

Young People & Self-Harm in Stockport

Policy & Procedures: Schools' Version

Young People & Self-Harm: Policy & Procedures

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Introduction to the Stockport Self-Harm Policy

Read this first

This document has been designed to help a range of professionals, working across agencies in Stockport, to respond to the issue of self-harm amongst young people in a caring, consistent and effective way.

The document contains the following sections:

1. The reasons behind the development of this policy
2. Information about self-harm: what it is, potential triggers and warning signs
3. How to respond to self-harm
4. Training available in Stockport to support this policy
5. The self-harm pathway for Stockport
6. Appendices—additional prompts and resources to support the pathway
7. A resource section—with hand-outs for staff, parents, carers and young people

The document does not need to be read in full, or in chronological order, to be of use.

The key sections for professionals using the policy are: the pathway itself and its supporting documents (Sections Two and Six) and the information about the training available to support people in working with young people who do or may self-harm (Section Five).

The background to the policy and information about levels of self-harm in Stockport can be found in Section One. Sections Three and Four give details on identifying self-harm and its triggers, plus information on responding to self-harm in young people.

The final section of the policy provides resources to support young people who self-harm plus resources for parents, carers, friends and professionals to help them understand self-harm better and enable them to support young people in distress. It also contains contact details for both local and national support services.

Why does Stockport need a self-harm policy?

In Stockport, as in every borough in the country, young people experience pain and distress and, for some young people, self-harm becomes a means of coping with this distress.

Increasingly, schools and colleges are aware of the need for a consistent response to young people who self-harm.

This document aims to give an overview of self-harm—the reasons why young people do this, the proportion of young people who self-harm and the most common methods of self-harming. The document also aims to give workers tools for use when discussing self-harm with a young person—both to support the young person and to provide support for the staff member. There is information for staff and young people on promoting and improving wellbeing.

The document also contains details of the training available for Stockport staff who are concerned about self-harm and sets out the pathway for schools and colleges to use when responding to incidents and allegations of self-harm.

Finally, the document contains a resource section—with sample tools, checklists and conversation prompts, plus leaflets for staff, friends of and the parents / carers of young people who have self-harmed.

In Stockport, we currently have higher than average numbers of young people being admitted to hospital as a result of self-harm. It is the hope that this policy will result in more young people receiving the care and support they need in the school environment, from GPs and from other local support services and that it will reduce the number of young people who are sent to Emergency Departments when their needs could have best been met elsewhere.

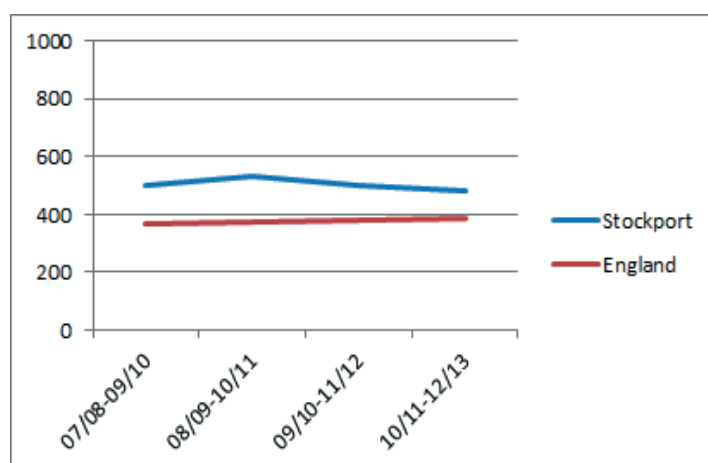
Self-Harm in Stockport

Facts & Figures

We estimate that between **3,681** (1 in 15) and **4,207** (1 in 12) young people in Stockport self-harm each year and that as many as **36,809** Stockport young people will self-harm at least once in their lives.

The majority of these young people will never attend—or need to attend a hospital Emergency Department as a result of their injuries. Consequently, the hospital attendance and admissions figures are significantly smaller than the estimated number of young people self-harming. However, the number of Stockport young people being admitted to hospital due to self-harm is significantly higher than the England average.

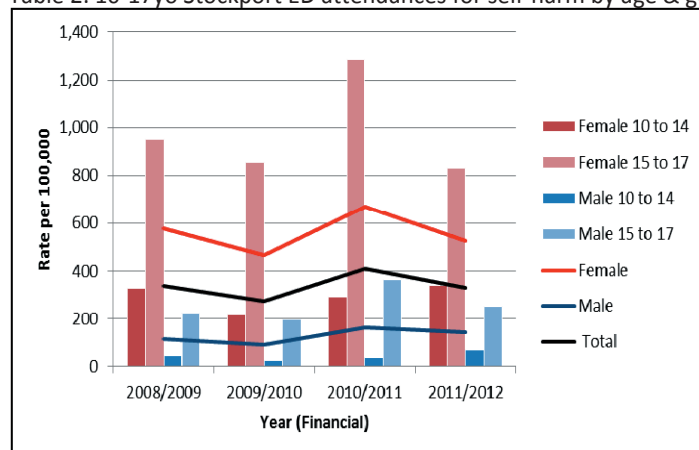
Table 1. Young people aged 10-24 years admitted to hospital due to self-harm (rate per 100,000 population)



During 2013/14, 200 10-24 year old young people were admitted to hospital as a result of self-harm.

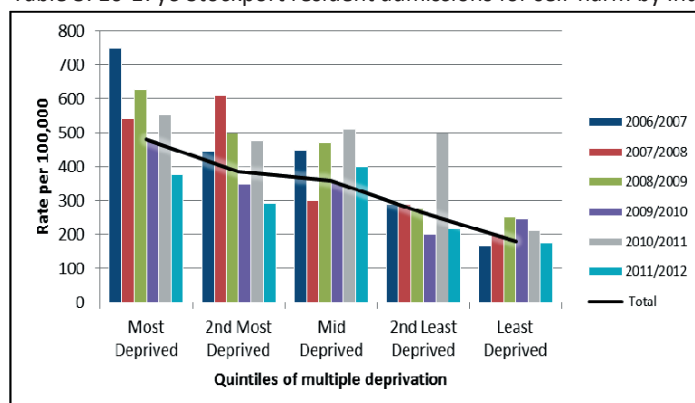
102 of these were 10-17 year olds.

Table 2. 10-17yo Stockport ED attendances for self-harm by age & gender



Teenage girls, particularly 15-17 year olds, are at greatest risk of self-harming.

Table 3. 10-17yo Stockport resident admissions for self-harm by indices of multiple deprivation



Also, young people living in the borough's more deprived areas are at greater risk than those living in the borough's more affluent areas.

Stockport Self-Harm Policy

Section 2—Pathways

Stockport Self-Harm Policy & Procedures

The Stockport Self-Harm Pathway

The Greater Manchester Safeguarding Board Self-Harm Pathway—for safeguarding officers

Stockport CAMHS & Stepping Hill Hospital Response to Self-Harm Pathway

The Stockport Self-Harm Policy: Procedures for Schools to Follow

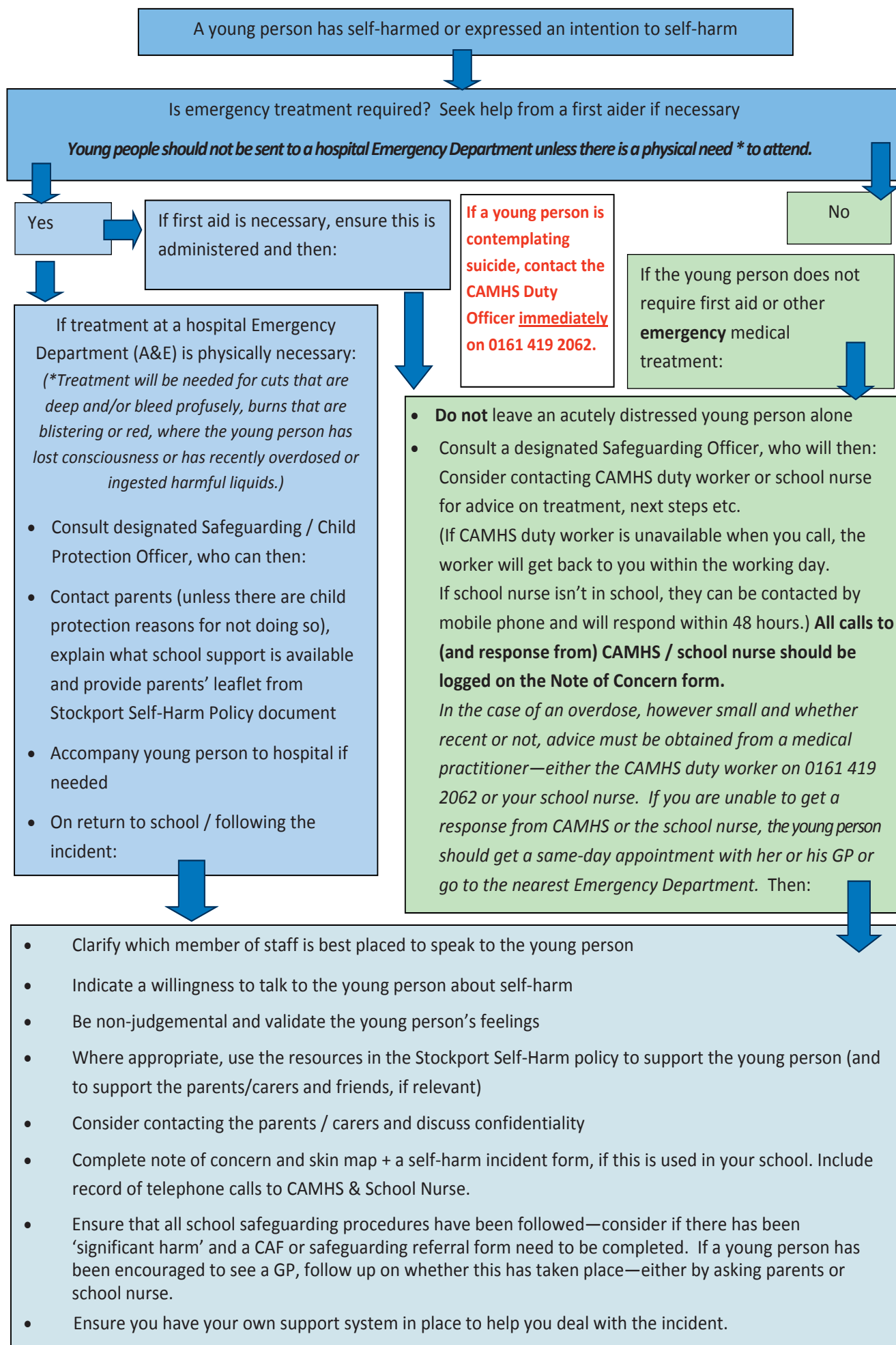
For more information about each of the following steps, refer to the Stockport Self-Harm pathway and to the supporting documents which are referenced throughout this document.

- 1 All staff in school should receive training on safeguarding and— where appropriate—have access to the free, online training on self-harm offered by the Department of Health funded MindEd website: www.minded.org.uk.
- 2 All schools should have at least one member of staff who has received training on the Stockport Self-Harm policy and procedures.
- 3 All school staff should know who their designated Safeguarding Officers/Champions (or designated officers for responding to self-harm, if different) are.
- 4 Any member of staff who:
 - a) witnesses a self-harm incident,
 - b) hears about a self-harm incident,
 - c) or is approached by a young person who is reporting a self-harm incident (their own or someone else)
 should follow the Stockport Self-Harm pathway (see pages 9,10,11).
- 5 Following any of the situations above (points 4a, b or c), the staff member should establish, first of all, whether the young person requires immediate first aid or other treatment.
- 6 If the young person does need first aid treatment, he or she should be accompanied to the school's first-aider to receive appropriate care. Alongside this, the staff member should speak to the school's designated officer, who can then follow the relevant steps in the Stockport pathway.
- 7 If the young person has injuries that require treatment in a hospital Emergency Department (ED), (such as cuts that are deep and/or bleed profusely, burns that are blistering or red, where the young person has lost consciousness or has recently overdosed or ingested harmful liquids*), then the staff member should speak to the school's designated officer for self-harm who can contact the young person's parents (where appropriate), arrange for the young person to attend ED and subsequently follow the relevant steps in the Stockport pathway.
- 8 *In distress, people may take larger than normal doses of medication or swallow something harmful. However, staff should be aware that hospital treatment may not always be necessary in such cases, depending on the amount and substance ingested. Where the young person is conscious and alert / the incident occurred some time ago, the designated officer should consult a medical practitioner—the duty officer at CAMHS or the school nurse to discuss what treatment may be needed. If the designated officer is unable to get a response from the school nurse or CAMHS duty officer, the young person should be supported to get a same-day appointment with their GP / receive telephone advice from the GP practice. If this is not possible, the young person should attend their nearest ED.
- 9 Where the young person does not require emergency first aid or medical treatment, the staff member should either a) take the young person to the school's designated officer or b) explain that he/she will speak to the school's designated officer at an appropriate point and that this officer will then contact the young person.

Section 2 - Self-Harm Pathways for Stockport

- 10 The designated officer should:
 - a) contact the duty officer at CAMHS / the school nurse or school counsellor etc. for advice, where required;
 - b) Where first aid, medical treatment, or support or advice from CAMHS / School Nursing etc. are required, the designated officer must contact the young person's parents / carers. The presumption should always be that parents / carers will be contacted, unless there are child protection reasons for not doing so.
 - c) complete the appropriate records following an incident or allegation of self-harm: by completing the Note of Concern form (see page 34)
 - d) agree how to / who should support the young person (e.g. member of school staff / school counsellor / following discussion with CAMHS, arrange a referral to the service)
 - e) record what follow-up will be undertaken with the young person and set clear timescales for this.
- 11 If the designated officer, or the member of staff who first witnessed / heard about a young person's self-harm feels in need of support following an incident, the section of this document 'what support is there for me?' on page 27 may be useful.
- 12 Where incidents occur during normal school hours, schools should be able to receive same-day telephone support, where required, from their school nurse or from the duty officer at CAMHS.
- 13 Where schools have significant concerns about a young person's safety and have been unable to receive advice from CAMHS or their school nurse, it would be appropriate to request a same-day appointment with the young person's GP—or suggest attending the nearest hospital Emergency Department. However, staff should be aware of the CAMHS / Hospital pathway (see page 13): attendance at ED does not guarantee a same-day response from the CAMHS service.
- 14 Where a young person is expressing suicidal thoughts, the designated officer should contact CAMHS immediately. If the young person is already in contact with CAMHS, the service may be able to see the young person for urgent risk assessment that day or the next—without the young person needing to visit ED. If the person is not known to CAMHS, CAMHS will advise that an urgent referral be sent to them by the school nurse (if they have consent from parents + all relevant history) or that the young person gets an urgent GP appointment, so that the GP can make a referral to CAMHS. As soon as CAMHS receive the referral, they will contact the family to offer an appointment, either the same day or the following day, depending on need.
- 15 School staff are often understandably concerned about the possible consequences of letting a distressed young person leave the premises. However, where CAMHS have been consulted, the service is accountable for the advice they give, based on the information provided by the school. Therefore, there is a shared responsibility between the school and CAMHS around the decisions made. Where the designated officer informs parents/carers of the conversations had and the recommendations given, the parents are then responsible for carrying out these recommendations. The designated officer is required to follow the steps set out in the pathway but is not responsible for ensuring the young person's on-going safety.
- 16 Designated officers can use the resources provided in this document to support young people and their family or friends, where appropriate. This includes providing details of the support services available in Stockport (page 59), national helplines and websites (page 57) and using the self-help materials (pages 47-52) which can help young people understand why they self-harm and find alternatives to self-harming behaviour.

The Stockport Self-Harm Pathway



The Greater Manchester Children's Safeguarding Board

Self-Harm Pathway

This pathway is to be used by Child Protection / Safeguarding Officers, following an incident or allegation of self-harm, to ensure that current practice is in line with the Greater Manchester-wide child protection procedures

Self-harm has occurred or intent to self-harm has been expressed.

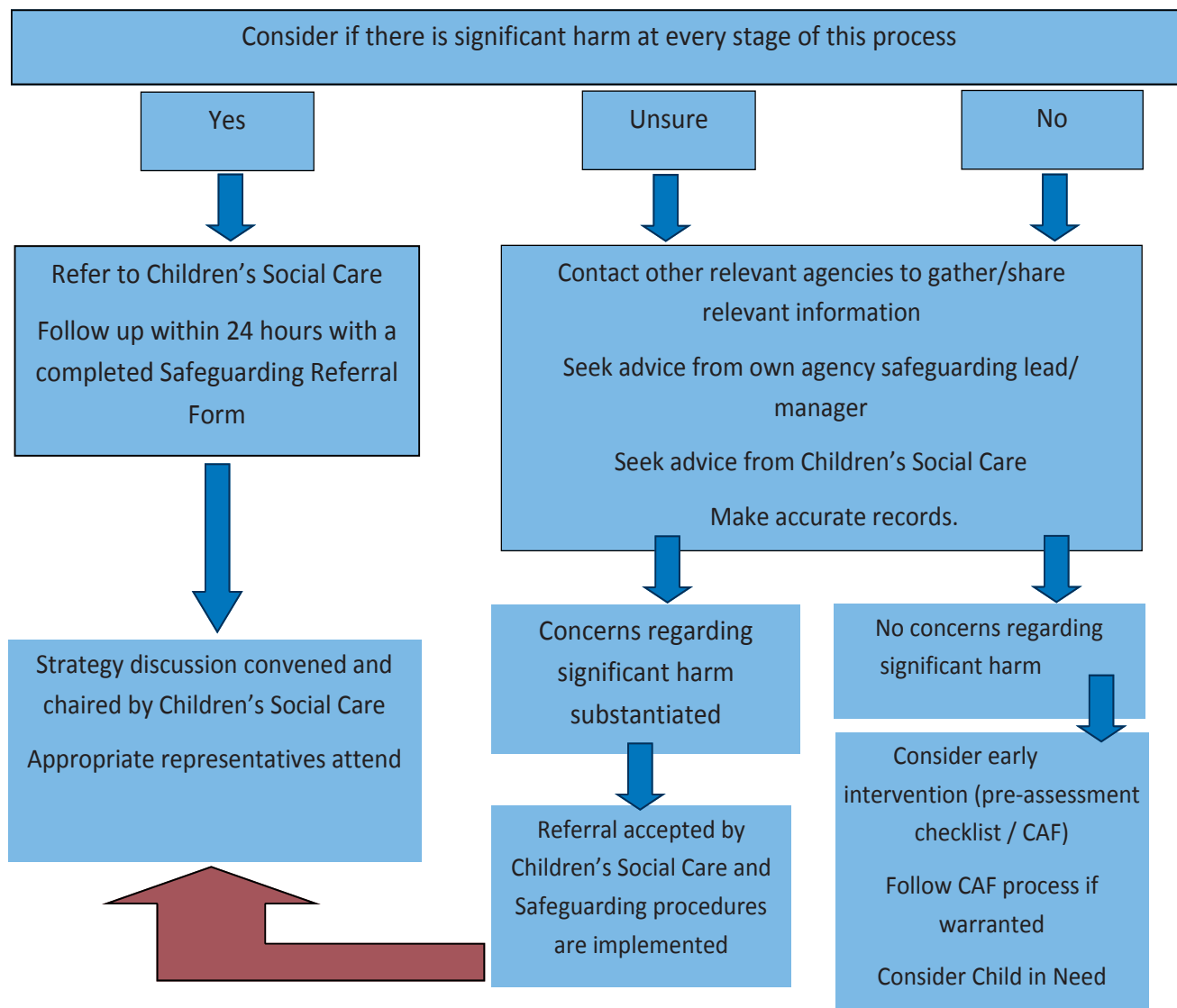
Ensure appropriate medical attention has been sought, including psychiatric/psychological assessment.

N.B:

The majority of self-harm incidents in school will require no medical attention and it is not the responsibility of school staff to ensure that young people receive a psychiatric/psychological assessment.

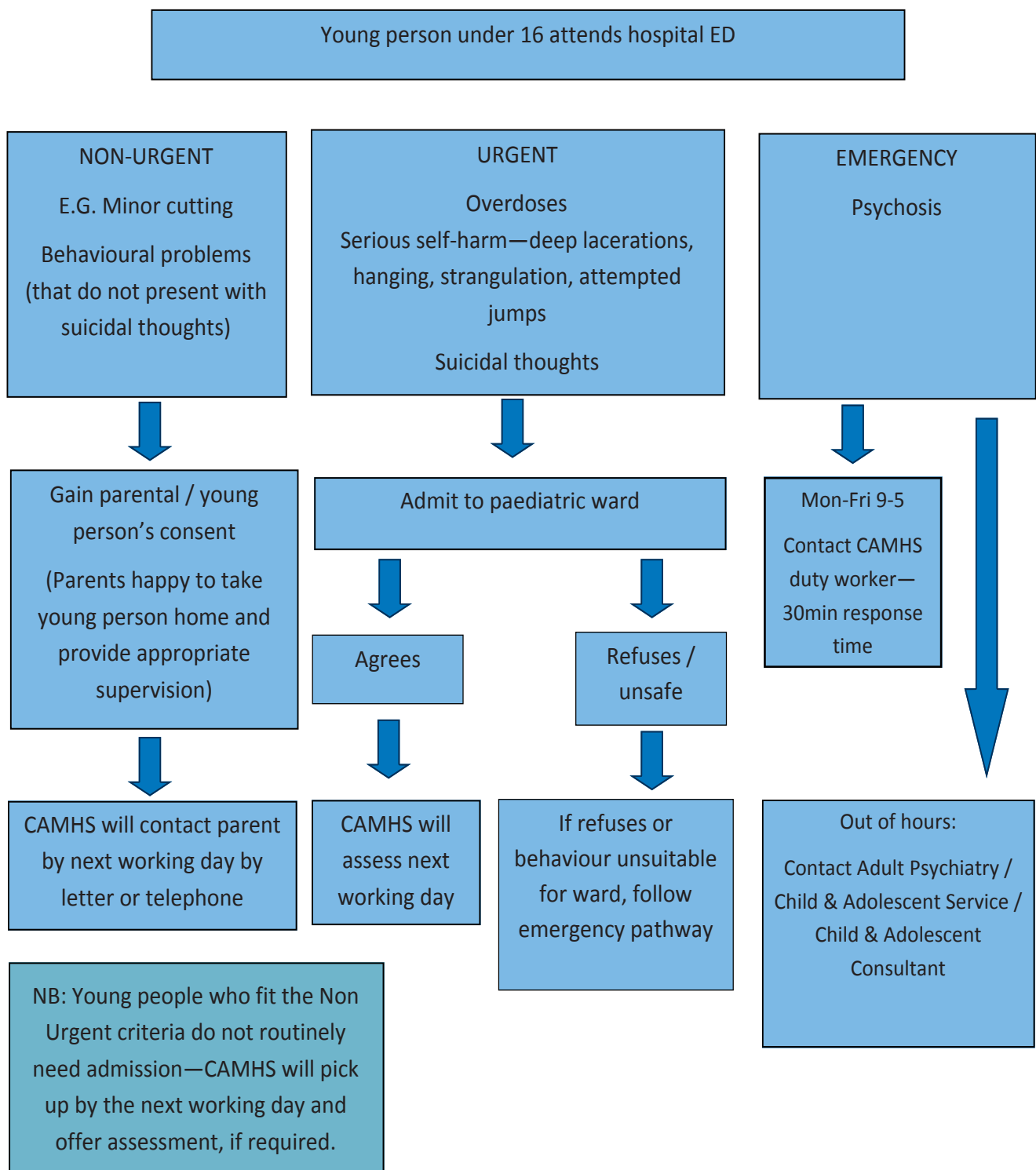
Where a young person attends a hospital Emergency Department due to self-harm, it is the hospital's responsibility to carry out an assessment.

Where the young person's self-harm does not necessitate medical treatment, school staff can still contact CAMHS (the Child and Adolescent Mental Health Service) for advice.



Pathway for Child & Adolescent Mental Health Services + Hospital Emergency Departments: Understanding the Process

What happens if a young person attends a hospital Emergency Department as a result of self-harm (or other emotional, behavioural or mental health problem)



This pathway shows the procedure for Stepping Hill Hospital. Similar pathways operate across other Greater Manchester hospitals

Stockport Self-Harm Policy

Section 3—Information about Self-Harm

What is self-harm and how common is it?

What causes self-harm?

Trigger factors for self-harm

Warning signs

What keeps self-harm going?

What is self-harm and how common is it?

Self-harm is the term used to describe a situation where an individual deliberately initiates behaviour with the intention that it will cause them harm.

Types of self-harm include:

- Cutting
- Burning
- Scalding
- Banging or scratching one's own body
- Breaking bones
- Hair pulling
- Ingesting toxic substances or objects
- Ligature strangulation
- Cyber Self-Harm / 'Self Trolling'. (There is evidence to show that some young people are anonymously bullying themselves online or "self-trolling". They may set up multiple online profiles and use them to post abusive messages about themselves. This form of emotional self-harm is psychologically very complex.)

Whilst some very young children and some adults self-harm, it is most common amongst young people aged 11 to 25 and the average age of onset is 12. Between 1 in 12 and 1 in 15 young people self-harm.

This means that there are probably 2 young people in every secondary school classroom who have self-harmed at some time.

Whilst a proportion of young people who self-harm have a strong desire to kill themselves, for the majority of young people, there are many other factors that motivate them to self-harm, including 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 and needs to be taken seriously.

What causes self-harm?

- Young women are at least four times more likely to self-harm than young men.
- For young Asian women, the risk is even higher.
- Young offenders, looked-after children and children with emotional, conduct or hyperkinetic disorders are all more likely to self-harm than their peers.

In addition, the following risk factors - particularly in combination - may make a young person vulnerable to self-harm:

Individual factors:

- Depression / anxiety / low mood
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family factors:

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Child being Looked After
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family

Social Factors:

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm
- Living in the borough's more deprived areas

Trigger Factors for Self-Harm

A number of factors may trigger a self-harm incident, including:

- Family income-related poverty
- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break- up of a relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- 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

Warning signs

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
- Abusing 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)

However, there may be no warning signs at all.

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

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

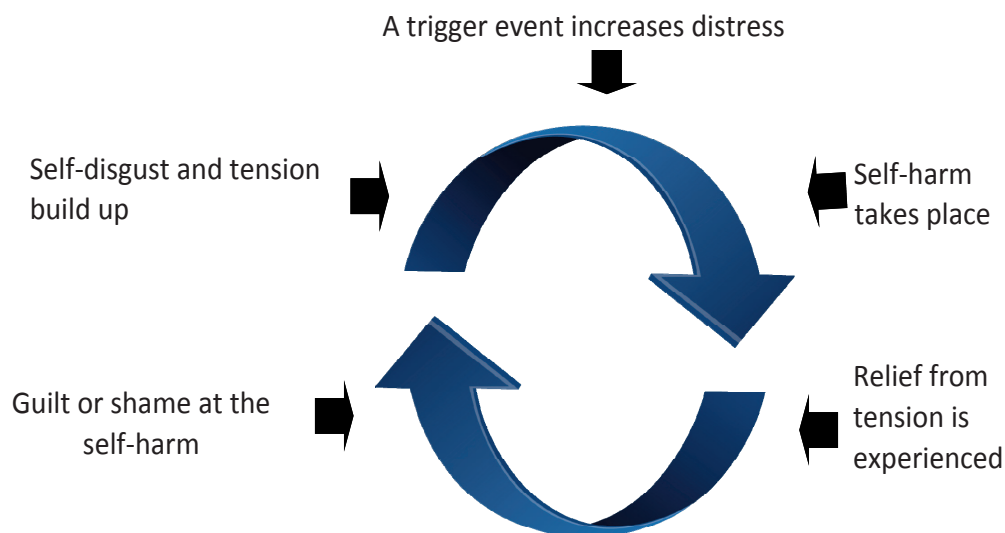
What keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for people and it becomes a way of coping, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real / not feel numb
- Way of punishing self
- Way of taking control
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act

The Cycle of Self-Harm

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



Stockport Self-Harm Policy

Section 4—How to Respond to Self-Harm

Responding to self-harm—the role of school staff

DOs and DON'Ts for staff

Talking to pupils when they self-harm

What support is there for young people who self-harm?

What support is there for me?

Creating and promoting wellbeing—at school and at home

Responding to self-harm: the role of school staff

Students may present with injuries to any member of staff, including first-aid or reception staff. It is important that frontline staff are aware that an injury may be self-inflicted and that they are aware of these guidelines and able to pass on any concerns.

When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling.

What appears to be important for many young people is having someone to talk to who listens properly and does not judge.

Confidentiality is a key concern for young people, and they need to know that it may not be possible for you to offer this. If you consider that a young person is at serious risk of harming him or herself or others, then information needs to be shared.

It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge. Make sure that as part of your conversation you work out together who are the best people to tell.

Resist the temptation to tell them not to do it again, or promise you that they won't do it again.

It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.

Take a non-judgmental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help.

Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.

Read the "DOs and DON'Ts" for staff—overleaf—and the conversation prompts in Appendix E.

If you find a young person who has self-harmed, e.g. by overdosing or cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by school policy.

In the case of an overdose of tablets, however small, but where the young person is conscious and alert, advice must be obtained from a medical practitioner—either by contacting the duty worker at CAMHS on 0161 419 2062 or your school nurse. If you are unable to get a response from CAMHS or the school nurse, the young person should get a same-day appointment with her or his GP or go to the nearest hospital Emergency Department.

If a young person has a self-inflicted injury (but has not taken medication / an overdose), he or she should not be sent to the Emergency Department unless a first-aider has confirmed that the young person has injuries requiring emergency medical treatment, or this has been advised by a CAMHS team member or other medical practitioner.

The Stockport Self-Harm Pathway should be followed in all cases of actual or intended self-harm – see page 11.

DOs and DON'Ts for Staff

DO

Stay Calm – do not show anxiety, disapproval or disgust. Be prepared to be shocked and mindful of the possible severity of the incident, then.....

Listen – just being listened to can be a great support and bring real relief to someone; particularly if they have never spoken to anyone about their self-harming before.

Listen intently – calmly ask any relevant questions – try and build rapport with the young person, whilst you ascertain what is happening for them, the severity, frequency and duration of the self-harm.

Listening does not just require ears - Observe the young person's non verbal clues – look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? sadness? frustration?

Think carefully before you act – what is in the best interest of the young person?

Remember that most episodes of self-harm have nothing to do with suicide. However, the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours.

Treat a suicide intention as an emergency, do not leave the young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm.

DON'T

Panic – Unfortunately many young people self-harm – it is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel safe and contained.

Send the young person away – make some time for them – either help them find other ways of coping or help them to get the right kind of support.

Be judgemental – keep an open mind about the behaviour and don't refer to it as "attention seeking".

Work Alone: you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency.

Offer to take the young person to your home environment, don't give them your mobile number or house number – or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself. Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person's difficulty

Talking to pupils when they talk about self-harm

Top Tips

- 1) Focus on listening
- 2) Don't talk too much
- 3) Don't pretend to understand
- 4) Don't be afraid to make eye contact
- 5) Offer support
- 6) Acknowledge how hard it is to discuss these issues
- 7) Don't assume that an apparently negative response is actually a negative response
- 8) Don't break your promises—or make promises you can't keep

The information below has been adapted from material produced by the PHSE Association in 2013, using young people's words.

1. Focus on listening

“She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point.”

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

2. Don't talk too much

“Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should [find them for me]. Just keep quiet, I'll get there in the end.”

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

3. Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of self-harm can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

4. Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

5. Offer support

"I was worried how she'd react, but she just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the Stockport policy on this issue. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

6. Acknowledge how hard it is to discuss these issues

"Talking about [self-harm] for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

7. Don't assume that an apparently negative response is actually a negative response

"The voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get help, that doesn't mean they'll readily *accept* help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the pupil.

8. Never break your promises

"Whatever you say you'll do, you have to do, or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

What support is there for young people who self-harm?

Q: A young person in my school has just shown me the cuts on her arm. What help is there for her?

A: There are various possible sources of help for young people who self-harm...

- 1) CAMHS (the Child and Adolescent Mental Health Service) Core Team is based at the Tree House in Stepping Hill Hospital. The Core CAMHS team will see young people with moderate to severe depression, suicidal ideation and deliberate self-harm that requires medical treatment. If a young person meets the threshold for the CAMHS service, they will be assessed and receive a number of sessions from a CAMHS team member who could be a psychologist, psychiatrist, family therapist or mental health practitioner. Core CAMHS will only accept referrals from a GP or school nurse. However, staff can always contact the CAMHS duty worker on 0161 419 2062 for advice about particular incidents.
- 2) Secondary Jigsaw provide mental health support to young people attending a mainstream secondary school. They work with young people who are experiencing a range of difficulties, such as sadness / low mood, irritability, anxiety and self-harm which does not require medical treatment and is not a sign of suicidal ideation. Referrals can be discussed with the Jigsaw team by calling 0161 428 9305 and a CAMHS Community Referral form can then be completed.
- 3) Primary Jigsaw offer mental health support to young people attending a mainstream primary school. They work with young people who are experiencing a range of difficulties, such as sadness / low mood, irritability, anxiety and self-harm which does not require medical treatment. Referrals can be discussed with the Primary Jigsaw team by calling 0161 437 4956, option 2.
- 4) Other services in schools: the school nurse may be able to support the young person and schools can ask the psychology team for support. Where schools buy in Beacon Counselling, the school counsellor will be able to work with the young person. Where relevant, young people who are already being seen by the MOSAIC school service can access counselling at MOSAIC.
- 5) Helplines and websites etc—this document contains a list of websites and helplines offering support to young people who self-harm. Young people in Stockport can also access a computerised Cognitive Behaviour Therapy programme, which is run as a group—see contact list for more information.
- 6) Last, but by no means least, is the support that you can offer the young person and the self-help support she or he can access.

Many young people who self-harm will not meet the threshold to access CAMHS services. However, this does not mean that there is no support available (see over).

Section 4 - How to respond to Self-Harm

Young people value having the opportunity to be listened to—and an opportunity to talk about their concerns. This document contains resources that can either be handed to the young person to complete independently, or could be worked through with a school staff member.

These include:

How does self harm help? And if it helps, why stop?

Working out why you self harm

Finding new coping techniques

Alternatives to self-harm and distraction techniques

Creating a safety net

Every library in Stockport has a self-health collection, including a young people's section, with books on raising mood, improving self-esteem etc.

Psychology Services, Behaviour Support Services, Beacon Counselling, School Improvement and the Public Health team can all offer training and support on topics such as wellbeing, mindfulness and understanding mental health.

To find out more about the support on offer, contact:

Tanya Cross, Schools Health & Wellbeing Adviser: tanya.cross@stockport.gov.uk or

Catherine Johnson, Senior Public Health Adviser: catherine.johnson@stockport.gov.uk

What support is there for me?

Question: I've been supporting a young person in my school who has been self-harming, but now I'm feeling really drained and upset by what's going on. Where can I go for help?

- Use your school's existing support mechanisms—speak to your pastoral manager, assistant head-teacher or head-teacher.
- Your manager can refer you to the Council's counselling service.
- Teacher-line provides telephone advice and counselling from 8am-8pm, 365 days a year: call 08000 562 561 or text 07909 341229—they will call back within the hour. Email and online support are also available—see www.teachersupport.info
- Make time to talk to friends and family members for support.
- Use the resources in this document for support in dealing with difficulties.
- There are many sources of online support., including:

Living Life to the Full (www.lltff.com) have a range of self-help resources freely available on their website. Register on the site either as a member of the public or as a practitioner to access their support.

Self Help Services (www.selfhelpservices.org.uk) offer a computerised CBT programme for adults in Stockport.

The MindEd online resource (www.minded.org.uk) is a Department of Health funded project to provide e-learning for anyone working with children and young people. It offers a wide range of learning sessions, aimed at improving children and young people's mental health and can support you in understanding self-harm, dealing with strong emotions, developing listening skills and much more.

Creating & promoting wellbeing—at school and at home

A health-promoting school or college is one that provides a supportive environment for its staff and students and promotes good staff and student wellbeing.

Schools may wish to complete the audit tool in **Appendix F** 'How Mentally Healthy is your School?' and consider whether there are aspects of school life that could be changed in order to make them more health promoting.

In addition to considering ways of improving wellbeing across the whole school, staff and young people can also improve their own wellbeing.

The 'five ways to wellbeing' are a set of evidence based messages designed to show the whole population how their wellbeing can be improved, simply by taking on board these five lifestyle changes. The evidence shows that where people build these five things into their lives, their sense of wellbeing increases: this is true for adults and for children and young people.



Connect

People who have strong and broad social relationships are happier, healthier and live longer than those who do not. Close relationships with family and friends provide love, meaning, support and increase our feelings of self-worth. Broader networks bring a sense of belonging.

So taking action to strengthen our relationships and build connections is essential for happiness.

Find out more about how and why our relationships are good for our mental wellbeing at: www.actionforhappiness.org/10-keys-to-happier-living/connect-with-people/details

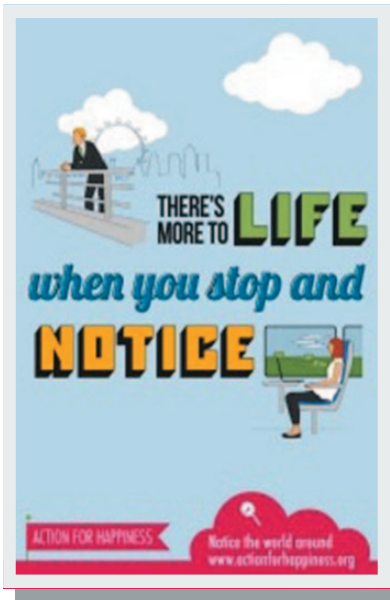


Be Active

Our body and our mind are connected. Being active makes us happier as well as being good for our physical health. It instantly improves our mood and can even lift us out of a depression.

We don't all need to run marathons - there are simple things we can all do to be more active each day. And we can also boost our wellbeing by unplugging from technology, getting outside and - importantly - making sure we get enough sleep

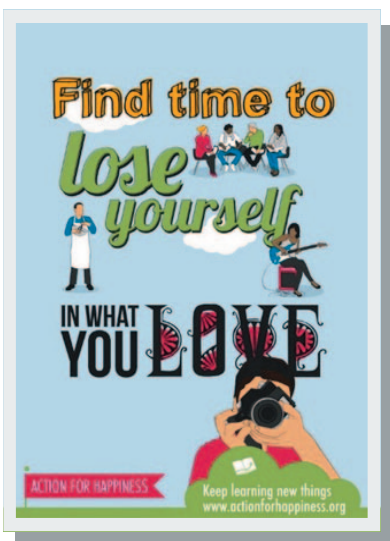
Find out more about why being active and healthy are good for our mental wellbeing at: www.actionforhappiness.org/10-keys-to-happier-living/take-care-of-your-body



Take Notice

Ever felt there must be more to life? Well, there is! And it's right here in front of us. We just need to stop and take notice. Learning to be more mindful and aware can do wonders for our wellbeing in all areas of life - like our walk to work, the way we eat, or our relationships. It helps us get in tune with our feelings and stops us dwelling on the past or worrying about the future - so we get more out of the day-to-day.

Find out more about how and why being mindful is good for our mental wellbeing at: www.actionforhappiness.org/10-keys-to-happier-living/notice-the-world-around/details



Keep Learning

Learning affects our wellbeing in lots of positive ways. It exposes us to new ideas and helps us stay curious and engaged. It also gives us a sense of accomplishment and helps boost our self-confidence and resilience. There are many ways to learn new things - not just through formal qualifications. We can share a skill with friends, join a club, learn to sing, play a new sport and so much more.

Find out more about how and why learning is good for our mental wellbeing: www.actionforhappiness.org/10-keys-to-happier-living/keep-learning-new-things/details



Give— do things for others

Helping others is not only good for them and a good thing to do; it also makes us happier and healthier too. Giving also connects us to others, creating stronger communities and helping to build a happier society for everyone. And it's not all about money - we can also give our time, ideas and energy. So if you want to feel good, do good!

Find out more about why helping others is good for your mental wellbeing at: www.actionforhappiness.org/10-keys-to-happier-living/do-things-for-others/details

Can you identify something from each of the five ways for wellbeing in your life? If not, can you identify where the gaps are and think of what you could do to fill those gaps?

If you are supporting a young person or a colleague, can you encourage him or her to think about these five ways to wellbeing?

Stockport Self-Harm Policy

Section 5—Training

The Stockport Self-Harm Training Programme

The Stockport Self-Harm Training Programme

Training on responding to self-harm, using this policy and using its resources is available for workers across Stockport.

The training programme has been developed by Stockport's Child and Adolescent Mental Health Services (CAMHS) core team, Secondary Jigsaw and Primary Jigsaw teams. It is based on the existing mental health training programme offered to schools by the Secondary Jigsaw team and the STORM risk management training programme, currently used by Stockport's core CAMHS and School Nursing teams.

The training will be provided by a team of practitioners from across Stockport, including mental health practitioners, from Stockport CAMHS—including Primary and Secondary Jigsaw, Stockport Psychology Services and Beacon Counselling.

The training is designed to take place over one half-day session (3 hours).

To support the introduction of this policy, the Public Health team will fund two free-to-access, half-day training sessions to Stockport schools and academies in November 2014. Schools will be able to send up to six members of staff onto these training dates—ideally, pastoral managers / safeguarding officers: the staff members who would be responding to young people who self-harm.

The intention is that, following this training, staff members will be able to cascade information from this policy to their staff teams: explaining the pathway and procedures set out within this document.

Where schools want additional support or training around self-harm, or where new or additional members of staff require training, this will need to be funded by the school.

To access additional training—either input at a staff meeting, for example, or to access the full half-day self-harm training programme; schools should contact Catherine Johnson in the Public Health team in the first instance: 0161 474 2446 or catherine.johnson@stockport.gov.uk

Free, online training

The Department of Health has funded an online portal for education and support around young people's mental health and wellbeing called MindEd—e-learning to support young healthy minds. This is free to access and has a number of relevant courses. Schools may wish to encourage all staff to complete the 'Sad, Bored or Isolated' module and the 'Self-Harm and Risky Behaviour' module. More specialist staff may wish to complete the module: 'Managing Risk: Self-harm and Suicidality'. For more information, visit www.minded.org.uk.

The Stockport Self-Harm Policy

Section 6—Appendices

Appendix A—Checklist for schools

Appendix B—Safeguarding Children: Note of concern

Appendix C—Skin map

Appendix D—Sample incident form

Appendix E—Conversation prompts

Appendix F—Audit tool “How mentally healthy is your school?”

Appendix A

Checklist for school staff & leadership team: Supporting the development of effective practice

Policy Approval

The Stockport Self-Harm Policy & Procedures have been approved by the relevant managers and school governors.

☐

Training

All new members of staff receive an induction on child-protection procedures and setting boundaries around confidentiality.

☐

All members of staff receive regular training on child-protection procedures.

☐

All staff have access to the relevant online training on the MindEd website.

☐

Staff members with pastoral roles (head of year, child protection co-coordinator, SENCO etc.) have access to Stockport's training on identifying and supporting students who self-harm.

☐

Communication

All members of staff know to whom they can go if they discover a young person who is self-harming.

☐

The senior management team is fully aware of the contact that reception, first-aid staff, technicians and lunch supervisors have with young people and the types of issue they may come across.

☐

Time is made available to listen to and support the concerns of staff members on a regular basis.

☐

Support for staff/students

Staff are aware of the resource section in this document—with resources for staff, parents and young people.

☐

Staff members know how to access support for themselves and students. Students know to whom they can go for help.

☐

The school has a culture that encourages young people to talk and adults to listen and believe.

☐



Appendix B

Safeguarding Children: Note of Concern

Name of child	Class/group	Date:
<p>Issue: Please record the details of the incident/issue you are concerned about. Include verbatim comments where possible. Please keep the account very factual. If you are reporting a potential incident of physical abuse remember to include a 'record of marks observed on a child'.</p>		
<p>Signed:</p> <p>(Please continue on extra paper if necessary)</p>		
<p>How did you become aware of the issue? (please circle) observation disclosure</p>		
Reported to:	Date and time report completed:	
<p>Outcome: Please include the outcome of discussions with parents/carers where this is appropriate</p>		
<p>Further action; please circle and state below</p> <p>continue to monitor complete CAF convene TAC refer to social care / police</p>		
<p>Please be clear when deciding on further action exactly what this is. If you are agreeing to monitor a situation you should state what form the monitoring will take, and what reporting will be required.</p>		
Signed:	Date:	

Appendix C

Skin Map – used by **non-medical staff** to assist you in reporting your concerns.
THIS IS NOT A MEDICAL ASSESSMENT.

Name of Child:

Date marks noticed:

Recorded by:

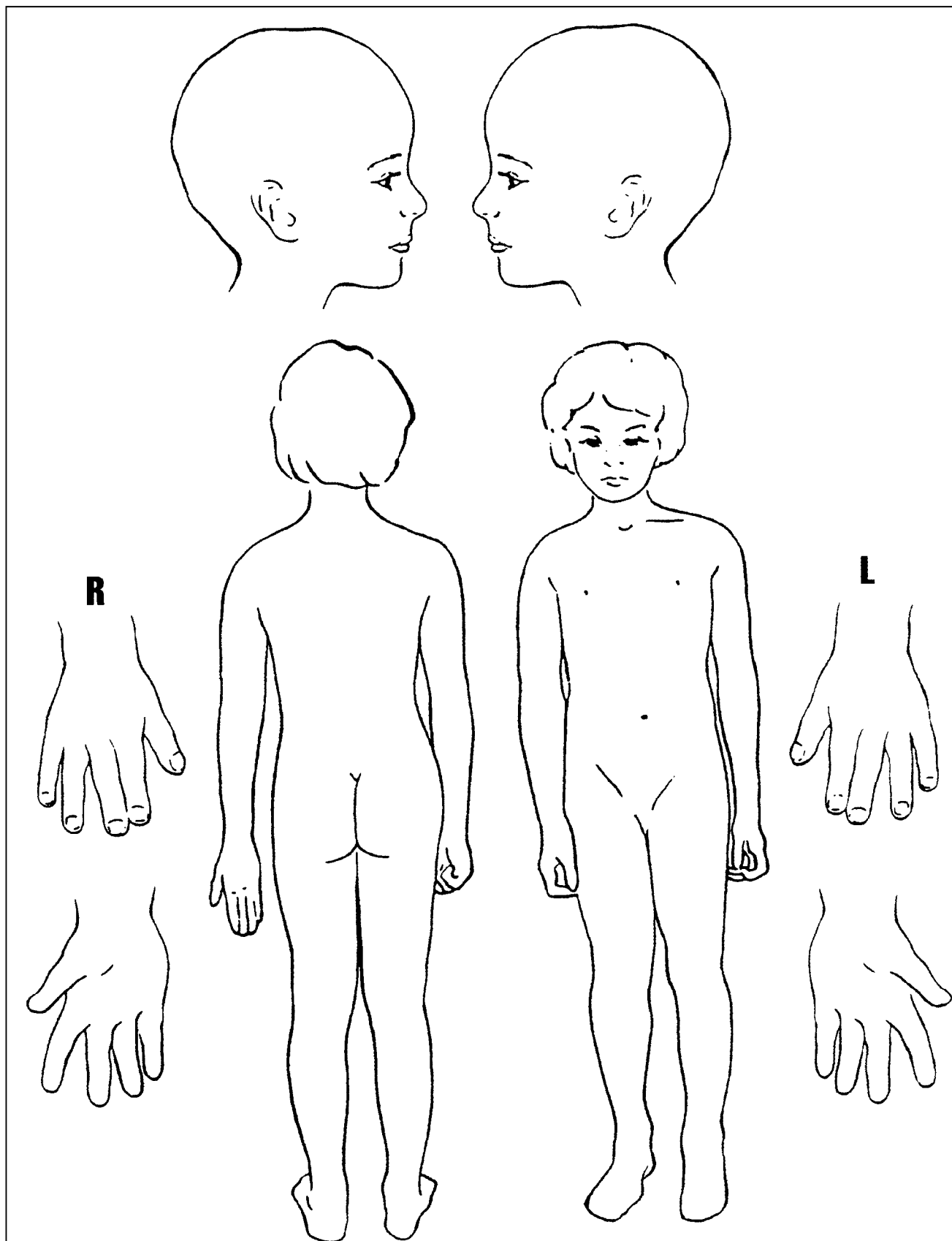
Role:

Report passed to:

(Please record the size, shape, location and colour of the mark if you have seen something). **Do not** ask a child to show you a mark.

Signed:

Date:



The Skin Map template consists of several line drawings of a child's body parts arranged within a large rectangular frame. At the top, there are two side-profile views of a child's head and shoulders, facing opposite directions. Below these are two full-body views: one from the back (left) and one from the front (right). To the left of the back view is a drawing of a right hand, labeled with a bold 'R'. To the right of the front view is a drawing of a left hand, labeled with a bold 'L'. Below each of these hand drawings is another drawing of the same hand, showing the palm side. The entire template is designed for recording the size, shape, location, and colour of any marks noticed on the child's body.

Appendix D

Sample incident form to be used when a young person self-harms

Schools may choose to use this in addition to the Note of Concern form

Self-Harm Incident Report

Student Name:

Date of Report:

Age:

Gender:

Year:

Special Needs:

Staff member name:

Staff member job title:

Nature of incident:

Date & time of occurrence:

Stockport Self-Harm pathway followed

☐

Action taken by school personnel:

Decision made with respect to contacting parents and reasons for decision:

Recommendations:

Follow up:

Signature:

Appendix E

Conversation prompts for use during an assessment with a young person

Initial Questions
What has been happening?
Have you got any injuries or taken anything that needs attention (consider emergency action?)
Who knows about this?
Are you planning to do any of these things – consider likely or imminent harm?
Have you got what you need to do it (means)?
Have you thought about when you would do it (timescales)?
Are you at risk of harm from others?
Is something troubling you? – family, school, social. Consider use of child protection procedures.
Responses
If urgent medical response needed call an ambulance
Say who you will have to share this with (e.g. designated teacher) and when this will happen
Say who and when the right person will speak with them again to help and support them
Check what they can do to ensure they keep themselves safe until they are seen again e.g. Stay with friends at break time, go to support staff.
Give reassurances i.e. It's ok to talk about self harm and suicidal thoughts and behaviour
Setting up the contract with the child or young person
Discuss confidentiality—explain what can and cannot be kept confidential
Discuss who knows about their concerns and discuss contacting parents
Discuss who you will contact i.e. pastoral lead, form tutor
Discuss contacting school nurse / school counselling service etc.

Further Questions
What, if any, self-harming thoughts and behaviours have you considered or carried out? (Either intentional or unintentional – consider likely / imminent harm)
If so, have you thought about when you would do it?
How long have you felt like this?
Are you at risk of harm from others?
Are you worried about something?
Ask about the young person's health (use of drugs / alcohol?)
What other risk taking behaviour have you been involved in?
What have you been doing that helps?
What are you doing that stops the self-harming behaviour from getting worse?
What can be done in school to help you with this?
How are you feeling generally at the moment?
What needs to happen for you to feel better?

Appendix F How Mentally Healthy is our school? – An Audit tool		
Aspects of school life	Questions to ask	Points and Actions
School culture, atmosphere and ethos		
Do you celebrate all members of the school community?		
Do children and young people feel valued?		
Does the organisation and culture support pupils' spiritual, moral, social and cultural development?		
Do teaching staff feel supported by colleagues?		
Are parents made to feel welcome?		
How do you build a 'sense of belonging' to school?		
How do you include children and young people's views?		
How does the school minimise social isolation?		
How welcoming is the school to visitors?		
Does the school have a consistent and fair application of policies such as anti-racism and anti-bullying by all?		

Aspects of School Life	Questions to Ask	Points & Actions
Leadership and Management		
Is mental health promotion seen as contributing to school improvement?		
Are mental health promotion measures included in the school development plan?		
Are the head teacher and governors prepared to support mental health promotion initiative in school e.g. by allowing non-contact time to take ideas forward?		
Does professional development for staff include training in PSHE and citizenship for all staff?		
How are non-teaching staff included in decision making and in implementing whole school policies?		
Do staff treat each other with respect and kindness, modelling the behaviour they expect from pupils?		
Teaching and learning styles		
Are the classroom climates respectful and participative?		
Are teachers aware of different teaching styles?		

Aspects of School Life	Questions to Ask	Points and Actions
Is consideration given in lessons in how to meet the needs of individual pupils' special educational needs?		
Policy development		
What policies have been developed to encourage social inclusion?		
How does the school involve parents and pupils in policy development?		
Do policies have clearly defined role and responsibilities for each part of the school community?		
Curriculum planning		
Does the PSHE curriculum cover mental health, social skills, grief and loss, racism and bullying?		
Is PE used to teach the value of co-operation and teamwork and to promote good behaviour?		
Are links made between mental health promotion and other curriculum areas?		

Aspects of School Life	Questions to Ask	Points and Actions
Do you take advantage of a range of resources, including external agencies to help in planning?		
School environment		
Are there hidden areas in school where young people could be bullied?		
Are there external spaces for boisterous play and quiet areas?		
Are younger children able to approach adults or older children if they feel unsafe at break or lunch-times?		
Are lunch areas, toilets and other facilities pleasant and clean?		
Is the school pleasantly decorated, clean and cared for?		
Are there particular times of day when pupils are at most risk?		
Is the staff room a pleasant, comfortable place?		
Giving pupils a voice		
Do pupils' views influence teaching and learning in citizenship and PSHE?		
Are pupils encouraged to take some responsibility for some aspects of school life e.g. peer mentoring schemes?		

Aspects of School Life	Questions to Ask	Points and Actions
Are pupils involved in policy development e.g. through school council?		
Provision of pupil support services		
What arrangements are in place for support programmes such as academic mentoring and counselling?		
When there are concerns about a pupil's mental health, are staff aware of procedures that should be followed?		
What practical steps are taken to work with pupils at risk of exclusion?		
Are you able to be flexible in meeting the needs of young people who are carers?		
Are staff aware of the potential difficulties faced by minority groups?		
Do staff have regular updates on child protection policy and procedures?		
Does the school have a bereavement policy?		
Are staff aware of how to support a young person whose first language is not English?		

Aspects of School Life	Questions to Ask	Points and Actions
Staff professional development needs		
Do staff have good access to professional development opportunities?		
How are staff supported to deal with the stress of teaching?		
How do staff support each other and contribute to team working?		
Is the environment conducive to working?		
Are staff involved in decision making about policies?		
Are there opportunities for staff to undergo training on mental health/emotional literacy issues?		
Are staff given the opportunity to share information, learning and experience with other schools?		
Is there a secure system for performance management in place for all staff?		
Do you have a staff care policy?		

Aspects of School Life	Questions to Ask	Points and Actions
Are there events for staff out of school?		
Partnerships with parents and carers		
Do you provide the parents and carers with regular information?		
Is feedback to parents regular and timely on both positive and negative aspects of their child's behaviour?		
Do you provide opportunities for parents or others to take part in learning activities?		
Are parents and other local people involved in activities in the school?		
Do you have home-school agreements in place and implemented?		
Do parents feel able to let you know of home stresses that might be impacting on the learning of their child?		
Do you have a parent-teacher association?		

Aspects of School Life	Questions to Ask	Points and Actions
Involvement of the local community		
Does the school reflect the local community?		
What collaboration is there with other professionals working with the pupils e.g. school nurses, CAMHS, EPs?		
Are assessments carried out in ways that boost self-confidence and motivate learning?		
Are pupils' achievements (academic and non-academic) celebrated in the school community?		

Taken from 'A Bright Future For All' (Mental Health Foundation 2003)

Stockport Self-Harm Policy

Section 7—Resources

How does self harm help?

Working out why you self-harm

Finding new coping techniques

Alternatives to self-harm and distraction techniques

Creating a safety net

Information for friends

Information for parents and carers

Information for staff—self-harm: the facts

Information for staff—strategies for good staff mental health

Helplines and websites

Contacting local services for advice and information

Stockport services' contact details

Stockport Self-Harm Information Guides

How does self-harm help? If it helps, why stop?

How does self-harm help?

It's important to acknowledge that self-harm helps you—otherwise you wouldn't do it. Some of the ways cutting and self-harming can help include:

- Expressing feelings you can't put into words
- Helping you feel in control
- Releasing the pain and tension you feel inside
- Relieving guilt and punishing yourself
- Distracting you from overwhelming emotions or difficult life circumstances
- Making you feel alive, or simply feel *something*, instead of feeling numb

If it helps, why stop?

Once you better understand why you self-harm, you can learn ways to stop self-harming, and find things that can support you through this struggle. Although self-harm and cutting can give you temporary relief, it comes at a cost. In the long term, it causes far more problems than it solves.

The relief is short lived, and is quickly followed by other feelings like shame and guilt. Meanwhile, it keeps you from learning more effective strategies for feeling better.

Keeping the secret from friends and family members is difficult and lonely.

You can hurt yourself badly, even if you don't mean to. It's easy to misjudge the depth of a cut or end up with an infected wound.

If you don't learn other ways to deal with emotional pain, it puts you at risk for bigger problems down the line, including major depression, drug and alcohol addiction, and suicide.

Self-harm can become addictive. It may start off as an impulse or something you do to feel more in control, but soon it feels like the cutting or self-harming is controlling you. It often turns into a compulsive behaviour that seems impossible to stop.

The bottom line: self-harm and cutting don't help you with the issues that made you want to hurt yourself in the first place.

Stockport Self-Harm Information Guides

Working out why you self-harm

Learn to manage overwhelming stress and emotions

- Understanding why you cut or self-harm is a vital first step toward your recovery.
- If you can work out what function your self-injury serves, you can learn other ways to get those needs met—which in turn can reduce your desire to hurt yourself.

Identify your self-harm triggers

- Remember, self-harm is most often a way of dealing with emotional pain.
- What feelings make you want to cut or hurt yourself?
- Sadness? Anger? Shame? Loneliness? Guilt? Emptiness?
- Once you learn to recognise the feelings that trigger your need to self-injure, you can start developing healthier alternatives.

Get in touch with your feelings

- If you're having a hard time pinpointing the feelings that trigger your urge to cut, you may need to work on being aware of your emotions. This means knowing what you are feeling and why.
- It's the ability to identify and express what you are feeling from moment to moment and to understand the connection between your feelings and your actions.

The idea of paying attention to your feelings—rather than numbing them or releasing them through self-harm—may sound frightening to you.

You may be afraid that you'll get overwhelmed or be stuck with the pain. But the truth is that emotions quickly come and go if you let them.

If you don't try to fight, judge, or beat yourself up over the feeling, you'll find that it soon fades, replaced by another emotion.

Stockport Self-Harm Information Guides

Finding New Coping Techniques

Self-harm is your way of dealing with feelings and difficult situations. So if you're going to stop, you need to have alternative ways of coping in place so you can respond differently when you start to feel like cutting or hurting yourself.

If you self-harm to express pain and intense emotions

- Paint, draw, or scribble on a big piece of paper with red ink or paint
- Express your feelings in a journal
- Compose a poem or song to say what you feel
- Write down any negative feelings and then rip the paper up
- Listen to music that expresses what you're feeling

If you self-harm to calm and soothe yourself

- Take a bath or hot shower
- Wrap yourself in a warm blanket
- Massage your neck, hands, and feet
- Listen to calming music

If you self-harm because you feel disconnected and numb

- Call a friend (you don't have to talk about self-harm)
- Take a cold shower
- Hold an ice cube in the crook of your arm or leg
- Chew something with a very strong taste, like chilli peppers, peppermint, or a grapefruit peel
- Go online to a self-help website, chat room, or message board

If you self-harm to release tension or vent anger

- Exercise vigorously—run, dance, jump rope, or hit a punch bag
- Punch a cushion or mattress or scream into your pillow
- Squeeze a stress ball or squish Play-Doh or clay
- Rip something up (sheets of paper, a magazine)
- Make some noise (play an instrument, shout or play loud music)

Substitutes for the cutting sensation

- Use a red felt tip pen to mark where you might usually cut
- Rub ice across your skin where you might usually cut
- Put rubber bands on wrists, arms, or legs and snap them instead of cutting or hitting

Stockport Self-Harm Information Guides

Alternatives to Self-Harm & Distraction Techniques

These are some ideas for helping people delay or avoid self-harm that you might wish to consider – *they've all been suggested by people who self-harm.*

Some ideas might seem ridiculous, but others might work.

Different people find that different things help, and it isn't a failure if you try something and it doesn't help. You will be able to add things which you have discovered.

Letting it out physically

- Scream as loud as you can
- Hit a cushion / punch bag / throw a cushion against a wall
- Kick a football against a wall
- Squeeze ice really hard
- Squeeze a stress ball
- Tear up a newspaper/phone directory
- Play loud music and dance energetically – be as wild as you like
- Draw on the place you want to cut with red pen, fake blood or watered down food colouring
- Write words on yourself with a red marker pen
- Spend some energy - go for a walk/swim/go to the gym/ride a bike/go running

Trying to work out how you're feeling...

- Ask yourself "Do I feel angry?" 'Do I feel anxious?' 'What about...?'
- Ask yourself 'What would the razor blade say if it could talk to me?'
- Write a letter to someone you're angry with (hurt by etc.) saying how you feel (No need to send it)
- Write a list of your achievements
- Write a letter to yourself saying 'I love YOU because....'
- Make a list of things you're thankful for
- Make a wish list

Talking about it....

- Talk to a friend or relative
- Call Child-line, the Samaritans or other helpline
- Allow yourself to cry (if you can)

Distracting yourself

- Watch television / a DVD etc
- Play on a computer
- Learn a new skill
- Do puzzles / play chess / make your own puzzles
- Origami / make jewellery
- Look through photos
- Design a dream house
- Have a debate
- Build a card house
- Make a paper chain of the days it's been since you last self-harmed (add a new one every day)
- Find out how to put 8 queens on a chessboard without any of them being able to kill each other (There are 92 possible ways to do this)

Reasoning with yourself

When you're not feeling like self-harming, write a list of reasons to avoid self-harm.

The list will be different for each person - it's whatever makes sense to you.

Look at the list when you feel like harming yourself. It could include things like:

- "I've managed for two weeks without harming. I don't want to start again"
- "Once I start it's difficult to stop"
- "I'll regret the damage afterwards"
- "It doesn't help in the long run. I can harm now but I'll need to do it again in a couple of days"
- "If I can hang on, the need to self-harm sometimes passes"
- "Self-harm affects my relationships"

Making yourself safe

- Try to identify things that prompt you to self-harm. If possible avoid them or prepare for them
- Avoid shops that sell things you might use to harm yourself
- Stay with a friend

Delaying self-harm

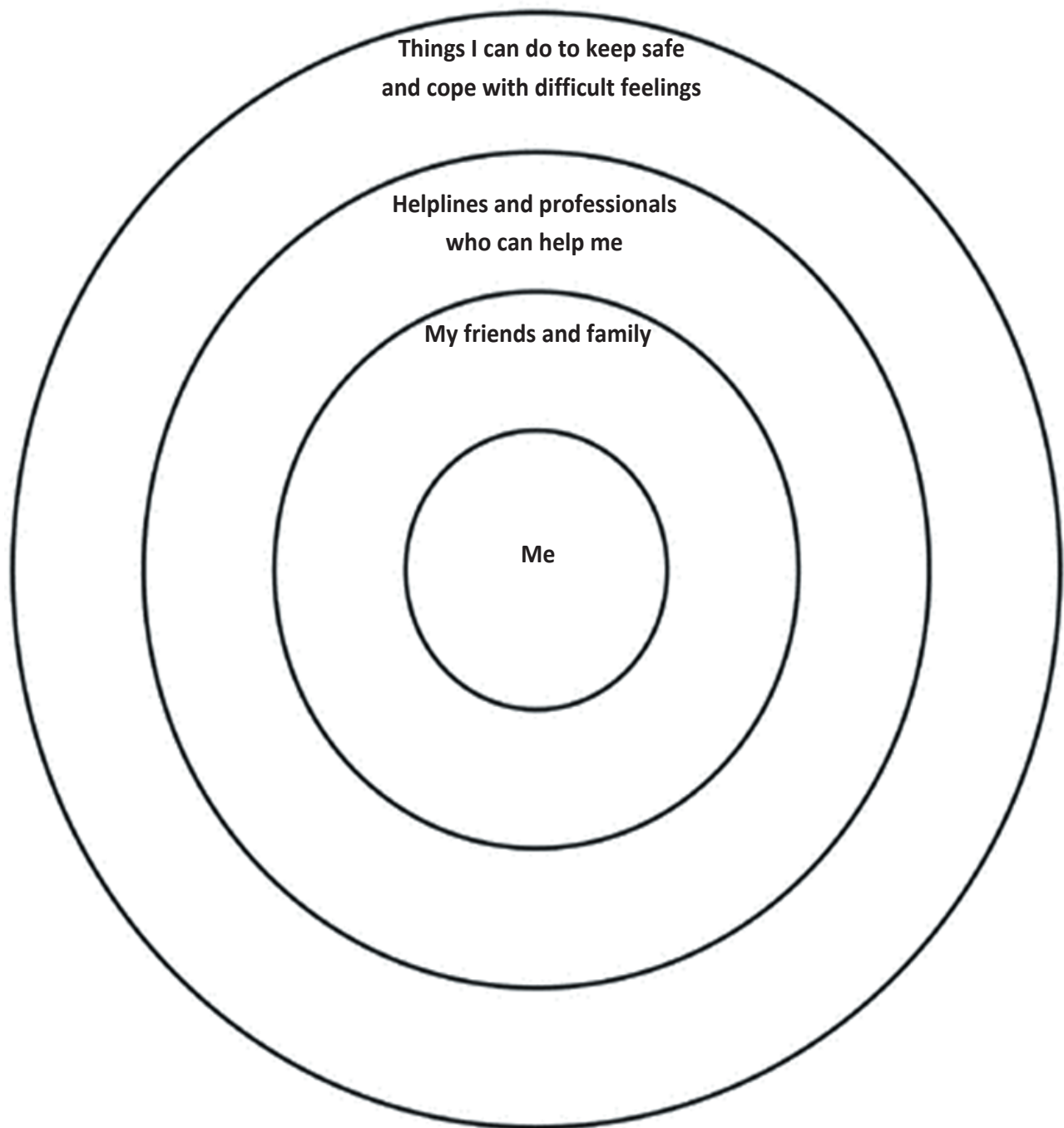
- Keep things you harm yourself with in a locked cupboard or in a box with tape around it. It gives you time to think between wanting to self-harm and doing it
- Phone Child-line or the Samaritans – arrange to ring again in an hour/ two hours and promise yourself you will not harm before then
- Use any of the suggestions for avoiding self-harm to try and delay it for a while

Stockport Self-Harm Information Guides

Creating a Safety Net

Everybody needs a 'safety net' – made up of the people in our lives who can help or support us and the things in our lives that can help us cope with difficult feelings and help keep us safe.

Try to identify some people in each of the groups below that you would feel most comfortable talking to and write down anything you have found helps to stay safe and cope when you're feeling low.



Keep your completed safety net with you—and refer to it when you feel low or need help to avoid self-harming.

Stockport Self-Harm Information Guides

Information for Friends

- If one of your friends is self-harming you may feel angry, shocked, guilty and upset. These reactions are normal, but what your friend really needs is support from you. You can help just by being there, listening and giving support.
- Be open and honest: if you are worried about a friend's safety, you should tell a responsible adult you can trust. Let your friend know that you're going to do this—and explain that you are doing it because you care for him or her.
- Encourage your friend to get help. You can go with your friend or perhaps tell a grown-up on behalf of your friend.
- Get information from websites, help-lines or a library, etc. This can help you understand what your friend is experiencing.
- Your friendship might change because of this problem. You might feel bad that you can't help your friend enough—or feel guilty if you have had to tell someone about it. These feelings are normal and don't mean that you have done something wrong or haven't done enough.
- Your friend may get angry with you or tell you that you don't understand. It is important not to take this personally: often, when people are feeling bad about themselves, they get angry with the people they are closest to.
- It can be really hard to look after someone who is self-harming. That makes it really important that you have an adult you can talk to who can look after you. You may not always be able to be there for your friend—and that's ok. You need to take care of yourself and keep yourself safe.
- Approximately 1 in 12 young people self-harm at some point—so in a class of 30, you'd expect at least 2 young people to self-harm at some time.
- Self-harm can be any behaviour where the person is deliberately trying to hurt themselves—this includes cutting, swallowing things, taking an overdose, pulling out hair, burning or hitting themselves.
- Self-harm is different from being suicidal. Some people who self-harm want to kill themselves. However, people can also self-harm as a way of reducing tension, expressing hostility, making someone feel guilty, trying to feel in control—or for many other reasons. It is not just attention seeking behaviour. Self-harming behaviour may express a strong sense of despair and needs to be taken seriously.

Stockport Self-Harm Information Guides

Information for Parents and Carers

As a parent/carers, you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. He or she needs you to stay calm and to listen to them, to cope with very difficult feelings that build up and cannot be expressed. The person needs to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of a car, risk taking behaviour e.g. alcohol intoxication where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 1 in 12 had self-harmed in the previous year.

Is it just attention-seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm, such as arguments with family, break-up of a relationship, failure in exams and bullying at school. Sometimes several stresses occur over a short period of time and one more incident is the final straw. Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What you can do to help

- Keep an open mind
- Make the time to listen
- Help the person find different ways of coping
- Go with the person to get the right kind of help as quickly as possible

Stockport Self-Harm Information Guides

Information for Staff

Self-harm: the facts

Fact: People self-harm in different ways.

Some cut their arms or legs, others bang or bruise their bodies. Self-harm also includes burning, scratching, hair-pulling, or anything that causes injury to the body. Some people take tablets, perhaps not a big overdose, but enough to blot things out for a while. Some people hurt themselves just once or twice. Other people use self-harm to cope over a long time. They might hurt themselves quite often during a bad patch.

Fact: Self-harm isn't necessarily about suicide.

Sometimes people harm themselves because they want to die. But often it's more about staying alive. People may hurt themselves to help them get through a bad time. It's a coping mechanism.

Fact: It's not 'just attention-seeking'.

People self-harm because they are in pain and trying to cope. They could also be trying to show that something is wrong. They need to be taken seriously.

Fact: Self-harm isn't always a sign of mental illness or of something being 'wrong' with a person.

All sorts of people self-harm. Even people in high-powered jobs. It's a sign that something is bothering and upsetting someone, not that they are mad. You may not have met anyone else who self-harms and may find it upsetting or shocking. There's a lot of secrecy about self-harm, but many thousands of people cope in this way for a while. Approximately 1 in 12 young people self-harm at some point.

Fact: Other things can be 'self-harm' too. Things like starving, overeating, drinking too much, risk-taking, smoking and many others are also types of 'self-harm'. Some coping methods (like burying yourself in work) may be more socially acceptable, but can still be harmful.

Fact: People do stop self-harming.

Many people stop self-harming - when they're ready. They sort their problems out and find other ways of dealing with their feelings. It might take a long time and they might need help. But things can get better.

Fact: People self-harm for a reason.

Self-harm is often a way of coping with painful experiences and trying to gain a sense of control over difficult circumstances. These might include being abused or neglected, losing someone important, being bullied, harassed or assaulted, or being very lonely and isolated.

Stockport Self-Harm Information Guides

Information for Staff

Strategies for Good Staff Mental Health

To be able to look after other people, you need to be able to look after yourself and protect your own wellbeing. The following list, based on the Five Ways to Wellbeing, (**see pages 28 & 29**) may help you to find ways of coping with stressful situations.

Connect

- Get social support from your partner or family
- Get social support from school staff colleagues
- Access supportive supervision at work
- Take work-overload difficulties to your senior manager
- Where possible, minimise the time you spend in stressful situations and with stress-inducing people

Be Active

- Make time for regular physical exercise—aim for at least 150 minutes per week
- Get enough sleep and rest
- Ensure you eat regular, healthy meals

Take Notice

- Practice relaxation techniques
- Express emotion rather than suppressing it
- Accept that you will not attain perfection
- Be realistic about what it is possible for you to achieve
- Re-frame your 'stressors' as 'opportunities to enjoy a challenge'

Keep Learning

- Prepare your thoughts and identify ways of dealing with potentially stressful situations in advance
- Access further training to help you cope better
- Develop your problem solving skills

Give

- Do things for other people—help a neighbour or family member, volunteer for a charity doing something completely different to your day job

Which strategies do you already use and could use more?

Which strategies could you try?

Stockport Self-Harm Information Guides

Helplines and Websites

BCSW—text 0780 047 2908 / www.selfinjurysupport.org.uk

Bristol Crisis Service for Women (BCSW) is a national organisation that supports girls and women in emotional distress. They particularly help women who self-harm. Support is available Mon, Tues, Wed, Thurs and Fri 7pm-9pm by texting, or emailing via the website.

CALM—0800 58 58 58/www.thecalmzone.net

The Campaign Against Living Miserably is a national support service for young men aged 15-35. Their helpline is open 7 days a week, 5pm to midnight. Callers can talk through any issue, they'll listen and offer information and signposting.

Childline—0800 1111/www.childline.org.uk

24/7 telephone and web support service for all young people

Papyrus—0800 068 4141/www.papyrus-uk.org

Papyrus provide advice and support for young people aged up to 35 who have suicidal feelings. Their helpline is open Monday-Friday from 10am-5pm and 7pm-10pm, and 2pm-5pm on weekends, or visit the website, email pat@papyrus-uk.org or text 07786 209697

Samaritans—08457 90 90 90/www.samaritans.org

Confidential, emotional support for anyone, 24 hours a day, 7 days a week

Saneline—08457 678 000/www.sane.org.uk

Offers practical care and support to anybody affected by mental health problems. Helpline open noon to 11pm Monday to Friday and noon to 6pm Saturday and Sunday

Self-harm—www.selfharm.co.uk

Support for young people affected by self-harm

Young Minds—0808 802 5544 (parent helpline)/www.youngminds.org.uk

The UK's leading charity on children and young people's emotional and mental health

Stockport Self-Harm Information Guides

Contacting local services for advice & information

Young people need to be referred to these services—for services that can be accessed directly, see “Support Services in Stockport” and “Helplines and Websites”

CAMHS

Stockport’s core Child and Adolescent Mental Health Service is based at the Treehouse Unit in Stepping Hill Hospital. Between 9am and 5pm, Monday to Friday, the CAMHS Duty Worker can be contacted by calling 0161 419 2062.

The Duty Worker can provide advice and guidance for schools around self-harm and can also help schools to establish what action needs to be taken—for example, whether a young person needs to attend a hospital Emergency Department, a GP or does not require medical attention.

Primary Jigsaw

Primary Jigsaw is a multi-agency team that works alongside mainstream Stockport Primary Schools, aiming to improve the emotional health and wellbeing of children experiencing difficulties. The service offers support to the child, school and family. For advice about self-harm in a primary aged child, please contact the Primary Jigsaw coordinator, Gareth Edwards on 0161 437 4956 Opt.2

Secondary Jigsaw

Secondary Jigsaw provide a service for young people attending a mainstream Stockport secondary school or detached unit, aiming to improve the emotional health and wellbeing of young people experiencing difficulties. For advice, or to discuss a possible referral, call the team on 0161 428 9305.

Psychology Service

Stockport’s Psychology Service offers advice, guidance, consultation, training, supervision and one-to-one support. Schools can access training on dealing with particular issues, support for individual staff or pupils and more. Contact the team by emailing c&ypppsychology@stockport.gov.uk or calling 0161 474 3870.

School Nursing

All Stockport secondary schools have a named school nurse and staff can contact their named nurse or the school nursing team for advice.

Contacting Stockport services for training and support

Training and support for school staff is available from a number of Stockport services. The Psychology Service, Primary and Secondary Jigsaw, Behaviour Support Services, School Improvement and Public Health can all support schools around wellbeing and mental-health related issues.

To find out more about the support on offer, contact Tanya Cross, Schools Health & Wellbeing Adviser: tanya.cross@stockport.gov.uk or Catherine Johnson, Senior Public Health Adviser: catherine.johnson@stockport.gov.uk

Stockport Self-Harm Information Guides

Support Services in Stockport

Beacon Counselling

Beacon Counselling (via a buy-back service to Stockport's schools) offer a counselling service in Stockport secondary schools and units. Young people can contact the counsellor in their school, or staff can refer young people to the service. Beacon also offer counselling for young people aged 14-18 who are NEET (not in employment, education or training) and offer counselling for young people and adults at their Stockport town centre and Bramhall village offices. Contact Beacon on 0161 440 0055 / 285 1827 or email admin@beacon-counselling.org.uk

Counselling at Central Youth

Central Youth, in the centre of Stockport, offers a young people's counselling service. To find out more or book an appointment, call 0161 426 9683.

Stress-busters

Stress-busters is a supported online Cognitive Behaviour Therapy programme for 10-18 year olds affected by mild to moderate depression. The programme is designed to help young people with problems such as bullying, exam pressure and uncertainty about the future. Groups run weekly, after school hours at the Kingsway School and the Stockport Wellbeing Centre. Visit www.selfhelpservices.org.uk to find out more.

Psychological Wellbeing Service

The Stockport Psychological Wellbeing Service provides effective psychological therapies for mild to moderate mental health problems such as depression, anxiety, self esteem and panic disorders. They see adults and young people aged 16+. Contact the service on 0161 480 2020.

Adult Access Team

For all referrals and advice / consultations about young people aged 16+ (who are not currently being seen by CAMHS or Secondary Jigsaw), contact the Single Point of Access Team, based at Stepping Hill Hospital. The Access team will assess young people and advise on the most appropriate service. Contact them on 0161 419 4678.

Where to go for help and advice out of hours

If a young person or adult is in acute distress outside of normal office hours, he or she should be advised either to contact their out-of-hours GP service (in Stockport, this is run by Mastercall and patients contact the service by telephoning their usual GP contact number which will transfer to the out-of-hours service) or to attend their local hospital Emergency Department.

In addition, see the "Helplines and Websites" sheet for contact details for services such as Child-line and the Samaritans who can be contacted 24/7.

Young People & Self-Harm in Stockport

Policy & Procedures: Schools' Version