

Self-Injury Pathway Guide

Somerset Partnership NHS Foundation Trust & Partners

Despite a huge shift in the landscape of self-injury over the last decade, the behaviour – frequently born out of trauma or a deep-rooted sense of powerlessness – continues to baffle those who encounter it, whether on a personal or professional level. Moreover, those trapped in its clutches sometimes struggle to understand what causes them to do it...

Healing the hurt within by Jan Sutton

“As a parent myself I can totally understand the angry responses we get from parents sometimes. I think it’s really more a sign of frustration, fear or guilt that they should have noticed or somehow stopped it happening. The usual cycle seems to be anger, then upset, then a desperate desire to listen, ask questions and do whatever they can to help. Parents often need as much TLC as the kids at this point.”

Self-Harm and Eating Disorders in Schools by Pooky Knightsmith

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This Guide Aims To:

- Define Self-Injury.
- Promote understanding of why young people self-injure and what it offers them.
- Facilitate understanding of what may lead to self-injury; enhance knowledge of factors that heighten risk.
- Encourage staff to be proactive regarding self-injury and its associated risks.
- Provide guidance on effective support for the child/young person.
- Explain how to address incidents, and how to support the young person following an incident.
- Leave professionals feeling confident that they will act appropriately; able to demonstrate empathic and compassionate active listening when a disclosure is being made.
- Instil confidence in professionals working with children and young people who are/are at risk of self-injuring.
- Offer templates for adaptation and use within schools and organisations.
- Address Prevention and a whole school approach to mental health.
- Provide a concise and proactive Pathway to appropriate care.

TERMINOLOGY - Throughout this document the term self-injury is used in preference to the term self-harm. It is our hope this term will be adopted across Somerset partners as we take this work forward.

Self-Injury has been referred to as Self-Mutilation, Deliberate Self-Harm (DSH), Self-Harm and now Self-Injury. This progression is due to better understanding, but also the neutral nature of the word injure is preferable. It may seem that it's all just semantics, however the word "harm" has been defined as "evil"; an interpretation unsurprisingly rejected by those who self-injure. For people using this behaviour as a coping mechanism it is often about survival; protecting the emotional and mental self through injury to the body. Young people across three Somerset-based support groups UNANIMOUSLY and emphatically preferred the term self-injure. Confusion with other behaviours that involve damage to the self can be avoided by using the term self-injury, illustrated by the following excerpt.

...The sorts of self-harm we are concentrating on here are part of a wide range of harmful things people do to cope, such as drinking, smoking, over-working, troubled eating etc. Many of the ideas in this book are relevant to them too."

The Self-Harm Help Book Lois Arnold and Anne Magill

Self-harm is used to refer to a huge range of behaviours, whereas self-injury simply means physical wounding or poisoning. If we know that young people who rely on this behaviour feel more comfortable with one term than another, why wouldn't we use it?

"Self-Injury is an expression of acute psychological distress; it is an act done to oneself by oneself with the intention of helping oneself rather than killing oneself. Paradoxically, damage is done to the body in an attempt to preserve the integrity of the mind."

Sutton & Martinsen 2003

There are myriad ways in which someone can injure themselves. Cutting, scratching, pinching, biting, pulling hair out, overdosing, and ingesting foreign objects or toxic substances, for example. Frequently self-poisoning is not seen as a suicide attempt by young people; rather it is an attempt to "make everything stop" for a period of time. This can be very difficult for adults to comprehend, as an overdose historically has been regarded as either a "cry for help", or an attempt to end that life.

Self-Injury & Suicide

Self-injury is a coping tool, a survival tactic, and a short-term problem solving strategy. The act does not occur in a vacuum - there are reasons why people hurt themselves, although they are not always aware of the reason, or may struggle to verbalise what motivated a self-injuring episode. It is a sign of psychological pain and emotional distress, and often goes hand-in-hand with eating distress, depression, anxiety, and other self-harming behaviours. Rarely used as an attention-seeking ploy - even though many people who hurt themselves are in desperate need of attention - and not typically used to manipulate others, the act serves different functions for different people.

Sutton 2005

Current figures suggest those who self-injure are 35 times more likely to complete suicide. However, many individuals who complete suicide have no history of self-injury. It is also crucial to understand the role played by early life trauma; people who have endured abuse as children have a higher statistical likelihood of suicidal behaviour, irrespective of whether they self-injure or not. Often people state that suicidal thoughts and attempts do not occur precisely because they self-injure. It is imperative we understand how significant a coping mechanism this behaviour can be.

“Although the difference between suicide and self-mutilation is often elaborated by researchers and practitioners, and the distinction between the two considered important (Walsh and Rosen 1988), many practitioners and clinical writers see them as similar, in that both suicide and self-injury are considered reflections of self-destructiveness (Linehan 1993). In our view, however, the person who self-mutilates can be said in some ways to be carrying out the very reverse of self-destructiveness. They are seeking to preserve themselves. Rather than wishing to destroy themselves, their self-injury helps them to stay “together”, to struggle to survive.”

The Language of Injury Babiker & Arnold

STAGGERED OVERDOSE: This is behaviour that involves taking too many tablets of any drug across an extended time period, rather than all at once. A young person who tells you they have taken 8 tablets that morning may not tell you about the tablets they took yesterday, or the week before, or the week before that. Paracetamol is the most common drug for overdose - the cumulative effect over time on the liver is extremely dangerous and is the commonest cause of acute liver failure in the UK.

Overview - *“I am of the opinion that current society rejects self-harmers and is mostly repulsed by them - to harm other people is understandable in our culture, but to willingly harm oneself is perverted.”*

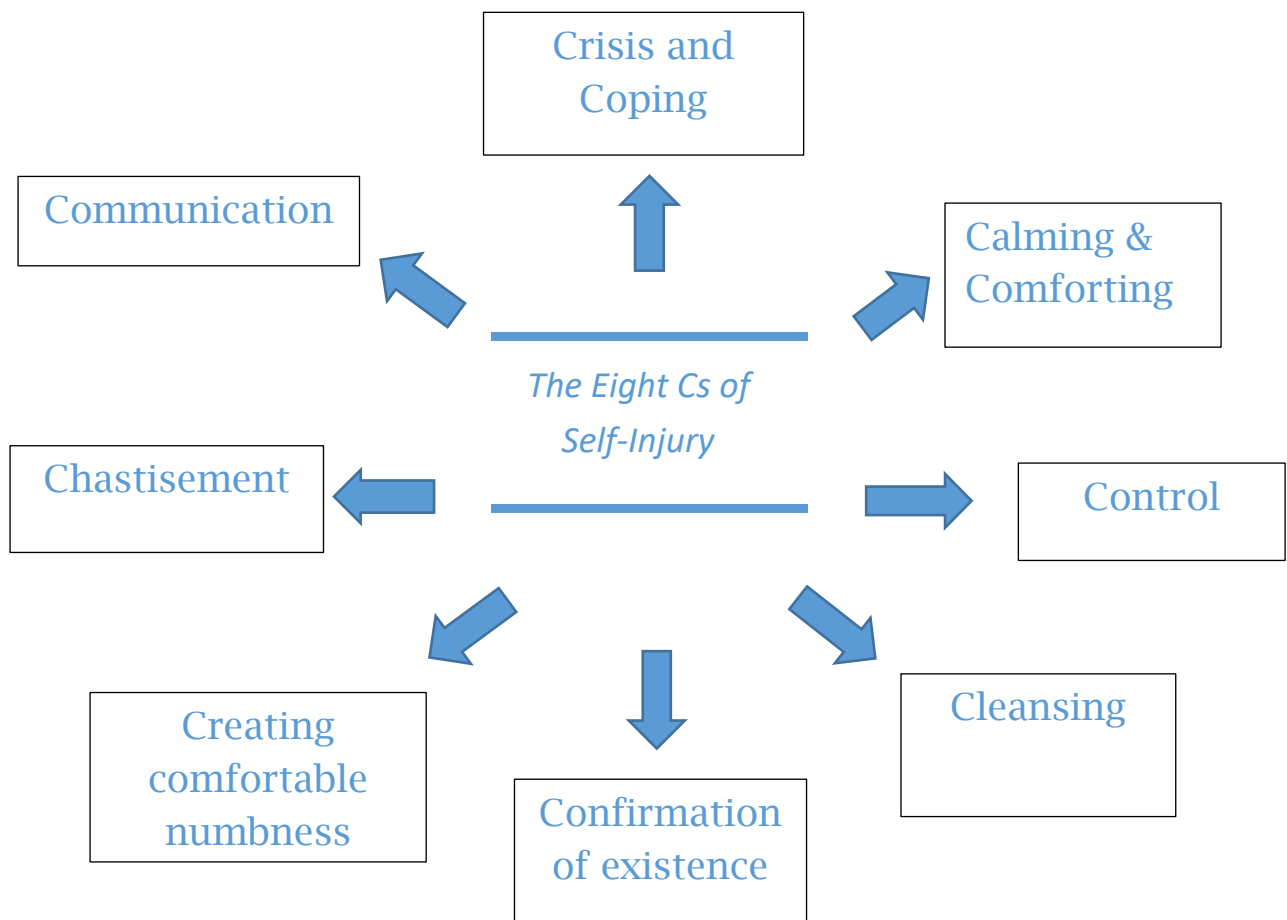
Truth Hurts

Truth Hurts – Report Findings of the National Inquiry into Self-harm among Young People (2005)

<p>At least 1 in 15 young people self-injure. The average age for onset is 12. This number is now thought to be closer to 1 in 10</p>	<p>It’s often done in reaction to a build-up of many smaller stresses rather than in reaction to a huge event.</p>
<p>It’s described as a way to “...get out all the hurt, anger and pain...” but the relief afforded is so short-lived that it must be done over and over again.</p>	<p>Studies have shown success is far greater in tackling self-injury when a whole school approach is taken to mental health.</p>
<p>Social isolation is a key factor in exacerbating self-injury.</p>	<p>The reaction a young person receives when they disclose their self-harm can have a critical influence on whether they go on to access supportive services.</p>
<p>The key message from young people is that they need preventative measures that are non-judgemental and respectful. Equally importantly, school staff and others must reach out to young people – rather than expect young people to come forward – and provide opportunities for them to discuss problems before they turn to self-injury as a way of coping.</p>	

What do Young People get out of Self-Injury?

It can seem incomprehensible that anyone would choose to self-injure. This graphic from Jan Sutton's excellent book - *Healing the hurt within* - provides insight into possible reasons for this behaviour. Whilst it identifies what a person may feel they get out of it, it also highlights that self-injury is the symptom/externalisation, not the underlying cause.



"Pain works. Pain heals. If I had never cut myself, I probably still wouldn't be around today. My parents didn't help me, religion didn't help me, school didn't help me but self-harm did. And I'm doing pretty well for myself these days. Don't get me wrong, not in a heartbeat do I think that self-harm is a good or positive thing, or anything besides a heart-breaking desperate act that saddens me every time I hear about it. But there is a reason why people do it."

Crisis & Coping Intervention *"It's a coping mechanism, and a way of surviving when the only other option is suicide."* Joseph

Calming and Comforting *"It helps me calm down, it makes it easier for me to sleep, it numbs the bad feeling and the self-hatred."* Gerda

Control *"Self-injury is a sure fire way of controlling my emotions so they don't overwhelm me. It's something I do to myself, for myself, and it gives me a sense of control."* Sharon

Cleansing *"I hoped to achieve cleanliness - free from bodily impurities, free from guilt, shame and blame..."* Vanessa

Confirmation of existence *"My main goal in self-injury has just been to feel something...anything."* Jen

Creating comfortable numbness *"When I cut to numb out (dissociate)...I feel a sense of warmth, calm and release. It's almost like a sense of achievement - like being wrapped up in cotton wool - all safe and soft."* Babs

Chastisement *"I wanted to punish myself and get rid of all the anger inside ...I can only get rid of these thoughts and feelings by cutting myself."* Sarah

Communication *"We all seek attention all the time; wanting attention is not bad or sick. If someone is in so much distress and feels so ignored that the only way he can think of to express his pain is by hurting his body, something is definitely wrong in his life and this isn't the time to be making moral judgments about his behaviour."*

The American Self-Harm Clearing House D. Martinsen

We should also remember that sometimes people cannot explain why.

Help & Support

Identifying Risk: when young people can't/don't have the option to talk about what causes them intense emotional distress, self-injury can appear the only way to express the feelings that are overpowering them.

If we are aware of potential signs that self-injury may be occurring, we can intervene more quickly. The following list is by no means comprehensive, but is a start. An individual who is self-injuring may:

- Change friendship groups or isolate themselves
- Wear long sleeves inappropriately e.g. hot day, PE lesson
- Lose interest in things they previously loved
- Take equipment such as compasses or blades from pencil sharpeners, which can pierce, cut, bruise or burn. Items could also be brought in from home to do this.
- Be in possession of medication or tablets, prescribed or non-prescribed
- Increase frequency of toilet breaks; spend prolonged periods of time in the toilets
- Change eating habits
- Become increasingly private or defensive when approached regarding concerns, such as unexplained bruises and/or cuts

Triggers – helping a young person to understand what activates the need in them to injure is a great way to support them. Once identified, safety measures can be agreed to help them find an alternative route to some kind of relief.

“...It is fitting that we sometimes use the word “trigger” to refer to some of the things which can make a person feel like harming themselves on any particular day. It might be quite a smallish thing which causes the trigger to be pulled. But the “gun” has been loaded previously by the big and painful things which have happened to this person....”

- Anxiety around sexuality/ gender identification
- Experience of abuse including sexual
- Strained/no relationship with parents
- Feelings of rejection; low self-esteem
- Unwanted pregnancy
- Being bullied
- Academic expectations/examinations
- Bereavement and loss
- Parental separation/divorce

Responding Appropriately to Acts of Self-Injury

STAY AS CALM AS POSSIBLE. REASSURE THE YOUNG PERSON THAT YOU ARE THERE TO HELP, NOT JUDGE. FOCUS ON DEALING WITH THEIR MEDICAL NEEDS FIRST, BUT BE KIND AND SUPPORTIVE. THEY NEED YOU TO FOCUS ON HOW *THEY* ARE FEELING.

POISONING/INGESTION: WITHIN THE LAST 48 HOURS:

- If symptoms such as vomiting, breathing difficulties, or palpitations are apparent, or signs of dizziness, drowsiness or weakness call 999 immediately
- If the young person appears coherent and is not visibly unwell, ensure they are taken to A&E within an hour, preferably by parents/carers (if appropriate)
- Details about what has been taken and when are very useful to the hospital. Questions that will be asked include: What was it? How much has been taken? Where and when did they get it?
- Ask if they have any more medication or ask if you can check their bag to ensure they do not have a stash of medication which could be ingested on the way to hospital
- Don't give anything to the child or young person to make them sick or make them want to go to the toilet or flush out their stomach or bowels. They may still eat and drink, unless they have ingested a foreign body e.g. a battery. Eating is unadvisable in these circumstances as surgical intervention may be required.

POISONING/INGESTION: PRIOR TO THE LAST 48 HOURS

URGENT medical attention should be sought from their GP, NHS Direct, or A&E. Medical management of the act may still be necessary therefore medical advice is essential. Take the young person seriously; ask about their motivation. **If they declare suicidal intent, ensure that they are taken to hospital.**

WOUNDING

- Consider calling 999 and/or young person going with parents/carers to A&E if the injury wasn't seen and the depth is unknown
- When providing immediate **physical** care it is crucial to **judge the injury, not the reason behind it**
- Match the medical response to the severity of the wound: for example, if the young person had sustained the injury falling off P.E. equipment, would it be treated in school?
- Ensure wounds are clean and appropriately dressed by a Qualified First Aider
- If a young person has burned themselves e.g. with a lit cigarette or lighter, ensure the wound is assessed by a school nurse. If no nurse is present, take them to A&E

PSYCHOLOGICAL CARE IS ALWAYS THE SAME

It is VITAL to remember that: Not all self-injuries require medical attention e.g. pinching, but all are serious. Self-injury does not mean that mental illness is present; rather that a young person has found themselves with no viable alternative.

Listening and validating their experience, allowing them time and space to talk is essential. Continuity of support from key trusted adults provides that young person with a network; a known safe person/people and place(s). Where possible/appropriate, liaising with parents can demonstrate to the individual that they have been heard and that steps are being taken to provide alternative actions when feelings overwhelm them.

If not known, contacting Children's Social Care/Somerset Direct will ascertain if there is any history of intervention in that young person's life. Find out if the young person is already under CAMHS (0300 124 5012) or has any prior support/help in place. Liaise with the Safeguarding Lead to address the immediate safety of the young person. For immediate safeguarding concerns call (0300 123 2224). When immediate safety is assured, the long-term safety of the young person must be prioritised.

It can be extremely distressing for adults to witness – and try to supportively deal with – a young person who has self-injured. Staff well-being must be discussed after responding to an incident.

Managing Disclosures

Imagining that it's you or your child who needs help is a really good way to anchor yourself to what matters. Do everything you can to reassure the young person that they can trust you to get them the help they need. How would you want to be treated? Use PUKUR.

P atience	Allow them silence
U nderstanding	Focus on the feelings, not the act
K indness	Tell them they matter
U ndivided attention	No technology or interruptions
R espect	Honour the fact that they are suffering

What to Do

- Explain to the child or young person that it is within your duty of care to report any immediate safeguarding or risk concerns. Include their GP; CAMHS and Children's Social Services if appropriate.
- Ensure that you have adequate time to give to the young person. It has taken a great deal of courage to talk.
- Allow the child/young person time to be silent and to think about what they want to say.
- Demonstrate an empathic, non-judgemental and attentive presence whilst allowing the child to discuss what has happened.
- Use active listening skills; repeat, paraphrase, summarise. Concentrate on what **they** are saying rather than what you might say.
- Don't reproach them, shame them or tell them off. Don't diminish the importance of their feelings.
- Don't assume that they are suicidal UNLESS they tell you they are. Self-injury is a coping mechanism, rather than suicidal ideation.

Listen

When I ask you to listen to me
and you start giving advice
you have not done what I asked.

When I ask you to listen to me
and you begin telling me why I shouldn't feel that way
you are trampling on my feelings.

When I ask you to listen to me
and you feel you have to do something to solve my problems,
you have failed me, strange as that may seem.

Listen! All I ask is that you listen
Not talk or do – just hear me.

Anon

Listening to a young person does not make you responsible for their mental health. Using paraphrasing, summarising and reflecting will build trust and reassure them that you are really paying attention. This also means that you don't have to worry about saying "the wrong thing". Unless you are deliberately cruel, shaming or judgemental, you won't make things worse.

TEMPLATES

Action Plan/Safety Plan

The purpose of a safety plan is two-fold; to support the young person, but also staff/parents/carers in knowing how to identify increasing risk. A plan raises awareness of what works to de-escalate the stressful situation. It clarifies the necessary steps to take, should the adult involved believe they cannot keep the person at risk safe.

Personalised Safety Plan

What I might see/feel/notice when I am feeling like hurting myself	What can I do to help myself?	What can others do to help?
Example: I isolate myself from my friends and become quiet	Example: I can speak to a trusted adult about how I am feeling; Use Happy Box	Example: My teacher can allow me to see the school counsellor/safeguarding lead/trusted person
Example: I might suddenly change plans (such as going to a friends' house or doing an activity) and become secretive and/or defensive	Example: I can use a support line such as Kooth.com or Childline online chat	Example: My teacher/teaching assistant can check-in with me, and ask what I feel could help

- **DE-ESCALATION/COPING/DISTRESS TOLERANCE OR MINDFULNESS SKILLS THAT I FIND USEFUL**

Example: I will splash my face with cold water

Example: I will attempt to regulate my breathing, using paired muscle breathing exercises

Example: I will refer to my distraction plan (a list of useful techniques that help distract from difficult thoughts, such as writing a list of things to do after-school, this week etc.)

- **I CAN REFER TO A LIST OF HELPFUL SUPPORT PHONE LINES, TEXT LINES OR ONLINE CHAT FACILITIES**
- **Example:** Kooth.com
Childline phone line
Online chat Alumina
- **I CAN ASK TO/REMOVE MYSELF FROM A DISTRESSING SITUATION**
Example: If involved in an altercation with friends/bullies at school, I can walk away and find a school professional who will be able to help me
Example: I can ask to leave class, or use a 'school pass' to leave class
- **I CAN SPEAK WITH SOMEONE I TRUST, OR WRITE DOWN WHAT I AM FEELING**
Example: Speak to school counsellor, safeguarding lead, pastoral support
I can text a family member I feel safe discussing my feelings with so that we can talk, or I can visit them/they can visit me. I can write down how I am feeling on a note and hand it to a trusted adult to open whilst I am in another room if I find it difficult to tell them.

Example Coping Strategies

- **Balloon breathing** - Whilst sat comfortably in a quiet environment, breathe deeply inwards, imagining that there is a balloon inflating in your stomach. Focus on the inflated balloon and breathe out, as the balloon deflates. Continue to do this until you are able to regulate your breathing, acknowledging thoughts that may enter your mind, and returning your focus to the balloon.
- **Compose a distraction plan** - Reflect on typical situations or events that may trigger difficult emotions or impulsive actions. What else could you do in those situations? E.g. when a distressing event occurs, instead of punching something, squeeze a handheld ball tightly in your hand.
- **Write a pros and cons list** - Before the overwhelming crisis urge, compose a list of pros and cons, such as 'pros and cons of cutting myself'. Be honest to yourself in your responses, as this is **your** list. Review this list, and keep it with you. When you feel a crisis urge, look at your list and remind yourself of the positive consequences of resisting the urge and the negative consequences of acting on the urge.
- **Keep a list of useful resources, numbers and support lines** close by. These could include Childline (0800 1111 or childline.org.uk) or apps such as stem4.

Personalised Safety Plan

Who can parents, carers and staff contact for support?

Effective communication between parents, school staff and any others support personnel involved with the child is imperative in order to gain a better understanding of the young person's situation and to formulate an effective support system for them.

YoungMinds.org has guidance for young people, parents and professionals in understanding young people's mental health, including a **helpline for parents**, training opportunities for professionals and support resources and a crisis line for children and young people.

Alumina (self-harm.co.uk) offers free online group counselling and also has **support for parents**.

CAMHS (Children & Adolescents Mental Health Service): school can call the **SPA (Single Point of Access)** team to discuss a situation with mental health professionals.

Tel: **0300 124 5012**

Email: CAMHSSPA@sompar.nhs.uk

Young Somerset: <https://www.youngsomerset.org.uk>

Support for Staff: Education Support Partnership

www.educationsupportpartnership.org.uk

TEL: 08000 562 561

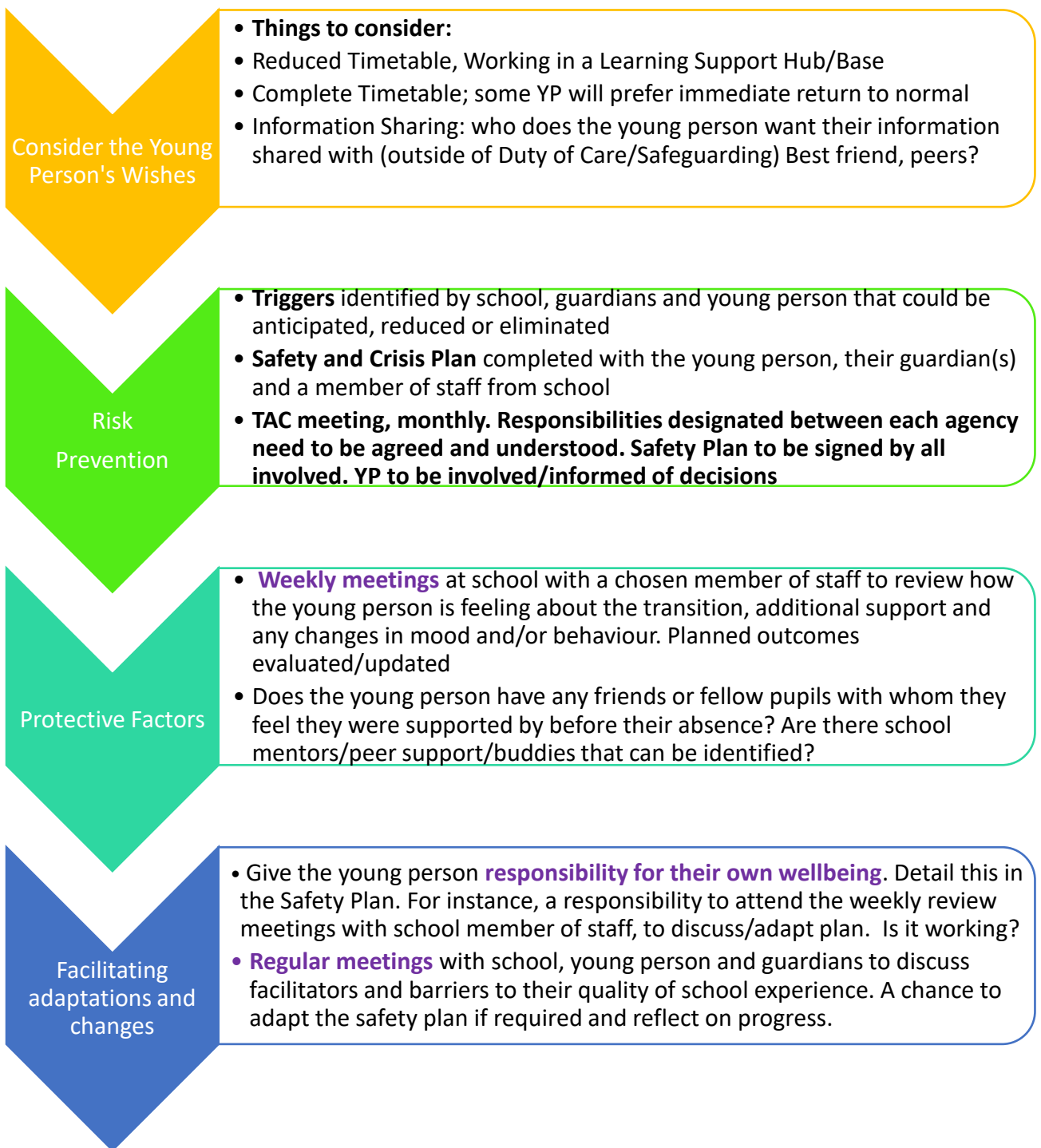
TXT: 07909 341229

Personalised Safety Plan Template

What I might see/feel/notice when I am feeling like hurting myself	What can I do to help?	What can others do to help?
Signed:		Date:

Re-integration of Young People into School Following Absence: Flowchart

An **initial meeting** should be held with the young person, their guardian(s) and a trusted member of staff (representing the school) **prior to the young person's return**. This ensures that the best interests of the young person are considered when transitioning back into school-based education. This can be done within the school premises, or as a home visit.



Note: The young person must have autonomy, to ensure that they are able to gradually regain their independence and sense of responsibility.

Self-Injury Policy Template for School

Status: Good practice/ Additional Policy

Purpose: In keeping with the school's values, vision and aims, this policy aims to address the issue of self-injury:

- How to deal with pupils who self-injure and how to offer support in the short and long-term
- To provide support depending upon the individual needs of the pupil
- To help all pupils improve their self-esteem and emotional literacy
- How to support staff members who come into contact with people who self-injure
- How to prevent self-injury from spreading within the school
- To have clear guidelines for staff; who needs to be informed, when do parents and outside agencies need contacting?
- Education about self-injury for pupils and staff

What is self-injury? Self-injury is any chosen non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include cutting, scratching, burning, banging and bruising, overdosing (without suicidal intent) and deliberate bone-breaking/spraining.

Risk factors associated with self-injury:

- Mental health disorders including depression and eating disorders
- Drug/alcohol abuse, and other risk-taking behaviour
- Recent trauma e.g. death of relative, parental divorce
- Negative thought patterns, and low self-esteem
- Bullying
- Abuse- sexual, physical and emotional
- Sudden changes in behaviour and academic performance

Suicide:

While self-injury and suicide are separate, those who self-injure are in emotional distress, and those who end their lives are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chances of self-injury, and suicide. All talk of suicide and warning signs must be taken extremely seriously.

Who/What was consulted? This can include information such as this document and the key people who are usually consulted during policy creation e.g. staff, pupils, parents, the Local Authority.

Relationship to other policies: e.g. link to Child Protection, SEN, social and health education, health and safety, and behaviour policies.

Roles and responsibilities of head teacher, other staff, and governors:

The head teacher will:

- Appoint a designated teacher to be responsible for self-injury matters, and liaise with them. This might be the same person as the child protection teacher
- Ensure that the designated teacher receives appropriate training about self-injury and supervision/support
- Ensure that the self-injury policy is followed by all members of staff

The governing body will:

- Lead Governors for CYP Mental Health will promote delivery of Health Education within the curriculum to include self-injury as part of teaching about mental health and resilience
- Ensure that education about self-injury neither promotes or stigmatises
- Look at provisions for people who self-injure, such as long-sleeved uniforms and PE kits, changing in toilets and time out of lessons when under intense stress

All staff and teachers are expected to:

- Listen to pupils in emotional distress calmly and in a non-judgemental way
- Report self-injury to the designated staff member(s) for self-injury. Be clear of the timescale expected.
- Not make promises (e.g. assuring confidentiality) which can't be kept. Reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help
- Guide pupils towards seeking health and happiness
- Promoting problem-solving techniques and non-harmful ways to deal with emotional distress
- Enable pupils to find places for help and support
- Provide accurate information about self-injury
- Widen their own knowledge about self-injury and mental health disorders
- Be aware of health and safety issues such as first-aid and clearing up if a self-injury incident takes places at school
- Be aware of their legal responsibilities- when they can help, and when they cannot

The designated staff member(s) will:

- Keep records of self-injury incidents and concerns
- Liaise with local services about help available for people who self-injure
- Keep up-to-date with information about self-injury
- Liaise with head teacher
- Contact parent(s) at the appropriate time(s). Involve the pupil in this process. Inform the parent(s) about appropriate help and support available for their child. Monitor the pupil's progress following an incident
- Know when people other than parents (e.g. G.P. social workers, educational psychologists) need to be informed
- Know when to seek help to deal with their own feelings and distress; talk to Safeguarding Lead

Designated Safeguarding Lead will:

- Call the Designated Safeguarding Consultation Line 0300 123 3078 if unsure at any time of how to proceed in order to protect a child/young person

Students will:

- Need to be considered in terms of receiving support for themselves when a friend/friends is/are affected
- Require open and honest communication regarding the dangers inherent in self-injurious behaviour. This includes the potentially addictive psychological side as well as an understanding of toxicity and long-term damage
- Benefit from adults addressing the idea of contagion and group identity
- Be able to access discreet support when worried about a friend's behaviour

Going forward:

- This school will have a designated wellbeing lead (DWL) and wellbeing action group (WAG)

Prevention

Schools and communities that commit time and resources to better communication, protection and education of young people will have lower incidence of self-injury.

Early identification of those at risk and the implementation of preventative measures, such as counselling or general inclusive support, addresses the need before it emerges. A whole school approach to mental health and well-being empowers students by equipping them with knowledge, resilience and the awareness that mental health is something everyone shares. The SHARE team assist **professionals, young people and parents, volunteers and support staff - and provide them the tools and resources to help recognise, manage and sustain good mental health and emotional well-being.** For more information please go to <http://www.sharesomerset.co.uk/>

To help prevent self-injury happening in the first place we need to value the importance of recognising and promoting resilience, prevention and early intervention.

In June 2018 Public Health, Somerset County Council launched the ‘Somerset Wellbeing Framework’ which provides schools with guidance and support to develop a whole school approach to mental health.

The Somerset Wellbeing Framework will support schools to continue the good work they are already doing to promote the wellbeing of children and young people but with the added support of online tools to record and monitor progress, support from the Public Health Team and a process that largely focuses on building resilient and mentally healthy young adults who, if they need it, can access the right support at the right time.

For detailed information please go to https://cypsomersethealth.org/the_somerset_wellbeing_framework

Public Health England

A Self-Injury Policy is hugely beneficial in that staff can familiarise themselves with what to do, giving them confidence to deal appropriately with any issues or incidences.

TAKE ACTION – SELF-INJURY PATHWAY

IMMEDIATE

POISONING/ INGESTION	<p>APPEARS DROWSY/UNWELL: CALL 999 IMMEDIATELY</p> <p>APPEARS NORMAL: get them to A&E within an hour. If they change their mind, go anyway.</p>
WOUNDING CUTTING/BURNING	<p>SEVERE WOUNDING: Call 999 IMMEDIATELY</p> <p>WOUNDS CAN BE TREATED: Ensure wounds are cleaned and dressed by school nurse/QFA. Contact GP who will contact CAMHS.</p>
FOR THEM	Concern Acceptance Respect Empathy

TAKE ACTION – SELF-INJURY PATHWAY

SUSPECTED/ INTENDED	<p>ASAP arrange time for the student to talk with either the school counsellor and/or nurse, or adult with the strongest relationship. Be explicit regarding safeguarding responsibilities i.e. telling parents/carers.</p> <p>Check in regularly with the student. Arrange a signal so they can communicate distress confidentially; e.g. coloured cotton around wrist.</p>
HISTORIC	<p>ASK if they want to talk about it.</p> <p>ASK what would help them going forward, what help can you give?</p> <p>Are they being supported outside school?</p>
FOR YOU	Calm Acceptance Reach out Educate

Source Materials

A debt of gratitude is owed to these books and articles; used to develop this guidance.

1. Healing the hurt within by Jan Sutton
2. LifeSigns for the policy template
3. Truth Hurts – Report Findings of the National Inquiry into Self-harm among Young People (2005) Dr Marcia Brophy
4. The Self-Harm Help Book Lois Arnold and Anne Magill
5. The American Self-Harm Clearing House D. Martinsen
6. Self-Harm and Eating Disorders in Schools Dr Pooky Knightsmith



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