
November 2011

Children and Young People who Self-Harm

Inter-agency Practice Guidance



Nottinghamshire
SAFEGUARDING
CHILDREN Board



NOTTINGHAM CITY
Safeguarding
Children BOARD

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Acknowledgement is given to Derby City Partnership who have given permission for us to use some of the material in their Multi-agency Self-harm Protocol

INTRODUCTION

This practice guidance has been developed by a multiagency group on behalf of the Nottingham City and Nottinghamshire Safeguarding Children Boards. It is widely recognised that self-harm among children and young people is a major public health issue affecting at least one in every 15 children and young people, and with some evidence that the rates are higher in the United Kingdom than the rest of Europe¹. It can be an indicator of mental health problems and emotional distress.

The target audience for the practice guidance is staff and volunteers from all agencies and the voluntary sector working with children and young people in the 0 – 17 years (inclusive) age group who are resident in Nottinghamshire or Nottingham City. This is a wider age group than the one defined within the National Institute for Clinical Excellence guidelines of 8 – 16 years.

The guidance should be read in conjunction with the Inter-agency, Child Protection Procedures, which are available on the Nottinghamshire Safeguarding Children Board web page and/or the Nottingham City Safeguarding Children Board web page.

It should also be read in conjunction with

Pathway to Provision (County)

<http://www.nottinghamshire.gov.uk/home/learningandwork/childrenstrust/pathwaytoprovision.htm>

The Integrated Support Strategy (Nottingham City)

www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=9579&p=0

During the course of 2011/12 Nottinghamshire Safeguarding Children Board and Nottingham City Safeguarding Children Board supported work undertaken by local Young People who produced an information leaflet about self-harm. This provides advice, guidance and information for young people. Copies of the leaflet have been distributed to a range of organisations working with children and young people across Nottinghamshire and Nottingham City

¹ Truth Hurts: Report of the National Inquiry into Self-harm among Young People – Mental Health Foundation 2006

Aims Principles and Outcomes

Aims

- To improve the quality of support, advice and guidance offered by staff working with children and young people who may be self harming or at risk of doing so.
- To support agencies communicating with children and young people in a way that encourages and enables engagement with support services.
- To support agencies in assessing and minimising harm for children and young people they are working with, with support from specialist services.
- To support agencies and young people working towards reducing self-harming behaviours with less self risk taking behaviours and potentially life threatening coping strategies.

Principles

- Every young person should be treated as an individual.
- It is important for children and young people to be made aware of the confidentiality policy and implications around disclosure.
- Those working with young people need to recognise that dealing with the disclosure of self-harming behaviour requires them to exercise their existing core professional skills.
- Recognition of self-harm as a serious and sensitive issue with the focus being on working towards harm minimisation and supporting coping strategies.
- Intervention and support negotiated openly and honestly including speaking to the child/young person, professionals, parents and carers.

Outcomes

The key purpose of this guidance is to improve the understanding of, and services to, children and young people who self-harm. This will be achieved through

- An improvement in the quality and consistency of response children and young people may receive from agencies when self-harming behaviour is disclosed.
- Improved support to children and young people in communicating their feelings and factors that have contributed to self-harming behaviour.
- Increased awareness by agencies and understanding of self harm including appropriate identification of risk and harm minimisation strategies.
- An understanding of the care pathway and where agencies, children, young people, parents and carers can go for support.

Understanding Self Harm

Despite the fear and anxiety self-harming behaviour provokes, it is a comparatively common problem particularly among children and young people. Based on the local and national needs assessment, as detailed below, it is likely most people, either in their personal or professional life, will have come into contact with someone who self harms.

Working with children and young people who self harm can evoke a wide range of emotions including anger, frustration and sadness which often reflect the emotions of the child or young person who is self harming. One key message is that it is possible to recover from a pattern of self-harming behaviour and to learn other ways of coping with support from a range of professionals as well as friends and family.

Contrary to some beliefs self-harm is not generally about getting attention. It is often a very secretive problem and a young person can self-harm for a number of years before anyone notices or the young person finds the courage to tell someone.

Definitions of Self-Harm

The term self-harm is used to describe a range of things that children and young people do to themselves, some of which may be hidden. Self-harm is defined as self-poisoning or injury, irrespective of the apparent purpose of the act (National Institute for Clinical Excellence - NICE - 2004).

Self-harm is a serious public health problem and is the reason behind 142,000 national admissions, for the whole population, to accident and emergency departments every year. Most of these are a result of self-poisoning. Self-poisoning involves overdosing with a medicine or medicines, or swallowing a poisonous substance. The majority of people who attend accident and emergency departments have taken over the counter medication.²

The definition within the practice guidance or the NICE guidance does not apply to self-harm caused by other methods such as smoking, recreational drug use, excessive alcohol consumption over eating or food restriction. Some methods of self-harm are:

- Cutting
- Burning

² Truth Hurts: Report of the National Inquiry into Self-harm among Young People – Mental Health Foundation 2006

- Scalding
- Banging or scratching the body
- Breaking bones
- Hair pulling
- Overdose
- Ingesting toxic substances or objects.
- Attempted hanging or strangulation

Of these, cutting is the most common method with few children and young people seeking medical attention or support.

Local and National needs

Self-harm rates are much higher among children and young people than adults, with the most common age of onset around 12 years. It is estimated that nationally 25,000 children and young people aged 12–25 years are admitted to hospital every year for self-harm, most as a result of overdoses or cutting.

In the vast majority of cases self-harm is hidden and secretive with most children and young people making great efforts to conceal signs of self-harm. Research indicates that parents and carers are often completely unaware of incidents of self-harm.

Considering all the available research data a prevalence rate of between 1 in 12 and 1 in 15 is indicated in the 12–25 age groups. It is probable that two children and young people in every secondary school classroom have self-harmed at some point.

The rates are four times higher for girls than boys, but it is also a serious problem in young men and can be disguised by hitting themselves or breaking bones as though they have been involved in a fight or been attacked⁴.

Groups of children and young people more vulnerable to self-harm include:

- Children and young people in residential settings.
- Lesbian, gay, bisexual and transgender young people.
- Young Asian women.
- Children and young people with learning disabilities.

³ Truth Hurts: Report of the National Inquiry into Self-harm among Young People – Mental Health Foundation 2006

⁴ As above

Estimates suggest that in 2009 in Nottinghamshire there were 7,292 children and young people with emotional disorder – 5469 with anxiety related disorder and 1823 with depression.

There is some local variation but figures from the same year suggest that in most parts of Nottinghamshire between 10% and 15% of referrals for Tier 2 Child and Adolescent Mental Health Services (CAMHS) were made due to concerns in relation to self-harm. The more affluent based CAMHS teams such as Rushcliffe, Gedling, Broxtowe & Hucknall have higher numbers with emotional disorders/ problems, eating disorders and self-harm.

As with the national profile some communities, e.g. young girls from South East Asian communities, are found to be particularly vulnerable to self-harm

Self-harm is the third most common reason for young people attending the emergency department. On average one young person attends the emergency department at Queens Medical Centre every day following an episode of self-harm.

Reasons for self-harming behaviour

It is often difficult to understand why children and young people self harm. Children and young people describe that by hurting themselves they are temporarily able to change their state of mind to better cope with painful feelings.

Self-harm provides a mechanism for dealing with intense emotional pain. However, with it comes the burden of emotional guilt and secrecy, which can have an affect on a child or young person's ability to build and maintain relationships. It can also quickly establish a pattern of addictive behaviour.

Some reasons indicated for self-harm include:

- Being bullied.
- Not getting on with parents.
- Stress and worry about academic performance and examinations.
- Parental separation or divorce.
- Bereavement and loss.
- Unwanted pregnancy.
- Experience of abuse including sexual abuse.

- Difficulties with sexuality.
- Low self-esteem.
- Feelings of being rejected or not fitting in.

The vast majority of children and young people who self-harm are not trying to kill themselves, rather they are trying to cope with difficult feelings by engaging in behaviour which temporarily relieves stress and anxiety but which can become very addictive. It is a method of distraction from painful feelings that children and young people then come to rely on. However many people who complete suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously and assessed and treated in its own right.

Working with Self-Harm

Some indicators of self-harming behaviour

It is not always easy to tell if someone is self-harming and children and young people may find it difficult to approach services for support. This is partly because children and young people may feel ashamed and guilty about their behaviour. The stigma associated with self-harm can prevent children and young people getting the support and information they need to establish better ways of coping. It is therefore important to be alert to the needs of children who are experiencing difficult or stressful circumstances, particularly when there are multiple factors present at the same time.

Front line staff dealing with disclosure

Many people who harm themselves have concerns about getting help. They may feel that professionals do not understand why they have harmed themselves and why their behaviour may still continue even when offered support. 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 needs to be treated individually.

Those working with young people (youth work, social work, health and education) need to recognise that dealing with the disclosure of self harming behaviour requires them to exercise their existing core professional skills. However, workers need to have a good awareness of the issues of emotional and mental well-being and self-harming behaviour in particular and managers should ensure that they and their staff have received up to date training in this regard. Support to universal services is provided by targeted CAMHS (Multi Agency Locality Teams - MALT, Emotional Health and Well-being Teams - EHWT).

As the child or young person who is self harming is likely to be experiencing problematic issues in a number of areas in their life the professional should discuss with the child or young person the possibility of undertaking a Common Assessment Framework (CAF) and/or, having a multi agency meeting to identify the young persons needs. In the County this should include consideration of the possibility of discussing the young person's needs in a Joint Access Team (JAT)

Management of Self Harm Acts

If the self-harm act has occurred recently - within the last 48 hours and involved ingestion, serious lacerations (with one or more large cut, or multiple minor cuts) – the child should attend the Emergency Department of the local hospital

When an overdose is revealed the child or young person will need to be looked after in hospital.

- It is very important that the details about what has been taken and when are given to the hospital.
- It is important not to 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.

What to expect in hospital

Whilst in hospital the child or young person will initially have their physical health needs dealt with and then they will also be given the opportunity to be seen by Specialist Mental Health Workers to look at their emotional well being.

The child or young person will then be offered further treatment depending upon what kind of medication has been taken and when or what type of injury they have.

Generally a young person under the age of 16 who attends the hospital with self harm will be offered an overnight stay to be looked after by the paediatric team. They will then be given the opportunity to talk to somebody from the child and adolescent mental health service (CAMHS) in more detail about:

- How they are feeling.
- What might have caused them to harm themselves.
- Their circumstances at home, at school, with friends.
- Their thoughts they may have had about suicide.
- To work out with them what help and support may be appropriate.

Young people aged 16 and over may be seen by someone from adult services.

If a young person refuses admission, the Emergency Department staff should undertake a risk assessment, contact Tier 3 Child & Adolescent Mental Health Services (CAMHS). CAMHS will arrange assessment/follow-up for the young person according to need

If the self harm act has occurred after 48 hours –

- **Involving ingestion.**
- **Serious lacerations.**

Urgent medical attention/ advice should be sought from Childs' GP or attend the Emergency Department of the local hospital.

Medical management of the self-harm act may still be necessary therefore medical advice is essential.

When self harm / or the intention to self harm is revealed (that is not in the above categories requiring medical attention) it is still important to take the young person seriously

It is important to give them time to talk and space in order to explore some of the difficulties that may have occurred. Staff then need to be aware of the type of help and support that may be available or needed. It is also important to acknowledge that self harm is not automatically an indicator of mental illness. Therefore, not all incidents of self harm need to be dealt with by a referral onto Specialist Child and Adolescent Mental Health Services. For further details please refer to the care pathway set out at the end of this guidance.

Risk assessment

It is recognised that someone who has self-harmed is at greater risk of suicide than the general population. However, this does not mean that everybody that has self-harmed is an immediate suicide risk.

Consideration may need to be given to the completion of a risk assessment. If a person is referred to specialist mental health services this will be completed as part of a mental health assessment by a specialist mental health professional such as a specialist nurse, mental health practitioner or psychiatrist.

Any assessment will be completed in relation to the whole person and their circumstances, including the self-harm.

One of the factors that should influence any risk assessment is whether the young person, and where relevant their parents/carers, is willing to engage

with support services. If not this will potentially increase the level of risk. Where a family is referred for support by another agency but refuse to engage

that agency should be contacted to discuss how best to respond to this. Agencies will need to consider all available options to manage such circumstances. In very serious situations this would include considering whether the threshold for an application for secure accommodation on welfare grounds should be made. The criteria for this are that the Local Authority must be able to demonstrate that the young person has:

A history of absconding and is likely to abscond from any other description of accommodation AND

If s/he absconds s/he is likely to suffer significant harm

OR

If s/he is kept in any other description of accommodation s/he is likely to injure her/himself or other persons.

If a child/young person is in hospital and perceived to be at risk of significantly harming themselves or others then they should not be discharged until a plan has been agreed to try to manage this.

It is important that staff involved in making decisions regarding issues such as this seek the support of colleagues with sufficient seniority/experience to assist with the decision making process.

The Care Pathway set out at the end of this guidance provides a framework to enable workers to identify the types of services/tools that may be appropriate to deal with particular forms of behaviour.

Looked after Children

Young people who are looked after are a high risk group with regard to self-harm, staff involved in their care should always seek appropriate support from their line management and should not manage self harm risks alone. Support should be sought from the specialist CAMHS Children Looked after team. A formal plan should be drawn up and recorded and it should address

- Actions to be undertaken including the planned assessment process
- Who needs to be informed
- The need to breach confidentiality – who to, how and in what circumstances
- How risk will be managed in different situation, e.g. during contact, any change of placement.

Consent, Competence and Confidentiality

Taking into account age and understanding, workers should always involve children and young people in discussion and decision making about their treatment and care.

Similarly there should be clear explanation about what is going to happen and the choice and rationale for certain treatments. Young people aged 16 and 17

are presumed to have the competence to give consent for themselves. Younger children who fully understand what is involved and can weigh up the information needed to make a decision can also give consent to their own treatment, although their parents will usually and ideally be involved. In other cases, someone with parental responsibility must give consent on the child's behalf. Information may be required from parents and carers or friends but in most cases the young person's agreement would be required before information is shared

Information would only be shared without consent when:

- They are at risk of harm from other people.
- They require urgent medical treatment.
- They present a risk of harm to others
- They are at risk of serious injury to themselves.

Further advice and support can be obtained from individuals with a designated safeguarding and/or with reference to organisational protocols.

Child Protection

Self-harming behaviours can be a way of coping with an abusive relationship including a sexually abusive relationship, at home or in the community. Therefore, all staff working with children and young people need to be sensitive to the possibility that a young person may disclose abuse at the time of talking about what has led to their self harming behaviour. In such circumstances the Inter-agency Safeguarding Children Procedures should be followed.

Children and young people can be helped by:

- Recognising signs of distress and finding a way of talking to the young person about how they are feeling.
- Listening to their worries and feelings, and taking them seriously.
- Staying calm.

- Being clear about the risks but making sure they know that with help it is possible to stop self-harming.
- Using the Care Pathway to make sure they get the right help as soon as possible.

Additionally some children and young people may benefit from the use of alternative coping strategies; these are listed in more detail in Appendix 2.

Appendix 1 Useful contacts

Emergency Numbers

Hospital Emergency Departments

QMC (Queens Medical Centre) Nottingham – 0115-9249924

Kings Mill Hospital Mansfield – 01623-622515

Bassetlaw Hospital Worksop – 01909-500990

NHS Direct: 0845 46 47 www.nhsdirect.nhs.uk

CAMHS SERVICES – City

Specialist Tier 3 CAMHS, Thorneywood – 0115 8440500

City Tier 2 CAMHS- MALT teams – 0115 9155500

www.nottinghamcity.gov.uk

CAMHS SERVICES – County

Tier 3 – South – Thorneywood – 0115 8415812 (select CAMHS, then out-patient Dept)

North – 01623-650921

Emotional Health and Well-being Teams	
Ashfield	01623 784701
Bassetlaw	01777 274422
Broxtowe	0115 8835157
Gedling	0115 8830822
Mansfield	01623 425100
Newark	01636 611469
Rushcliffe	07769 961417

Support Groups/Organisations

ChildLine

A confidential 24-hour helpline for children and young people.

Tel: 0800 11 11 www.childline.org.uk

Crisis Recovery Unit

Dower House, Bethlem Royal Hospital, Monks Orchard Rd, Beckenham, Kent BR3 3BX

A national, specialist service for people aged 17 and over, who persistently self-harm. Includes in and out-patient treatment.

Tel: 020 3228 4414 www.slam.nhs.uk/services

Harmless

A user-led organisation offering support services and information to people who self-harm, their family and friends.

www.harmless.org.uk info@harmless.org.uk

LifeSIGNS

Raises awareness and provides information on self-harm.

www.lifesigns.org.uk

NSPCC

Free 24-hour line for abused children, families and survivors.

Child protection helpline: 0808 800 5000 www.nspcc.org.uk

RU-OK

Website for young people who self-harm to use on their own or with an adult.

www.ru-ok.org

Samaritans

Confidential, non-judgemental helpline offering support 24 hours a day.

Tel: 08457 90 90 90 Minicom: 08457 90 91 92

Email: jo@samaritans.org www.samaritans.org.uk

YoungMinds

Provides information and campaigns to improve mental health of all children and young people.

Parents' information service: 0800 018 2138

www.youngminds.org.uk

Appendix 2 Alternative Coping Strategies

A number of young people report that they find alternative coping strategies techniques useful. However it is extremely important to recognise the need for individual techniques as otherwise this approach will not work. Some of the most useful alternative coping strategies used by a range of young people include

<p><u>Distraction Techniques</u></p> <ul style="list-style-type: none"> Cleaning Tidying Washing clothes Playing games – cards/board-games/computer Sports exercise – walking/running/dance Gardening/plants Visiting a friend Telephoning a friend Paint or draw pictures/posters/cards Write letters Puzzles Watch TV/video Listen to music/walkman Cinema Shopping Hobbies – sewing, knitting, collecting 	<p><u>Positive Emotional Techniques</u></p> <ul style="list-style-type: none"> Read old letters Look through old photos Listen to emotional music Watch funny/heart-warming film Read joke book Say positive statements to self Make an emergency bundle Read your list of assets or strengths Self-voice tape
<p><u>Emotional Focusing</u></p> <ul style="list-style-type: none"> List emotional triggers Write poetry/prose regarding feelings Paint/draw emotions Write a diary Discuss feelings with another person Rainy Day letter 	<p><u>Alternative 'Safer' Forms of Self-Harm</u></p> <ul style="list-style-type: none"> Hold ice in hand Squeeze rubber ball Listen to very loud music Rubber band on wrist Throw things/scream, punch cushions Body paint Stand under very hot/cold shower Break sticks <p><u>Relaxation Techniques</u></p> <ul style="list-style-type: none"> Guided fantasy dreamtime Focus solely on breathing/breath deeply Count your breaths Focus on the position of your body Relax each muscle individually Listen to relaxation music Listen to guided relaxation on tape Meditation Yoga Massage hands, feet, head etc.

Comforting Techniques

Hold a safe object
Sit in a safe place
Listen to soothing music
Sing favourite songs
Use perfume/hand cream
Spray room fragrance
Use pot pourri
Buy fresh flowers
Eat a favourite food
Have a soothing drink
Have a bubble bath
Soak your feet
Change the sheets on your bed
Stroke your pet
Wear comfortable clothes
Hug someone
Put lights on (to sleep)
Prayer

Appendix 3 CAMHS Services

Nottinghamshire Healthcare Trust provides Tier 3 and 4 CAMHS to the local population. Part of this includes the self-harm team who offers a comprehensive risk and needs assessments to all young people under 16 years old admitted to a general hospital ward following an episode of self-harm and all those admitted to a paediatric ward (QMC) regardless of age and offers short-term follow-up of up to 4 sessions.

There is no dedicated self harm provision in the north of the county. Comprehensive risks and needs assessments are provided by a range of the multi-disciplinary team on a shared duty rota system when a young person is admitted to Kings Mill and Bassetlaw Hospital. Consultant psychiatry input is provided as necessary.

The self-harm team provide Child and Adolescent mental health nursing skills and systemic family / psychotherapy, both of which incorporate a wide variety of therapeutic methods and techniques including CBT (Cognitive Behaviour Therapy), Group work and DBT (Dialectic Behaviour Therapy).

Young people who self-harm but have not attended hospital can access Tier 3 and 4 CAMHS through Tiers 1 (Universal services) and (MALT's via the single point of access services (SPA). Requests for CAMHS services can be made by referral to one of the three MALT teams and the appropriate CAMHS provision allocated through the Single Point of Access.

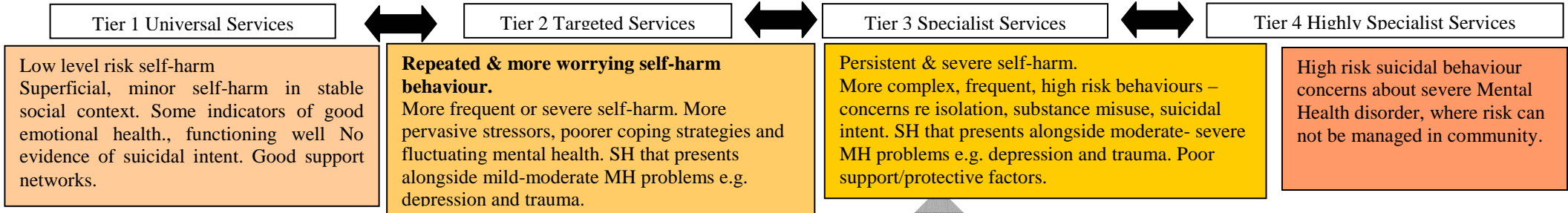
Tier 3 CAMHS also provide consultation and training to Tiers 2, 3 and 4 CAMHS and refers onto other agencies as needed/appropriate.

Specialist Provision for Children in Care is provided by the Specialist CAMHS Children Looked after Team, this multidisciplinary team offer consultation to Residential, fostering and adoption services and also assessment and direct work with young people.

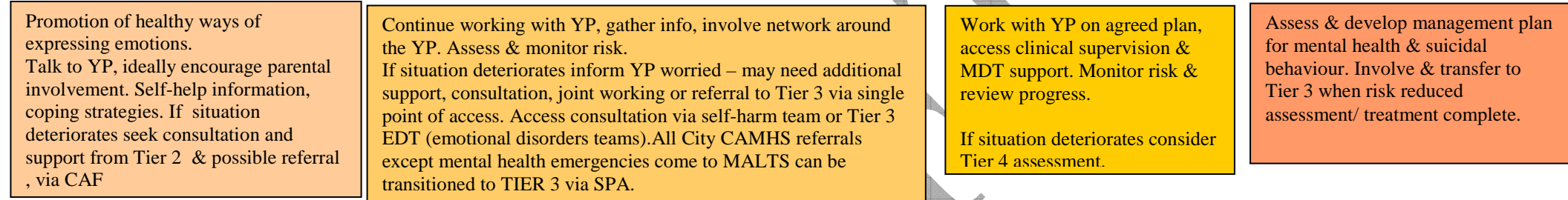
Other services are able through a number of voluntary and universal providers, detailed on the referral pathway (appendix 4)

NOTTINGHAMSHIRE & NOTTINGHAM CITY SELF-HARM CARE PATHWAY

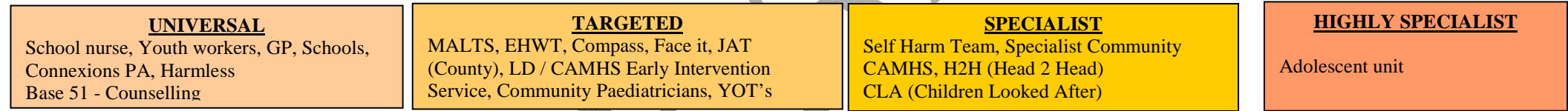
What to do if you are concerned about a young person self-harming



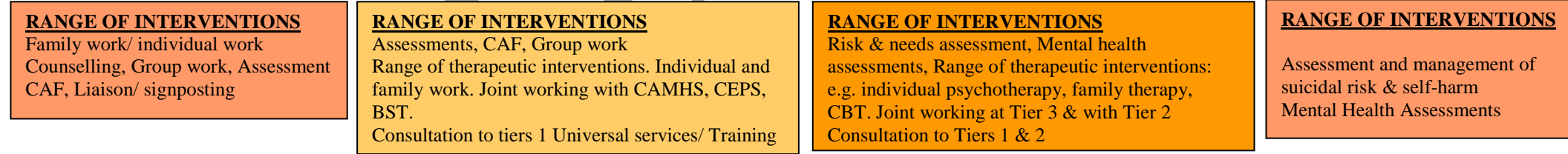
What action should you take??



Services and help available.....



Monitor & document concerns, seek appropriate supervision and involvement of line manager.
IN THE CASE OF AN EMERGENCY REFER YOUNG PERSON TO THEIR GP OR HOSPITAL EMERGENCY DEPARTMENT IMMEDIATELY
 YP under 16 who attend emergency department for self-harm will be admitted & assessed by Tier 3 CAMHS. 16 & 17 year olds will be assessed by Adult Mental Health Services and referred to CAMHS (EDT) for follow-up.



THIS CARE PATHWAY IS FOR USE IN CONJUNCTION WITH NOTTINGHAMSHIRE & NOTTINGHAM CITY PRACTICE GUIDANCE ON CHILDREN & YOUNG PEOPLE WHO SELF-HARM.