



The
Rosewood
School

Name of Policy	Self-harm policy and guidance for staff
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Contents

1. Introduction	3
2. Roles and responsibilities	3
3. Flow charts:	
Model Process for managing self-harm in schools in a crisis situation	6
Model process for managing self-harm in schools – not in need of urgent medical treatment	7
4. Multi-agency self-harm guidelines	8
5. Identifying Self-Harm and risk factors	8
6. First Aid	9
7. Confidentiality	10
8. Assessing Risk	10
9. Logging Incidents	11
10. Contacting and engaging families	11
11. Whole school Education and Awareness	13
12. Onward referrals	13
13. Staff training	13
14. Tools to help support the child/young person	14
15. Tools to help support the parents/carers	16
16. Further information	17

1. Introduction

The main aim of this model guidance is to provide support for staff working in schools supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response. The guidance was drawn up in consultation with a lead mental health nurse from NELFT.

The guidance aims to support school staff to feel confident, informed and able to support children and young people most at risk. The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected. This will ensure a coordinated response which includes provision of adequate support for the pupil, other pupils who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a pupil's disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a pupil is not in immediate need of medical attention or on return to school following a crisis situation. The guidance outlines best practice and identifies tools, techniques and practical ideas.

The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.
- The young persons will wherever possible be supported to remain at the Education provision. Where this is not possible and the young person is highly distressed then contact will be made home and with healthcare professionals.

2. Roles and responsibilities

Executive Headteacher

- Ensure staff, parents and pupils are aware of their roles and responsibilities when implementing the policy across the school
- Ensure that all designated staff receive full and appropriate training regarding self-harm and are fully confident with the procedures to follow
- Provide practical and emotional support for key staff dealing with self-harm
- Ensure that all staff, including teaching assistants and other non-teaching staff are made aware of, and understand, the self-harm policy.

All Staff and Teachers

- Review all duty of care documents and be aware of communication processes
- Make it known to pupils that you are available to listen
- Remain calm and non-judgemental at all times
- Avoid dismissing a pupil's reasons for distress as invalid
- Encourage pupils to be open with you and reassure them that they can get the help they need if they are willing to talk
- Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need etc
- Do not make promises you can't keep regarding such things as confidentiality
- Encourage all pupils to seek health and happiness in their lives every day
- Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives
- Provide and encourage access to exterior help and support where possible
- Monitor the reactions of other pupils who know about the self-harm
- Avoid asking a pupil to show you their scars or describe their self-harm
- Avoid telling a pupil to stop self-injuring - you may be removing the only coping mechanism they have
- Report the matter to a designated key member of staff as soon as you become aware of the problem, and inform the pupil that you are doing this.

Designated key staff member(s)

- Ensure the implementation of standard policy
- Maintain up-to-date records of pupils experiencing self-harm, incidents of self-harm and all other concerns surrounding the issue
- Monitor the help, support and progress of the pupils in your care and maintain communication with them
- Ensure you are fully confident in your understanding of self-harm and seek additional information and / or training if you feel it necessary
- Contact other organisations and key services in your area and find out what help and support is available for young people who self-harm
- Ensure that all first-aiders are well informed about self-harm
- Inform the pupil's parents if appropriate and liaise with them as to how best manage the situation
- Be aware of when it is essential for other professional bodies to be informed, such as social services or educational psychologists, GP, CAMHS (see Appendix 3 and 4)
- Report any mention of suicidal feelings or behaviour as a matter of urgency
- Take care of your own emotional well-being and seek support as and when necessary.

Pupils

- Ensure all wounds are cared for properly and bandaged appropriately
- When talking to teachers or friends about your self-harm, focus on the emotional reasons behind your distress and not just on the self-harm itself
- Avoid talking graphically about your injuries to other pupils or describing the methods you use
- Never encourage anyone to try self-harm themselves

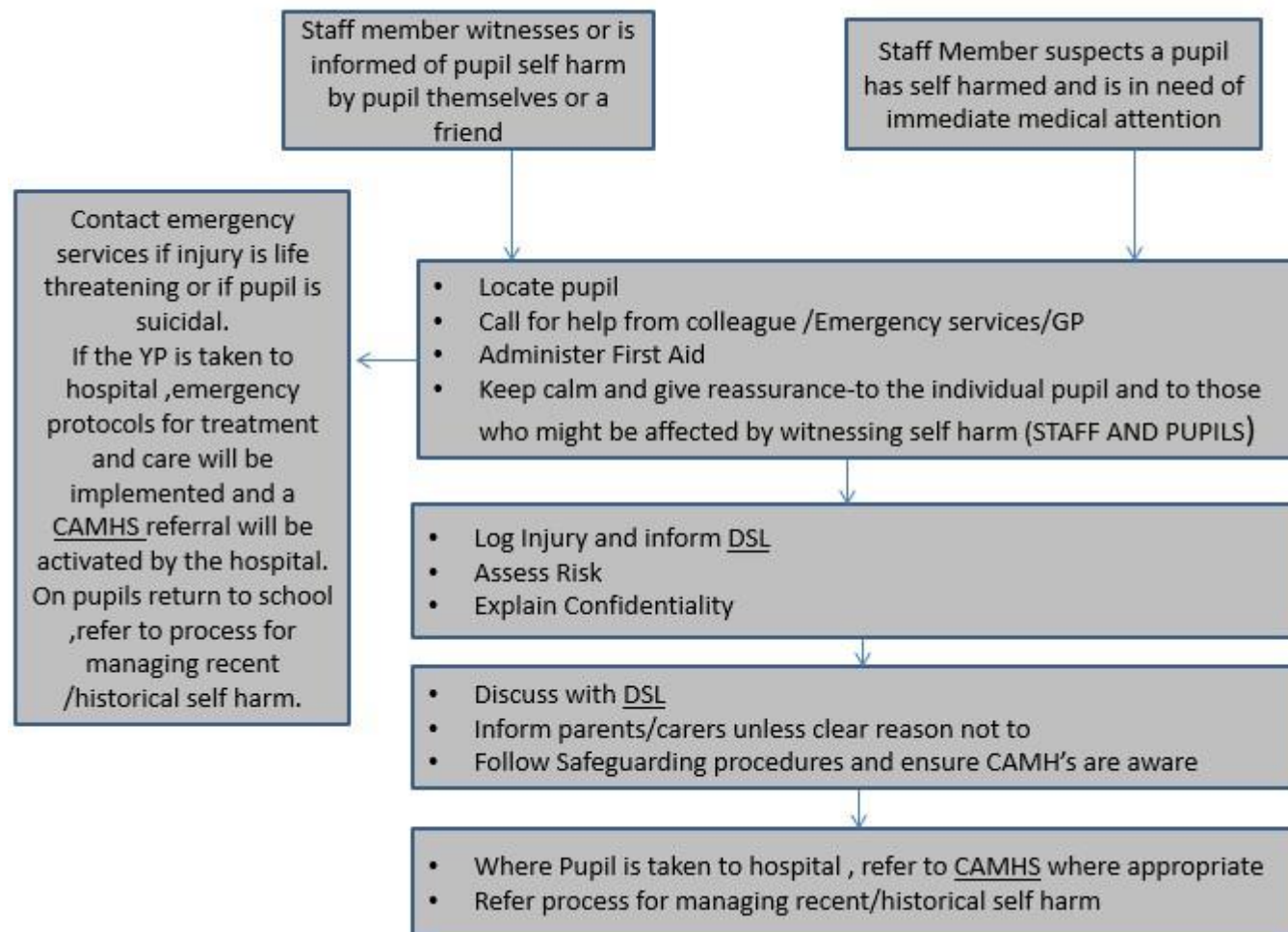
- When under emotional distress or feeling the urge to self-injure at school, talk to a teacher or staff member as soon as possible
- Discuss any additional support you feel you may need while you are going through emotional distress
- Be aware that all staff are there to help you. The more you can talk to them the better able they will be to give you the support and help you need. However, as with all cases where your safety is at risk and your teacher or any other member of staff are concerned in a serious way about your safety or well-being, he or she may have to break your confidentiality for your own safety
- If you are worried that a friend may be self-harming then do talk to a member of staff for support and guidance
- If you are concerned that a friend may be suicidal, or has mentioned suicide, then alert a member of staff straight away.

Parents

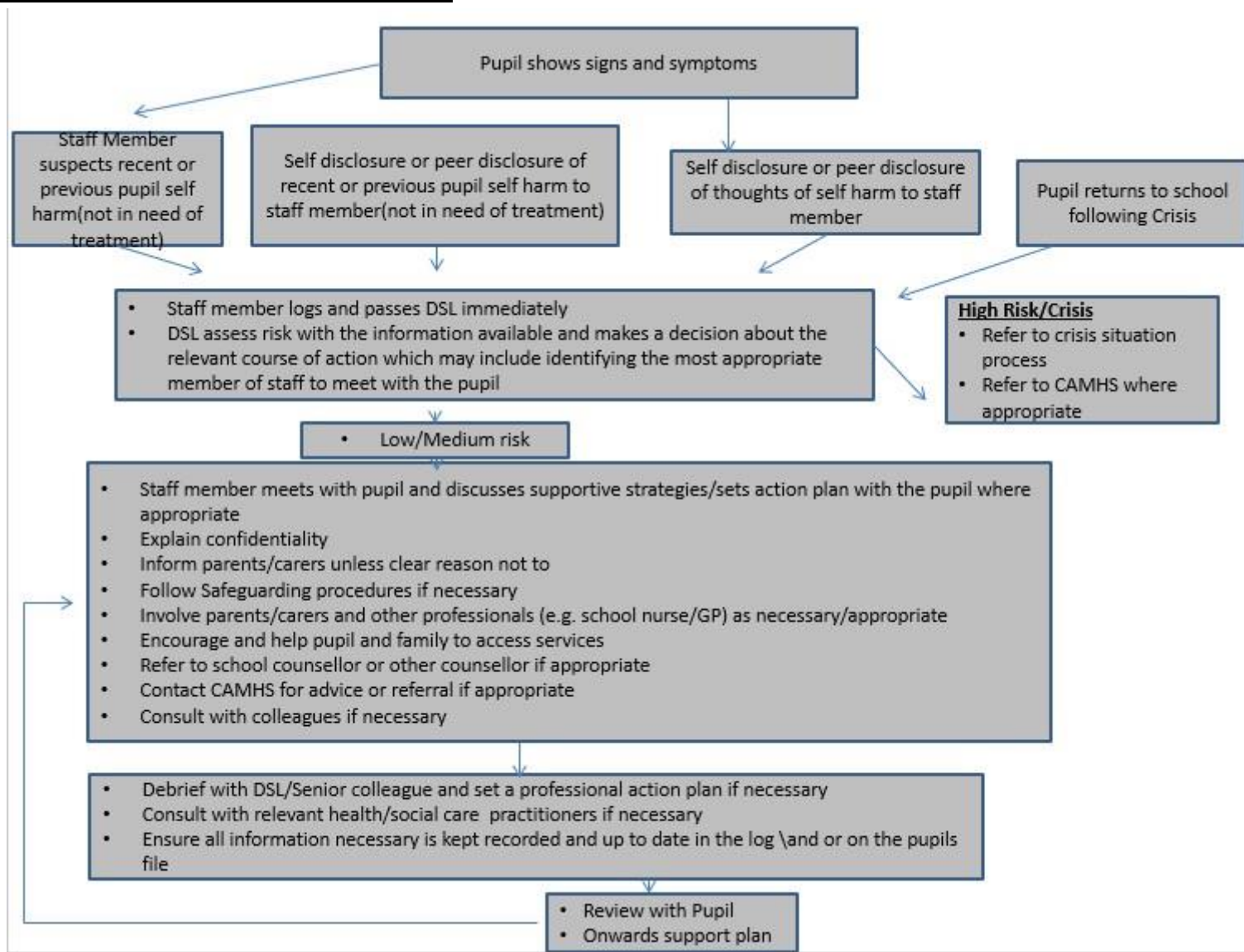
- Understand and endorse your school's self-harm policy
- Educate yourself regarding self-harm and discuss the subject with your child
- If your child is self-harming, work closely with the school and take an active role in deciding the best course of action for your child
- Keep the school informed of any incidents outside of school that you feel they should know about
- Take care of yourself and seek any emotional support you may need in dealing with your child's self-harm.

3. Model process for managing self-harm in schools in a crisis situation

Process for managing self harm in schools in a Crisis Situation



Process for managing self-harm in schools



4. Multi-agency self-harm guidelines

Multi-Agency guidelines include:

- A definition of self-harm and a non-exhaustive list of behaviours that people might consider to be self-harm
- Information about why some people self-harm
- Signs and symptoms of self-harm
- Strategies for effective listening skills, distraction activities and coping with distress using self-soothing • A number of appendices including a checklist for schools, sample letter to parents, sample incident form, fact sheets and contact numbers

These guidelines should also be read in conjunction with other relevant guidelines currently in place in your school. Staff should ensure they are aware of school procedures and relevant policies.

Please refer to the guidance below:

https://www.kent.gov.uk/_data/assets/pdf_file/0009/130968/Kent-and-Medway-CYP-Suicide-and-Self-harm-Prevention-Strategy-2021-25.pdf

5. Identifying self-harm

Self-harm is defined by the National Institute of Clinical Excellence Guidelines (2004) as an “expression of personal distress, usually made in private, by an individual who hurts him or herself”. Essentially, self-harm is any behaviour where the intent is to cause harm to oneself.

There are several ways in which a staff member might discover that a pupil is self-harming. A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend. A staff member may suspect a pupil has self-harmed which may be in need of immediate medical attention, or may be recent or historical. A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information. A pupil may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a pupil says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the pupil and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is selfharming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

There is not one 'type' of person who self-harms. Some groups are more vulnerable than others, but each case is individual. Self-harm is not attention seeking behaviour, young people from all walks of life can be affected by self-harm regardless of their gender, social or ethnic background.

Risk factors that can contribute to the risk of self-harm include:

- Attempted suicide or self-harm by a family member
- Low self esteem
- Mental health issues such as depression
- Family conflict
- Ongoing family relationship problems
- Family circumstances (parental criminality, poverty, stepchildren, single parents, more than 5 children in the family)
- Past or present sexual abuse
- Family models of self-harm
- Bullying; including cyberbullying and homophobic bullying

It is important to recognise that sometimes none of these risk factors will present and an apparent happy young person will be hurting themselves due to internalising their emotions.

There are a number of reasons as to why a young person may self-harm, these include:

- A way of dealing with intense and negative feelings – providing a sense of relief afterwards
- A way to communicate distress; this is especially for young people who find it difficult to express themselves
- A way of exacting 'revenge' or 'punishment' on those close to them when they are left feeling hurt or unable to resolve negative feeling about others
- A way of influencing or controlling others and it may, on occasion be used to elicit affection or confirm love from those close to them.

6. First Aid

Where a self-harm incident arises that requires first aid, normal first aid processes should follow. As outlined by the process maps consideration should be given as to whether the incident requires escalation in terms of safeguarding, medical intervention etc. Parents/carers and other professionals involved must be kept informed of incidents.

Please refer to TRS First aid policy.

7. Confidentiality

Professionals should adhere to TRS guidelines regarding information sharing and confidentiality.

The child/young person must be involved wherever possible and consulted on his/her views.

Professionals should always take age and understanding into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action. It is important not to make promises of confidentiality that you cannot keep.

Professionals should tell a child/young person when they may have to share information without their consent. Information given to professionals by a pupil should not be shared without the child/young person's permission except in exceptional circumstances.

Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, the practitioner should follow the [local safeguarding process](https://www.kscb.org.uk/) immediately.

<https://www.kscb.org.uk/>

7. Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm.

Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm? • What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources.

Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- psychological purpose
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours In general pupils are likely to fall into 1 of 2 risk categories:

Low risk pupils

Pupils with little history of self-harm a generally manageable amount of stress, and at least some positive coping skills and some external support.

Higher risk pupils

Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

8. Logging incidents

It is vital to keep a log of all incidents of self-harm – use CPOMs to record

9. Supporting the child or young person

“Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear.”

An information sheet for young people who self-harm is included at the end of this document along with a list of useful websites and phone numbers.

The young person’s pupil support plan should look to alleviate triggers and de-escalate unwanted behaviours. Where appropriate conduct a full risk assessment.

It is vital not to tell someone who self-harms to simply ‘stop’ – it is not that easy for them and is a counterproductive statement

10. Engaging families

Where appropriate, the pupil should be encouraged to call his or her parents to talk about what has happened. The DSL should also talk to the parent/carers. In the event that a pupil is reluctant to contact his or her parents, school staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future. It is recommended that the school provides parents with both community and web-based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings. A fact sheet for parents is at the end of the document.

What if parents feel guilty? Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

What if parents are dismissive? The school’s role is to encourage parents to be more responsive to their child’s needs.

What if the parents are cross? The school's role is to encourage parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a non-judgemental stance.

How should we deal with parents that have extreme reactions? The school's role is to gently suggest that the parents seek outside counselling/support services.

How can we encourage collaboration? Schools must encourage parents and pupils to see and use school staff as resources.

What if the parents are absent or unable to act as a resource and advocate for their child? The school must take the initiative and act as an advocate for the pupil.

Whilst it is important to validate parent's reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

11. Whole school education and awareness

When devising the policy, the following key aspects were considered:

- Aims/Purpose of the policy
- Definitions - what is self-harm/what isn't self-harm?
- Risk factors associated with self-harm
- Who/what was consulted?
- Relationship to other policies:
 - e.g. link to Child Protection, SEN, social and health education, health and safety, and behaviour policies
- Roles and responsibilities of head teacher, other staff, and governors
- Implementation methods
- Arrangements for monitoring and evaluation
- Date established by governing body
- Date for full implementation

Provision of support for other students who have witnessed/know about self-harm:

Social contagion refers to the way in which behaviour like self-harm can spread among members of a group.

The risk for contagion is increased when high-status or "popular" pupils are self-harming or when self-harm is used as a means for pupils to feel a sense of belonging to a particular group. To prevent social contagion in schools, staff must reduce communication around self-harm. If a pupil is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help pupils manage scars and wounds and visible scars, wounds and cuts should be discouraged.

To prevent social contagion, pupils must not be given explicit details about self-harm. This means that holding a whole-school assembly is not appropriate. However, educating pupils about signs of distress in themselves and

others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children and young people's emotional wellbeing and mental health. Schools may choose to use elements of the SEAL programme to teach about these issues.

Provision of support for members of staff who may be experiencing shock/distress following disclosure or discovery of self-harm:

Staff members need to monitor and care for their own wellbeing on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line Managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

12. Onward referrals

CAMHS criteria (primary and specialist)

The Primary Mental Health Service (PCAMHS) offers time limited interventions to address the emotional and mental health needs of children and young people at an early stage with the aim of reducing longer term mental health problems. A first line intervention should have taken place prior to a referral to PCAMHS, for e.g. school counselling, health visitor, school nurse.

Specialist CAMHS provides assessment and treatment of serious mental health disturbances and associated risks for children, young people and families where specialist interventions are required. Consideration will be given to presentation of serious mental health concerns and their severity, complexity, duration and pervasiveness, A Single Point of Access (SPA) CAMHS Referral form should be completed for all CAMHS referrals.

13. Staff training

All members of school staff should receive training around self-harm as part of child protection training. School staff should also be aware of the DSL and their role with respect to pupil self-harm.

Information sheet for young people on self-harm

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

How many young people self-harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore.

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

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 your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

Getting help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they 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 or another trusted family member
- In school- school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP- you can talk to your GP about your difficulties and he/she can make a referral for counselling

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 him/her. • Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, 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/not done enough.
- Your friend may get angry with you or say 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 find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

Useful help lines and websites include:

Young Minds Tel: 0808 802 5544 www.youngminds.org.uk

Papyrus HOPELineUK Tel: 0800 068 4141 www.papyrus-uk.org

The Samaritans Tel: 08457 90 90 90 jo@samaritans.org.uk

MIND Info line Tel: 0845 766 0163 Youth

Access Tel: 0208 772 990

Harmless www.harmless.org.uk

National Self-harm Network www.nshn.co.uk

CALM(Campaign Against Living Miserably)

Tel: Helpline for 15 –24 year old males 0800 58 58 58

7 days a week 5pm –3am

Website: www.thecalmzone.net

Childline 24 hr helpline 0800 1111

Health and Wellbeing/Mental Health

Website: www.thesite.org/health

National Self-Harm Network (support for individuals who self-harm and their families)

PO BOX 16190

London

NW1 3WW

Tel: Helpline Thur-Sat 7pm-11pm, Sun 6.30pm-10.30pm 0800 622 6000

Website: www.nshn.co.uk

Papyrus (support young people and those who live with them) Telephone HOPELinkUK

0800 068 4141

Website: www.papyrus-uk.org

Samaritans 24 hour helpline 08457 90 90 90

Young MINDS 020 7336 8445

102 – 108 Clerkenwell Road

London EC1M 5SA

E-mail Youngminds@Ukonline.co.uk

Website: www.youngminds.org.uk

Young MINDS Parents Information Service 0808 802 5544 17

Information sheet for Parents/Carers on self-harm

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. 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, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people 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 which 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. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be 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 often 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 can you do to help?

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible Some people you can contact for help, advice and support are:
- Your family doctor
- School Health Nurse/Health Visitor

Useful help lines and websites include: -

- Young Minds Parents Information Service Tel: 0808 802 5544
- Papyrus HOPElineUK Tel: 0800 0684141
- The Samaritans Tel: 08457 90 90 90
- MIND Information line Tel: 0845 766 0163
- Youth Access Tel: 0208 772 9900 20

Further information

Immediate Intervention Flow Chart for_____School

Listen, talk to and include the young person throughout the process

1. Discover or informed of a self-harm incident

2. Assess the need for urgent action

Does the pupil require immediate medical care?

NO

YES

Heavy bleeding, overdose
OR
unconscious - call 999 for

3. Are YOU the right person to deal with this incident?

YES

Reassure the pupil and
decide on best course
of action

Discuss with DSL to
determine best course
of action

4. Decide on what is the best course of action based on the young person's injuries and emotional state? Is the young person at imminent danger?

NO

Contact
your CP
Lead

YES

NO

Take the young person to A&E

Administer First Aid at school

5. Once the young person is stabilised, both physically & emotionally, you need to gather more information and plan ongoing support.

Refer to the ongoing support guidance

*NICE guidance suggests all cases of children or young people under the age of 16 that attend A&E after harming themselves should be admitted to a paediatric ward for assessment

Ongoing Support guidance for DSL's

It is important to assess the young person at regular intervals as things may change. It is good practice to keep a record of these meetings, and record any information you gather during discussions with the young person and their parents. If other professionals are involved you may want to consider initiating an EHAP (Appendix 7).

To make certain the young person has the opportunity to talk and be taken seriously you may want to use the following series of questions to help you understand the episode and gather essential information to know how best to respond:

1. About the self-harm

What was used to self-harm? When did it take place and where? What time of day/night?

What did the young person do? Who was around at the time? Who did they tell? What did they do?

2. Degree of intent and risk of further self-harm

Along the scale below, what communication was intended by the young person?

Plea for assistance Determined attempt to die

How long has the young person been thinking about harming themselves?

Was the act impulsive or part of a long standing plan?

What were they thinking at the time of the event?

Who knew that they were feeling so bad? What would you have wanted them to do?

What did they expect to happen as a result of the event?

3. What other vulnerabilities affect the self-harming behaviour?

Trauma	Family violence, child abuse, bullying
Life events	Parent divorce, exams, bereavement
Cultural factors	Identity, sexuality, language
Social support	Friendship/relationship breakdown, isolation
Family	Mental health of parents, domestic violence

4. Who knows about the young person's self-harming behaviour?

Who knows the pupil has/is self-harming? How does the young person feel about this? How have parents/carers been engaged?

What support has been provided to the young person and their parent/carer?

5. What services need to be involved?

Has a referral been made previously?

- School nurse – complete and submit a 'Teacher Concern' form
- GP (can make a CAMHS referral) – complete and send a 'Consent to share information' form to GP (Appendix 6)

You can use the 'GP and School Communication Cycle' to guide discussions with the GP practice to ensure effective sharing of information between the parent, GP and school.

6. Reassess regularly

Is follow-up required?

- Follow up with the School Nurse and GP

- Review where on the 'GP and School Communication Cycle' you are, and what should be done next

Managing Self-harm: Communication between School and GP

(when a young person is under 16 years)

