Self-harm and Suicidal Behaviour Guidance

Working with children and young people in Derby City and Derbyshire

September 2020

Guidance to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures				
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INTRODUCTION

This policy forms an essential part of our safeguarding group of policies and best practice guidance for children. It should be viewed in conjunction with these, in particular the DDSCP Safeguarding Children and Child Protection procedures. The overall aim is to ensure that staff are able to recognise and act swiftly and appropriately to all cases where a child or young person may be at risk of suicide or self-harm behaviour. We hope this guidance supports you to recognise key factors and signs of distress that may contribute to the young person's feelings and to help provide you with some thoughts about why young people might self-harm or have suicidal ideation. We have liaised with professionals and young people to help put in place a framework for intervention, alongside a range of tools that you might find useful in your work with children and young people.

Through using this document we hope that young people will have confidence in approaching staff to be taken seriously and be understood and listed to without fear or discrimination. To help them keep safe and to empower self-control /coping.

Quotes from children and young people tell us:

"The most important thing is not to tell people to stop, but to listen to them, find out what they need to stop and help them find ways of achieving that."

"Communication not manipulation"

"How to be 'imperfect' in a 'perfect' world"

The relationship between self-harm and suicide is complicated. It is true that people who self-harm are significantly more likely to die by suicide than the general population who do not self-harm, however people may have many motivations for self-harm which are not always related to dying. Suicidal intent may not be evident early on, but often emerges over time. It is also worth noting that the majority of deaths related to suicide behavior is often reported as unintended or accidental death due to the high-risk strategy associated with the behavior that sometimes goes too far.

Self-harm should always be taken seriously, as it will inevitably reflect an attempt to manage a high level of psychological distress and is a form of communication. Therefore, it is important to work with the child or young person to understand their motivations and to not assume the motivations for self-harm are the same every time.

Agencies and practitioners must refer to the Derby and Derbyshire Safeguarding Childrens Partnership Thresholds document (see DDSCP procedures) to help them in their decision making about the level of need and the most appropriate assessment and interventions, including early help and referral to Children's Social Care. Where there are serious or complex needs or where there are child protection concerns, practitioners should consult with their designated lead for Child Protection and make a referral to Children's Social Care.

This Guidance should be read in conjunction with the Derby and Derbyshire Safeguarding Children Partnership procedures via http://derbyshirescbs.proceduresonline.com/chapters/contents.html or via the DDSCPs' website ddscp.org.uk

There are several appendices and tools attached to the end of the document for educational and procedural guidance, instant reporting forms, easy read self-help guidance and important local and national contacts.

1. WHAT IS SELF-HARM?

Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. Examples of self-harm behaviours are:

- self-cutting or scratching
- burning or scalding oneself
- head banging or hair pulling
- over/under-medicating, e.g. misuse of insulin
- punching/hitting/bruising
- swallowing objects
- self-poisoning i.e. taking an overdose or ingesting toxic substances.

There are other behaviours that are related but which do not normally fall within the definition which include:

- Self-neglect – physical and emotional
- reckless risk taking
- staying in an abusive relationship
- eating distress (anorexia and bulimia/eating disorders)
- substance misuse
- risky sexual behaviour
- missing episodes

Common characteristics of self-harm behaviour

It may be:

- compulsive, ritualistic
- episodic (every so often)
- repetitive (on a regular basis)
- sometimes occurs with depression and anxiety, but sometime occurs without
- serves a purpose to the young person.

Self-harm and suicide

A report in 2018 from the Office of National Statistics (ONS) shows a 15% increase in the number of teenagers taking their own lives in the last year alone (2017-2018), and 67% since 2010.
There were 177 suicides among 15- to 19-year-olds in 2017, compared with 110 in 2010 and more than in every year since then except 2015, when the toll was 186, the Office of National Statistics data shows.

Fifty-six girls and women in the age group killed themselves between 2018/2019, the highest number since records began in 1981. The suicide rate among that group, 3.5 per 100,000 people, was also the highest on record, and well up on the rate of 2.1 per 100,000 in 2010. https://youngminds.org.uk/

Self-harm is common, especially among younger people;
One in six young people have self-harmed in the last year

Of the more than 11,000 14-year-olds surveyed in the Millennium Cohort Study, 16% reported they had self-harmed in the last year. Based on these figures, nearly 110,000 children aged 14 may have self-harmed across the UK in the same 12-month period.

'Girls are more than twice as likely to self-harm than boys'

22% of 14-year-old-girls have self-harmed, compared to 9% of boys. While there isn't direct research on the causes of this, there has been a growing trend of girls becoming unhappier with their lives since 2010.
https://www.childrenssociety.org.uk/good-childhood-report/self-harm-in-children-statistics-facts

Studies use different definitions of self-harm and cover different age ranges. This makes it very difficult to understand how many young people are affected.

Proxy information estimates that amongst 11-19 year olds, the rate of self-harm is from 1:12 to 1:10.

When applied to Derby and Derbyshire, the numbers of young people who self-harm would be within the range of 10,000 to 15,000 (2020).

In Derby and Derbyshire, 900 – 1200 young people who have self-harmed required hospital care, this is reflective of the current attendance at Childrens Emergency Departments at the University Hospital of Derby and Burton and Chesterfield Royal Hospital Foundation Trust.

2. Vulnerability and Risk Factors

Self-harm is not an indicator of a mental health disorder but a response by a young person under stress. It may be in relation to repeated or long standing stress, such as that arising from one or more adverse childhood experiences, abuse or domestic violence, or a reaction to a single event such as bereavement. It may be the only way a young person has learned to cope with powerful emotions or it might be the method of choice – the one that works best for them.

It is important to consider that those children that are exhibiting behaviour that challenges are likely to have vulnerability factors that should be not be overlooked.

Self-harm is primarily a coping mechanism, a means of releasing tension and managing strong feelings. There is an increased prevalence of self-harm in some vulnerable groups of marginalised children for example, those involved in youth offending services, those in custody, secure accommodation and detention, LGBT, victims of abuse, or those affected by criminal and or sexual exploitation, are at greater risk.

This is partly because they are more at risk of depression and anxiety and also because they are less likely to have role models demonstrating effective, alternative coping strategies. They may also be more likely to know others who use self-harm themselves or attempt suicide, factors that have been identified as a risk in a number of studies.

Factors that motivate young people to self-harm include a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Self-harming may express a powerful sense of despair that needs to be taken seriously. Such behaviours should not be dismissed as "attention- seeking".

Children with Neuro developmental disorders.

Children with neuro developmental disorders for example Autistic Spectrum Disorders (ASD), Attention Deficit Disorder (ADHD/ADD), are at high risk of attempting suicide. Family inclusive practice is important and the rates of completed suicide in siblings and parents with ADHD/ADD is also increased.

Vulnerability and Risk Factors
There can be many factors within a young person, their immediate and wider social networks and their environment which might predispose him/her to a wide range of vulnerabilities and not just self-harm. Protective factors mitigate those vulnerabilities

3. Characteristics of young people who self-harm & Protective Factors

Common characteristics of adolescents who self-harm and the characteristics of those who die by suicide include physical or sexual abuse and there is an increasing recognition of the importance of depression in non-fatal as well as fatal self-harm in young people. Substance misuse is also common, although the degree of risk of self-harm in young people attributable to alcohol or drug misuse is unclear. Knowing other who self-harm may be an important factor.

Statistics show as many as 30% of young people who self-harm report previous episodes, many of which have not come to the attention of professionals. At least 10% repeat self-harm during the following year.

It is important to balance the risks needs and strengths of the child when considering your intervention. (Please See appendices for risks, needs and strengths to take into account when considering risk of self-harm and suicide).

The internet and social media have become an essential part of our daily lives, and this includes children. Most internet use is safe and does not expose children to harm. However, use can become problematic, for example:

- Children may develop dependency seeking behaviour on the internet, including on line games, with excessive or poorly controlled use associated with impairment in normal social relationships. In severe cases, online activity may take over the child's life to the exclusion of all else. The problem is more common in adolescent males than females. (Link to life in likes – Childrens commissioner)
- Children may be exposed to cyberbullying, grooming, sexual abuse, sexual exploitation, emotional abuse, radicalisation and other ideologies that reinforce unhealthy messages such as suicide and eating disorders. Abuse may be from peers, adults, or adults posing as children and may or may not be persons known to the child
- Children who have thoughts about self-harm or suicide may search the internet for information that promotes, discusses or suggests methods of self-harm or suicide
- There is a link to increased mental health difficulties in children who compare themselves negatively to others on social media (When likes aren't enough, Bono T 2018)

4. Triggers to self-harm

Problematic or concerning use of the internet may expose children to harm in a variety of ways, with one of the consequences being an increased risk of self- harm or suicide
Vulnerabilities increase the likelihood that a young person might self-harm, one or more additional factors, or "triggers", make this more likely to occur, including the impact of reduced protective factors;

These may include:

- Family relationship difficulties (the most common trigger for adolescent children);
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents);
- Bullying, especially homophobic or cyber-bullying/mobile phones;

- Significant trauma e.g. bereavement, abuse;
- Self-harm behaviour amongst the young person's peer group (contagion effect);
- Self-harm portrayed or reported in the media;
- Difficult times of the year, e.g. anniversaries;
- Trouble in school or with the police;
- Feeling under pressure from families, school or peers to conform/achieve – this also applies to children who have high expectations of themselves;
- Exam pressure;
- Times of unwelcome change, e.g. parental separation/divorce.

Changes in behavior

There may be a change in the behaviour of the young person that is associated with self- harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits;
- Increased isolation from friends/family;
- Changes in activity and mood, e.g. more aggressive than usual;
- Lowering of academic grades;
- Talking about self-harming or suicide/suicidal ideation;
- Misusing drugs or alcohol;
- Becoming socially withdrawn;
- Expressing feelings of failure, uselessness or loss of hope;
- Giving away possessions;
- Risk taking behaviour (substance misuse, unprotected sexual acts)
- Suicide or self-harm history in family.
- Use of and normalization of language about self-harm and suicide.
- Poor self-regulation, that they may be in a difficult phase, which if it stops they would not want to die.
- Unprotected sex
- Missing episodes
- Extensive time on the internet
- Use of social media

Prevention

It can be difficult to identify young people at risk of self-harm even though they may seek help before they self-harm. This is partly due to the secrecy and shame that tends to surround self-harm or impulsiveness that precipitates an act of self-harm, but also because there are no unique individual or behavioural characteristics to look out for.

Nevertheless, schools in particular are well placed to take action to address some of the issues known to be associated with self-harm such as bullying/cyber-bullying, child sexual exploitation, peer pressures and exam pressures. This can be achieved in the following ways:

By being aware of students who display the characteristics associated with self- harm, being alert to changes in their demeanor and behaviour that suggest anxiety or low mood and to any specific incident that might trigger an act of self-harm.

Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. Each individual may have different reasons for self-harming and should be given the opportunity for one to one support; however it may also be helpful to discuss the matter openly with the group of pupils involved.

In general it is not advisable to offer regular group support for pupils who self-harm, where there appears to be linked behaviour or a local pattern emerging, a multi-agency strategy meeting should be convened.

Most importantly:

Remembering that young people seek out staff they are comfortable with, not just teachers or pastoral care staff;

- By being pro-active - showing concern and asking if there is a problem and taking seriously any expression of anxiety/communication of vulnerability
- Recording and taking action upon any incident of self-harm within school or affecting a student;
- Having good links with key services such as CAMHS, School Nursing and Early Help/Multi-Agency Teams (MAT's); and
- Having policies/procedures and risk management plans that support these actions

Similar approaches can be taken by other services who work with young people who are known to have additional vulnerabilities such as:

- Out of school services/off site provision or Pupil Referral Units and Support Centres;
- Early Help services
- Youth services;
- Children's and foster homes;
- Aftercare services;
- Youth Offending Services;
- Services for Young Carers;
- Services for those who run away and those who are at risk of child sexual exploitation;
- Services for those who have mental health problems.

Effective action is likely to require a multi-agency approach such as an Early Help Assessment, team

around the family meetings and multi-agency action plans to ensure appropriate help and support is provided.

5. Responses

Protective and supportive action - what you should do.

A supportive response is one that demonstrates respect and understanding together with a non-judgmental stance, are of prime importance together with a focus on the person, not what they have said or done.

Remember…

Most young people who self-harm:

- do not have mental health problems – they are under stress and have no other means of managing their emotions;
- feel shame and stigma – it is not easy for them to talk about it.

6. Assessing the Immediate Risk

- Depending upon the setting and circumstances, find somewhere private to talk with the young person.
- Tell a colleague what you are doing.
- Listen attentively - just being listened to can be a brilliant support and bring great relief to the young person, particularly if they have never previously spoken to anyone about their self-harming before.
- Encourage them to talk about their feelings.
- Do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative.
- Stay calm - it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the young person is saying and what their body language is telling you.
- Explore with the child what happened and possible motivations.
- Take time to really hear the young person - try to find out what is causing the distress/what risks the young person may be exposed to and who they trust and find supportive.
- Find out what is troubling them/and what they are worried about?
- How long have they felt like this?
- Are they at risk of harm from others?
- Explore how imminent or likely self-harm might be
- What other risk taking behaviour have they been involved in?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- Ask who else may be aware of their feelings – who they have the spoken to, what was the response
- Ask what help or support young person would wish to have
- What have they been doing that helps?

- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?
- Consider sharing the information with parents/carers and seek advice if this raises safeguarding concerns.

Immediate risk & medical needs - If they have taken any substances or injured themselves:

Take all mention of self-harm or suicidal thoughts seriously – listen carefully and keep detailed notes. Be particularly vigilant to use of methods that are more likely to cause serious harm e.g. ligature marks.

- Clarify whether or not there are immediate needs for medical attention especially with regard to cutting or possible overdose, or to keep the young person safe and respond accordingly.
- In the case of an over-dose of tablets, however small, the young person should be taken to a hospital as they may have taken more tablets than stated. If the incident took place over 72 hours ago, advice must be obtained from medical practitioners (or Hospital Emergency Department).
- Provide first aid if necessary and always take medical advice if a possible overdose may have occurred.

7. When Hospital Care Is Needed

The young person will be seen by health professionals to ensure that they are physically well. After this they will be seen by staff from Child and Adolescent Mental Health Services who will assess the risks associated with the self-harm behavior and provide a plan of care with the next steps/ follow up (signposting to services etc.).

All health records / attendance at the hospital will be shared with your GP and school health.

Any child or young person who refuses admission / or refuses to be taken to hospital - you will need to speak to a GP or your agency safeguarding lead.

- Record what has happened and what needs to happen next, following your own agency's procedures.
- Provide parent/carer with the carer/parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.
- Try to find out about not only the risks and vulnerabilities but also about any particular strengths and protective factors in appendices.

8. Next Steps

Next steps to prevent further harm:

- Think family
- Put the behavior in context
- Think systemically

Do not keep it to yourself
With advice from your line manager or other colleague, form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral.

Always talk through with the young person, the assessment of risks. If the young person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment.

Do not work alone
Explain to the young person that you cannot keep this information to yourself.

Talk about the importance of sharing how they are feeling, (and perhaps what they have done) re-assuring them that this information will not be misused or inappropriately shared.
Explain that they are more likely to get the support and understanding of others – teachers, school nurses, Early Help services or social workers, GP etc. – if those people are aware of the person's difficulties.

9. Further referral and support

- Contact the young person's parents/carers, unless it places the young person at further risk (refer to Derby and Derbyshire Safeguarding Children Partnership Procedures).
- Provide advice and written information on the nature of help, helplines and other sources of advice and support.
- Consider the need for:
    - an Early Help Assessment;
    - use of CRE toolkit
    - referral to CAMHS or school nurse
    - referral to children's Social Care where there are serious or complex needs or child protection concerns;
    - use of Graded Care profile toolkit
    - advice from a Third Sector provider.

- Follow your agency's own policies and the DDSCP's' safeguarding children procedures regarding confidentiality, recording, identification of needs and decision-making, including determining whether or not an early help assessment or referral to children's Social Care is needed.
- Ensure information is shared appropriately and there is a plan to provide help and support and that the young person understands it.
- Consider adopting a "team around the child approach" with other professionals who are already working with the child such as the schools pastoral care, Early Help Team, school nurse or any other specialist service .For further information about the early help assessment see www.ddscp.org.uk.

- Encourage and support the young person to express their needs and what would be helpful

- Help the young person to:
  - build up self-esteem;
  - identify his or her own support network, e.g. using protective behaviours;
  - find a safer way of managing the problem e.g. talking, writing, drawing or using safer alternatives. If the person dislikes him or herself, begin working on what he or she does like. If life at home is impossible, begin working on how to talk to parents/carers.
  - stay safe and reduce the risk of self-harm e.g.
    - washing implements used to cut
    - avoiding alcohol/other substances if it's likely to lead to self-injury
    - taking better care of injuries (the school nurse may be helpful here)

Provide information about advice on support agencies, including websites and advice on which are safe and recommended and which are not;

In line with your agency's procedures, ensure full recording of all meetings, contacts with the young person, concerns and actions taken in response. Ensure meetings are recorded, agreed actions circulated and review dates adhered to.

Refer to the **DDSCP Threshold Document** to establish if the child meets the criteria for Early Help and consider completing an **Early Help Assessment**, for example Targeted interventions for low to moderate anxiety/low mood/self-harm behavior and referral to **Build Sound Minds Derby & Derbyshire**. **Please also see the DDSCP website for further guidance and procedures**

If a referral to Childrens social care is appropriate please follow the procedure for **making a referral to Childrens Social Care**

Also consider a referral to:

CAMHS Specialist Community Advisors: provide consultations to all professionals from statutory, community and voluntary organisations, about the Mental Health and well-being of a child or young person. Each locality within Derbyshire has a dedicated Specialist Community Adviser – contact details are available on the Health & Wellbeing website:
www.derbyandderbyshireemotionalhealthandwellbeing.uk

CAMHS HUB Derby & Southern Derbyshire
CAMHS HUB: 01332 980131 (for professionals only)
Or please contact the team by emailing: dhcft.camhshub@nhs.net
CAMHS Derby & Southern Derbyshire
https://www.derbyshirehealthcareft.nhs.uk/services/childrens-mental-health-services-camhs-derby-and-southern-derbyshire - website for core services and support

CAMHS NORTH Derbyshire (including High Peak).
Urgent Care Team (UCT) Call on 07901330724 to discuss a child or make a possible referral
UCT offer rapid assessment should someone contact them with serious self-harm, suicidal ideation, or present with acute mental health issues and also offer out-of-hours support (e.g. evenings and weekends).
CAMHS North Derbyshire https://www.camhsnorthderbyshire.nhs.uk/teams-services - website for core services and support

For self-help, children, young people, their parents and carers are advised that they can find local information about support available via the Derby and Derbyshire Emotional Health & Wellbeing Website: www.derbyandderbyshireemotionalhealthandwellbeing.uk
This new website will be promoted as the one stop shop for all emotional health and wellbeing support for CYP, parents, carers, professionals and includes link to the digital offer from KOOTH for CYP and QWELL which supports parents and carers- please see appendices for contact details

Seek advice and support from your line manager, colleagues and safeguarding lead when required.

10. Confidentiality and Information Sharing

Some young people express they do not want to lose control of the issues they have disclosed. In particular, they will be concerned that sensitive and personal information is not shared without their agreement. Where it is shared, with or without their agreement, they will be concerned that it is properly safeguarded and not misused.

At the earliest, suitable time, there needs to be a discussion with the young person about who needs to know what and why. It needs to be explained in terms of:

- seeking help from relevant agencies and professionals;
- ensuring those who need to know (such as teachers/pastoral care, GP's) can be understanding and supportive;
- parental expectations that information they need to have is not withheld from them – except where there are concerns about parenting, outcomes for young people are invariably better with parental engagement

Where a young person is withholding their consent, professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent, or to refuse consent, to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues.

A young person, especially if they are distressed and anxious, may not appreciate the seriousness of the risks they are taking and the harm that might occur and not be judged competent to make decisions at that point about who needs to be told what.

Capacity should be assessed in line with the Fraser guidelines and should be used to determine whether or not information should be shared without agreement in circumstances where:

- The situation is urgent and there is not time to seek consent;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.
- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
- There is a pressing need to share the information.

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16.

However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Practitioners should refer to their agencies information sharing policy and the DDSCPs' Information Sharing Agreement and Guidance for practitioners located within the safeguarding children procedures.

Appendices 1: Self Harm Guidance Protocol

A child/ young person, parent or guardian tells you that they have self harmed.

You suspect a child or young person intends to self harm, has self harmed or is expressing suicidal thoughts.

Is the self harm of a 'serious' nature, for example, significant self cutting, excessive dose / omission of medication or use of a violent means e.g. Ligation, putting self in front of a moving vehicle, jumping from a height? Is the self harm done with some suicidal intent? **Do not confuse medical seriousness with suicidal intent.** E.g. the YP believed it might kill them though professionals would know it is not medically likely.

no

yes

Did the self harm take place within the last 48 hours?

yes

no

Advice child should be taken to hospital emergency department **or at least** parents / guardian should urgently discuss with a medic (eg GP, 111).

Give consideration as to why young person was not brought to A&E and whether social care should be informed of this in terms of possible neglect, serious self harm and keep the young person safe.

Are parents / guardian agreeing to this plan?

yes

no

Discuss with manager or safeguarding lead. Consider alerting social care.

Document in keeping with local standards. Alert any professionals currently involved.

Is this a re-occurring situation? Aspire to consistency and continuity whenever possible.

Clarify who is the best person to talk to the young person in order to find out more.

Remember, self-harm is a symptom not the problem. Consider signposting to an agency who may better be able to address the underlying problem.

Indicate willingness to talk.

Try to be non-judgemental.

Validate their feelings.

Go at the young person's pace.

Tell them how you will pass on information and to who.

Consider safety, mental health, context and resilience.

If concerns re mental health refer to SPOA or Community Triage.

Consider referral to other supporting services

https://derbyandderbyshireemotionalhealthandwellbeing.uk/

For life context issues consider referral to social care or safeguarding

Consider parent / guardian being informed.

Discuss with manager or safeguarding as appropriate

- **If in doubt ring NHS 111 or contact your local CAMHS services**
- **If you consider more urgent action is necessary, ensure the child attends the Local Emergency Department**

Childline 0800 11 11 or visit www.childline.org.uk

HopeLineUK 0800 068 4141 www.papyrus-uk.org

Samaritans 116 123 www.samaritans.org

NSPCC 0808 800 5000 www.nspcc.org.uk

Appendices 2: Important Local Contacts

Own agency safeguarding lead/s	
Derby and Derbyshire Mental Health Support Line	A new mental health support line run by the NHS and operating seven days a week between the hours of 9am and midnight (24/7 coming soon) has been set up to provide access to support people of all ages in Derby and Derbyshire. **Please call 0800 028 0077 for free where mental health professionals will be on hand to help.**
Build Sound Minds Derby and Derbyshire	Action for Children works in partnership with Derbyshire Federation for Mental Health, to provide Build Sound Minds Derby and Derbyshire, a comprehensive early intervention offer to children and young people aged 0-17 who are experiencing mild to moderate mental health difficulties. https://services.actionforchildren.org.uk/derbyshire/build-sound-minds/
Changing Lives Service	A new Mental Health Support Team (MHST). The team is split across four bases which are: The Kingsmead School, Lady Manners School, Ormiston Ilkeston Enterprise Academy and The Bolsover School. The bases are called 'Centres of Excellence.' The teams will be working with the schools they are based in and other identified schools - each supporting a population of approximately 8,000 children and young people. The team will work specifically with children and young people with mild to moderate mental health conditions. Contact details for further information and referrals: drcs.adminchanginglivesbolsover@nhs.net drcs.adminchanginglivesladymanners@nhs.net drcs.adminchanginglivesOIEA@nhs.net drcs.adminchangingliveskingsmead@nhs.net Twitter Link is: @ChangingLivesDD

School Health and Health Visitors (usually contactable through school or college)	You can now contact 0-19 services school health and health visitors through **ChatHealth**. **ChatHealth** is a secure and confidential text messaging service for parents and young people **Derby City ChatHealth** **Young Person TEXT 07507327104** **Parents TEXT 07507327754** **Derbyshire County ChatHealth** **Young Person TEXT 07507 327769** **Parents TEXT 07507 330025**
CAMHS and Specialist Community Advisors	**CAMHS HUB Derby & Southern Derbyshire** **CAMHS HUB: 01332 980131 (for professionals only)** **Or please contact the team by emailing:** **dhcft.camhshub *@nhs.net*** ***CAMHS Derby & Southern Derbyshire website for core services and support*** **CAMHS NORTH Derbyshire (including High Peak).** ***Urgent Care Team (UCT) Call on 07901330724 to discuss a child or make a possible referral*** UCT offer rapid assessment should someone contact them with serious self-harm, suicidal ideation, or present with acute mental health issues and also offer out-of-hours support (e.g. evenings and weekends). ***CAMHS North Derbyshire*** https://www.camhsnorthderbyshire.nhs.uk/contact-us ***https://www.camhsnorthderbyshire.nhs.uk/teams-services - website for core services and support*** Each locality within Derbyshire has a dedicated Specialist Community Adviser through the contact numbers above. **Tameside & Glossop CAMHS** Tel: 0161 716 3600 https://www.tamesideandglossopccg.org/clinical/childrens-services/camhs

Online Support KOOTH and QWELL With friendly counsellors available to speak to via a text messaging service from 12 noon-10pm Monday to Friday and 6pm-10pm on weekends, Kooth and Qwell provide great online counselling service options	**KOOTH** Available for all 11-25-year old's in Derby and Derbyshire. • Free, anonymous and confidential • Participate in forum discussions and read articles written by other young people • Please visit www.Kooth.com to sign up **QWELL** Available for all parents and carers in Derby and Derbyshire whose child is under 18 years old • Free, anonymous and confidential • Participate in forum discussions and read articles written by other parents and carers Please visit www.qwell.io/ to sign up
Derby and Derbyshire Emotional Health and Wellbeing Website	www.derbyandderbyshireemotionalhealthandwellbeing.uk
Derby City and Derbyshire Children's Social Care	• Derbyshire via Call Derbyshire/Starting Point 01629 533190 • Derby via Initial Response Team 01332 641172 or out of hours via Careline 01332 956606
Derbyshire Police	• Non urgent 101 • Emergency 999
Health	• Non urgent 111 • Emergency 999
Derby and Derbyshire Safeguarding Children Partnership procedures, including Threshold document, Providing Early Help, Making a referral to Social Care and CRE procedures	**http://derbyshirescbs.proceduresonline.com/index.htm** **Or via the DDSCP website** **https://www.ddscp.org.uk/**

Appendices 3: National Support Helplines & Support Services

Organisation	Service	Telephone	Website
Young Minds Parents Helpline	A free and confidential national helpline for parents.	0808 802 5544 (9.30am – 4pm Monday to Friday)	www.youngminds.org.uk/
Young Minds Crisis Messenger Test Service	The Young Minds Crisis Messenger text service provides free, 24/7 crisis support across the UK. If you are experiencing a mental health crisis and need support, you can text YM to 85258.	text YM to 85258	Young Minds Crisis Messenger
ChildLine	Free and confidential helpline for children and young people.	0800 11 11	www.childline.org.uk/pages/home.aspx www.childline.org.uk/selfharm
HOPELineUK (PAPYRUS)	A specialist helpline staffed by trained professionals who give non-judgemental support, practical advice and information to: • children, teenagers and young people up to the age of 35 who are worried about themselves. • anyone who is concerned about a child or young person.	0800 068 41 41	www.selfinjurysupport.org.uk/group/ papyrus-hopelineuk/
Learning Disability Helpline	Provides information and advice.	0808 808 1111	www.mencap.org.uk/mencap-direct
MindEd	A free online portal is available to help staff learn about mental health issues, as well as signposting them to resources.		www.minded.org.uk
MIND Infoline	Whether you are living with a mental health problem, or supporting someone who is, having access to the right information – about a condition, treatment options, or practical issues – is vital.	0300 123 3393	www.mind.org.uk
National CAMHS Support Service	National Workforce Programme – Self-harm in Children & Young People Handbook.		Self-harm in Children & young People Handbook

National Self-harm Network	National Self-harm Network offers an online moderated support forum for people affected by self-harm.		www.nshn.co.uk
PAPYRUS Prevention of Young Suicide	Worried about someone advice		https://www.papyrus-uk.org/worried-about-someone/
PAPYRUS Supporting Your Child – Self Harm and Suicide	The aim of this guide is to provide information and guidance and to help parents cope with a young person who is struggling with thoughts of suicide. To reassure them that they are not alone.		https://www.papyrus-uk.org/wp-content/uploads/2020/08/Supporting-Your-Child-A-Guide-for-Parents.pdf
Samaritans	Confidential helpline.	116 123 (24 hours – free to call)	www.samaritans.org/
Stay Alive App	The 'Stay Alive' app is free to download. It is part of the Grassroots Suicide Prevention work which looks to teach suicide alertness and intervention skills to community members and professionals. To download the Stay Alive app search 'Stay Alive' on the App Store or Google Play.		www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html
STEM4 Website	Teenage mental health advice and new 'App' for self-harming teenagers. A charity organisation which provides advice for teenagers, parents, schools and health professionals, as well as advice regarding school policies.		STEM4.org
The National Autistic Society	If you are living with Autism as a child, an adult or as a family, we provide specialist help, information and care across England. Our local services include our residential homes, one-to-one support, support in your home, day-time hubs and support in further and higher education.		www.autism.org.uk/
'You are not Alone'	A new Guide for Parents who are coping with their child's self-harm.		www.psych.ox.ac.uk/news/new-guide-for-parents-who-are-coping-with-their-child2019s-self-harm- 2018you-are-not-alone2019

Appendices 4: Example check list for settings on self-harm procedures & practices

Checklist: supporting the development of effective practice

Ethos

- ❖ The setting has a culture that encourages young people to talk and adults to listen and believe.
- ❖ It utilises the setting and young people to help build resilience.
- ❖ It works closely with Early Help Services, the school health service, CAMHS and others to identify and respond to the needs of vulnerable children and young people.
- ❖ The setting should have a developed policy or protocol on supporting children and young people who are self-harming or at risk of self-harming.

Training

- ❖ All new members of staff receive an induction on child protection procedures and setting boundaries around confidentiality including awareness of self-harm.
- ❖ All members of staff receive regular training on child protection procedures.
- ❖ Administrative and ancillary staff also receive awareness training commensurate with their roles and responsibilities.
- ❖ Staff members with pastoral roles have access to additional training in identifying and supporting children and young people who self-harm.

Communication

- ❖ The setting has systems that ensure good communication about children and young people requiring additional help and support, and within other agencies.
- ❖ All members of staff know to whom they can go if they discover a young person who is self- harming.
- ❖ Senior leaders ensure that all members of staff are included in communications about vulnerable children and young people at a level appropriate with their roles and contact.
- ❖ Time is made available to mentor, support and supervise staff members on a regular basis.
- ❖ Students know whom they can go to for help in the setting and when in the local community.

Risk Management

- ❖ Is the child or young person at immediate or acute risk e.g. timescales (did this happen today)?
- ❖ Is the self-harm of a serious nature?
- ❖ What is the context of the self-harm, i.e. is it a coping strategy or is there other intent?
- ❖ Consider making safe, including possession or access to medications or sharps where practicable.
- ❖ Decide who you will share this information with.
- ❖ Help the child or young person to develop their own coping strategies.
- ❖ Help the child or young person create a safety net, (this may include family, friends, helplines and professionals).
- ❖ Develop a safety plan in the setting with the parent/carer and child/young person.

Appendices 5: My Safety Net & My Staying Safe Plan Template

There are different categories or types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

- family and close friends
- friends and people you see every day
- Helplines and professional people you could go to for help.

Also, write into the space below the safety net, the things that you can do yourself to cope with difficult feelings and keep yourself safe.

Things I can do myself to cope with difficult feelings

My Safety Net	My Staying Safe Plan
....	....
....	....
....	....
....	....
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Appendices 6: Coping Strategies

Replacing the cutting or other self-harm with safer activities (Distraction Strategies) can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Successful distraction techniques include:

- Using a creative outlet e.g. writing poetry & songs, drawing, collage or artwork and talking about feelings;
- Using stress-management techniques, such as relaxation;
- Having a bath;
- Reading a book;
- Looking after an animal;
- Writing a diary or journal;
- Writing negative feelings on a piece of paper and then ripping it up;
- Talking to a friend (not necessarily about self-harm);
- Going online and looking at self-help websites or ringing a helpline;
- Using a red water-soluble felt tip pen to mark instead of cut; *(the butterfly project)*
- Scribbling on a large piece of paper with a red crayon or pen;
- Hitting a punch bag to vent anger and frustration;
- Rubbing ice instead of cutting;
- Putting elastic bands on wrists and flicking them instead of cutting;
- Getting out of the house and going to a public place, e.g. a cinema;
- Going into a field and screaming;
- Physical exercise or going for a walk/run;
- Listening to loud music;
- Making lots of noise, either with a musical instrument or just banging on pots and pans.

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this. It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

- My Safety Net (see Appendices 5) provides a simple format to help a young person explore and record what alternative coping strategies they might be able to use.

These strategies should always be used alongside addressing the underlying reasons for the behaviour.

Appendices 7: ‘the do’s and don’ts’/information for practitioners

Do’s and Don’ts

- **Confidentiality** – advise the young person that depending on the risks and their understanding of them you may need to pass on information to their parents/carers, your manager, CAMHS – don’t surprise them with this.
- **Listen** - just being listened to can be a brilliant support and bring great relief to the young person, particularly if they have never spoken to anyone about their self-harming before. The fact they have chosen you means they feel comfortable speaking to you. Don’t be seen to ‘pass them on’.
- **Take them seriously** – do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative. Do not be judgmental. Do not disempower the young person. Most people who self-harm are not suicidal, but people who self-harm are more likely to accidentally complete suicide.
- **Stay calm** - it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the young person is saying and what their body language is telling you. Talking about self-harm and suicide does not increase the risks!!!
- **Clarify** whether or not there are immediate needs for medical attention or to keep the young person safe and respond accordingly.
- **Do not act in haste** – give them time to try to find out what is causing the distress and what will be of help, taking away a method such as blades sometimes can put the young person at greater risk of harm as if they have not developed alternative coping strategies. They may try riskier means of self-harm – get advice from your line manager or CAMHS.
- **Do not keep it to yourself** – with advice from your line manager or other colleague, form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral.
- **Ensure you follow the DDSCPs’ safeguarding children procedures and your agency’s own procedures** regarding confidentiality, recording and decision-making, including determining what actions are to be taken i.e. early help assessment or referral to Children’s Social Care when there are complex/serious needs or child protection concerns.
- **Make sure you are available for the young person for the following few days/weeks.** If you are not available, make sure they know where to seek support from.
- **Seek advice and support for yourself** from your line manager and/or CAMHS.
- **Complete your agency’s incident report form.**

In order to try to help you see how urgent the situation is, try and find out:

- Who else knows about it?
- How is the young person self-harming i.e. cutting, overdosing, burning, ligaturing?
- Where on the body is the self-harm?
- Have they self-harmed previously? If so, what happened i.e. did they require medical attention?

- Are they, or have they been open to mental health services?
- Are they planning on doing it again soon?
- Do they feel hopeless or helpless about the future? Do they have anything to look forward to?
- Are they feeling like they no longer want to be alive? Do they have a plan in place to end their life?

Decision making guidance

Remember: No two people self-harming are the same. Everyone self-harms for different reasons and with different intent. Most people who self-harm is not suicidal or a risk to other people. Every episode of self-harm should be treated individually.
If you come into contact with someone you know is, or believe to be self-harming…

- ❖ **Take advice from your manager and adopt a 'Team Around the Child' approach if:**
  - They do not appear distressed
  - They are cooperative, communicative and making good eye contact
  - Have a supportive non-judgmental social network
  - They are talking positively about the future and have things they are looking forward to
  - There was no suicidal intent behind the act of self-harm

  This would include completing an Early Help Assessment (EHA), which would then identify the child's needs and facilitate referral to any support services.
- ❖ **Get advice from a GP/111 if:**
  - If you are in doubt about physical health needs as a result of self-harm
- ❖ **Get advice from CAMHS if:**
  - You believe the child/young person was attempting to complete suicide
  - The child or young person thought the act of self-harm would result in serious injury
  - There has been escalation in method from previous self-harm i.e. cutting on a forearm has moved to cutting near arteries
  - You believe a child or young person has a plan in place to end their life and there is a possibility they could act on this
- ❖ **Refer to Children's Social Care if:**
  - The child and/or family have serious or complex social needs which need further assessment or intervention
  - There is an indication or suspicion that abuse or exploitation may be present
  - Support around the child and family is failing to reduce the risk for the child
- ❖ **Take to A&E or call an ambulance if:**
  - It is reported to you, or you have observed a child overdosing or ligaturing
  - You believe the child/young person requires medical attention due to uncontrollable bleeding
  - You believe there is a possible risk to life as a result of self-harm
  - You believe a child or young person has a plan in place to end their life and there is a likelihood they will act on this
- ❖ **Call the police if:**
  - You think a child or young person is at imminent risk of suicide

Appendices 8: Characteristics

A. CHARACTERISTICS IN THE CHILD

Characteristics that increase risk	Protective factors
• Previous self-harm • Low self-esteem • Preoccupation with self • Fear of failure • Poor coping skills • Few problem-solving skills • Poor communication skills • Difficulty with emotional regulation • ASD/ & ADHD/ADD • Tendency to see things literally • Difficult early attachment • Unloving and reject love from others • Significant trauma e.g. bereavement or abuse or neglect • Family / peer history of self-harm / suicide/ substance misuse • Difficult peer relationships (e.g. break up of a relationship) • Difficult times of year for the child or young person • Alcohol or drug misuse • Sexual problems • Difficulties in dealing with sexual orientation • Low mood • Concerning use of internet / social media • Accessing ways of harming oneself • Children missing or missing from education • In transition between care or services • Problematic or concerning internet use • Neuro developmental disorders	• High self esteem • Good problem-solving skills • Positive emotional regulation • Able to love and feel loved • Secure early attachments • Good sense of humour • A love of learning • Good communication skills • Belief in something bigger than self • Having a good friendship group

B. CHARACTERISTICS IN THE PARENTS

Characteristics that increase risk	Protective factors
• Low self esteem • Violence or unresolved conflict between adults • Low marital satisfaction • High criticism / low warmth interactions with child • Conditional love • Excessively high or low goals set for the child • Neglect of child's basic needs • Inconsistent or inaccurate feedback for the child • Parents with drug or alcohol problems • Parental mental health problems • ASD & ADHD/ADD	• High self esteem • Warm relationship between adults • High marital satisfaction • Good communication • Good sense of humour • Capable of demonstrating unconditional love • Set developmentally appropriate goals for child • Provide accurate feedback to child • Uses firm but loving boundaries

C. CHARACTERISTICS IN THE SCHOOL

Characteristics that increase risk	Protective factors
• Excessively low or high demands placed on child • Fear of failure • Ignoring or rejecting special needs • Distant relationships between staff and pupils • Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care • Low emphasis on PHSE • Poor offsite and/or alternative provision • Unsuitable Elective Home Education (EHE)	• Caring ethos • Students treated as individuals • Warm and healthy relationships between staff and children • Staff treat each other with respect and kindness, modelling positive relationships. • Close relationship between parents and school • Effective behaviour, anti-bullying and pastoral practice and policies • Accurate assessment of special needs (SEND) with appropriate provision • PSHE uses a whole school approach that includes emotional literacy, social skills, communication skills, resilience and coping strategies • Pupils and staff have access to counselling services where necessary • Robust online safety policies, provision and support for students

D. FACTORS IN THE ENVIRONMENT

Factors that increase risk	Protective factors
• Homelessness and insecure accommodation • Inadequate provision of basic needs • Little or no access to leisure and other social amenities • High fear of crime • High levels of drug use • Socially isolated communities	• Permanent home base • Adequate levels of food and basic needs • Access to leisure and other amenities • Low fear of crime • Low level drug use in the community • Strong links between members of the community • Access to social activities

Appendices 9: Considerations when undertaking a Risk Assessment on Self-harm & suicide

Part of building up a picture of what is happening in the young person's life is assessing the risk to which they are exposed and whether or not it includes anyone else. This assessment of risk should be undertaken at the earliest stage and regularly updated – some elements will remain more or less constant, others will be situational and liable to change, sometimes very quickly. When assessing the risks of repetition of self-harm or risks of suicide, identify and agree with the young person who has self-harmed the specific risks for them, considering:

- Methods and frequency of current and past self-harm;
- Current and past suicidal intent;
- Depressive symptoms and their relationship to self-harm;
- The personal and social context and any other specific factors preceding self-harm, such as unpleasant affective states or emotions and changes in relationships;
- Specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm;
- Coping strategies that the person has used to either successfully limit or avert self- harm or to contain the impact of personal, social or other factors preceding episodes of self-harm;
- Significant relationships that may either be supportive or represent a threat (such as abuse or neglect) and may lead to changes in the level of risk;
- Immediate and longer-term risks.

Next Steps when assessing risk
Having dealt with any immediate medical problem, make sure there is proper follow-up and provide a report using your agency's incident form.

- The possible presence of other co-existing risk-taking or destructive behaviours, such as engaging in unprotected sexual activity, exposure to unnecessary physical risks, drug misuse or engaging in harmful or hazardous drinking.
- Asking the person who self-harms about whether they have access to family members', carers' or other people's medicines.

My Friend has a problem: how can I help?

- You can really help by just being there, listening and giving support
- Be open and honest. If you are worried about your friend's safety, you should tell an adult or professional. Let your friend know that you are going to do this, and you are doing it because you care about him or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a library, etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.

Consideration for Agencies and Support for Staff

Practitioners may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to share the impact that self- harm has on them personally and receive help and support. Colleagues need to be open to the possibility that having to deal with self-harm in a young person for whom they have a duty of care may require a member of staff to confront issues within their own lives, past or present, or that relate to someone close to them.

- It is important that any plan to address a young person's self-harm needs is clear about the expectations of individual staff/practitioners – failing to set limits on the roles of individuals can leave them feeling too responsible for too long.
- Staff in some settings such as children's homes will have more intensive and enduring responsibilities and may need additional training and access to consultation to support them in their role.

The responsibility of managers and supervisors

Managers/supervisors are responsible for creating a workplace environment where these sensitive issues such as self-harm can be discussed within an atmosphere of openness, mutual trust/respect and reciprocal support and sensitivity. They are also responsible for facilitating access to training on self-harm and encouraging take up. In house training – for example INSET days in schools – provide an excellent vehicle for training the network of staff who need to work together and CAMHS and other services will always aim to respond positively to any such request. An important aspect of prevention of self-harm is having a supportive environment in the school that is focussed on building self-esteem and encouraging healthy peer relationships.

Other related issues that can form part of a wider programme will include, anti-bullying, internet safety, child sexual exploitation and substance misuse. Those who have the care of young people on a day or full-time basis have additional responsibilities to build resilience:

- in the young people themselves so they can cope with the ups and downs that they will have to cope with
- in the staff who are the adults that young people are most likely to turn to for help, so they are better equipped to respond positively
- in the agency/organisation through policies and procedures that promote safe and effective practices
- They also need to be alert to the possibility of self-harm – a young person may conceal injuries such as cuts or present for first aid because they cannot verbalise their need for help.

A checklist of some of the procedures and practices can help in the management and prevention of self-harm can be found earlier in the appendices.