

“Let’s Talk”

...about self-harm

Southend, Essex and Thurrock
Self-harm management toolkit
for educational settings



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1. Aim of the toolkit

This toolkit is to support those working with school-age children and young people under 18 in educational settings and aims to:

- Increase understanding and awareness of self-harm
- Support staff in being aware of risk factors and signs that are associated with self-harm
- Provide tools for educational settings (and staff within them) for responding to students who self-harm
- Raise awareness in educational settings of what support is available locally in responding to self-harm and when/how it can be accessed

This toolkit has been developed in response to requests from schools and is part of the work for the Children and Young People's Mental Health Transformation Plan, 'Open up, Reach out', for Southend, Essex and Thurrock.

The focus of this toolkit is on spotting the signs of self-harm and how to respond to it, as well as raising awareness of self-harm. Preventing self-harm occurring through promoting emotional health and wellbeing in educational settings is a key priority, but is not covered within the scope of this toolkit. Related toolkits that are also relevant include the Southend, Essex and Thurrock suicide prevention toolkit and local safeguarding policies.

This toolkit includes information about responding to self-harm however, as usual, in the event of a medical emergency, call 999.

2. What is self-harm?

The term “self-harm” is used to describe a wide range of behaviours. Self-harm is often understood to be a physical response to an emotional pain.

It can be seen as an intentional act of damaging or injuring one’s body, irrespective of apparent motivation¹, though is usually a way of expressing or coping with overwhelming emotional distress.² Some more well-known forms of self-harm include cutting, burning or pinching, but there are many forms of self-harm, including drug and alcohol abuse or struggling with an eating disorder.³ Though some people who have self-harmed are at high risk of suicide, many of those who self-harm do not want to end their lives.²

¹NICE Clinical Knowledge Summaries. Self-harm (August 2014) available from <https://cks.nice.org.uk/self-harm#!topicsummary> accessed 16th August 2017

²NHS choices. Self Harm available from <http://www.nhs.uk/conditions/self-injury/Pages/Introduction.aspx> accessed 16th August 2017

³Self Harm UK The facts: What is self-harm? Available online at: https://www.selfharm.co.uk/?gclid=EAIaIQobChMIIm-GLGuC91wIVSLobCh1ZRwySEAAYASAAEgK_xfD_BwE (accessed 10/2/2017)

3. Why do people self-harm and who is at risk?

There are a range of different reasons why people self-harm. Some common reasons include:

- **To deal with distressing experiences and difficult emotions**

Young people may use self-harm as a way of coping with distressing thoughts or emotions. Self-harm can occur at times when they feel overwhelmed, exposed, anxious, stressed, angry, unable to cope and/or unable to express themselves. Self-harm can lead to feelings of relief, calmness and of being in control. Some young people also self-harm to deal with feeling unreal, numb, isolated, or disconnected. Self-harm in these circumstances may lead to feelings of being more real, more alive, functioning and able to cope in the short term. Some young people may self-harm because physical pain seems more real and therefore easier to deal with than emotional pain.

- **To enlist help or concern**

For some young people self-harm is a way of expressing their distress non-verbally. Self-harm should not be assumed to be “attention seeking behaviour”, however superficial it appears. It is almost always a sign that something is wrong and needs to be taken seriously. Avoid making judgements or assumptions about why someone has self-harmed.

- **To keep people away**

Some young people self-harm with the intention of making themselves unattractive to others or to prevent others from getting close.

Who self harms?

On the following page are some risk factors which may mean young people are more at risk of self-harm, particularly if they have a number of risk factors. Children and young people with the protective factors listed may be less at risk of self-harm. However some who self-harm may not have any of these risk factors and may self-harm despite having protective factors (e.g. supportive adult relationships etc.).

Content adapted from: Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009)

	Risk factors		Protective factors
Characteristics of the individual child	• Low self-esteem • Poor coping, communication or problem solving skills • Difficult temperament • Mental distress or illness, e.g. anxiety/depression • Alcohol/substance misuse • Impulsivity • Stress or worries about school work or peers	• History of similar behaviour in the past • Past or current experience of abuse • Feeling isolated • Recent bereavement or loss • Worries around sexuality • Chronic illness/disability • Gender dysphoria⁴	• High self esteem • Higher ability/attainment • Outgoing personality • Good coping skills • Positive school experience • Secure attachment • Resilience • Knowledge of where to seek support
Features of the immediate context	• Access to means of causing self-harm • Being alone • Social exclusion • Alcohol and drugs		• Access to social support • Social inclusion
Family factors	• Family members who self-harm • Family conflict • Parental separation and divorce • Single parent family • Parental illness	• Parental alcohol/drug misuse • Sexual/physical/emotional abuse or neglect • Poverty/low socio-economic status • Domestic violence • Pressure from family to achieve at school/unreasonable expectations	• Supportive adult relationship • Harmonious family relationships • Low level of material or social hardship • Good role models within family
Peer group	• Arguments with friends • Bullying • Friends who self-harm • Loneliness/social isolation		• Stable and secure friendship group
School/college	• Pressure to perform well		• Supportive adult • Inclusive/incorporative ethos • Strong commitment to PSHE mental health promotion • Establishment of peer support systems
Wider culture and community	• Minority status • Problems in relation to race, culture or religion • Problems regarding sexual orientation or identity • Media portrayals glamorise self-harm or suicide ‘victims’ and elicit ‘copy-cat’ responses by vulnerable children and young people		

Table adapted from: Hertfordshire Children’s Trust Partnership: Self-harm and suicidal behaviour guide for staff working with children and young people, 2010.

⁴NHS choices Gender Dysphoria symptoms (last reviewed 12/4/16) available at <http://www.nhs.uk/Conditions/Gender-dysphoria/Pages/Symptoms.aspx> accessed 21/8/2017

4. Spotting the signs of self-harm

Self-harm may begin in response to a range of issues

(see risk factors in the previous table), including the below:

- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse (sexual, emotional, physical abuse or neglect)
- Self-harm behaviour in other young people (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change e.g. parental separation/divorce/change in parental care/carers

Things to look out for

It may be hard to know if someone is self-harming as there may not be any warning signs. However some changes in behaviour that could occur include:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood e.g. more aggressive or less engaged than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Drug or alcohol abuse
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Risk taking behaviour (substance misuse, unprotected sexual acts)

Of note, the relevance of individual signs and risk factors may vary according to the age of the child or young person.

Northamptonshire Children & Young People's Service Hospital and Outreach Education Northamptonshire Toolkit for supporting children and young people presenting with Self-Harming Behaviours, or Intent to Self-Harm, Northamptonshire County Council, Nene CCG, Northamptonshire Healthcare NHS Foundation Trust, NHS Corby CCG, LGSS, Northamptonshire Young Healthy Minds Partnership (2014).

Oxfordshire Adolescent self-harm forum – Self Harm: Guidance for Staff within school and residential settings in Oxfordshire (last revised August 2012)

5. Responding to an incident/suspected incident of self-harm: 5a. Pathway of recommended actions



Discover or informed about self-harm/suspected self-harm

	Actions:
1. Deal with medical requirements	• Locate student (if you haven't already) • Is urgent medical attention required? (e.g. heavy bleeding/overdose/unconscious/suicidal?) • If urgent medical attention required, call 999 • Administer first aid where required by appropriately trained personnel. Self-inflicted injuries should be treated with first aid as per the school policy • Keep calm and be reassuring
2. Talk to child/young person and inform designated safeguarding lead	• Inform school's designated safeguarding lead • Talk to the child/young person to gather information (see prompt questions and information about talking to children or young people about self-harm on pages 12-13) • Explain confidentiality (see toolkit on page 11) • Check with child/young person to see if they have spoken to anyone about their self-harm before e.g. GP/counselling services • Discuss with child/young person options around speaking to parents (parental involvement should be encouraged unless there is a sound reason not to do so, or if to do so would put the child or young person at risk of further harm) • Where child or young person is known to social care, engage with social worker though this should not delay next steps if necessary
3. Seek advice or referral from Emotional Wellbeing and Mental Health service (if required)	• If required, seek advice from or refer to the Emotional Wellbeing and Mental Health service (EWMHS) (see further information on page 22) • Advice and referrals can be discussed with the EWMHS single point of access on 0300 300 1600 (during working hours 9am - 5pm) • The out of hours and weekend Crisis Support Service can be contacted on 0300 555 1201
4. Continue conversation, log incident and agree next steps	• Log incident and ensure designated safeguarding lead has been informed. (see example incident recording form in Appendix 3B) • Ask child/young person what help they want/what they would find helpful • Discuss best course of action with child/young person and relevant colleagues (e.g. designated safeguarding lead) • Continue talking to child/young person; it may be useful to share resources for additional support and information with them (see useful contacts list and leaflet) • Consider, where appropriate, speaking to the child/young person about what they find helps them cope with difficult emotions (see information about coping strategies on page 17) • Agree any ongoing support that can be offered by the school with the child/young person e.g. follow up appointment(s) or conversation(s) • Where appropriate, follow safeguarding procedures

5b. Assessing risk

When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time. It is ok to talk with young people about these issues; it will not make things worse.

Factors that increase the risk⁵:

- Where the child is of primary school age and present with self-harming behaviour please consult with the designated safeguarding lead, as a referral to the Children and Families Hub should be considered
- The use of alcohol or drugs when self-harming (this can increase recklessness and impulsiveness)
- Feelings of hopelessness about life (whether it be not caring about themselves or actively wanting to die)
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm (e.g. frequent small overdoses may cause long-term harm)
- An increase in the frequency of self-harm or a feeling of having to do more to feel what they perceive to be the benefits⁵

If the child or young person is expressing a wish to die and says they have a plan of what to do, they should be seen urgently by the local emergency department who will access mental health services as appropriate.

Unless the child or young person is in obvious emotional crisis, kind and calm attention to ensuring that any immediate physical wounds are treated (by an appropriate member of staff) should precede additional conversation with them about the non-physical aspects of self-harm.

Questions of value in assessing severity of the injury include⁶:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for your wounds?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?⁶

Where in doubt or if concerned, seek medical attention as appropriate.

In general students are likely to fall into a spectrum of risk:

Lower risk students: little history of self-harm, a generally manageable amount of stress and at least some positive coping skills and external support.

Higher risk students: more complicated profiles, report frequent or long-standing self-harm practices, use of high lethality methods, younger age, parental mental health problems and/or students who are experiencing chronic internal or external stress with few positive supports or coping skills.⁶

Key points to be aware of:

- These risk factors and questions serve only as a guide to support staff and are by no means exhaustive. Assessing risk should be in collaboration with the young person and designated safeguarding lead.

Where there is any doubt about risk it is important to discuss with EWMHS for further toolkit (see contact details on page 18)

- Where a child or parent is unwilling to engage with support services, a referral to the Children and Families Hub should be considered, as refusal to engage may constitute a safeguarding issue.
- After assessing immediate risk, gaining further information from the child or young person may take place over a number of conversations and should occur at a pace comfortable for them.
- Remember, if you are concerned that the child or young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisation's child protection procedures.

⁵Content adapted from: Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009)

⁶Adapted from Wiltshire Children and Young People's Trust Model toolkit: Schools responding to incidents of self-harm (2013)

5c. Confidentiality and information sharing

- Individuals should be aware of and follow their own school guidelines about information and confidentiality when managing self-harm or suspected self-harm.
- It is important to have a conversation with the child or young person about confidentiality as early as possible as it may affect their help seeking behaviour.
- This will include making the child or young person aware that where there are concerns about their safety, other people will need to be informed, but that wherever possible they will be made aware of this and their consent will be sought.
- Professionals should always take age and understanding into account when involving children and young people in discussions/decision making. Young people over the age of 16 are usually judged to be able to seek their own medical advice and treatment providing they are competent to do so. However it is best practice to involve parents as much as and where possible. Generally speaking, parental involvement should be encouraged unless there is a sound reason not to do so, or if to do so would put the child or young person at risk of further harm. The reasons behind decisions around confidentiality must be clearly documented.
- Safety always takes priority over confidentiality; do not make promises about confidentiality you cannot keep.
- The conversation can consider what actions a child or young person can take to minimise risk, e.g. talking to a positive friend, counselling, speaking to a school nurse and/or parent(s).
- There should be a clear explanation about what is going to happen and why, and of the choices available.
- It is helpful to consult the Southend, Essex and Thurrock safeguarding policies which can be accessed at the below website: <http://www.escb.co.uk/>

Ensure transparent communication

It is essential to maintain clear communication with the child or young person throughout all interactions explaining clearly what has been done, who has been told and next steps to be taken, all of which should be decided in collaboration with the child or young person as much as is possible. This should take into consideration the age and understanding of the child or young person.

5d. Talking to children or young people who are self-harming - some conversation prompts

Every child or young person is an individual and their experience of self-harm is going to be unique. Talking about self-harm is not easy, however the prompts give some suggested phrases for guiding the conversation. The language, wording, choice of questions asked and general approach to the conversation may need to be adjusted according to the age and understanding, capacity and Special Educational Needs of the child or young person. For example, an older student may prefer a more direct or upfront approach. The level of detail asked may need to be adjusted according to the individual situation and this may take place across several conversations.

Topic	Possible prompt questions
Confidentiality	• “I appreciate that you may tell me this in confidence but it is important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what’s going on. BUT I will always have that discussion with you before and let you know what the options are so that we can make these decisions together”
Starting the conversation/ establishing rapport	• “Let’s see how we can work this out together...I may not have the skills to give you the help you need, but we can find that help for you together if you would like...” • Use active listening e.g. “Can I just check with you that I have understood that correctly?”
The nature of the self-harm	• “Where on your body do you typically self-harm?” • “What sort of self-harm are you doing?” • “What are you using to self-harm?” • “Have you ever hurt yourself more than you meant to?” • “What do you do to care for the wounds?” • “Have your wounds ever become infected?” • “Have you ever seen a doctor because you were worried about a wound?”
Reasons for self-harm	• “I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment...?” E.g. peer relationships; bullying; exam pressure; difficulties at home; romantic relationship breakup; substance misuse; abuse
Coping strategies and support	• “Is there anything that you find helpful to distract you when you are feeling like self-harming...? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family...reading, going for a walk...etc.” • “I can see that things feel very difficult for you at the moment...and I am glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before?...Is there anyone else that you think maybe good to talk to? How would you feel about letting them know what’s going on for you at the moment?” • “How could we make things easier for you at school?” • “What feels like it is causing you the most stress at the moment?” • “What do you think would be most helpful?”
Speaking to parents (where appropriate)	• “I understand that it feels really hard to think about telling your parents...but I am concerned about your safety and this is important...would it help if we did this together?...Do you have any thoughts about what could make it easier to talk to your parents...”
Ongoing support	• “Why don’t we write down what we have agreed as a plan together...then you have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or really want to self-harm it is difficult to remember the things that you have put in place-this can help remind you...”



**5e. Dos and Don'ts
for talking to children
or young people about
self-harm**

Do	Don't
☒ Make time. Talk to the child or young person about their self-harming. Talking will not increase the chance that the child or young person will self-harm BUT not talking about it may make them feel unheard or alone	☒ Tell them to stop self-harming or give them an ultimatum
☒ Listen to what is being said and check your understanding (see page 13 for examples of conversation prompts under 'starting the conversation')	☒ Do not ignore self-harm however superficial it may seem to you, or assume someone else is already helping them
☒ Respond with concern rather than anxiety or distaste	☒ Do not make judgements or promises you can't keep
☒ Be interested in them as a person not just as someone who self-harms	
☒ Find out how they are feeling – are there ups and downs?	
☒ Are there underlying difficulties, e.g. bullying, difficulties in peer relationships, stress from exams, conflict at home	
☒ Ask about coping strategies - when are they most likely to self-harm? What have they found helpful in distracting them?	
☒ Ensure that the individual is given the opportunity to direct the conversation, express their thoughts about self-harm and be involved in jointly agreeing plans for keeping safe and for further support	
☒ Act appropriately in line with policy of confidentiality – inform child or young person first before informing others	
☒ The child or young person may wish to have new strategies to manage some of their difficult feelings. Talking to someone or distracting themselves e.g. by listening to music, are common strategies (see page 16 for more information about coping strategies)	
☒ Speak to other agencies or nominated people within the school as appropriate and within the parameters of confidentiality	
☒ Look after yourself; ensure you have someone to support you and talk things through with	



6. Talking to children or young people who are self-harming – some possible distraction/coping strategies

Replacing self-harm with safer coping strategies can be a helpful way of responding to difficult feelings. The coping strategies appropriate for different children/young people are likely to vary by their age and personal preference. Talking to the child or young person about what coping strategies work for them may be useful (see conversation prompts above). Different strategies may work for different individuals and may require time to become effective. Some strategies that may be helpful include:

Topic	Examples of activities
Calming/stress relief/distraction	• Going for a walk, looking at things and listening to sounds • Create something, e.g. drawing, writing, music, cooking, sculpture, crafts • Going to a public place, away from the house • Keeping a diary or weblog (the child/young person should consider how to protect themselves online) • Stroking or caring for a pet • Watching TV or a movie • Getting in touch with a friend • Listening to soothing music • Having a relaxing bath • Breathing exercises • Plan an activity or trip, e.g. volunteering, cinema, park
Releasing or managing emotions e.g. aggression and anger	• Clenching an ice cube in the hand until it melts • Snapping an elastic band against the wrist • Drawing on the skin with a red pen or red paint instead of cutting • Sports or physical exercise, kick a football against a wall, go for a run • Using a punch bag/pillows or other soft object • Listening to or creating loud music • Tearing up newspaper • Repetitive counting or writing
Restlessness	• Take some exercise e.g. walking, sports, gardening, bike ride • Sing or shout loudly

The above coping strategies are compiled from a literature review carried out on this topic and are excerpts based on the following sources:

- Harmless, Coping Strategies, viewed (2017) available at <http://www.harmless.org.uk/ourResources/copingStrategies>
- University of Oxford(2017), Coping with Self-harm: A Guide for Parents and Carers, accessed at <https://www.oxfordhealth.nhs.uk/harmless/> (viewed 2017)
- Wester, K. and Trepal, H. (2005), Working With Clients Who Self-Injure: Providing Alternatives, Journal of College Counselling, Vol. 8, Iss. 2, p. 180-189.
- Royal College of Psychiatrist Alternatives to self-harm and distraction techniques: Better services for People who self-harm, available at <https://www.repsych.ac.uk/PDF/Self-Harm%20Distractions%20and%20Alternatives%20FINAL.pdf> (accessed 21/8/17)

7. Other factors to consider

Should we encourage students to cover up visible scars/cuts/burns?

Some teachers may worry about other children/young people being distressed or influenced by another child or young person's scars. The decision whether to cover up scars or not should be led by the child or young person unless covering up is required from a first aid or medical/safety point of view.

What does 'safe-harm' mean?

Staff may come across the concept of 'safe harm' or 'harm minimisation', where children or young people may have been given advice on how to self-harm in a safer manner, e.g. using clean blades with advice not to share blades.⁷ Though this is a recognised concept it should only be introduced to, or discussed with the child or young person by an experienced clinician or specialist.

Ongoing support and documentation

A risk management template has been provided (appendix 5) which includes a guide for documenting the management plan and ongoing support within the school setting. In addition, a template letter to parents following the self-harm meeting and a self-harm incident reporting form has been included as a possible guide for documentation (see appendix 3A and 3B)

Does this toolkit apply to children and young people with Special Educational Needs and/or disabilities?

Where children or young people with Special Educational Needs and/or Disability (SEND) are self-harming, the advice in this toolkit will likely need to be adjusted according to the individual. In addition to the possible reasons for self-harm listed earlier, there may be other reasons why some children/young people with SEND self-harm. Some children/young people with severe learning disabilities may self-harm as a way of expressing pain from an underlying medical problem, e.g. pain from an ear infection may be expressed by hitting the ear.⁸

It is difficult to cover the broad range of individual needs in this toolkit however generally speaking, where the child/young person with SEND is self-harming, staff should consider:

- Informing and seeking advice from EWMHS and SEND specialist
- Reviewing the child's Education Health and Care plan for advice
- Seeking medical advice
- In all cases, inform the designated safeguarding lead

⁷Self Harm UK Harm minimisation available at https://www.selfharm.co.uk/?gclid=EAIaIQobChMIIm-GLGuC91wIVSLobCh1ZRwy-SEAAAYASAAEgK_xFD_BwE (accessed 16/8/17)

⁸Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009)

8. Roles and responsibilities within schools



Headteacher	• All incidents of self-harm should be reported to the designated safeguarding lead regardless of perceived severity • Lead whole school culture of positive mental wellbeing, including awareness of emotional wellbeing, mental health issues and self-harm, and be supported to do so • PSHE is an essential way to address the young people's emotional wellbeing and mental health needs • Support training for staff on emotional wellbeing and mental health issues including self-harm • Develop and implement school self-harm policy involving young people themselves, ensuring staff are aware of procedures to follow. Ensure all staff (including non-teaching) are aware of and understand the policy. Self-Harm Policy example (A Model Policy for Use in Schools/Colleges) – Royal College of Psychiatrists http://www.repsych.ac.uk/pdf/Knightsmith%20Jodi%20-%20Self-Harm%20Policy.pdf	• It is best practice to appoint one or more designated key staff to lead on emotional wellbeing (including self-harm) • Provide practical and emotional support for key staff responding to self-harm • Ensure that good procedures are in place for record keeping, audit and evaluation of activities in relation to self-harm in the school • Ensure that all staff know where they can access support where required • NB. The Ofsted Common Assessment Framework identifies students having “knowledge of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating” as one of the criteria in the “personal development” section of the framework
To all staff and teachers	• All incidents of self-harm should be reported to the designated safeguarding lead regardless of perceived severity • Be aware of all self-harm toolkit/policy documents (alongside safeguarding policy) and be clear who you need to inform if you are concerned about self-harm • Discuss an incident or disclosure of self-harm with the designated self-harm lead as soon as you become aware of it and inform the student that you are doing this	• Make it known to the student that there are staff available to listen to them (and how they can be accessed) • Review the toolkit about how to speak to children and young people about self-harm and confidentiality

Designated safeguarding lead	• Ensure that all students know who the designated safeguarding lead is that they can talk to if they are experiencing or thinking about self-harming, or are aware of another student who is thinking about self harming/has self-harmed • Ensure all students know where to access leaflets and toolkit about coping with self-harm • Ensure implementation of the Self-Harm Policy • Maintain up to date records of students experiencing self-harm, incidents of self-harm, concerns surrounding the issue and support provided to students • Communicate, where appropriate, with the headteacher and/or other key staff, on a regular basis and keep them informed of all incidents and developments	• Ensure you are confident and up to date in your understanding of self-harm including training where required. Be aware of what organisations and key services in your area can support young people who self-harm • Be aware of information sharing and confidentiality arrangements, including when it is essential to share information with other organisations • Inform the student's parents, if appropriate, and liaise with them as to how to best manage the situation • Respond to any mention of suicidal feelings or behaviour as a matter of urgency • Ensure that all first-aiders are well informed about self-harm • Take care of your own emotional wellbeing and seek support/supervision as and when necessary
School governors	• Agree with the school senior leadership team how awareness and understanding of self-harm should be promoted, including in the curriculum, training and information for parents • Support the development of school policy around self-harm	• Be assured that students are aware of who they can talk to at the school around self-harm and where to access leaflets/toolkit around coping with self-harm

Table adapted from: Rentoul.L Practical toolkit for schools – supporting the school's self-harm policy. NHS Kernow 2015

Staff self-care

Staff may find it difficult or upsetting when discussing issues related to self-harm with children or young people. It is important for staff to look after themselves and seek help and support where necessary. Please see page 25 for contact details for support services for school staff and/or seek advice from a GP for further support. Some schools may have access to more specific programmes for staff support in which case refer to local toolkit.

Staff should not work beyond their limitations; where staff wish to improve skills, knowledge and confidence with regards to helping children/young people who self-harm, further training is recommended.

9. Advice and referrals to the Emotional Wellbeing and Mental Health Service (EWMHS)

EWMHS services include:

- Online self-help
- Sign-posting to other organisations such as local voluntary organisations
- Signposting to digital solutions such as Big White Wall (details on page 24)
- Crisis support
- Specialist assessments
- Face to face therapy either individually or in groups

Where staff are unsure about what action to take for a child or young person who is self-harming, consultations are available via this service.

A copy of the EWMHS booklet containing details about services available can be found here: www.nelft.nhs.uk/download.cfm?doc=docm93jjm4n1223.pdf&ver=1788

Further information can also be found on the NELFT website:

<http://www.nelft.nhs.uk/services-ewmhs>

Contact details

Call 0300 300 1600 to access the EWMHS single point of access during working hours 9am - 5pm, Monday to Friday to discuss advice and referrals.

For out of hours and weekend Crisis Support Service, please call switchboard on 0300 555 1201. The Crisis Support Service is accessible 24 hours a day, 365 days of the year for advice and further support.

Making a referral

Referrals can be made by phone on the contact numbers above or by email to NELFT-EWMHS.referrals@nhs.net

Referrals can be made by any professional or by self-referral from a child or young person or parent.

A copy of the EWMHS referral form can be found here:

<http://www.nelft.nhs.uk/download.cfm?doc=docm93jjm4n2137.docx&ver=3421>

10. Useful information and contacts

Staff should be aware that when generally searching about self-harm online, some sites may be pro self-harming. Therefore care is required when finding information online. The following recommended organisations can offer further help and useful resources:

Resource/service	Contact information
Emotional wellbeing and mental health service (EWMHS) for Southend, Essex and Thurrock	See section on “Advice and referral to EWMHS service” on page 22 www.nelft.nhs.uk/services-ewmhs
Safeguarding Boards	- Essex safeguarding board policies, including prevention of youth suicide toolkit http://www.escb.co.uk/ - Thurrock safeguarding board: www.thurrocklscb.org.uk/ - Southend local safeguarding children board: www.safeguardingsouthend.co.uk/children
Essex: Social care contact	Toolkit for all practitioners working together with children and families to provide early help, targeted and specialist support in Essex www.escb.co.uk/Portals/67/Documents/professionals/EffectiveSupportBooklet2017v5-FINAL.pdf
Thurrock: Social care contact	www.thurrock.gov.uk/childrens-care-professionals/childrens-social-care
Southend: Social care contact	www.southend.gov.uk/info/200223/childrens_social_care
Essex - Effective Support Directory	The Effective Support Directory can signpost to services when the level of need in a request for support does not meet Children’s Social Care or Family Solutions
Thurrock - Young people and families directory	‘Ask Thurrock’ is an online directory of local services to help children, young people and families www.askthurrock.org.uk/kb5/thurrock/fls/public_shortlist.page?publicid=LpLBhVwha4
Southend – Children and Families’ information point	Southend’s SHIP is an online directory of local services to support children, young people and families: http://www.southendinfopoint.org/kb5/southendonsea/fsd/home.page
Big White Wall	- Commissioned by EWMHS, this service is available to all young people aged 16-18, as well as young people with SEN aged 16-25. The service is available 24/7 - Big White Wall provides a safe, anonymous online community where young people can talk about what they’re going through, and share experiences with people who feel the same as them. There is also a library of articles, tips and courses to help young people understand how they are feeling. Trained counsellors called Wall Guides are online 24/7 to keep the service safe. www.bigwhitewall.com
My Mind website and app	Developed by EWMHS, this is a website designed to help young people support their own emotional and mental wellbeing. A MyMind website/app has also been launched. www.nelft.nhs.uk/my-mind
Young Minds	A national charity working towards improving wellbeing and mental health of children and young people www.youngminds.org.uk Young Minds Parent Helpline: 0808 802 5544 (Mon-Fri, 9.30am-4pm)
Samaritans	A national charity aimed at providing emotional support to anyone in emotional distress www.samaritans.org 116 123 (free phone 24 hour helpline)
Mind	Provides advice and support to anyone experiencing mental health problems www.mind.org.uk Mind - Understanding self-harm booklet: www.mind.org.uk/media/5133002/mind_und_self-harm_singles_4-web.pdf

Rethink	A national mental health charity offering information, advice and support about mental health issues www.rethink.org
Harmless	A national voluntary organisation for those who self-harm, their families and professionals www.harmless.org.uk
Papyrus Helpline	A national UK strategy aimed at the prevention of young suicide www.papyrus-uk.org HOPELineUK 0800 068 41 41
SelfHarm.co.uk	SelfharmUK is a project dedicated to supporting young people impacted by self-harm. It provides a space to talk, ask any questions and be honest about what's going on in their life www.selfharm.co.uk
Epic friends	Advice for young people on ways to help friends who may be self-harming www.epicfriends.co.uk
Lifesigns	An online, user-led voluntary organisation, which aids understanding of self-injury and provides information and support to people of all ages affected by self-injury www.lifesigns.org.uk
Childline	Trained counsellors who can talk to anyone aged under 19 about any issue they are going through www.childline.org.uk/
Family Lives	A charity which supports parents with all aspects of family life www.familylives.org.uk/about/
The Wish Centre	A charity providing advice and online support for young people to support recovery from self-harm, violence, abuse and neglect www.thewishcentre.org.uk
Support for staff	
Staff counselling service for all eligible Essex schools	https://schools-secure.essex.gov.uk/staff/counselling/Pages/StaffCounsellingService.aspx Phone number: 03330 135859
Southend	https://www.southend.gov.uk/
Thurrock	https://www.thurrock.gov.uk/
GP	For additional support or referral to counselling/mental health services, please contact your GP
Support resources for adults/parents who are self-harming	
GP	Local GPs should be able to point towards appropriate help services/resources
Mind	Provides advice and support to anyone experiencing mental health problems www.mind.org.uk
NHS choices	Information and support services for those who self-harm http://www.nhs.uk/conditions/self-injury/Pages/Introduction.aspx

Appendices

Appendix 1: Leaflet for young people about self-harm

Reference: My friend is self-harming, what can I do to help?' adapted from 'Supporting Children and Young People who Self-Harm: Guidelines for School Staff (2009): Northamptonshire Children and Young People's Partnership'.

http://www.essex.gov.uk/Publications/Documents/Guide_for_Young_people_self_harm.pdf

Appendix 2: Leaflet for parents and carers about self-harm



http://www.essex.gov.uk/Publications/Documents/Guide_for_parents_carers_self_harm.pdf

Appendix 3: Templates for schools to use



http://www.essex.gov.uk/Publications/Documents/Template_letter_to_parents_following_self_harm_meeting.docx



http://www.essex.gov.uk/Publications/Documents/Template_self_harm_incident_recording_form.docx

Appendix 4: What do we know about self-harm in Essex: presentation

Reference: My friend is self-harming, what can I do to help?' adapted from 'Supporting Children and Young People who Self-Harm: Guidelines for School Staff (2009): Northamptonshire Children and Young People's Partnership'.

http://www.essex.gov.uk/Publications/Documents/Self_harm_in_Essex.pptx

Appendix 5: Risk management plan for schools managing young people with self-harming behaviours

Information in this plan could be gathered using person centred tools as part of a One Planning Environment).



http://www.essex.gov.uk/Publications/Documents/Risk_management_plan_for_schools_self_harm.docx

