



Sample

Self-harm Policy

Secondary Schools



Governing bodies and proprietors should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems. *(Keeping children safe in education, 2020)*

Schools are encouraged to consider self-harm in their safeguarding policies, and we recommend that secondary schools devise and implement a self-harm policy so that a consistent approach is taken. We want all staff to feel confident, informed and able to respond to young people who self-harm. We strongly encourage schools to read more about self-harm (please see references), and access training, which is currently provided free to all schools as part of Norfolk County Council (NCC) suicide prevention activities.

This sample policy was devised with input from young people and parents/carers, as well as staff in schools, and takes into account good practice guidelines published by other organisations. Please see 'References' for further information. Please feel free to adapt this sample policy so that it meets the needs of your school and your school community, providing it still meets the guidance from Norfolk Safeguarding Children Partnership NSPC). This policy should be read in conjunction with the school's safeguarding policy, and approved through the school's usual processes.

Any child or young person, who self-harms must be taken seriously, and appropriate help and intervention should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-harmed should talk with the child or young person without delay. If staff have a mental health concern that is also a safeguarding concern, immediate action should be taken, following their school's child protection policy and speaking to the designated safeguarding lead or a deputy' (KCSIE 2020). Schools must ensure that they follow the Norfolk Safeguarding Children Partnership guidance on self-harm and suicide prevention, 5.21 and 5.22 (<https://www.norfolklscb.org/about/policies-procedures/policies-and-procedures/>).

This policy should be regularly reviewed, and young people affected by self-harm should be part of the review. Staff should attend appropriate training and make themselves knowledgeable about self-harm.

Telephone numbers and website addresses are correct as of the 1st of September 2020

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1. Aims and objectives of the policy

As a school we have a responsibility to meet the needs of our pupils, and it is important that we all know how to best approach the issue of self-harm. This policy must be read in conjunction with our safeguarding policy.

We know that young people remain concerned with the attitude of front-line professionals who lack understanding of self-harm: 'Unacceptable attitudes and comments of professionals have a negative effect on the ways in which young people access help and support. It is crucial that front-line professionals involved with a young person who self-harms are open minded and compassionate' (Cole-King et al, 2013).

Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists).

This policy aims to encourage staff to talk with young people about self-harm when appropriate, in particular when they are aware that they are struggling with their lives. Asking about self-harm does not increase the behaviour, and we want staff to be confident in having these conversations.



2. Introduction

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation.

Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines).

Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This policy does not cover other issues such as overeating/food restriction or risk-taking behaviours such as consuming drugs/alcohol.

Self-harm is more common than many people realise, around **10%** of young people self-harm at some point, and this figure is likely to be an underestimate. The Norfolk Well-being survey, undertaken by secondary school pupils in 2017, indicated that **6%** of young people always/usually cut or hurt themselves when they have a problem that worries them or they are feeling stressed, with an additional **12%** of young people who said that they sometimes use this coping strategy.

Self-harm is much less common in primary school age children, behaviours include shallow cuts, hair pulling, head banging and deliberate self-grazing or scratching. Self-harm in younger children is often linked to family difficulties. In primary school age children we avoid using the label 'self-harm' and reframe a child's behaviour as a demonstration of distress and/or help seeking behaviour' (<https://www.nottinghamcity.gov.uk/media/456337/self-harm-in-primary-age-children.pdf>).

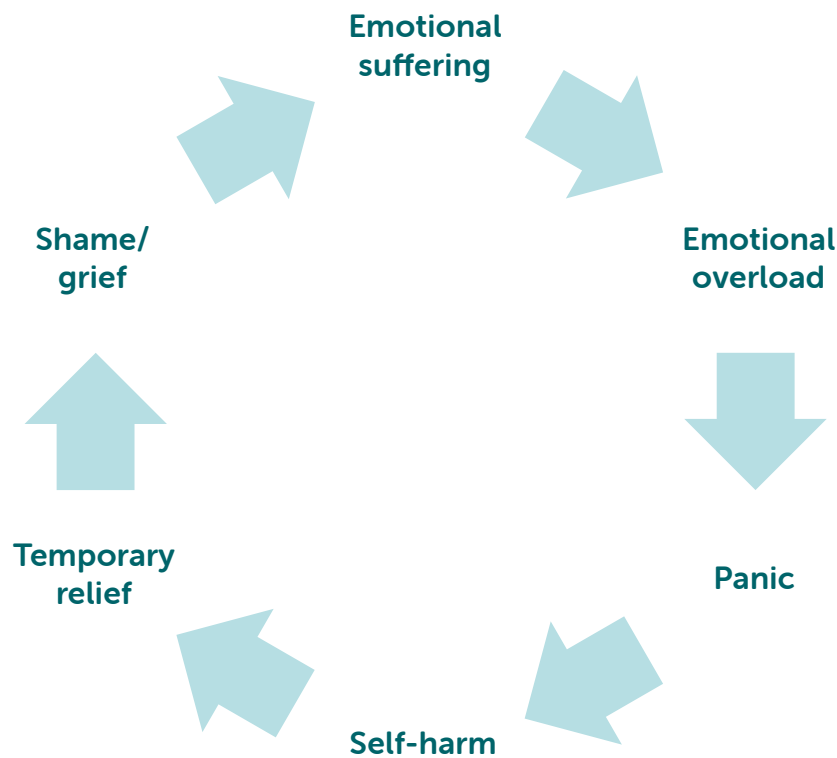
Young people with special educational needs may also engage in self-harm. It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages (<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

Young people self harm for a variety of reasons, this can include:

- To feel in control
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive, if otherwise they feel detached
- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy

Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming.

Staff need to understand that it is difficult to break the cycle of self-harm:



Some factors that might make someone more at risk are:

- Experience of a mental health disorder. This might include depression, anxiety, borderline personality disorder and eating disorders
- Being a young person who is not under the care of their parents, or young people who have left a care home
- Being part of the LGBTQ+ community
- Having been bereaved by suicide

(Extract from Truth about self-harm, Mental Health Foundation)

3. Self-harm behaviours in children and young people

Young people often hide their self-harm, but there are a number of signs that they may be self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others. Signs of self-harm may be similar to signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury, and as self-harm is a potential cause for concern, staff need to record and report any observations or conversations they have with pupils about injuries that could be self-harm or abuse, in accordance with the safeguarding policy.

Other non-specific signs of self-harm include becoming withdrawn or isolated; low mood, lack of interest, drop in academic grades; sudden changes in behaviour such as becoming irritable, angry or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness.' (from: Young people who self-harm, a guide for school staff)

Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms. Designated safeguarding leads will follow the NSCP guidance

<https://www.norfolklscb.org/about/policies-procedures/5-22-children-risk-suicide/if-concerns-emerge>.

'It important that as professionals we must not ask a young person to stop harming. There are many reasons for this. Firstly due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release/process the difficult emotion that they are struggling with, levels of distress will increase and some will move towards suicidal thoughts as they struggle to cope. Secondly, due to the nature of shame and guilt that an individual feels around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.' (Laura Haddow, Youthscape)

4. Good practice in supporting children and young people who self-harm

Responding to a self-harm incident

Occasionally, the first we know about a young person's self-harm is if they are self-harming in school. If this happens, keep calm and follow first aid guidelines if necessary. Acknowledge their distress – both their physical pain and their emotional pain which may have led to the self-harm. Young people will want your acceptance and support. Their behaviour should not be described as attention seeking, and you should use non-judgemental language.

Advise the pupil that you will need to discuss what happened with the designated safeguarding lead in line with the school's safeguarding policy.

We will usually ask the young person to hand in any objects that they have been using to self-harm with, these can be picked up by their parent/carer at the end of the school day.

If you have immediate concerns about the effect of the self-harm injury including an overdose, call 999 straight away.



When a student comes to your attention

As a staff member, you may be the first to notice that a young person has been self-harming.

Sometimes a young person will confide in you about their self-harm, or a friend might bring another pupil to your attention.

Staff need to talk with the Designated Safeguarding Lead about the best course of action, in line with their safeguarding policy.

The first conversation about self-harm can be distressing, and it can be hard to know what to do. However, it is important that you do not ignore signs of self-harm. If you suspect self-harm, let the young person know your concerns in an empathetic and caring manner. Young people will respond best if staff talking to pupils listen carefully in a calm and compassionate way, take a non-judgemental approach and try to reassure them that they understand that self-harm is helping them to cope at the moment and that they want to help.

'A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability may find it more difficult to express their thoughts.

In a confidential environment, not in the presence of other pupils, practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

And explore:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- 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?

<https://www.norfolkscb.org/about/policies-procedures/5-21-self-harm/>

The following may be useful to consider when approaching a young person about self-harm:

A member of staff will need to talk to the young person to find out more about their self-harm behaviour, including history, frequency, types of method, use, triggers, psychological purpose, disclosure and help-seeking and support. (Young people who self-harm, A Guide for School Staff, University of Oxford, 2018).

If young people talk about self-harm, it is also important to establish if they are feeling suicidal, so the question 'Have you ever felt like ending your life?' must also be asked. We know that asking about suicide does not put the idea into their mind, however some children may not disclose suicidal ideation until directly asked about this. The Norfolk suicide prevention guidance must be followed (<https://www.norfolklscb.org/about/policies-procedures/5-22-children-risk-suicide/>).

We will put a plan in place with the young person which will support them at school, this will be reviewed as needed. For some young people this may be daily at the beginning, and then move on to regular reviews as agreed. It may be helpful to put together a self-soothe box/compassionate kit bag. You can find some ideas here: <https://www.getselfhelp.co.uk/emergency.htm> and <https://youngminds.org.uk/blog/how-to-make-a-self-soothe-box/>.



Informing and supporting Parents/Carers including consideration for confidentiality

When the school becomes aware of a young person's self-harm, they will need to have a conversation with the young person about sharing information with their parents/carers, as they need to be involved in supporting their child and accessing further support for them if necessary (unless this would put them at risk of harm). Sometimes young people have a preference of who they would like to be informed, e.g. Mum or Dad. If a young person is reluctant about informing their parents/carers, we will encourage them to think about the benefits of involving their family and how they could help.

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 child at serious risk of self-harm may lack emotional understanding and comprehension.

Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the young person;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- 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.

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.'

[\(https://www.norfolkscb.org/about/policies-procedures/5-21-self-harm/\)](https://www.norfolkscb.org/about/policies-procedures/5-21-self-harm/)

Please also see the NSPCC website for further information on balancing children's rights with the responsibility to keep them safe from harm: <https://learning.nspcc.org.uk/research-resources/briefings/gillick-competency-and-fraser-guidelines/>.

As self-harm can often provide a way of feeling in control, it is important that children and young people are fully involved in discussions about informing parents/carers, considering the individual's competence to make such decisions, as well as any safeguarding concerns, as discussed above. Good practice should involve giving young people some choices about how this will be done. Options could include letting the young person inform their parents/carers and schools get in touch the next day (where there is no immediate safeguarding concern), parents/carers are called with the young person present throughout the conversation, parents/carers are invited into school to talk together with the young person.

Assessment of risk and making referrals

In general, pupils are likely to fall into one of two risk categories:

1. Low risk pupils:

Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

2. Higher risk pupils:

Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

<https://www.cornwallhealthyschools.org/documents/EHWB/managing-selfharm-guidance-and-toolkit-for-schools.pdf>

If there are significant concerns about a young person's mental health, a referral to CAMHS, with parental consent, will need to be made. If young people need urgent medical attention and are taken to A&E, they should receive a mental health assessment at hospital.

All other referrals to CAMHS are made via the Access and Assessment Team, Central and West Norfolk on **0300 790 0371**, Great Yarmouth & Waveney on **0300 123 1882**.

Professionals can also call their local CAMHS service for consultation: Central Switchboard **01603 421421** and ask for Central Norfolk, West Norfolk or Great Yarmouth.

First Response is a 24/7 helpline offering immediate advice, support and signposting for people with mental health difficulties and can be phoned by parents/carers and young people on **0808 196 3494**

Professionals who need advice when working with individuals who are experiencing mental health difficulties can access help and support by phoning the professionals line on **0300 303 4418**

Whilst schools do not need to ask children to be taken to the GP for a mental health assessment as these can be requested directly from CAMHS, parents/carers may still wish to make an appointment with the GP for additional advice and support.

For other concerns, the Norfolk Safeguarding Board Partnership guidance should be followed: <https://www.norfolkscb.org/people-working-with-children/how-to-raise-a-concern/>

Other Norfolk services which might also be able to offer support to families:

JustOneNorfolk

<https://www.justonenorfolk.nhs.uk/our-services/healthy-child-programme-services-5-19>

Point 1

<https://point-1.org.uk/>

Early Help

<https://www.norfolk.gov.uk/children-and-families/early-help-and-family-support/get-early-help-and-family-support>

MAP

<https://www.map.uk.net/>

Supporting friends

In schools, one student's self-harming behaviour can sometimes affect other students. This can occur particularly with self-cutting and is more common in females. If a student comes with concerns about a friend's self-harm, they should be reassured that telling a staff member is the right thing to do and that they have been a good friend. Friends should be offered the opportunity to speak to a trusted member of staff for support, someone who the young person is comfortable talking to.



When talking to a young person about their self-harm, staff should endeavour to find out about their friends and who knows about their self-harm. It is important that young people know where and how to get help if they are worried about a friend, and that ongoing support is offered to friends as well.

“Sometimes feeling lonely or isolated can trigger self-harm, as can bullying, so the young person needs to be understood and helped by fellow kids because they see them more than teachers.”

(Young Person)

Addressing contagion

If more than one student has self-harmed, it is important not to panic,

If more than one student has self-harmed, it is important not to panic, but to be observant and raise awareness of how students can get help when they are struggling with difficult emotions. Separate support for individual students is preferable to raising the issue in large school groups such as school assembly.

It is however important to deliver digital citizenship education for young people, and this includes talking about self-harm.

Using the internet

Websites that promote self-harm are sometimes accessed by young people. Schools should endeavour to identify and block these.

It is suggested that practitioners should assess the 'quantity, quality and nature' of a young person's internet use, using questions such as 'Do you have internet friends with whom you

talk about self-injury, do you ever take their advice, can you provide an example of advice you got that you used?' (RIP, 2019).

Young people will be directed to helpful websites such as:

- www.norfolk.gov.uk/camhs
- www.kooth.com
- http://www.nshn.co.uk/downloads/Advice_for_young_people.pdf
- www.childline.org.uk
- www.youngminds.org.uk
- <https://www.map.uk.net/get-help/mental-health-and-wellbeing/>
- <https://www.selfinjurysupport.org.uk/Pages/Category/self-help-resources>
- <https://www.selfharm.co.uk/>
- www.harmless.org.uk
- <http://epicfriends.co.uk/>
- www.neurolove.org
- www.lifesigns.org.uk
- www.recoveryourlife.com

And apps:

- <https://calmharm.co.uk/>
- <http://self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/distract/>
- <https://www.nhs.uk/apps-library/chill-panda/>
- <https://www.nhs.uk/apps-library/meetwo/>
- <https://www.nhs.uk/apps-library/thrive/>
- <http://www.self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/blueice/>



Self-harm online support group <https://selfharm.co.uk/alumina>:

This is a free, 6 week online course for young people aged 14-19 who self-harm, with the aim of recovery, run by a qualified counsellor with a small group of young people.

Long-term support for young people who self-harm:

“When helping someone who is self-harming, schools need to get to the root of the problem to discover why the person started self-harming. For example, in my experience self-harm can be a direct consequence of bullying, which can cause paranoia and loneliness which can cause self-harm to be viewed as an escape. Schools need to look below the surface, somebody might be doing well academically, but be a social and emotional wreck at home.” *(Young Person)*

The National Inquiry into self-harm (Truth Hurts, 2006) found young people’s first priority was often to establish a sense of general wellbeing, rather than to stop self-harming. Young people may need help to understand and deal with the causes of the stresses they feel, and to think about any resilience factors that can be strengthened. The support of someone who will listen when young people are facing difficulties is really important, and support should be offered to young people to identify a trusted adult at home, a member of school staff, a friend who knows how to best support and when to ask an adult for help and a helpline (such as Childline or Young Minds) a young person could call.

Young people indicate that what they want from their school is having someone to provide support, and the person should be proactive. They want teachers to be aware of

warning signs and look out for troubled pupils (Adolescent’s views on preventing self-harm, Fortune, Sinclair, Hawton, 2008).

Young people may find it hard to stop self-harming behaviour, so it is important that no ultimatums are set. It is best if the decision to stop comes from the young person. However, it may be necessary to put some boundaries in place re. self-harming behaviour in school. Consideration should be given to devising a Health Care Plan, in consultation with CAMHS professionals involved with the young person. (<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>).

Staff with first aid training will talk to young people who regularly self-harm about wound care and the consequences of self-harm – in a sensitive and understanding manner.

What young people say they want

A non-judgemental outlet for exploring and sharing pain	To feel supported	To be listened to and understood
To remain in control of how to express pain	To be/feel respected	To feel whole (not just seen as a self-harmer)
To be spoken with honesty	To be given practical advice on wound care	To be able to tap on and out of support services
Help to feel good about themselves	Focus to not always be on self-harm	Laugh and have fun
Consistency from the service provider	To work at their own pace	(MAP Resource Pack)

This is what young people felt schools need to know:

- Don't brush it off
- Treat us with respect
- Staff need to know about self-harm: learn the facts, consequences and symptoms
- Provide support
- Tell others on a need to know basis
- Let us choose who we want to talk to
- Get the full story
- There are different solutions for different people – help me find the best solutions for me
- 1:1 chats
- Clean and bandage wounds – talk to me

'I would have liked: daily check in if I am okay, understanding of pressure of homework, understanding and empathy with mental health issues.'

(Young Person)

5. How staff will be supported

Self-harm can be distressing for school staff.

On discovering that a student is self-harming, staff may experience emotions such as sadness, shock, anger, fear, disgust, frustration and helplessness. Such emotions are common. Because self-harm is self-inflicted, it can be more difficult to empathise with than, for example, accidental injuries.

Some suggestions that may help:

- Be honest with yourself about your emotions
- Discuss your feelings with colleagues or supervisors/ managers
- Seek support
- Look after yourself (making sure that you prioritise your own health and wellbeing)
- Recognise that school staff can have an important role to play in helping young people who are self-harming

As a school we have a duty of care towards our employees and need to ensure that staff are appropriately trained and supported when dealing with difficult issues.

Our school will have a senior mental health lead who, in conjunction with the senior designated safeguarding lead, will offer advice and support to staff supporting young people who self-harm. We will have at least one member of staff who has received training about self-harm. We will raise awareness of self-harm and ensure that all staff are fully aware of this policy as part of our safeguarding training.

We encourage staff to offer support to each other, and we offer appropriate and relevant management support when staff are supporting children with significant mental health and safeguarding issues.



6. Whole school approaches

Our school will teach about mental health and well-being, using appropriate resources such as the PSHE Association teaching programme (<https://www.pshe-association.org.uk/curriculum-and-resources/resources/mental-health-and-emotional-wellbeing-lesson-plans>). Lessons will include a focus on positive mental health, coping strategies, looking after yourself and how to help a friend a young person is

concerned about, as well as addressing the specific issue of self-harm.

It is important that schools promote resilience in young people. We will promote a nurturing environment that actively discourages bullying and encourages inclusion at every stage, as well as encouraging students to be supportive to their peers (Royal College of Psychiatrists).

“We will aim to provide vulnerable children with access to an emotionally available adult, who believes in them, relates to them with compassion, empathy and unconditional positive regard, provides appropriate limit setting, understands their attachment and mental health needs, knows their life story, and offers repeated enriched relational, regulatory and reflecting opportunities. Catching children as they are ‘falling’, not after they have fallen. When children are experiencing painful life events, the emotionally available adult will help them process, work through and make sense of what has happened, rather than waiting until the pain of the trauma has transformed into challenging behaviour and/or physical or mental health problems. All staff ensure they interact with all children at all times with kindness and compassion”.

(Extract from <https://www.traumainformedschools.co.uk/our-mission>)



7. Roles and responsibilities:

Governing Body

The governing body will approve the policy and ensure that it is implemented consistently across the school. They will review the policy on a regular basis, involving the headteacher and staff who are delivering support for young people who self-harm, and those delivering a mental health curriculum. They

will ensure that pupils affected by self-harm are also involved in the review of the policy. Governors will promote teaching about mental health, and ensure that appropriate advice and support is available in school for pupils with mental health difficulties including for pupils who self-harm.

Headteacher

Headteachers will ensure that this policy is implemented, and that a co-ordinated response is provided to young people who self-harm, and their families. They will ensure that staff know what is expected, and that everyone can contribute in a way that is consistent with the ethos of the school. They will ensure that information is shared

with all relevant staff. They will put appropriate support in place for staff and allow them to attend appropriate training opportunities. They will ensure that teaching about mental health takes place so that children will be taught the knowledge and skills to recognise mental health difficulties in themselves and know where to seek support for themselves and others.

Designated safeguarding lead

They will ensure that young people know that they can talk to school staff if they are thinking of self-harm. They will make certain that young people have access to information, advice and support about self-harm. First aiders will be informed about how to respond to a

young person who self-harmed in school. Designated safeguarding leads will access appropriate training and keep their knowledge and understanding about self-harm up to date. They will take care of their own emotional well-being and seek advice/support/supervision from appropriate sources when needed.

All staff

All staff must familiarise themselves with this policy. Whenever they become aware of self-harm they will report this to the designated

safeguarding lead. All staff are able to respond to children who self-harm and be supportive. Staff will access training as required, depending on their role.

8. Sources and References

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<https://www.map.uk.net/wp-content/uploads/2017/09/Self-Harm-resource-pack-WEB.pdf>

Managing Self-harm

<https://www.healthycornwall.org.uk/media/vpajrmjv/managing-selfharm-guidance-and-toolkit-for-schools.pdf>

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Foundation, 2006 <https://www.mentalhealth.org.uk/publications/truth-about-self-harm>

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Self-harm and eating disorders in schools, Pooky Knightsmith, 2015

Understanding self-harm among children and adolescents & Responding to self-harm among children and adolescents, Research in Practice, 2019

9. Advice/Support and Training

The Critical Incident Service is currently (2020) funded to deliver training for schools on self-harm and suicide prevention, and teaching about mental health and emotional well-being. Please get in touch if you would like to access this free training. Other providers such as MAP (<https://www.map.uk.net/>) may also offer free or paid for training.

Contact Information:

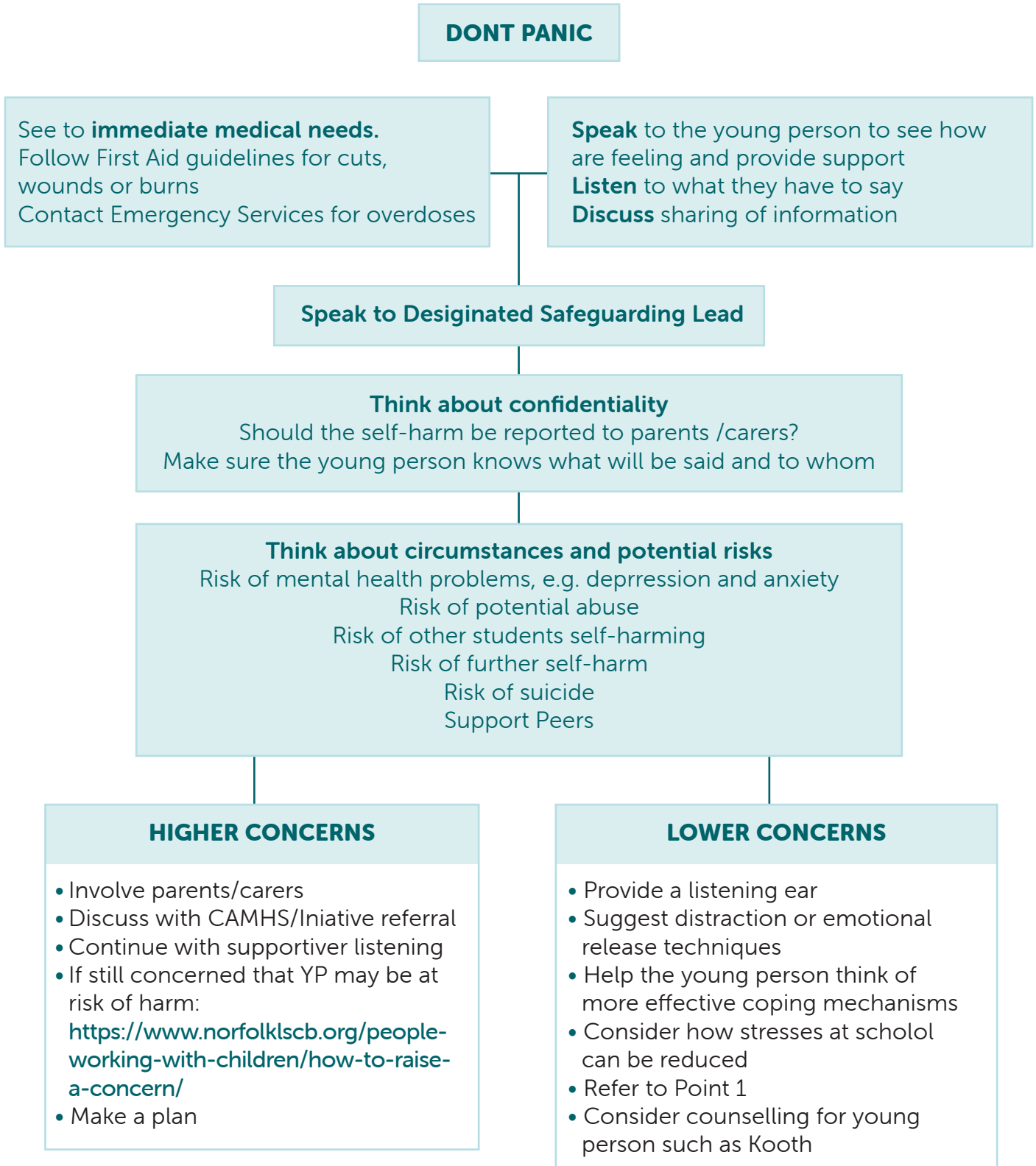
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Appendix 1: Sample Flowchart

Self-harm at school: What to do?

To be used in conjunction with the school's safeguarding policy



Appendix 2: Conversation tips about self-harm

These may be helpful questions or statements:

"You must be feeling very upset about something. I'd like to help if I can; would it help to talk about what's troubling you?"

"I wonder if you're using self-harm as a way of coping with something that is troubling you?"

"I wonder what are the sorts of things that make you feel like harming yourself?"

"Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I'm wondering if that might be why you hurt yourself?"

"I know that people self-harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self-harm?"

"It can feel that self-harm is the only way to cope, but there are other ways. Can I show you some leaflets/websites that suggest helpful ways of coping?"

"Before you go I'd like to give you some information about people you can contact if you feel like self-harming again."

https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/wave-1-resources/young-people-who-self-harm-a-guide-for-school-staff.pdf?sfvrsn=e6ebf7ca_2

Conversation prompts about coping strategies and support:

"Is there anything that you find helpful to distract you when you are feeling like self-harming? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading or going for a walk? "

"I can see that things feel very difficult for you at the moment and I'm glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before or is there anyone 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? "

Managing Self-harm, Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly,
<https://www.cornwall.gov.uk/media/35262910/managing-selfharm-guidance-and-toolkit-for-schools.pdf>