

Self-harm Management Toolkit for Educational Settings

Introduction

This toolkit has been developed to support those working with school-age children and young people under 18 in educational settings and aims to:

- Increase understanding and awareness of self-harm
- Support staff in being aware of risk factors and signs that are associated with self-harm
- Provide guidance for educational settings (and staff within them) for responding to students who self-harm
- Raise awareness in educational settings of what support is available locally in responding to self-harm, and when/how it can be accessed

This toolkit has been developed in response to requests from schools, and is part of the work for the Children and Young People’s Mental Health Transformation Plan ‘Open up, Reach out’ for Southend, Essex and Thurrock.

The focus of this guidance is on spotting the signs of self-harm and how to respond to it as well as raising awareness of self-harm.

What is self-harm?

The term “self-harm” is used to describe a wide range of behaviours. Self-harm is often understood to be a physical response to an emotional pain. It can be seen as an intentional act of damaging or injuring one’s body, irrespective of apparent motivation, though is usually a way of expressing or coping with overwhelming emotional distress. Some more well-known forms of self-harm include cutting, burning or pinching, but there are many forms of self-harm, including drug and alcohol abuse or struggling with an eating disorder. Though some people who have self-harmed are at high risk of suicide, many of those who self-harm do not want to end their lives.

Self-harm is not a new phenomenon, but it appears to be growing in frequency. Whilst both teenagers and adults, male and female, self-harm, it is most prevalent in teenage girls. However, boys who self-harm tend to cause more damage to themselves and suicide is more common in boys and men.

Why do people self-harm, and who is at risk?

There are a range of different reasons why people self-harm. Some common reasons include:

- **To deal with distressing experiences and difficult emotions**

Self-harm can occur at times when people feel overwhelmed, exposed, anxious, stressed, angry, unable to cope and/or unable to express themselves. Some young people may self-harm because physical pain seems more real and therefore easier to deal with than emotional pain.

- **To enlist help or concern**

For some young people self-harm is a way of expressing their distress non-verbally. Self-harm should not be assumed to be “attention seeking behaviour”, however superficial it appears. **It is almost always a sign that something is wrong and needs to be taken seriously.** Avoid making judgements or assumptions about why someone has self-harmed.

- **To keep people away**

Some young people self-harm with the intention of making themselves unattractive to others or to prevent others from getting close.

Who is at risk?

The toolkit outlines a range of risk factors which may mean young people are more at risk of self-harm, particularly if they have a number of risk factors. These include:

- Individual characteristics, such as low self-esteem, poor coping, communication or problem-solving skills, stress or worries about school work or peers;
- Family factors, such as conflict, parental separation and divorce, socio-economic pressures;
- Peer group, such as arguments with friends, bullying, relationship break-ups, other friends who self-harm
- Wider culture and community pressures, such as problems relating to race, culture, religion, sexual identity.

Spotting the risks of self-harm

Self-harm may begin in response to a range of issues including:

- 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
- Significant trauma e.g. bereavement, abuse (sexual, emotional, physical abuse or neglect)
- Self-harm behaviour in other young people (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
- Exam pressure
- Times of change e.g. parental separation/divorce/change in parental care/carers

Things to look out for:

It may be hard to know if someone is self-harming as there may not be any warning signs. However some changes in behaviour that could occur include:

- Regular marks that are noted in a variety of parts of the body
- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood e.g. more aggressive or less engaged than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Drug or alcohol abuse
- Expressing feelings of failure, uselessness or loss of hope
- Risk taking behaviour (substance misuse, unprotected sexual acts)

The relevance of individual signs and risk factors may vary according to the age of the child or young person.

Responding to an incident

If you discover or are informed about suspected or actual self-harm:

- Deal with medical requirements
If urgent medical attention is required, call 999
- Talk to child/ young person and **inform designated safeguarding lead**
- Seek advice or referral from SET Child and Adolescent Mental Health Service (if required)
Advice and referrals can be discussed with the CAMHS single point of access on 0800 953 0222 (during working hours 9am - 5pm)
SET-CAMHS.referrals@nelft.nhs.uk
The out of hours and weekend Crisis Support Service can be contacted on 0800 995 1000
- Continue conversation, log incident and agree next steps

Conversation prompts and dos and don'ts

Every child or 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 prompts set out in the toolkit give some suggested phrases for guiding the conversation, and some do's and don'ts when talking to a child or young person. The language, wording, choice of questions asked and general approach to the conversation will need to be adjusted according to a child's age and understanding. For example, an older pupil may prefer a more direct or upfront approach. The level of detail asked may need to be adjusted according to the individual situation and this may take place across several conversations.

Replacing self-harm with safer coping strategies can be a helpful way of responding to difficult feelings. The coping strategies that are appropriate for each child or young person are likely to vary by age and personal preference, and talking to the child or young person about what coping strategies work for them may be useful. Different strategies may work for different individuals and may require time to become effective. The toolkit sets out some strategies that may be helpful.

Roles and responsibilities within schools

There are specific roles for headteachers, Designated Safeguarding Leads and governors, set out in the toolkit. In addition, all staff and teachers have the following responsibilities:

- All incidents of self-harm should be reported to the designated safeguarding lead regardless of perceived severity
- Be aware of all self-harm guidance/policy documents (alongside safeguarding policy) and be clear who you need to inform if you are concerned about self-harm
- Discuss an incident or disclosure of self-harm with the designated self-harm lead as soon as you become aware of it, and inform the student that you are doing this
- Make it known to the student that there are staff available to listen to them (and how they can be accessed)
- Review the guidance about how to speak to children and young people about self-harm and confidentiality

Staff self-care

Staff may find it difficult or upsetting when discussing issues related to self-harm with children or young people. It is important for staff to look after themselves and seek help and support where necessary. The toolkit gives contact details for support services for school staff and/or staff should seek advice from their GP for further support. Some schools may have access to more specific programmes for staff support, in which case refer to local guidance.

Staff should not work beyond their limitations. Where staff wish to improve skills, knowledge and confidence with regards to helping children/young people who self-harm, further training is recommended.

Additional guidance, key contacts and further reading

- **Self-harm Management Toolkit for Educational Settings**
https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Documents/Self%20Harm%20Toolkit%20for%20Schools%20Sept%202019.pdf
- Call 0800 953 0222 to access the **CAMHS** single point of access during working hours 9am - 5pm, Monday to Friday to discuss advice and referrals.
 Email: SET-CAMHS.referrals@nelft.nhs.uk
- For out of hours and weekend Crisis Support Service, please call switchboard on 0800 995 1000. The Crisis Support Service is accessible 24 hours a day, 365 days of the year for advice and further support.
- **SET CAMHS** <https://www.nelft.nhs.uk/set-camhs>
- **Stem 4**
https://stem4.org.uk/self-harm/identification/?gclid=EAIaIQobChMIyZWdwuiK3wIVyLHtCh3sqwIXEAYASA_AEgIAo_D_BwE
- **The NSPCC** provides a helpline for professionals at 0808 800 5000 and help@nspcc.org.uk. The helpline provides expert advice and support for school and college staff and will be especially useful for the designated safeguarding lead (and their deputies).
- **Childline**
<https://www.childline.org.uk/> 0800 1111
- **Keeping children safe in education –statutory guidance for schools and colleges** (September 2023)

Topic	Possible Prompt Questions
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 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 have that discussion with you before and let you know what the options are so that we can make these decisions together”
Starting the conversation/ establishing rapport	<ul style="list-style-type: none"> “Let’s see how we can work this out together... I may not have the skills to give you the help you need, but we can find that help for you together if you would like...” Use active listening e.g. “Can I just check with you that I have understood that correctly?”
The nature of the self-harm	<ul style="list-style-type: none"> “Where on your body do you typically self-harm?” “What sort of self-harm are you doing...?” “What are you using to self-harm?” “Have you ever hurt yourself more than you meant to?” “What do you do to care for the wounds?” “Have your wounds ever become infected?” “Have you ever seen a doctor because you were worried about a wound?”
Reasons for self-harm	<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
Coping strategies and support	<ul style="list-style-type: none"> “Is there anything that you find helpful to distract you when you are feeling like self-harming....? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family... reading, going for a walk... etc.” “I can see that things feel 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?” “What feels like it is causing you the most stress at the moment?” “What do you think would be most helpful?”
Speaking to parents (where appropriate)	<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...”
Ongoing support	<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 self-harm it is difficult to remember the things that you have put in place- this can help remind you....”

DO	DON'T
<input checked="" type="checkbox"/> Make time. Talk to the child or young person about their self-harming. Talking will not increase the chance that the child or young person will self-harm BUT not talking about it may make them feel unheard or alone	<input checked="" type="checkbox"/> Tell them to stop self-harming or give them an ultimatum
<input checked="" type="checkbox"/> Listen to what is being said and check your understanding (see p11 for examples of conversation prompts under ‘starting the conversation’)	<input checked="" type="checkbox"/> Do not ignore self-harm however superficial it may seem to you, or assume someone else is already helping them
<input checked="" type="checkbox"/> Respond with concern rather than anxiety or distaste	<input checked="" type="checkbox"/> Do not make judgements or promises you can't keep
<input checked="" type="checkbox"/> Be interested in them as a person not just as someone who self-harms	
<input checked="" type="checkbox"/> Find out how they are feeling – are there ups and downs?	
<input checked="" type="checkbox"/> Are there underlying difficulties e.g. bullying, difficulties in peer relationships, stress from exams, conflict at home	
<input checked="" type="checkbox"/> Ask about coping strategies - when are they most likely to self-harm? What have they found helpful in distracting them?	
<input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> Act appropriately in line with policy of confidentiality – inform child or young person first before informing others.	
<input checked="" type="checkbox"/> 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 (see p14 for more information about coping strategies)	
<input checked="" type="checkbox"/> Speak to other agencies or nominated people within the school as appropriate and within the parameters of confidentiality	
<input checked="" type="checkbox"/> Look after yourself- ensure that you have someone to support you and talk things through	