Multi-Agency Guidance for Staff in Universal Services Working with Young People Who Self-Harm

2nd Edition April 2019

Contents

1. Why have we developed this self-harm guidance?

2. Definition

3. Who is this guidance for?

4. Community presentation of self-harm
4a). The role of all front line professionals
4b). Dealing with a disclosure of self-harm
4c). Dealing with attempted suicide and/or suicidal thoughts

5. Risk of self-harm
5a). Risk factors
5b). Screening questions to establish level of risk
5c). Categorising risk

6. Responding to risk
6a). Serious/immediate risk – CYPMHS assistance required
6b). Lesser risk – CYPMHS assistance not required

7. Safety planning
7a). Agreeing a self-harm safety plan
7b). Role of the family/carer

8. Staff training and support

Appendix A
Working with specialist services

Appendix B
My safety plan (note: this is an example only)

Appendix C
Useful resources

References

1. Why have we developed this self-harm guidance?

- **Self-harm is an important signal of distress and it needs a sensitive response with care respect and dignity.**
- **Self-harm, including attempted suicide, is the single biggest indicator of suicide risk.**
- **Suicide remains the second most common cause of death among young people.**

This guidance supports the vision of a 'good' system of emotional wellbeing support for 0 – 25 year olds, set out in Kent's Emotional Wellbeing Strategy for children, young people and young adults. It recognises the varying roles of services, professionals, and families in the complex task of helping young people who present with self-harm and the need for these to work together. Specifically, the guidance aims to improve the quality of support, advice and guidance offered to young people who self-harm, or are thinking about self-harming by:

1. Promoting understanding and awareness of self-harm among parents, carers, and professionals involved in the lives of young people;
2. Increasing knowledge, skills and competence of staff to recognise and respond appropriately when working with a young person who self-harms or is thinking about self-harming;
3. Standardising the response of agencies involved in working with young people;
4. Clarifying the interface between staff working in universal and specialist mental health services.

This guidance has been produced having regard for NICE Guidance and with input from a variety of workers such as Youth Workers, School Nurses, Substance Misuse workers, Health visitors, Early Help workers, Specialist Children's Services staff, Children and Young Peoples' Mental Health Services staff, and young people (including those who self-harm). It should be read in conjunction with the Kent and Medway Safeguarding Children Procedures and the Kent Interagency Threshold Criteria for Children and Young People, which can be found on the Kent Safeguarding Children's Board website www.kscb.org.uk

2. Definition

There are many different names and definitions for self-harm, since it covers a wide range of active and passive behaviours, including self-cutting, burning, picking and scratching, bruising, head banging and hitting, self-poisoning, and self-strangulation.

For the purpose of this guidance, the term self-harm is defined as 'self-poisoning or injury, irrespective of the apparent purpose of the act'.iii Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself. Most young people who self-harm do not intend to kill themselves. However, some 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.

Some of the factors which motivate people to self-harm are a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to communicate and evoke emotions in others, or to increase caring from others. Once self-harm (particularly cutting) is established, it may be difficult to stop as it is highly addictive and is a way of coping with intense emotions and feelings of stress and distress.

The term self-harm in this guidance excludes harm arising from excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa, or accidental harm.

3. Who is this guidance for?

It is primarily for use by staff working in universal services, including GPs, health visitors, school nurses, early help workers, teachers and other school staff, youth workers and voluntary agencies. These staff are not usually mental health specialists but may work with young people who are using self-harm as a coping strategy and who may need to access specialist services as a result of their self-harming behaviour or disclosing attempted suicide/suicidal thoughts.

Additionally, young people themselves and their families and friends may find this guidance helpful, particularly in understanding how services should work together.

This guidance is not designed to detail the clinical response to self-harm – NICE guidance is available in NICE Clinical Guideline 16.

4. Community presentation of self-harm

Most self-harm happens in the community. In a European study of Child and Adolescent Self-Harm 87.4% of young people did not seek help from a hospital. In most instances, a friend, family member/carer or teacher notices a change in the young person. Most young people feel a sense of relief when they are able to tell people in their day-to-day lives about their self-harming and are offered support in a non-judgemental way.

4a). The role of all front line professionals

All professional staff working with children and young people should have a basic understanding of self-harm and be able to provide an appropriate response including offering simple advice about keeping safe and how to access further help. The response should be in line with the Kent and Medway Safeguarding Children Procedures and Inter Agency Threshold Criteria:
https://www.proceduresonline.com/kentandmedway/
https://www.kelsi.org.uk/__data/assets/pdf_file/0005/28787/Kent-Threshold-Criteria-for-Children-and-Young-People-Final.pdf

It is crucial that front line professionals involved with a young person who self-harms are open-minded and compassionate. Young people benefit from a non-judgemental approach from a person who is able to listen, foster a good relationship with them and encourage them to establish positive relationships with services. That person may be anyone who comes into contact with the young person in any setting – perhaps a parent/carer, friend, teacher, counsellor, GP, nurse or specialist professional.

4b). Dealing with a disclosure of self-harm

The response to a disclosure of self-harm will vary depending on the specific circumstances, including whether the self-harm has just occurred, leaving an open wound or injury, or whether it is a disclosure of ongoing behaviour. In general, the following principles and practices should be followed:

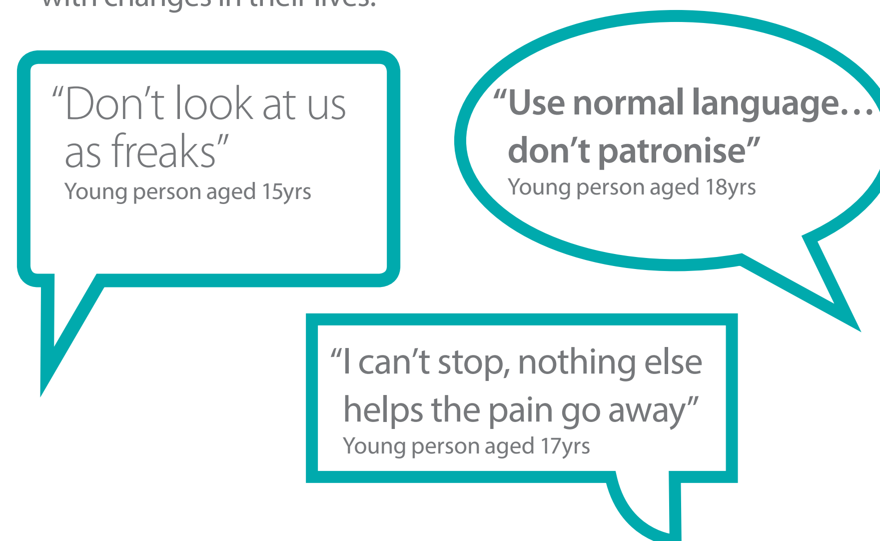
Principles

- The primary concern at all times must be the safety of the young person and people in contact with them
- Recognise self-harm as a real and sensitive issue
- Treat each young person as an individual
- Recognise that, as well as the young person, family members/carer may also need support
- Consider any cultural differences and ensure implementation of equal opportunities principles (e.g. cultural conflict within families; cultural/religious beliefs; etc)
- Make the young person aware of the confidentiality policy and implications of disclosure
- Work towards minimising harm
- Plan/arrange interventions through negotiation with the young person.

Practices

- Seek immediate medical help where this is needed
- Adopt a non-judgemental and respectful approach to help build rapport
- Where necessary, seek the assistance of an interpreter
- Listen – look for privacy, quiet and a calm atmosphere while ensuring you are not isolated and others know your whereabouts
- Reassure the child/young person about the confidentiality of the information they have shared and openly acknowledge the limits to confidentiality – where appropriate, explain that you are concerned and will need to discuss this with someone else
- Offer Support (such as coping strategies, safety planning etc.)
- Provide the young person with relevant literature and information
- Seek information – as well as talking with the young person, explore other information sources such as family/carer, other professionals/clinicians, and old notes and referral systems
- Document your concerns and let your manager and/or designated safeguarding lead know (where appropriate)
- If you are unable to complete an assessment of risk yourself, identify a suitable professional who can do this as a priority
- Identify other services that may be able to help, discuss and arrange necessary referrals with the young person's consent
- Recognise that self-harm can be a fluctuating suicide risk and plan periodic reassessments as appropriate
- Be aware of local resources and guidance
- Work as part of a team with those involved in the day-to-day life of the young person and their family/carer
- Take opportunities for reflective practice and ongoing skill development

Remember – asking about self-harm does not increase the behaviour. It is important that all front line professionals become familiar with asking about self-harm when talking with young people who are struggling with changes in their lives.



4c). Dealing with attempted suicide and/or suicidal thoughts

Where a young person discloses, they have attempted suicide, are having suicidal thoughts, or they appear to have an unusual preoccupation with suicide, this must not be dismissed as insignificant and must be taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.

Depending on the circumstances, an appropriate response may include:

- Keeping calm and giving reassurance
- Dialling 999 if the young person is in immediate danger
- Attending the Accident and Emergency Department if emergency treatment is needed

- Following first aid guidelines in accordance with your organisation's policy
- Contacting parent(s)/carer(s) (unless there are particular reasons why they should not be contacted), the young person's school, and any keyworkers involved with them and their family/carer
- Considering a referral to the Children and Young People's Mental Health Service via the Single Point of Access (see Appendix A).

A professional in doubt about the risk or intent of suicide must first take reasonable steps to ensure the safety of the young person and then consult with a mental health colleague or peer.

Where a young person may have taken an overdose and/or used a substance to poison themselves staff should call 999 to access Accident and Emergency services and make contact with the family/carer and any key workers involved in supporting the young person.

Professional staff should always ensure incidents are properly recorded and safeguarding procedures are followed.

Where it is appropriate, involve the specialist Children and Young People's Mental Health Services (CYPMHS) professional to complete a comprehensive mental health assessment. The young person may feel more comfortable if the universal services' professional is able to stay with them through this process, though this should be discussed with the young person.

No policy, guidance or set of management guidelines will prevent all suicide. Suicidal thoughts and intent are inconsistent and can fluctuate depending on life events, and a young person's state of mental, emotional, social and spiritual wellbeing (psychosocial health).

5. Risk of self-harm

5a). Risk factors

Uncertainty in this area is common. Young people who self-harm in the community may be at a range of levels of risk, from low risk to chronically high risk. The behaviour may occur for a brief time, triggered by particular stresses, such as school exams, and may resolve fairly quickly. Alternatively, it may be part of a longer term pattern of behaviour associated with more serious emotional or psychiatric difficulties. Some young people get caught up in mild repetitive self-harm such as scratching, which is often done in a peer group. In cases such as this, it may be helpful to take a low-key approach, while being vigilant for signs of more serious self-harm.

Staff in universal services should be able complete an initial screening with the young person taking relevant factors into account. This should include asking about the history of self-harming behaviour as well as trying to understand the part it plays in coping; basic family/carer and social information; and screening for characteristics known to be associated with risk. Where there are a number of underlying risk factors present, the risk of further self-harm is greater.

It is critical to ask about suicidal thoughts and any continuing suicidal intent as, (with some exceptions), the risk factors for self-harm are similar to those for suicide. Research indicates that the following factors are most likely to be associated with a higher risk of suicide by young people who self-harm:

Individual factors:

— Male gender
— Older age
— Presence of mental disorder such as depression or attention-deficit hyper-activity disorder (ADHD)
— Alcohol and substance misuse
— Previous attempt and previous self-harm
— Psychiatric history (especially in-patient treatment)
— High ongoing suicidal intent
— Medical severity of the act
— Violent methods (hanging, jumping etc.)
— Hopelessness

Family/social factors:

— Parental separation/divorce or death
— Family history of suicidal behaviour
— Parental mental disorder
— Interpersonal difficulties
— Restricted educational achievement
— Low socioeconomic status
— Financial difficulties
— Adverse childhood experiences
— Social contagion (copying behaviour of others)
— Cyber bullying

5b). Screening questions to establish level of risk

It is important to have a structured conversation with the young person, (and their family/carer, where appropriate), to establish the extent of self-harming behaviour and the level of risk it is presenting. This will need to happen at the right time as disengagement could potentially heighten the level of risk. Patience and transparency are vital in engaging the young person and their family/carer, who are likely to be upset and distressed.

It is also important to understand the young person in context, taking into account family/carer, social networks/friendship groups, school, life events, special needs/mental health issues, and availability of professional support.

When asking screening questions, always consider the young person's stage of development, (including their ability to reason, think abstractly, understand complex ideas, process information and understand/communicate language), and any cultural differences. It is important to establish that the young person understands what they are being asked – we all have different ideas about levels of harm and our concept of harm and death. Often, having a range of materials can be helpful to establish exactly what you are asking.

Remember to be sensitive, respectful, responsive, engaging and authentically interested. Give the young person time to tell their story.

The following questions are not intended to replace a full and comprehensive assessment but are intended to provide a framework for the conversation to help gauge the level of riskv. A very useful way of establishing the level of risk is to ask the child or young person to simply score intent on a scale of 0-10 (0= no intent to kill myself; 10= I am really intent on killing myself).

Screening questions:

1. I wonder if you could tell me a little about yourself and what has brought you to this point in your life?
2. You seem to be telling me that you have thoughts of wishing to do harm, do these thoughts include others or are they exclusively focused on you?
3. What type of harm do you have in mind, self-injury or thoughts of killing yourself?
4. When did you start having these thoughts?
5. What triggered these thoughts?
6. How intense are they and how long do they last?
7. Do you have any plans to act upon these thoughts? If so, when?
8. How do you intend to injure yourself/kill yourself?
9. What will help to give you relief from these thoughts and feelings?
10. I wonder if we can agree a helpful plan or idea that will keep you safe and give us and the people who care for you some time to understand what is happening?

5c). Categorising risk

Universal services staff need guidance to underpin decisions about when they and/or a young person should be assisted by specialist CYPMHS. Categorising risk can help staff and offer clarity to young people. If you are in doubt about the level of risk you are categorising, seek a second opinion; ask your manager, supervisor or co-worker what they think about the case.

Specialist CYPMHS should be involved with young people assessed at immediate and serious risk, but would not work in isolation with those at either serious or immediate risk.

With the right training, supervision and opportunities for reflective practice, most universal services staff should be enabled and supported to work with young people who are assessed at lesser risk.

Immediate risk

- Attempted hanging
- Carbon monoxide poisoning
- Serious lacerations requiring suture
- Self-inflicted gunshot wound
- Requiring medical treatment beyond activated charcoal or routine observation
- Accidental overdose of over-the-counter drugs and medicines
- Major psychiatric illness/psychosis
- Evidence of serious suicide intent.

Serious risk

- Evidence of psychiatric illness such as depression, schizophrenia, personality disorder
- A history of psychiatric illness and treatment
- A history of alcohol and/or drug abuse
- Previous suicide attempt
- Ongoing self-harming behaviour; previous suicide attempt
- Access to a dangerous weapon
- Chronic physical illness
- Evidence of continuing suicidal ideation or intent.

Lesser risk

- First episode of self-harm (outside of immediate or serious risks above)
- No evidence of major psychiatric disorder
- No evidence of continuing suicidal ideation or intent
- No history of drug and/or alcohol abuse
- Evidence that the crisis has resolved.

6. Responding to risk

6a). Serious/immediate risk – CYPMHS assistance required

Where the risk level is deemed to be either 'serious' or 'immediate', there should be a consultation with and/or referral to CYPMHS for a comprehensive assessment (see 'Working with Specialist Services' and the associated flow chart at Appendix A). Where possible, the young person should be offered the option of having the universal services staff member present when the assessment takes place, as they are likely to benefit from the staying with a trusted worker for ongoing support.

6b). Lesser risk – CYPMHS assistance not required

In cases of lesser risk, the universal services staff member should explore with the young person the function of their self-harming behaviour – the young person is likely to be self-harming to achieve positive ends, e.g. to feel better, to cope better, to feel safe, to release feelings of guilt or contamination, to communicate, to protest or to gain control of their life. Generally, a young person who uses self-harming behaviour to achieve these positive ends wants to survive and make things better for themselves. This is a fundamentally healthy urge and can be used as a basis to work towards less harmful ways of dealing with life.

Staff should work with the young person and their family/carer, (where appropriate), to reduce the harm caused by the behaviour and seek to empower them.

7. Safety planning

Consideration should be given to making a joint safety plan with the young person about reducing harm and increasing coping strategies, and should define the level of danger with them. Responses to risk will vary from one young person to another, and the joint plan should reflect this.

Making a 'safety plan' should be led by the young person – they develop a plan with the staff involved, considering the risks associated with their behaviour and how best to reduce and manage these risk taking behaviours. This can be the first time the young person considers and acknowledges these risks and allows opportunity for discussion between the member of staff and the young person. The emphasis of the work should be on how the young person is coping. This does not in any way detract from examining risk factors with the young person, but frames the plan between the staff member and young person around what it is the young person is struggling to achieve – to cope.

7a). Agreeing a self-harm safety plan

Whilst acknowledging self-harm as a coping strategy, the safety plan also provides an opportunity to acknowledge self-harm as a risk taking behaviour and encourages the young person to interpret their actions and take responsibility for the impact of their self-harm on both their emotional wellbeing and others, including the staff member.

As part of the plan, the young person and member of staff should consider other coping strategies, which will reduce harm and increase the young person's resilience.

The plan should be in a written/pictorial format appropriate for the age, level of comprehension, and maturity of the young person – this can be, for example, on a card or pamphlet and both the staff member and young person should have a copy. It should also contain details of any other universal or specialist services staff the young person might be seeing.

Helplines and general advice should be included, where appropriate (see 'useful resources' at appendix C).
Some staff are anxious that writing information down, and asking young people to enter into a plan about self-harm will stop young people approaching them. It may do, but honesty is crucial. Staff should use their knowledge of the individual case and professional judgement to determine whether a plan would be appropriate. It is important for staff not to collude with anxiety provoked by the young person who is self-harming, but to understand and acknowledge it. Self-harm often takes place in secret and talking about it does not need to shift the behaviour from a private act to a public one, unless it becomes evident the young person is expressing suicidal thoughts or intent, or has attempted suicide. The plan should not be seen as a way of minimising self-harming behaviours, but about staff working with a young person to encourage a recognition that the behaviour is serious, potentially dangerous, and one used most frequently by the young person to express their internal pain.

The self-harming safety plan will:
- Ensure the act of self-harm is taken seriously both for the young person and member of staff
- Ensure an honest acknowledgment of roles and what the young person and member of staff can expect of one another
- Identify triggers and patterns
- Work on reduction of risk from the act of self-harm by identifying alternative coping strategies
- Empower the young person through encouraging self-responsibility.

An example of a self-harm safety plan is attached at Appendix B – this is not a template and the design and format of the plan should be appropriate for the individual young person.

7b). Role of the family/carer
Families can play an important role as:
- Sources of support
- "Early warning" detectors, if properly informed
- A route to the young person receiving care
- Sources of information about the young person's life, hopes and dreams.

Parents and carers can be very critical of the young person who self-harms. Some of these behaviours can reinforce the young person's sense of worthlessness. Working with parents and carers on how they are 'not coping' with their daughter /son's self-harming behaviours may not always be possible and sometimes the young person will request you do not involve their families. It is important the staff member seeks support and advice about any actions that should be taken to involve the family/carer.

"To discover that a child or young person is self-harming can be very upsetting, alarming and anxiety provoking. Parents and carers may blame themselves for not being good enough or feel that they have failed to protect their children from difficult life issues or traumatic events. This is a natural reaction to the discovery of self-harm."
(*KSCB Self-harm: A Guide for Parents and Carers for those Young People who Self-harm*. Author: Dr Terence Nice)

8. Staff training and support

Partners involved in working with children will ensure staff are adequately supported and trained in ensuring the protection of children and young people locally.

Self-harming behaviours can be a way of a young person coping with an abusive relationship s/he has, or is, experiencing within their home or local community. All staff working with children and young people need to be aware of this and have adequate guidance and training to support any young person who makes a disclosure of abuse.

The implementation of this universal services guidance will help to empower staff through an increase in their own self-awareness, confidence and attitudinal approaches to young people who self-harm. This will lead to an increase in confident working relationships between staff and young people locally and improved inter-agency working where this is needed. This will in turn increase the identification of vulnerable young people.
Impact on Staff

Staff should be encouraged to acknowledge that working with young people who self-harm raises a variety of emotions. These can include anger, frustration, sadness, helplessness, shock, or guilt. In many ways these mirror those feelings experienced by the young person who self-harms.

As there are a wide range of feelings involved, it is important to recognise 'no one solutions fits all'. This guidance provides a framework for agencies and young people to work together.

Staff should work to receive and understand the 'message' or 'communication' which comes via self-harm, but remember not to shame or frighten a young person who is communicating in this way.

Staff should accept that sometimes the only way in which a young person who self-harms can elicit caring is through their own self-harm. Staff should encourage a young person to communicate their feelings.

Staff should be given:
- an environment to facilitate listening skills; ensuring an empathic approach; positive verbal and non-verbal communication skills in their work with young people;
- opportunities within their team for reflective practice;
- opportunities to express their own feelings provoked when working with someone who self-harms in a non-judgemental environment (either in supervision or within their team).

Staff Competencies – skills & knowledge base
All staff working in children and young people's services (and those adult services that work with young people) should be provided with training on the purpose and implementation of this guidance.

It should also be incorporated in regular rolling induction programmes to ensure a level of support and understanding about working with young people who self-harm is maintained, and responses by staff are consistent and appropriate.

The training should include:

- Clearly understanding the definition of self-harm
- Examining the emotions provoked by self-harming behaviours in young people who self-harm
- Having an understanding of the feelings and emotions likely to be experienced by staff working with young people
- Understanding the meaning, purpose and use of 'safety plans'
- Knowing when and how staff can seek emotional support or counselling for themselves
- Having an understanding of the interface between universal, additional, intensive and specialist services and referral criteria
- Seeking medical intervention without consent.

Kent Safeguarding Children Board (KSCB) offer a variety of free multi-agency courses for all professionals working with children and young people in Kent, including self-harm basic training, which has been identified as priority learning within the KSCB 'Safeguarding Training Tree'. To find out more, including available dates, go to www.kscb.org.uk

Appendix A

Working with specialist services

Accessing the Children & Young People's Mental Health Service (CYPMHS)
The Children and Young People's Mental Health Service is provided by North East London NHS Foundation Trust (NELFT).

If a person needs urgent or emergency mental health help and support and are not currently receiving care and treatment from the CYP Mental Health Service provided by NELFT:
Telephone the Single Point of Access (SPA) on: **0300 123 4496**
Available Monday – Friday 8am to 8pm and Saturday 8am to 12 (Noon)
Or Send an Email: nem-tr.kentcypmhs.referrals@nhs.net

The SPA will triage and either signpost/support or transfer to the most appropriate service, this could include Universal services, Early Help, counselling, etc. They also have access to 'Big White Wall' (an online mental health and wellbeing service) and their own app, 'My Mind'.

Outside of these hours please call: 0300 555 1000
for immediate support from NELFT Mental Health Direct CYP Crisis Team/ Home Treatment Team

There is a Children & Young Persons Home Treatment Team/Crisis team who work across Kent and will be contacted by the SPA/A&E/Police if required. If a person is already known to the service, contact can be made directly with the crisis team below:-

In hours:
Kent CYPMHS Crisis Team: **07738 757486** (8am to 9.30pm)

Out of hours:
CYP MHS Crisis team can be accessed via NELFT Mental Health Direct on **0300 555 1000**

If a person is in immediate danger call 999
For non-emergency medical advice call 111

Accessing Adult Mental Health Services (AMHS)

If a person has mental health concerns or needs mental health help, support or advice and is already receiving care and treatment from one of the adult Community Mental Health Teams, contact should be made with their local Community Mental Health Team (CMHT) between 9am-5pm Monday to Friday:

Adult CMHTs

East Kent:
Ashford: **01233 658100** (Eureka Park)
Canterbury: **01227 597111** (Laurel House)/**01227 206540** (Kings Road Herne Bay)
Deal: **01304 865463** (Deal Mental Health Centre)
Dover: **01304 216666** (Coleman House) Shepway: 01303 227510 (Ash Eton)
Thanet: **01843 855200** (The Beacon)

Crisis Home Resolution Treatment Teams:
South Kent Crisis Team: Ashford, Dover, Deal, Folkestone and Shepway
Pager Number **07699733903**
North Kent Crisis Team: Canterbury, Herne Bay, Faversham, Thanet and Sandwich
Pager Number **07699746208**

If a person needs urgent or emergency mental health help and support and are not currently receiving care and treatment from one of the adult Community Mental Health Teams, please call the adult mental health 24/7 Single Point of Access on 0300 222 0123 or text 07860 022819.

If a person is in immediate danger call 999
For non-emergency medical advice call 111

Appendix B

My safety plan (note: this is an example only)

My warning signs

The warning signs that I am beginning to struggle are… (These include the things you think about, emotions you feel, and things that happen, which make you think about hurting yourself)

"I cut myself when I get really angry or really stressed or sometimes if I feel lonely and left out. I don't really feel like I belong anywhere and I hate feeling that bad."

"When I cut myself it makes the pain go away. It stops me feeling empty. It stops me feeling hurt inside even though I am hurting myself on the outside. I do it because it's my way of coping and it's mine. I'm not in control of anything else in my life."

"I know it upsets my family/carer, and they worry and I feel really bad for that, but when I'm in the moment and I'm cutting I'm not thinking about anyone else and I just want to stop feeling the way I do."

Feelings that make me want to cut myself are:

- Loneliness
- Feeling invisible
- Feeling rejected
- Not feeling listened to
- Stress
- Shouting/Arguing
- Feeling fat
- Feeling stupid
- Feeling ugly
- Feeling angry or sad
- Anxiety

My ways of coping

What I can do to take my mind off the problem and what things might get in the way, making it harder to use these…

- Keep busy and distract myself by playing some music, drawing, writing or taking some photos
- Remove anything I might use to hurt myself
- Call someone I can trust and can talk to, or if this is too difficult, call a helpline
- If I don't feel I can talk to anyone then I will write or draw to get my feelings out in a safe way
- Make sure I'm not on my own
- Draw on my arm with a red marker pen a symbol or work that is meaningful to me
- Put an elastic band on my arm and flick it
- Rub an ice cube onto my arm
- Tear up paper
- Stress ball/cube
- Keeping busy – tidying up
- Writing, drawing and colouring
- Walking
- Running

Things I will do to help me cope…

- I will meet weekly with my Key Worker for 1:1 sessions to do work on building self-confidence, managing anger and positive body image
- I will look at my plan each week with my Key Worker to look at any worries, what's working well and any changes that need to happen
- I will use my time-out card as agreed with school
- I will go to the support room and meet with the Pastoral Support Manager as agreed with school
- I will attend my fortnightly sessions at CYPMHS.

My safe places/safe people

Places I can go, people I can be with, including how I can get there/how I can contact them, before I need extra help…

If I need to talk to someone I will call or visit any of the following friends:

A (name, contact number, address, how I will get to there)
B (name, contact number, address, how I will get to there)
C (name, contact number, address, how I will get to there)

I can also call my Key Worker (name, contact number) or my CHYP's worker (name, contact number) on Mondays to Fridays between 9am and 5pm.

Extra help

Family/carer, friends and professionals who will help me in a crisis, including how I will contact them…

I will call any of the following:

- Samaritans: **116 123** (open 24 hours a day), email:jo@samaritans.org
- ChildLine: **0800 1111** www.childline.org.uk
- Young Minds: **0207 0895050** www.youngminds.org.uk
- National Self-harm Network: 0800 622600 (7pm-11pm)

In an emergency, I will call 999

Young person – Signature:..

Key worker – Signature ....

Appendix C

Useful resources

Leaflets:

KSCB Self-Harm Leaflet for Parents/Carers
https://www.kscb.org.uk/__data/assets/pdf_file/0016/52144/Self-Harm-Leaflet-Parents-Carers.pdf

KSCB Self-Harm Leaflet for Young People
https://www.kscb.org.uk/__data/assets/pdf_file/0016/52153/Self-Harm-Leaflet-Young-People.pdf

KSCB Self-Harm Leaflet for Schools/Colleges
https://www.kscb.org.uk/__data/assets/pdf_file/0017/52154/Self-Harm-Leaflet-Schools-Colleges.pdf

Harmless Factsheet – Advice for Young People
http://www.harmless.org.uk/downloads/factSheet1_AdviceForYoungPeople.pdf

Harmless Factsheet – Advice for Friends and Family
http://www.harmless.org.uk/downloads/factSheet2_AdviceForFriendsAndFamily.pdf

Information and resources for young people, parents and carers and professionals on resilience and mental health
https://www.headstartkent.org.uk

Support:

Kent County Council Integrated Children's Services
03000 411111
Social and Emotional Support for LGBTQ plus Children and Young People in Kent
https://thebeyouproject.co.uk/in-your-area/lgbt-events-in-kent

Police non-emergency number: **101**
NHS Direct: **111**

Young Minds Parents/Caregivers helpline: **0808 802 5544** (9.30-4pm on weekdays)

NSPCC helpline Parents/Caregivers helpline: **0808 800 5000** or text **88858**

Support Line: **01708 765200** (hours vary so ring for details)

Samaritans: call **116 123** (free anytime, from any phone)
Email jo@samaritans.org

ChildLine: **0800 1111** www.childline.org.uk

National Self-harm Network **0800 622 600** (7pm-11pm)

Harmless: www.harmless.org.uk
info@harmless.org.uk

Young Minds: **020 7089 5050** www.youngminds.org.uk

Mind: call **0300 123 3393** or text **86463** (9am-6pm on weekdays)

References

i) CR192. Managing self-harm in young people Royal College of Psychiatrists, January 2014
http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr192.aspx

ii) Suicide prevention: third annual report Department of Health, January 2017
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf

iii) NICE: Self-harm in over 8s: short-term management and prevention of recurrence Clinical guideline Published: 28 July 2004
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf

iv) Hawton et al. (2002) Deliberate self harm in adolescents: self report survey in schools in England.

v) Dr Terence Nice, Lecturer in Psychological Therapies, University of Kent, Visiting Lecturer at Regents University London.