

# Self-Harm policy



<b>Approved by:</b>	Trust Board	<b>Date:</b> 21 <sup>st</sup> September 2021
<b>Last reviewed on:</b>	New Policy	
<b>Next review due by:</b>	September 2024	

## 1. The scope of the policy

1.1 This policy applies to all academies within the Eastern Multi-Academy Trust

## 2. Policy introduction

2.1 The Governors and staff at Eastgate Academy recognise the importance of safeguarding children and play a full and active part in protecting them from harm.

2.2 In developing the Self-Harm Policy and Procedures due consideration has been given to Eastgate Academy Child Protection and Safeguarding Children Policy and the Norfolk/Suffolk Local Safeguarding Children Boards (NLSCB) Procedures. We believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical, emotional and moral development of each pupil.

2.3 Research indicates that up to one in ten young people in the UK engage in selfharming behaviour (Samaritans) and the ratio is 3:1 girls to boys. The Mental Health Foundation / Camelot Foundation (2006) suggest that there are “probably two young people in every secondary classroom who have self-harmed at some time”. (The Truth about Self-harm, London MHF/CF)

2.4 Self-harm is an emotive and challenging issue for all concerned. Self-harm can affect people from all family backgrounds, religions and cultures. School staff can play an important role in preventing self-harm and also in supporting pupils who are engaging in self-harm behaviours, their peers and parents. Self-harm can be a short term behaviour that is triggered by particular stresses and resolves fairly quickly or it may be part of a long term pattern of behaviours that are associated with more serious emotional/mental health issues. School staff should be aware that where there are multiple underlying risk factors the likely hood of further self-harm is greater.

2.5 This document explains the school’s approach to self-harm. The policy and procedures are intended as guidance for the whole school community and should be read in conjunction with: Supporting Children and Young People who Self-Harm, Guidelines for those Working with Children and Young People produced by the Norfolk or Suffolk County Council, Norfolk/Suffolk Safeguarding Children Board and local NHS Foundation Trust. The document was based on guidelines produced by Northamptonshire Children and Young Peoples Partnership: Supporting Children and Young People who Self-Harm.

2.6 Linked Documents

- ▼ Child Protection and Safeguarding Children Policy.
- ▼ Intimate Care Policy.
- ▼ First Aid Policy and Procedures.
- ▼ Health and Safety Policy.
- ▼ Supporting Pupils at School with Medical Conditions: Policy and Procedures.
- ▼ Educational Visits and Activities Policy.
- ▼ Staff guidance –referred to as Master Document.
- ▼ LA and Eastgate Academy Accident Reporting Procedures.

### 3. Aims of the Policy

- ▼ To increase understanding and awareness of self-harm throughout the school community.
- ▼ To ensure the whole school community is aware of the policy and procedures.
- ▼ To help all pupils improve their self-esteem and emotional literacy.
- ▼ To look at ways of preventing self-harm from spreading within the school.( Contagion effect )
- ▼ To alert staff to warning signs and risk factors relating to self-harm.
- ▼ To provide support to pupils who self-harm, their peers and parents.
- ▼ To provide support to staff dealing with pupils who self-harm.

#### 3.1 Definition of Self-Harm

Self-harm is any deliberate behaviour where the intent is to deliberately cause harm to one's own body. People self-harm to cope with emotional distress or to communicate that they are distressed. There are multiple factors that can motivate someone to self-harm including emotional distress, a desire to escape an unbearable situation, to reduce tension, to induce guilt or in some cases to increase caring attention from others.

#### Examples of Self-Harm Behaviours

There are many types of self-harm or self-injury these can include:

- ▼ Cutting, scratching, biting, scraping or picking skin.
- ▼ Hair pulling (this can include eyelashes and eyebrows)
- ▼ Swallowing hazardous materials or substances.
- ▼ Burning or scalding.
- ▼ Banging or hitting the head or other parts of the body.
- ▼ Scouring or scrubbing the body excessively.
- ▼ Swallowing inedible objects.
- ▼ Risk taking behaviour e.g. unsafe sexual behaviour, substance misuse, running in front of moving vehicles.
- ▼ Taking an overdose of prescription or non-prescription drugs or under medicating, particularly in relation to prescribed medications e.g. misuse of insulin. Eating Disorders e.g. Anorexia Nervosa, Bulimia Nervosa. Suicide

People who self-harm are at increased risk of future suicide. Death may occur as the result of an accident or miscalculation of the risks of the self-harming behaviour. In some cases it can be intentional.

### 3.2 Risk Factors

There can be many risk factors that contribute to a pupil being more vulnerable to self-harm. These risk factors can include the pupil being:

- ▶ Disadvantaged in socio-economic terms.
- ▶ Experiencing significant life events including relationship problems, bereavement and examinations. Difficulties with peer relationships are one of the most common triggers for older adolescents.
- ▶ Bullied / victimised resulting in low self-esteem.
- ▶ Lesbian, gay, bisexual and transgender.
- ▶ Young Asian women ( one study found that the suicide rate in women aged 16-24 years was three times higher in women of Asian origin than in white British women)
- ▶ Experiencing learning disabilities.
- ▶ Struggling with poor communication and poor problem solving skills.
- ▶ Struggling to cope with existing emotional, mental and /or physical health problems.
- ▶ Involved in substance misuse.
- ▶ Not accessing services offered to them.
- ▶ Living residential settings and/or in care of the Local Authority.

Family and social factors can also contribute to a pupil's emotional health and wellbeing and increase their risk of self-harm. These can include:

- ▶ Unreasonable expectations including pressure to conform/ achieve.
- ▶ Neglect or abuse.
- ▶ Poor parental relationships and frequent arguments including parental separation/divorce. This is one of the most common triggers for younger adolescents.
- ▶ Depression, deliberate self-harm or suicide in the family unit. This can result in the pupil struggling at significant dates in the year e.g. anniversaries.
- ▶ Self-harm behaviour in other pupils or friends outside of the school setting.
- ▶ Self-harm behaviours seen in other family members. Self-harm portrayed or reported in the media.

Another group of young people who should be considered at risk of self-harm are those that have displayed fire starting behaviours.

### 3.3 Warning Signs

School staff are often in the best position to witness the warning signs which may indicate a pupil is experiencing difficulties that could lead to thoughts of self-harm or suicide. If staff are able to identify the warning signs, they can also play a key part in helping the pupil to begin the process of breaking the cycle of self-harm.

Possible warning signs include:

- ▼ Increased isolation from friends or family, becoming socially withdrawn.
- ▼ Lowering of academic achievement.
- ▼ Changes in appearance, wearing different clothing, changing image e.g. becoming a 'goth' or 'emo'. This is not to say that all young people who are goths or emos will self-harm but it can be an aspect of this trend.
- ▼ Accessing information on-line relating to self-harm including forums, YouTube.
- ▼ Reluctance to take part in activities when arms and or legs would be visible. This can include PE lessons or not removing clothing in hot conditions.
- ▼ Changes in eating/sleeping habits (e.g. young person may appear overtly tired if not sleeping well)
- ▼ Changes in activity and mood e.g. more aggressive or introverted than usual.
- ▼ Talking or joking about self-harm or suicide.
- ▼ Abusing drugs or alcohol.
- ▼ Expressing feelings of failure, uselessness or loss of hope.
- ▼ Displaying evidence of self-harm e.g. cuts to forearms or head banging.

### 3.4 The Cycle of Self-Harm.

If a person inflicts pain on themselves, their body produces endorphins. These are natural pain relievers and can give temporary relieve from distress and induce a feeling of peace. This can become an addictive sensation which in turn makes it difficult for the person to stop the self-harm behaviours. Self-harming can cause physical pain but the person may report that this is easier to manager than the emotional pain which led to the self-harm in the first instance. The cycle also results in the person feeling a sense of shame or guilt. Within the school setting staff can encourage a pupil who is self - harming to replace the self-harm behaviours with safer/coping activities, see: Appendix 5: Information on Self-Harm for Young People.

### 3.5 Management of the Contagion Effect

Staff who have been made aware that a pupil is self-harming must remain vigilant in case their peers are also self-harming. Self-harm can become an acceptable way of dealing with stress and anxiety within a friendship group and can enable pupils to have a sense of identity.

Each individual pupil may have different reasons for self-harming and should be given the opportunity for one to one support. It is not appropriate for the school to offer regular group support. However, the Wellbeing Team in discussion with other professionals e.g.

School Health Nurse and where relevant parents, may feel that open discussions with the friendship/peer group about self-harm may be helpful in some instances.

### 3.6 Staff Roles and Responsibilities when Working with Pupils who Self-Harm

Pupils may choose to confide in a member of school staff if they are concerned about their own health and wellbeing, or that of a peer. If a pupil approaches a member of staff they should listen to them in a non-judgemental way.

Maintain a supportive and open attitude, a pupil who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.

For further advice on how to speak with a young person who has disclosed they or a friend are self-harming please refer to Appendix 1, Do's and Don'ts.

The pupil needs to be made aware that it will not be possible for the member of staff to offer complete confidentiality. The information will need to be shared on a need to know basis. Staff may be concerned that this will prevent the pupil from continuing to share their concerns but it is vitally important for them to know what will happen to any information they do share.

With regards to any incidents of self-harm one of the initial judgements made by the member of staff who the pupil has approached must be whether the pupil requires first aid treatment. If this is the case see: Management of First Aid.

If first aid is not required the member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm them should consult with one of the Designated Safeguarding Leads (DSL) as soon as possible and importantly before the pupil leaves the school site.

The named member of staff for Safeguarding is:

Miss K Healy

In the absence of the DSL staff should inform the Principal or alternate DSL of their concerns as soon as possible; this must be before the pupil leaves the school site.

The information should be recorded on a safeguarding/nagging doubt form and should include any comments made by the pupil (in verbatim). These slips should be given directly to the DSL who will ensure the policy and procedures are followed.

School staff may experience a range of feelings in response to a pupil who is self-harming such as sadness, shock, disbelief, guilt, helplessness, disgust, anger and rejection. The member of staff will be supported and if appropriate given time to compose themselves before returning to their normal duties.

The Self-Harm Care Pathway summarises the process – Appendix 2

### 3.7 Management of First Aid.

If the young person requires first aid they must be seen immediately, support should be requested from a suitably qualified First Aider. They will assess any injuries and provide appropriate treatment if the injuries are minor. The DSL will then follow the procedures described below in 'Responsibilities of the DSL'.

In the case of an acutely distressed pupil, their immediate safety is paramount and a member of staff should remain with them at all times.

In the case of a serious injury or possible drugs overdose the pupil must be sent to hospital via ambulance and parents informed. In a situation where school staff believe that informing parents may place the pupil at further risk harm this decision must be recorded and a member of staff should accompany the pupil to hospital .

### 3.8 Roles and Responsibilities of the DSL

They will take the lead for the support of and management of those pupils who self-harm

- ▶ access appropriate training about self-harm behaviours
- ▶ follow the self-harm policy and procedures including completion of the Checklist for Self-Harm Procedures and Practices on an annual basis - Appendix 3
- ▶ seek support for their own emotional health and wellbeing.

Following a report of self-harm concerns, the designated member of staff will decide on the appropriate course of action. Each case will be considered on an individual basis and the actions taken may include all or some of the following.

- ▶ Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- ▶ Discuss the concerns with the pupil in an appropriate venue. For further advice on how to speak to a pupil who has disclosed that they or a friend are self-harming please refer to Appendix 1, Do's and Don'ts.
- ▶ Ensure the pupil understands the limits of confidentiality this should include a discussion about the need to inform other agencies e.g. School Health Nurse.
- ▶ Provide accurate information with regards to signposting for National Support Helplines/ websites, crisis telephone numbers - Appendix 4 and include Information on Self-Harm for Young People – Appendix 5.
- ▶ Be clear how often and for how long you are going to see the pupil, ie boundaries need to be clear. The pupil needs to learn to take responsibility for their self-harm.
- ▶ Discuss with the pupil the importance of informing parents in order for them to provide support, this discussion should allow the pupil to share any fears they may have about this disclosure.

- ▶ Following the discussion with pupil inform parents, unless it places the pupil at further risk of harm, staff should refer to Child Protection and Safeguarding Children Policy and Guidelines. In all cases school staff will make a professional judgement as to whether parents should be informed of the self-harm and record their decision including the pupil's views. However, if the young person requires emergency medical assistance e.g. following a drugs overdose or significant injury, school staff, in most cases, would immediately inform parents. In all cases where school staff make the decision not to inform parents this must be recorded.
- ▶ The school recognises that in some case it may be appropriate to allow the pupil time to speak to their parents about their self-harm prior to the school making contact. It may then be helpful to invite the parents in to school to discuss concerns. A multi-agency meeting should be considered, where completion of a FSP would be discussed following advice from the Multi Agency Safeguarding Hub (MASH).
- ▶ Provide the parent with appropriate Parental information including. Fact Sheet on Self-Harm for Parents - Appendix 6 or Young Minds, Parents' Survival Guide for general advice
- ▶ Advise and encourage the pupil to seek support from their GP who may refer them to a more specialised service, Child and Adolescent Mental Health Service (CAMHS), which provides a single point of access, staffed by clinicians, that has been designed to improve the ease of access and availability of CAMHS for children, young people and their families'. School staff and other professionals can refer to the CAMHS, without the need for a GP referral. Families can self-refer and if the pupil is aged over 16 they are able to refer themselves directly to the service

### 3.9 Further considerations for the DSL

If there are any safeguarding concerns a referral should be made to Norfolk Children's Advice & Duty Service (CADS) or Suffolk Multi Agency Safeguarding Hub (MASH). Further advice can be sought from the Local Authority Designated Officer (LADO) where required.

Any meetings with the pupil, their parents/carers or their peers regarding self-harm should be recorded in writing including:

- ▶ Dates and times
- ▶ Any action plan
- ▶ Concerns raised
- ▶ Details of any conversations or meetings with other agencies / professionals.

Information sharing is essential if the young person is to receive the appropriate support. This information should be shared in school on a need to know basis only and the pupil should be made aware of the staff that have been provided with the information.

It is important to encourage pupils to inform you if one of their friends or peers is in upset or showing signs of self-harming. Friends can worry about betraying



confidences, they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that they will be treated in a caring and supportive manner.

The peer group of a pupil who self-harms may value the opportunity to talk to a member of staff either individually or in a small group see: Management of the Contagion Effect on Page 5.

### 3.10 Suicidal Thoughts

All talk of suicide must be taken seriously and where possible a member of staff trained in Youth Mental Health First Aid. The pupil should remain with a member of staff at all times in a safe environment.

Appropriate help and intervention must be offered at this point. The priority is to safeguard the pupil, in most cases school staff would contact parents and advise them to seek urgent medical advice from GP and /or CAMHS unless they believed that by doing so it would put the pupil at further risk. The NHS School Nurse will be informed of any pupil who presents with suicidal thoughts and the DSL would also consider a referral to the CADS/MASH team.

Where the decision is made not to contact parents, school staff must seek advice from these agencies before the pupil leaves the school site.

### 3.11 Responsibilities of the Pupil who is Self-Harming

Pupils who self-harm need support from school staff but with the appropriate help they must learn to take responsibility for their own self-harm

- The pupil must be discreet.
- They must cover wounds and where possible any scars
- They must not bring dangerous objects in to school which could inflict injury on themselves or others.
- They must follow any action plan and speak with the appropriate (named) member of staff if they are in emotional distress.
- They must not encourage others to self-harm.

### 3.12 Responsibilities of Parents

Working in partnership with parents/carers is a key to supporting the pupil who is self-harming. Parents would be expected to:

- Support the school's approach to self-harm education of the whole school community and pastoral care
- Work in partnership with the school and any other relevant agencies.

### 3.13 Monitoring and Evaluation

It can be difficult to measure outcomes in relation to self-harm but keeping the pupil safe is the prime aim of any support. Encouraging engagement with key services is also vital. Feedback from the pupil and parents as to how the self-harm has been dealt with allows staff to ensure their wellbeing needs are being met.

### 3.14 Compliance with this policy

The Local Governing Body/IEB and Principal is responsible with for compliance of this policy

## Appendix 1






### Do's and Don'ts – Advice for staff

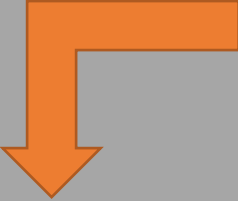
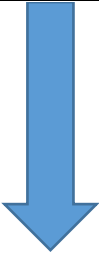
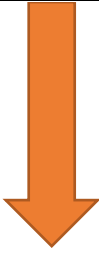
<b>Do</b>	<b>Do not</b>
Stay Calm and do not show anxiety, disapproval or disgust. Be prepared to be shocked, then.....	Panic, self-harm is a complex issue and each pupil will have a different reason or story behind their behaviour – panicking will not help the pupil feel safe and contained.
DO listen to the pupil, just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before.	DON'T send the pupil away – make some time for them – either help them find other ways of coping or support them in getting the right kind of support.
DO make it clear that you cannot guarantee confidentiality.	DON'T be judgemental you must keep an open mind about the behaviour and don't refer to it as "attention seeking".
DO calmly ask any relevant questions, – try and build rapport with the pupil, whilst you ascertain what is happening for them.	DON'T work alone: you may still see a pupil alone, but you will need to offload with an appropriate colleague and discussing with a professional from another agency can be helpful.

DO observe the pupil's non-verbal clues, look at their body language, does what they say and what you see match up? What is the underlying mood state, is it anger? sadness? frustration?	DON'T give them your mobile number or begin texting the pupil. It is more appropriate and professional for you to help the pupil identify their supportive network, than for you to take this upon yourself.
DO reassure the pupil, they need to know that they will be supported.	Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the pupil's difficulties.
DO report the self-injury to the DSL	
DO Treat a suicide intention as an emergency, do not leave the pupil alone or in a vulnerable environment – get help and support as soon as possible and remain calm.	

## Appendix 2 – A Self-Harm Care Pathway

What should you do if you discover a young person is self-harming?

Pupil Requires Emergency Care. First Aider to Assess	In ALL cases listen to the pupil and follow the Dos and Don'ts from Appendix 1	The Pupil Does Not Require Emergency Care. Inform the DSL.
		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <span style="color: red;"><b>Call 999</b></span> </div> <div style="text-align: center;">  </div> <div style="text-align: center;"> <span style="color: green;"><b>Not A &amp; E</b></span> </div> </div>		
<span style="color: red;"><b>If pupil requires emergency care, parents/carers must be informed immediately.</b></span>		<span style="color: green;"><b>Discussion with pupil, provide advice sheet, Appendix 4 and 5.</b></span>
		

<p><b>DSL to be informed to consider safeguarding referral. Inform School Health Nurse.</b></p>		<p><b>Inform School Health Nurse/adviser. Consider informing parents/ carers, see: Roles and Responsibilities of DSL. Provide relevant advice sheet Appendix 4 and 6.</b></p>
	<p><b>Don't inform parents (unless Primary Aged Pupil). It may be appropriate to allow pupil to inform parents of self-harm prior to a conversation with them by school staff.</b></p>	
<p><b>DSL liaise with parents and other professionals re: ongoing support for pupil.</b></p>		<p><b>Consider safeguarding referral if any CP concerns. Consider referral to CAMHS if pupil unable to be fully supported by school staff.</b></p>

**Appendix 3: Checklist for Self-Harm Procedures & Practices**

<p><b>Checklist for schools: supporting the development of effective practice</b></p>	<p><b>Date Implemented</b></p>
<p>The school has a policy or protocol for supporting pupils who are self-harming or at risk of self-harming (ie this policy). The LGB have approved this.</p>	
<p>All new members of staff receive an induction on childprotection procedures and setting boundaries around confidentiality.</p>	
<p>All members of staff receive regular training on childprotection procedures</p>	
<p>The following staff groups – office staff, first-aid staff, technicians, lunchtime supervisors – receive sufficient training and preparation for their roles</p>	
<p>Members of the Pastoral Team and DSLs have access to training in identifying and supporting pupils who self-harm.</p>	

The school has clear open channels of communication that allow information to be passed up, down and across the system	
All members of staff know to whom they can go if they discover a pupil who is self-harming.	
The Senior Leadership Team is fully aware of the contact that reception, First aiders and lunchtime supervisors have with pupils and the type of issue they may come across.	
Time is made available to listen to and support the concerns of staff members on a regular basis.	
School staff know the different agency members who visit the school, e.g. School Health Nurses etc.	
Male members of staff are supported in considering their responses to girls whom they notice are self-harming	
Staff members know how to access support for themselves and pupils.	
Pupils know to whom they can go for help	
The school has a culture that encourages pupils to talk and adults to listen and believe.	

**Appendix 4: Local and National Help and Advice** CHILDLINE: 24hrs helpline for children and young people under 18 providing confidential counselling. 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

PAPYRUS: Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal. 0870 170 4000 [www.papyrusuk.org](http://www.papyrusuk.org)

NCH Provides family centres, child abuse treatment services, leaving care projects, respite etc. Counselling for families and children. 020 7704 7000 [www.nch.org.uk](http://www.nch.org.uk)

NATIONAL SELFHELP NETWORK Support for people who self-harm, provides free information pack to service users. [www.nshn.co.uk](http://www.nshn.co.uk)

SAMARITANS Confidential emotional support for anybody who is in crisis. 08457 90 90 90 [www.samaritans.org.uk](http://www.samaritans.org.uk)

YOUNG MINDS Information on a range of subjects relevant to young people and their emotional health and wellbeing 0808 8025544 [www.youngminds.org.uk](http://www.youngminds.org.uk)

MIND Information about all aspects of mental health 0300 123 3393 [www.mind.org.uk](http://www.mind.org.uk)

Royal College of Psychiatrists Information for everyone which aims to improve the lives of those with mental health issues. [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

NHS Information and advice on all aspects of health [www.nhs.uk](http://www.nhs.uk)

Norfolk Safeguarding Children Board. Support for safeguarding children from harm and promoting the welfare of children and young people. 01603 223409 [www.norfolkscb.org](http://www.norfolkscb.org)

Suffolk Safeguarding Children Board. Support for safeguarding children from harm and promoting the welfare of children and young people. 01473 265359  
<http://www.suffolkscb.org.uk/>

Norfolk CADs Team. Advice and support for safeguarding children and adults from risk of harm 0344 800 8020 <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policyperformance-and-partnerships/partnerships/multi-agency-safeguarding-hub>

Norfolk CADs Team. Advice and support for safeguarding children and adults from risk of harm 0808 800 4005 [Multi-Agency Safeguarding Hub \(MASH\) | Suffolk County Council](#)

## **Appendix 5 : Information on Self-Harm for Young People** What is self-harm?

Self-harm is where someone does something to deliberately hurt themselves. This may include cutting parts of the body, burning, hitting or taking an overdose. Often, these things can build up until the young person feels they cannot cope anymore.

Self-harm can be a way of trying to deal with or escape from these difficult feelings. It can also be a way of that person showing other people that something is wrong in their] life.

How many young people self-harm? A large study in the UK found that about 7 per cent (i.e. 7 out of every 100 people) of 15- to 16-year-olds had self-harmed in the past year.

Why do young people self-harm? Self-harm can be a way of trying to cope with painful and confusing feelings. Difficult feelings can include: feeling sad or worried not feeling very good or confident about themselves being hurt by others: physically, sexually or emotionally feeling under pressure at school or at home losing someone close, such as someone dying or leaving.

Difficult or stressful things, can trigger self-harm. Upsetting events that might lead to selfharm include:

Arguments with family or friends break-up of a relationship failing, or thinking you are going to fail, exams being bullied

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 life. Helpful strategies can include:

- find someone to talk to about your feelings, such as a friend or family member.
- talking to someone on the phone, e.g. you might want to ring a helpline such as Childline –free calls : 0800 1111
- engaging with support services e.g. CAMHS or YFSS.
- It is also important to try and follow any advice they give you.
- writing and drawing about your feelings, sometimes it can be hard to talk about feelings. scribbling on and/or ripping up paper.
- listening to or playing music. going for a walk, run or other kind of exercise keeping a diary.
- getting out of the house and going somewhere where there are other people e.g. joining Youth Club or Cadets.
- keeping a diary

- having a bath/using relaxing oils, ensuring you get enough sleep, try to relax before going to bed, switch off your mobile phone or computer
- hitting a pillow or other soft object
- watching a favourite film

## **Getting help**

In the longer term it is important that you learn to understand and deal with the distress that you 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, another trusted family member or a family friend.

In school: Wellbeing Team, or other member of staff. GP: You can talk to your GP about your difficulties and he or she may make a referral for counselling or specialist through The Child and Adolescent Mental Health Service (CAMHS). You can refer to them yourself if you are aged above 16 and your parents can also refer to them directly.

## **Youth Family Support Services:**

This service offers a range of support services including a specialist counselling service.

## **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 them.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she trusts.
- Get information from telephone helplines, websites, a 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 or not done enough.
- Your friend may get angry with you or tell you that 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 talk to an adult who can support you.



- You may not always be able to be there for your friend and that's ok. You need to look after your own mental health.

**Appendix 6: Fact Sheet on Self-Harm for Parents** As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what the young person you care about really needs is support from you. That young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. 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, self-strangulation, running in front of a car or risk taking behaviour e.g. alcohol intoxication, where the intent is to deliberately cause harm to self.

### **How common is self-harm?**

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 7 per cent had self-harmed in the previous year.

### **Is it just attention-seeking?**

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

### **Why do young people harm themselves?**

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

### **What you can do to help the young person?**

Keep an open mind and try not to panic. Make the time to listen to their concerns. Help them find different ways of coping. Go with them to get the right kind of help as quickly as possible.

### **Some people/agencies you can contact for help, advice and support are:**

Your family Doctor (GP)

Child and Adolescence Mental Health Services