

Self-harm

Initial response and information sharing

Self-harm describes any behaviour where someone causes harm to themselves, usually as a way to help cope with difficult or distressing thoughts and feelings. It most frequently takes the form of cutting, burning or nonlethal overdoses. However, it can also be any behaviour that causes injury – no matter how minor, or high-risk behaviours.

Basically, any behaviour that causes harm or injury to someone as a way to deal with difficult emotions can be seen as self-harm.

Self-harm usually starts as a way to relieve the build-up of pressure from distressing thoughts and feelings. This might give temporary relief from the emotional pain the child or young person is feeling. It's important to know that this relief is only temporary because the underlying reasons still remain. Soon after, feelings of guilt and shame might follow, which can continue the cycle.

Because there may be some temporary relief at the start, self-harm can become someone's normal way of dealing with life's difficulties. This means that it is important to talk to someone as early as possible to get the right support and help. Learning new coping strategies to deal with these difficulties can make it easier to break the cycle of self-harm in the long term.

Key points:

- make time
- listen
- be open and honest
- don't judge
- offer support
- remember the child/young person behind the behaviour.

It is important to remember that recovery is entirely possible with the right help and support. Recovery involves understanding why someone uses self-harm, thinking about how they might like to cope differently and developing different strategies for dealing with emotions and difficulties.

The longer someone self-harms the harder it is to break the cycle, so it is important that if you are worried about someone who is self-harming that help is offered early.

The UK has the highest self-harm rate of any country in Europe with estimates of 400 in 100,000 people self-harm;¹ these figures are likely to be higher as many people who self-harm do not tell anyone about it. Self-harm can affect anyone however the majority of people who report self-harm are aged between 11 and 25.

1. Horrocks, J., House, A. & Owens, D. (2002). Attendances in the accident and emergency department following self-harm; a descriptive study. University of Leeds, Academic Unit of Psychiatry and Behavioural Sciences

Newcastle Self-harm Care Pathway

What to do if you are concerned about a young person who is self-harming

Although objectively a superficial cut or overdose, intention may be discrepant with risk.
If you have any concerns then treat the child/young person as high risk.

Low risk self-harm	Medium risk self-harm	High risk self-harm
Superficial, minor self-harm in a stable social context. Some indicators of good emotional health and wellbeing, functioning well. Not voicing any suicidal intent. Good support networks.	More frequent or severe self-harm. More pervasive stressors, poorer coping strategies and fluctuating mental health. Social history that presents alongside mild to moderate mental health problems e.g. depression.	More complex, frequent, high-risk behaviours; concerns about isolation, substance misuse, school refuser, family dysfunction, suicidal intent. Social history that presents alongside moderate to severe mental health problems e.g. depression and trauma. Poor support / protective factors.
<p align="center">What action should you take?</p> <p>If self-harm is revealed it is important to treat the child or young person with respect at all times and not to judge but to listen and support. Assumptions should not be made about the reasons for self-harm and each episode should be treated individually.</p> <p>Always try to speak to the child or young person on their own for at least part of the consultation.</p> <p>Clarify with the child/young person the circumstances under which information will be shared, what will be shared and with whom.</p>		
<ul style="list-style-type: none"> Listen, don't always try to solve, encourage the child/young person to talk. Empower and support the child/young person to take control of their decisions. Promote healthy ways of expressing emotions such as alternative coping strategies techniques. 	<ul style="list-style-type: none"> Listen, don't always try to solve, encourage the child/young person to talk. Explore and support professional help, but don't underestimate your own importance. Empower and support the child/young person to take control of their decisions. 	<ul style="list-style-type: none"> As with low- and medium-risk plus clarify who is best placed to talk with the child/young person? If this is a re-occurring situation, ensure a consistent person/s deal with incident. Assess situation re safety, mental health, context, and risk and resilience factors in relation to Early Help Plan.

<ul style="list-style-type: none"> • Give self-help information and coping strategies. • Ideally encourage parental involvement. 	<ul style="list-style-type: none"> • Assess situation re safety, mental health, context, and risk and resilience factors in relation to Early Help Plan. 	<ul style="list-style-type: none"> • Is there an immediate risk management issue? If so, speak with your manager and consider seeking consultation from CYPS/safeguarding colleague or Social Care.
<ul style="list-style-type: none"> • Offer full written and verbal information about the treatment options for self-harm, and make all efforts necessary to ensure that the person is able, and has the opportunity, to give meaningful and informed consent. • Document fully in records, continue to monitor and document concerns. 	<ul style="list-style-type: none"> • Offer full written and verbal information about the treatment options for self-harm, and make all efforts necessary to ensure that the person is able, and has the opportunity, to give meaningful and informed consent. • Document fully in records, continue to monitor and document concerns. 	<ul style="list-style-type: none"> • Do you feel the self-harm rises from the child's life context? If so, discuss with safeguarding colleague and consider a referral to Children's Social Care. • If you believe the child/young person to be in immediate danger or to have injuries that need medical attention, you need to take action to make sure they are safe. • Do you feel the young person may be mentally unwell? If so, consider urgent referral to Specialist CYPS • Document fully in records, continue to monitor and document concerns.
<p style="text-align: center;">Who should I share information with?</p> <p>In the assessment and treatment of self-harm in children and young people, special attention should be paid to the issues of confidentiality, the young person's consent (including Gillick competence), parental consent, child protection, the use of the Mental Health Act in young people and the Children Act. While Children and young people can be assured of their confidentiality it is important that they are made aware of the circumstances when information must be shared.</p> <p style="color: red;">If High Risk, seek additional professional advice and consider referral to Children's Social Care. Check CP-IS, and build on information as it accrues through the assessment.</p>		
<p style="text-align: center;">Assess the level of parental awareness and involvement and encourage the sharing of information.</p>		
<ul style="list-style-type: none"> • Ideally encourage parental involvement but there is no obligation to share information and it cannot be shared without the permission of the child/young person. 	<ul style="list-style-type: none"> • The sharing of information still must be with the consent of the child/young person; parental involvement should be encouraged. • Share relevant and proportionate information with the School Nurse, Pastoral Care and 	<ul style="list-style-type: none"> • Where there are concerns about the safety of a child/young person the sharing of information in a timely and effective manner between organisations can improve decision-

	<p>teaching staff who need to know in order to support the child/young person. Always tell the child/young person who you will pass information to and how.</p>	<p>making so that actions taken are in the best interests of the child/young person.</p> <ul style="list-style-type: none"> • Share relevant and proportionate information with the professionals who need to know in order to support the child/young person. Always tell the child/young person who you will pass information to and how.
<p>The Single Point of Access (SPA) is for routine referrals into CYPS and not for young people in crisis.</p> <p>If a young person is in crisis and this includes self-harming of a nature and degree that it is felt that mental health services has an imminent role to play, contact should be made with the CYPS duty team via 0191 2466913 who will gather the relevant clinical information, and if they feel it is appropriate they will liaise directly with ICTS.</p> <p>As is often the case it may be that a young person discloses to someone that they self-harmed a couple of weeks ago and if there is evidence to suggest that the young person had kept themselves safe since then, this could constitute a routine referral at which point the SPA would be seen as an appropriate route into CYPS service.</p>		
<p style="text-align: center;">Services and help available</p> <p style="text-align: center;">There are national help service details, websites and phone numbers, given below.</p>		
<ul style="list-style-type: none"> • Kooth counselling – on-line counselling with psychologists offering support. For 11 to 18 year olds. 	<ul style="list-style-type: none"> • Kooth counselling and referral via Single point of Access to NTW. 	<ul style="list-style-type: none"> • Refer via Single point of Access to NTW Child and Adolescent Mental Health Service (CYPS).
<p>When working with children and young people who self-harm, consider the risk of domestic or other violence or exploitation and consider local safeguarding procedures for children. Advice on this can be obtained from the local named lead for safeguarding children.</p> <p>Refer any treatment for an injury or overdose to ED, a minor injuries unit or the child/young person's GP surgery, depending on severity.</p> <p style="text-align: center;">IN THE CASE OF AN EMERGENCY REFER YOUNG PERSON TO THE HOSPITAL EMERGENCY DEPARTMENT IMMEDIATELY</p>		



Kooth counselling - <https://www.kooth.com/> offers free, safe and anonymous online support for young people. Kooth, from XenZone, is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

SelfHarm.co.uk – www.selfharm.co.uk selfharmUK is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life. These pages will tell you a bit about us as well as pointing you in the right direction if you need to contact us or find out more about our policies and procedures.

Young Minds - www.youngminds.org.uk YoungMinds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people.

Some websites that have been recommended by young people include:

- www.lifesigns.org.uk
- www.childline.org.uk
- www.selfharm.org.uk
- www.youngminds.org.uk
- www.b-eat.co.uk
- www.samaritans.org.uk
- www.harmless.org.uk

Some telephone helplines offer specialist advice on self-harm, others operate only as a 'friendly listening ear' – something many young people have said they value, particularly when they feel they have no-one else that they can turn to. Again, it's important that information about reputable phone lines is widely available to young people. Helpful telephone numbers include:

- ChildLine – 0800 1111
- Samaritans – 08457 90 90 90
- Family Lives – 0808 800 2222
- Young Minds – 0808 802 5544
- Get Connected – 0808 808 4994

Key Contacts Local Contact Details:

Newcastle Single point of Access: 0303 123 1147

NHS: 111

Newcastle LSCB:

Newcastle Initial Response Team: (0191) 277 2500

Out of Hours Emergency Duty Team: (0191) 278 7878