contact Single point of Access (SPA) **0800 6444 101**

What to expect – A telephone triage will be completed by SPA and they will advise based on the information provided. This could include safety planning, a referral to CAMHS (including urgent referrals) or a telephone assessment by the crisis team.

CCATT Crisis Telephone assessment.

What to expect – once a telephone triage has been completed by SPA, if indicated a call back will be made usually within 1 hour by a crisis team clinician. An initial assessment will be undertaken by phone. The clinician will advise based upon the information provided. This could include safety planning, same day/next day face to face crisis assessment in the community, initiate referral to mental health services or to attend A&E.