Self harm
Guidelines for staff within school and residential settings in Oxfordshire

Developed by Adolescent Self Harm Forum (Oxfordshire)
Acknowledgements

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These guidelines were produced as the result of collaboration between Oxfordshire Education Department, Oxford Samaritans, Oxfordshire Mental Healthcare Trust and the Department of Social and Health Care. They were written by the Oxfordshire Adolescent Self Harm Steering Group. They are primarily intended for use in secondary schools and in residential settings and should be read in conjunction with the Local Safeguarding Children’s Board (LSCB) guidelines 2012

The current Oxfordshire Adolescent Self Harm Steering Group would like to thank the original steering group members who developed the guidelines for school:

Carrie Jackson, School Health Nurse, Project Co-ordinator; Anne Stewart, Consultant Psychiatrist, Oxford City CAMHS; Elisabeth Salisbury, Samaritans; Karen Rodham, Centre for Suicide Research; Tara Midgen, Educational Psychologist; the late Tessa Cullen, formerly Deputy Head of Student Services, Banbury School; Claire Holdaway, Clinical Psychologist, Abingdon; Linda Whitehead, Barnes Unit; Sharon Codd, Clinical Nurse Specialist, Barnes Unit.

Thanks also to members of the ‘Responding to self harm in residential settings’ project who developed the guidelines for residential staff:

Ben Gurney-Smith, Consultant Clinical Psychologist; Ciorsdan Anderson, Clinical Psychologist; Natalie Burton, Manager; Ian Woods, Manager; Simon Brown, Service Manager; Simon Cornwell, Senior Practitioner; Paul Sheffield, Manager PCAMHS; Dan Ruaux, Manager; Isobel Paz, Consultant Psychiatrist; Anne Stewart, Consultant psychiatrist and Anne Peake, Educational Psychologist.

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Any material from these guidelines which is copied or used must be acknowledged and referenced.

The appendices may be copied.
What is self harm and how common is it?

Self harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc., where the intent is to deliberately cause self harm.

Some people who self harm have a strong desire to kill themselves. However, there are other factors which motivate people 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. Even if the intent to die is not high, self harming behaviour may express a powerful sense of despair and needs to be taken seriously.

Moreover, some people who do not intend to kill themselves may do so, because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the last forty years there has been a large increase in the number of young people who deliberately harm themselves. A large community study in the UK found that in 15-16 year olds, approximately 6.9% of young people (3.2% males and 11.2% females) had self harmed in the last year. See Hawton et al. (2002) Deliberate self harm in adolescents: self report survey in schools in England. BMJ, 325, 1297-1211.
What causes self harm?

Risk Factors

The following risk factors, particularly in combination, may make a young person vulnerable to self harm:

Individual factors
- depression/anxiety
- poor communication skills
- low self esteem
- poor problem solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse

Family factors
- unreasonable expectations
- abuse (physical, sexual, emotional or neglect)
- poor parental relationships and arguments
- depression, deliberate self harm, suicide or other mental health difficulties in the family
- drug/alcohol misuse in the family
- domestic violence

Social factors
- difficulty in making relationships/ loneliness
- persistent bullying or peer rejection
- easy availability of drugs, medication or other methods of self harm

The pressures for some groups of young people and in some specific settings may increase the risk of self harm:
- young people in residential settings (e.g. inpatient units, prison, sheltered housing or hostels or boarding schools)
- young people with mental health difficulties

Triggers

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

Warning signs

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

Examples of self harming behaviour
- cutting
- taking an overdose of tablets
- swallowing hazardous materials or substances
- burning – either physically or chemically
- over/under medicating e.g. misuse of insulin
- punching/hitting/bruising
- hair pulling/skin picking/head banging
- episodes of alcohol/drug/substance misuse or over/under eating can at times be acts of deliberate self harm
- risk-taking behaviours may be acts of deliberate self harm
Self harm can be a transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer term pattern of behaviour that is associated with more serious emotional/psychiatric difficulty. Where there are a number of underlying risk factors present, the risk of further self harm is greater.

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

### What keeps self harm going?

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

Examples of functions include:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel physical pain to distract from emotional pain
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)

- It can also be a suicidal act

### The cycle of self harm/cutting

When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self harm difficult to stop.

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

1 Using support networks

It is helpful to identify who can support the young person and how to get in touch with them. Examples are friends, family, school teacher, counsellor. Knowing how to access a crisis line is also important. “My safety net” (see appendix A) can be a useful way of recording the support people in a young person’s life.

2 Distraction activities

Replacing the cutting or other self harm with other safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self harm. Activities that involve the emotions intensely can be helpful.

Examples of distraction methods:

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

Things I can do myself to cope with difficult feelings:

- Ring my friend up
- Have a relaxing bath
- Watch a film on TV
- Go for a walk
- Write down my feelings
- Listen to my favourite music
3 Coping with distress using self soothing

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

4 Discharging unpleasant emotions in other ways

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

- Clenching ice cubes in the hand until they melt – this can relieve some tension
- Writing, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Going into a field and screaming
- Hitting a pillow /soft object
- Listening to loud music
- Physical exercise can be a good way to discharge emotion

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

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

Reactions of staff

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

In schools young people may present with injuries to first aid or reception staff. It is important that these frontline staff are aware that an injury may be self inflicted, and that they pass on any concerns. Within residential settings, young people may present to a range of staff, including key workers, domestic staff, admin staff or cooks.

The urge to escape difficulties

For some young people with histories of abuse, self harm can be a way of signalling their experiences at a time when they cannot tell people what happened. Self harm may express the strong desire to escape from a conflict or unhappiness at home and to live elsewhere. Injuring oneself can achieve a temporary respite if it entails a hospital admission or a short break at the home of a friend or relative. The young person may request admission to foster care or a residential home and parents may doubt their ability to cope at this stage. Entering care carries with it many long-term disadvantages and increased vulnerability for the young person. It is far preferable to try to support the young person and family members in finding a resolution to their difficulties than to separate them further.

For those who are already in care, self harm may still be an expression of a desire to escape from their situation, for example, leaving the home. As before, it is important to support the young person, understand the nature of their difficulties and help them to find a way of resolving them.

If you believe that a young person would be at serious risk of abuse in returning home or in remaining in their residential setting, you should consult a Social Worker for advice.
How to help - within schools

1 First line help

- When you recognise signs of distress, record what you have observed.
- Find a person whom the young person trusts who can find ways of talking with the young person about how they are feeling.
- Build up a full picture of the young person’s life by talking to their form tutor, year head, pastoral team, and any adults who come into contact with them. Find out their particular strengths and vulnerabilities.
- What appears to be important for many young people is having someone to talk to, who listens properly and does not judge. This person may be a mentor, counsellor, youth worker, school health nurse, teacher, personal connexions adviser, hub staff etc.
- 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.
- If you find a young person who has self harmed (e.g. overdose, self cut etc.) 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) advice must be obtained from a medical practitioner (GP or Accident and Emergency Department).
- Take a non-judgemental attitude towards the young person. Try to reassure them that you understand that self harm is helping them to cope at the moment and you want to help them, and explain that you need to tell someone. Try to work out together who is the best person to tell (see paragraph on confidentiality).
- Discuss with the young person the importance of letting parents know and listen to any fears they have about this.
- Contact parents (unless there are particular reasons why they should not be contacted) and discuss the school’s concern. Give parents the parents’ fact sheet (Appendix E) and help the parents to understand the self harm, so that they can be supportive to the young person.
- Consider referral to school counsellor or suggest to the parents a referral to PCAMHS, or an appointment with the GP if there are serious medical issues. Ask for feedback from the parent so that the school can work with the young person.
- Social Work colleagues in the department of Social and Health Care should be informed if what the young person says or does raises child protection concerns. Follow the OSCB Guidelines, 2012. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow. Self harm, itself can be considered a child protection issue either if is serious or if parents are not addressing it adequately.
- If your contact with the young person reveals that their future health and development are at serious risk, a referral should be made to the Children and Families Assessment Team, department of Social and Health Care. A consultation service is also provided by this team which can be done on a “no-names” basis.
- To make a referral to the Children and Families Assessment Team, department of Social and Health Care, use the form developed by this department to document your knowledge/observations of the young person and send/fax to the local Children and Families Assessment Team. Copies of the form are available via www.oscb.org.uk - professionals’ page. If there is immediate risk, referral should be made by telephone in the first instance. You should inform the young person and parent(s) that you are making a social work referral unless it would compromise someone’s safety to do so.
- If other agencies are already involved with the young person then it may be important to liaise with these agencies and work together.
- Follow up the parents’ meeting with a letter indicating your concern (Sample Appendix B).
- Have crisis telephone numbers available and easily accessible to young people.
- Follow the school policy of informing the senior management/leadership team of your concerns.
- Record any incident (Sample Appendix C).
- Seek support for yourself.
- Advice can be obtained from the PCAMHS telephone consultation service (See Appendix G).

2 Longer term support of a young person who self harms

It may be appropriate to provide more on-going support within school for a young person who is self harming. It is important that those who undertake this role feel able to do so and are fully supported by management.
Flow chart for young people in schools

1. **Young person is self harming**
   - Member of staff informed/discovers a student with problem.
   - Member of staff to talk to young person.
   - In an emergency, school staff to follow First Aid Guidelines.

2. Each member of staff to follow the school policy regarding informing the senior management/leadership team (this allows the staff member to gain support of colleagues). This may be the Head of Year, Child Protection Designated Teacher, Social Worker, Head teacher. Decision making should be managed from here on by appropriate senior (usually Child Protection designated teacher). Parents should be informed unless there are specific reasons not to.

3. Discussion with relevant professionals involved with young person (e.g. Counsellor, Connexions, School Health Nurse, Educational Psychologist).

4. Consultation with PCAMHS or Social and Health Care Directorate if there are child protection concerns.

5. Meeting with parent(s) to inform and discuss concerns.
   - Follow up the meeting with a letter (Appendix B).
   - Give crisis/help line details to parent and young person.
   - Give fact sheet for parents & carers (Appendix E).
   - Refer to Child Protection Guidelines and act accordingly.
   - Note confidentiality guidelines.

6. **GP or PCAMHS sees young person to assess appropriate help required. (Ideally feedback given to the school)**

   - Continue work at primary care level with supervision/support.
   - Regularly review and evaluate progress and concerns with the young person. Consider range of interventions e.g. develop peer support network, family support, education interventions, school counselling.
   - Referral to CAMHS if GP/PCAMHS feels it is required.

   - **Optimal conditions:**
     - Link established between young person, parent, school and ongoing support.

   - **Send referral to CAMHS or other relevant service**
     - Referral to more intensive services as required e.g. daypatient/inpatient services.
How to help - within residential settings

1 First line help

- When you recognise signs of distress, record what you have observed
- Find one key person who can coordinate support for the young person over shift changes.
- Have consistent staff approaches to ways of talking with the young person about how they are feeling.
- Build up a full picture of the young person's life on admission to the home, by looking at the care plans and essential information, talking to their social worker, parents and any adults who come into contact with them. Find out their particular strengths and vulnerabilities and complete a risk assessment. Complete the Mental Health Screening Questionnaire (MAYSI).
- What appears to be important for many young people is having someone to talk to, who listens properly and does not judge. This person may be their key worker, social worker, counsellor, youth worker, school health nurse, teacher, personal connexions adviser, etc.
- 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.
- Any mention of suicidal thoughts or intentions should be recorded and shared with the senior member of staff on duty.
- If you find a young person who has self harmed (e.g. overdose, self cut etc.) 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) advice must be obtained from a medical practitioner (GP or Accident and Emergency Department).
- Take a non-judgemental attitude towards the young person. Try to reassure them that you understand that self harm is helping them to cope at the moment and you want to help them, and explain that you need to share this with the Senior Manager on duty.
- Discuss with the young person the importance of letting parents or social worker know, where relevant and listen to any fears they have about this. Action needs to be planned and depends on their legal status.
- Contact the social worker and parents (unless there are particular reasons why parents should not be contacted) and discuss the concern of the residential unit. Give parents the parents’ fact sheet (Appendix E) and help the parents to understand the self harm, so that they can be supportive to the young person.
- Make a referral to PCAMHS, or to the GP if there are serious concerns about physical or mental health. If the young person refuses to go the GP surgery, it may be possible to arrange for a home visit in serious circumstances.
- During working hours, consultation can be obtained through the Attach team or through PCAMHS telephone consultation service. If the young person is already known to CAMHS, then the care coordinator should be contacted.
- Outside working hours, if the young person is in a serious medical condition, the ambulance should be called as a matter of urgency. The senior manager should be contacted as soon as possible. If the young person has self harmed but is in a stable condition, the senior manager should be contacted to discuss a plan of action, including assessment by the GP. Parents should be informed. The social worker and care coordinator, if relevant, should be informed the next day.
- The young person's social worker and the Assessment Team within Social and Health Care Directorate should be informed if there are child protection concerns. Follow the OSCB Guidelines, 2012. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow. Self harm itself can be considered a child protection issue either if is serious or if parents are not addressing it adequately.
- If other agencies are already involved with the young person then it will be important to liaise with these agencies and work together.
- Have crisis telephone numbers available and easily accessible to young people
- Record any incident (Sample Appendix C)
- Seek support for your self
- Advice can be obtained from the PCAMHS telephone consultation service (See Appendix G)
2 Longer term support of a young person who self harms

It is important to understand the reasons behind the self harm and support the young person in keeping safe. Key workers should work with the young person to build up self esteem, develop problem solving skills and encourage strategies to cope with difficult feelings. If the young person is involved with CAMHS they should support attendance at appointments and encourage them to make use of the support offered.
Understanding the self harm

It may be helpful to explore with the young person what led to the self harm – the feelings, thoughts and behaviour involved. This can help the young person make sense of the self harm and develop alternative ways of coping.

Confidentiality

Confidentiality is a key concern for young people and they need to know that it may not be possible for their support member of staff or residential worker to offer complete confidentiality. If you consider that a young person is at serious risk of harming him/herself or others then confidentiality cannot be kept. 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 the young person can make an informed decision as to how much information they wish to divulge.

If there are safeguarding concerns the OSCB Information Sharing Protocol should be followed (see www.oscb.org.uk).

Working with a young person in school or residential setting

- Arrange a mutually convenient time and place to meet.
- At the start of the meeting set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage them to talk about what has led them to self harm.
- Remember that listening is a vital part of this process.
- Support the young person in beginning to take steps to keep him/herself safe and reduce the self-injury (if they wish to), e.g.
  - washing implements used to cut.
  - avoid alcohol if they feel they are likely to self-injure.
  - take better care of injuries (the school health nurse or first aider may be helpful here).
- Help them to learn how to express their feelings in other ways e.g. talking, writing, drawing or using safer alternatives (as described earlier).
- Help them to build up self esteem
- Help them to find their own way of managing their problems, e.g.
  - If they say they dislike themselves, begin working on what they say they do like.
  - If life at home is impossible, begin working on how to talk to parents/carers.
- Help them identify their own support network (Sample, Appendix D).
- Offer information about support agencies; remember some internet sites may contain inappropriate information.

NB For those who are supporting young people who self harm, it is important to be clear with each individual how often and for how long you are going to see them (i.e. the boundaries need to be clear). It can be easy to get caught up into providing too much, because of one’s own anxiety. However, the young person needs to learn to take responsibility for their self harm.
Self harm and peer groups

- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidence, so they need to know self harm can be dangerous to life, and by seeking help and advice for their friend they are taking a responsible action.

- The peer group of a young person who self harms may value the opportunity to talk to an adult, either individually or in a small group.

- Occasionally schools or residential settings may discover that a number of students in the same peer group are harming themselves. Self harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety in school staff, parents and carers, as well as in other young people. It is important that each case is looked at individually in terms of levels of risk and need in the first instance. It is also important to consider what it is within the group dynamic that is leading to this situation and how best it can be managed. It may be helpful to discuss the matter openly with the group of young people involved.

Training for staff

Staff taking this role should take the opportunity to attend training days on self harm or obtain relevant literature. Liaison with the local Primary Care CAMHS (PCAMHS) or Child and Adolescent Mental Health Service (CAMHS) may be helpful, or attendance at the Adolescent Self Harm Forum where peer networks and support can be established.

General aspects of prevention of self harm

An important part of prevention of self harm is having a supportive environment in the school or residential setting which is focused on building self esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this.

A check list of procedures and practices that can help manage and prevent self harm is to be found in Appendix A.

Support for staff

Staff involved with young people who self harm may experience all sorts of reactions to this behaviour (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management.

If you find the self harm upsets you, it may be helpful to be honest with the young person. You need to be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. They probably already feel low in mood and have a poor self-image; your anger/upset may add to their negative feelings. However, your feelings matter too. You will need the support of your colleagues and management, if you are to listen effectively to young peoples’ difficulties.
### Appendix A  Checklist for schools: Supporting the development of effective practice

#### School policy

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>The school has a policy or protocol for supporting students who are or are at risk of self-harming. The school governors have approved this.</td>
<td>☐</td>
</tr>
<tr>
<td>The Oxfordshire Self-harm Guidelines have been approved by the school governors</td>
<td>☐</td>
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#### Training

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
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<tbody>
<tr>
<td>ALL new members of staff receive an induction on child protection procedures and setting boundaries around confidentiality</td>
<td>☐</td>
</tr>
<tr>
<td>ALL members of staff receive regular training on child protection procedures</td>
<td>☐</td>
</tr>
<tr>
<td>The following staff groups- reception staff, first aid staff, technicians and lunchtime supervisors receive sufficient training and preparation for their roles</td>
<td>☐</td>
</tr>
<tr>
<td>Staff members with pastoral roles (Heads of Year, designated teacher for child protection, etc) have access to training in identifying and supporting students who self-harm</td>
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#### Communication

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<tr>
<th>Condition</th>
<th>Score</th>
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<tbody>
<tr>
<td>The school has clear open channels of communication that allow information to be passed up, down and across the system</td>
<td>☐</td>
</tr>
<tr>
<td>All members of staff know to whom they can go if they discover a young person who is self-harming</td>
<td>☐</td>
</tr>
<tr>
<td>The senior management team are fully aware of the contact that reception, first aid staff, technicians and lunchtime supervisors have with young people and the types of issues they may come across</td>
<td>☐</td>
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<tr>
<td>Time is made available to listen to and support the concerns of staff on a regular basis</td>
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#### Support for staff/students

<table>
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<tr>
<th>Condition</th>
<th>Score</th>
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<tbody>
<tr>
<td>Staff know who the school counsellors are and how to access them</td>
<td>☐</td>
</tr>
<tr>
<td>Staff know the different agency professionals who visit the school e.g. PCAMHS, Connexion Personal Advisers, Hub workers, etc</td>
<td>☐</td>
</tr>
<tr>
<td>Male members of staff are supported in considering their responses to girls whom they notice are self-harming</td>
<td>☐</td>
</tr>
<tr>
<td>Staff know how to access support for themselves and students</td>
<td>☐</td>
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<tr>
<td>Students know to whom they can go for help</td>
<td>☐</td>
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#### School ethos

<table>
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<tr>
<th>Condition</th>
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<tr>
<td>The school has a culture that encourages young people to talk, adults to listen and believe</td>
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Appendix B  Sample letter to parents following meeting about self harm

Dear (Parent/Carer)

Thank you for coming to discuss..............................................................

After our recent meeting I am writing to express concern about .................’s safety and welfare. The recent incident of self harm (or threat to self harm) by ....................... suggests that he/she may need professional help.

I recommend that you see your GP for advice and help and/or as agreed, we have sent a referral to PCAMHS.

We will provide support to ................., including referral to school counselling if indicated, but would appreciate any information that you feel would help us to do this as effectively as possible.

If there is anything else we can do to help ......................... please contact me.

Yours sincerely,

Title

Copies to:
### Appendix C  Sample of an incident form to be used when a young person self harms at school

<table>
<thead>
<tr>
<th>School/College</th>
<th>Date of report</th>
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<tbody>
<tr>
<td>Staff member</td>
<td>Position</td>
</tr>
<tr>
<td>Young person’s name</td>
<td></td>
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<tr>
<td>Age</td>
<td>Gender</td>
</tr>
<tr>
<td>Incident</td>
<td></td>
</tr>
<tr>
<td>Date and time of occurrence</td>
<td></td>
</tr>
<tr>
<td>Action taken by school personnel</td>
<td></td>
</tr>
<tr>
<td>Decision made with respect to contacting parents and reasons for decision</td>
<td></td>
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<tr>
<td>Recommendations</td>
<td></td>
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<tr>
<td>Follow up</td>
<td></td>
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<tr>
<td>Copies to:</td>
<td></td>
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</table>
Appendix D  My Safety Net

There are different types of people in our lives; try to identify some people in each of the groups below that you would feel comfortable talking to:

1. Family and close friends
2. Friends and people you see every day
3. Helplines and professional people you could go to for help

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

Things I can do myself to cope with difficult feelings:

- .................................................................
- .................................................................
- .................................................................
- .................................................................
Appendix E  Fact sheet for parents/carers on self harm

It can be difficult to find out that someone you care about is harming him or herself. As a parent/carer 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. They need you to stay calm and to listen to them. The reason someone self harms is to help them cope with very difficult feelings that build up and which they cannot express. They need 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 cars etc. where the intent is to deliberately cause harm to self.

How common is self harm?
Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people 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 which 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. Examples are: arguments with family, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be 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 can you do to help?
Try to:
- Keep an open mind
- Make the time to listen
- Never forget to tell them that you love/care about them
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:
- Your family doctor
- Young Minds Parents Information Service. Tel: 0808 802 5544
- The Samaritans. Tel: 08457 90 90 90
- MIND Infoline. Tel: 0845 766 0163 (Self help books also available)
- Information leaflet available through: www.nch.org.uk/self harm
Appendix F  Information sheet for young people on self harm

What is self harm?

Self harm is when someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

How many young people self harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self harmed in the last year.

Why do young people self harm?

Self harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone’s life, it can trigger self harm. Upsetting events that might lead to self harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore. Self harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.
How can you cope with self harm?

Replacing the self harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

Getting help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home parents, brother/sister or another trusted family member
- In school school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP you can talk to your GP about your difficulties and he/she can make a referral for counselling
- Help lines
  - Young Minds. Tel: 0808 802 5544 youngminds@org.uk
  - The Samaritans. Tel: 08457 90 90 90 jo@samaritans.org.uk
  - MIND Infoline. Tel: 0845 766 0163 Self help books also available
  - Youth Access. Tel: 0208 772 9900
- Another useful address is
  - National Self Harm Network
    PO Box 16190
    London NW1 3WW
    www.nshn.co.uk
My friend has a problem - How can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend’s safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can’t help your friend enough or guilty if you have had to tell other people. These feelings are common and don’t mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don’t understand. It is important to try 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 difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that’s OK.
Appendix G Useful contacts

Young MINDS
Monday and Friday 10am - 1pm Tuesday - Thursday
1pm - 4pm
Tel: 0800 018 2138
Youngminds@Ukonline.co.uk

Young MINDS Parents Information Service
Tel: 0800 018 2138

Bristol Crisis Service for Women
Friday and Saturday 9pm - 2:30am Sunday 6pm -
9pm
National helpline 0117 925 1119

Samaritans
24 hour helpline 08457 90 90 90

Childline
24 hr helpline 0800 1111

CALM(Campaign Against Living Miserably)
7 days a week 5pm - 3am
Helpline for 15 - 24 year old males 0800 58 58 58

Contact details for locality CAMHS:
Banbury CAMHS
Tel: 01295 819090 Fax: 01295 819096
Witney CAMHS
Tel: 01993 202130 Fax: 01993 202131
Abingdon CAMHS
Tel: 01235 205425 Fax: 01235 208700
Oxford City CAMHS
Tel: 08452 191400 Fax: 08452 191444
Oxon OSCA and Crisis
Tel: 08452 191002 Fax: 08452 191488
Out of hours for all emergency referrals (24/7):
Warneford Co ordination centre 01865 741717
Trust website: www.oxfordhealth.nhs.uk

Contact details for PCAMHS
PCAMHS Consultation (for professionals)
Monday - Friday 9am - 5pm
Tel: 0845 219 1485

Useful references
Deliberate self harm and suicidal ideas in adolescents.
Jessica Kingsley Press

harm: A guide to the future. Hove: Brunner-Routledge

National Institute for Clinical Excellence (July 2004)
Self harm: The short-term physical and psychological
management and secondary prevention of self harm in
primary and secondary care. The British Psychological

National Institute for Clinical Excellence (July 2004)
selharm: Quick reference guide. The British

Useful contacts

Websites

NCH
useful website for information on self harm
www.nch.org.uk/selfharm

The Young People and Self-Harm Information
Resource Website
www.ncb.org.uk/selfharm

Self-Injury and Related Issues (SIARI)
www.siari.co.uk

National Self-Harm Network
PO BOX 16190
London NW1 3WW
www.nshn.co.uk

Oxfordshire Safeguarding Children Board
www.oscb.org.uk
Self harm
Guidelines for staff within school and residential settings in Oxfordshire

Developed by Adolescent Self Harm Forum (Oxfordshire)