

ROYAL BOROUGH OF KINGSTON UPON THAMES

GUIDELINES FOR LOCAL AUTHORITY AND SCHOOL STAFF IN MANAGING YOUNG PEOPLE WHO SELF-HARM

The following organisations have contributed to this document:

Kingston Family Advice & Support Service (FASS)
Kingston Educational Psychology Service
Woodroffe Family Adolescent & Children's Team (FACT)
Kingston Primary Care Trust
Kingston Prevention & Safeguarding Services
Kingston School Nurses
Kingston Schools
Kingston Education Welfare Service

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Kingston
Children & Young People's Trust
Making a Difference Together

PREFACE

I am pleased to introduce these newly updated guidelines for schools and local authority staff in managing the needs of young people who self-harm. In 2002 it was estimated that 1 in 10 young people will self-harm at some point in their teenage years (Samaritans and The Centre for Suicide Research, University of Oxford). Self-harm in young people is a challenging and unfortunately an increasingly common issue for school staff and everyone working with children and young people.

As we develop multi-agency working in the borough it is important that we progress our shared understanding and response to self-harm, as well as maintaining our individual service's policies and procedures. The updating of these guidelines reflects a commitment to this way of working by a number of schools and agencies, including our CAMHS services Woodroffe Family Adolescent & Child Team (FACT) and The Family Advice & Support Service (FASS), together with Kingston Educational Psychology Service, Kingston Primary Care Trust, Prevention and Safeguarding Services, The Young People's Team, School Nurses and Kingston Schools.

It is all our responsibility to ensure that we respond swiftly and sensitively to young people who self-harm. I hope that this will become a living document that becomes embedded in the existing good practice in our borough.

Patrick Leeson
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(Attachments – Summary Document and Help Flow Chart)

1: The Rationale for Guidelines in Managing Young People who Self-Harm

Deliberate self-harm among young people has increased dramatically over the past twenty years. One survey estimates that 1 in 10 young people self-harm at some point in their teenage years (Samaritans and The Centre for Suicide Research, University of Oxford, 2002). The best available evidence indicates that four times as many girls than boys have direct experience of self-harm (Fox & Hawton, 2004), although boys may be more likely to conceal their emotional distress. Occasionally children as young as five to seven years old may attempt to harm themselves (often in the context of disagreements with parents), although it is more common for young people to begin self-harming around the age of twelve (Fox & Hawton, 2004). Research has shown that Asian women in England and Wales aged 15 to 35 are two to three times more vulnerable to self-harm than their non-Asian peers (Soni-Raleigh, 1996). Most young people keep their self-harm very private and often it takes place without those around them being aware.

When deliberate self-harm is disclosed to or identified by staff it can be a challenging and sensitive task to decide how to manage the situation, it can also be emotionally demanding on staff. These guidelines therefore aim to:

- Help staff feel clear and more confident about how they are to respond to young people who self-harm
- Help staff manage incidents of self-harm in a consistent way
- Ensure that professionals' work with young people who self-harm is founded on a sound evidence base
- Help increase awareness of the relevant agencies available to support both young people who self-harm and staff in working with these young people
- Ensure that all relevant agencies understand their roles in supporting young people who self-harm
- Help increase professionals' awareness of where they can access appropriate materials and resources for young people who self-harm
- Provide advice on effective preventative strategies e.g. emotional literacy
- Highlight any training or resources needed

2. What is Self-harm?

Deliberate self-harm is a term used when a young person intentionally injures or hurts themselves. The range of deliberate self-harm behaviours includes self-injury, overdosing and other risk taking behaviours. These behaviours may vary in lethality and intent from mild to severe. Self-cutting is believed to be the most common form of self-harm. It is estimated that between 1 in 12 and 1 in 15 people self-cut across the UK (Truth Hurts Inquiry, Mental Health Foundation, 2006).

Common forms of self-injury include:

- Scratching, scraping or picking the skin
- Cutting arms or other parts of the body
- Burning or scalding
- Banging or hitting the head or other parts of the body
- Deliberate bone breaking
- Hair pulling
- Scouring or scrubbing
- Inserting things into the body
- Swallowing harmful substances
- Tying something tight around parts of the body

A broader range of behaviours may be considered 'self-harm' although some of these behaviours may appear reckless they may not always reflect an intent to self-injure e.g. substance abuse, driving while unqualified to do so, sexual promiscuity and over or under eating.

3. Why do Young People Self-Harm?

There are a number of myths surrounding young people who self-harm; these can influence the attitude of professionals, friends and family. For information about these see appendix 1.

There are many different reasons why young people hurt themselves. Often it is assumed that someone who harms him or herself is trying to put an end to their life, but this is often not the case. Young people usually start to self-harm as a result of a complex combination of experiences, not one single event or experience. Self-harm is often a response to profound emotional pain that the young person cannot resolve in any other more functional way. It is a way of dealing with distress and of getting release from feelings of self-hatred, anger, sadness and depression. By engaging in self-harm young people may alter their state of mind so that they feel better able to cope with the other pain they are feeling. Self-harm is for many a coping strategy and a way of staying alive. Although self-harm may arise seemingly 'out of the blue' there are some factors that appear to increase the risk (Truth Hurts Inquiry, Mental Health Foundation, 2006), these include:

- A family member or close friend who has attempted suicide or deliberately harmed themselves during the young person's lifetime
- Drug / alcohol abuse by the young person
- Low self-image or self-esteem
- Negative thought patterns e.g. "I'm a failure" or "I'm worthless"
- Worries about sexual orientation
- High impulsivity
- High anxiety
- Social disadvantage
- Mental health problems e.g. depression, eating disorders
- Emotional, physical, sexual abuse or neglect
- Periods of time spent in Local Authority Care
- Loss or separation
- Parental mental health problems
- Parental substance misuse
- Poor family relationships
- A recent stressful life event (including exam time)
- Bullying and pressure to fit in may also contribute to stress leading to self-harm

Quotes from Young People

'My emotions can vary rapidly and be very intense. If I'm in emotionally charged situations I will either during or shortly after harm myself. I'm not good at dealing with emotions or communicating mine to others.'

'I don't deal with daily stress well, so when extra events occur however big or small, my tension levels rise, resulting in my needing a "release". Self-harm has proven to be most successful in dealing with this.'

(Truth Hurts Inquiry, Mental Health Foundation, 2006)

4. What are the warning signs that someone may be Self-Harming?

There is no such thing as a typical young person who self-harms and anyone who has the potential to self-harm. It can be very difficult to identify someone who is self-harming, particularly if the young person is trying to keep the behaviour secret. The young person may feel ashamed, guilty or bad about their behaviour and therefore go to great lengths to conceal their self-harm.

There are some signs that **may** indicate that someone is self-harming.

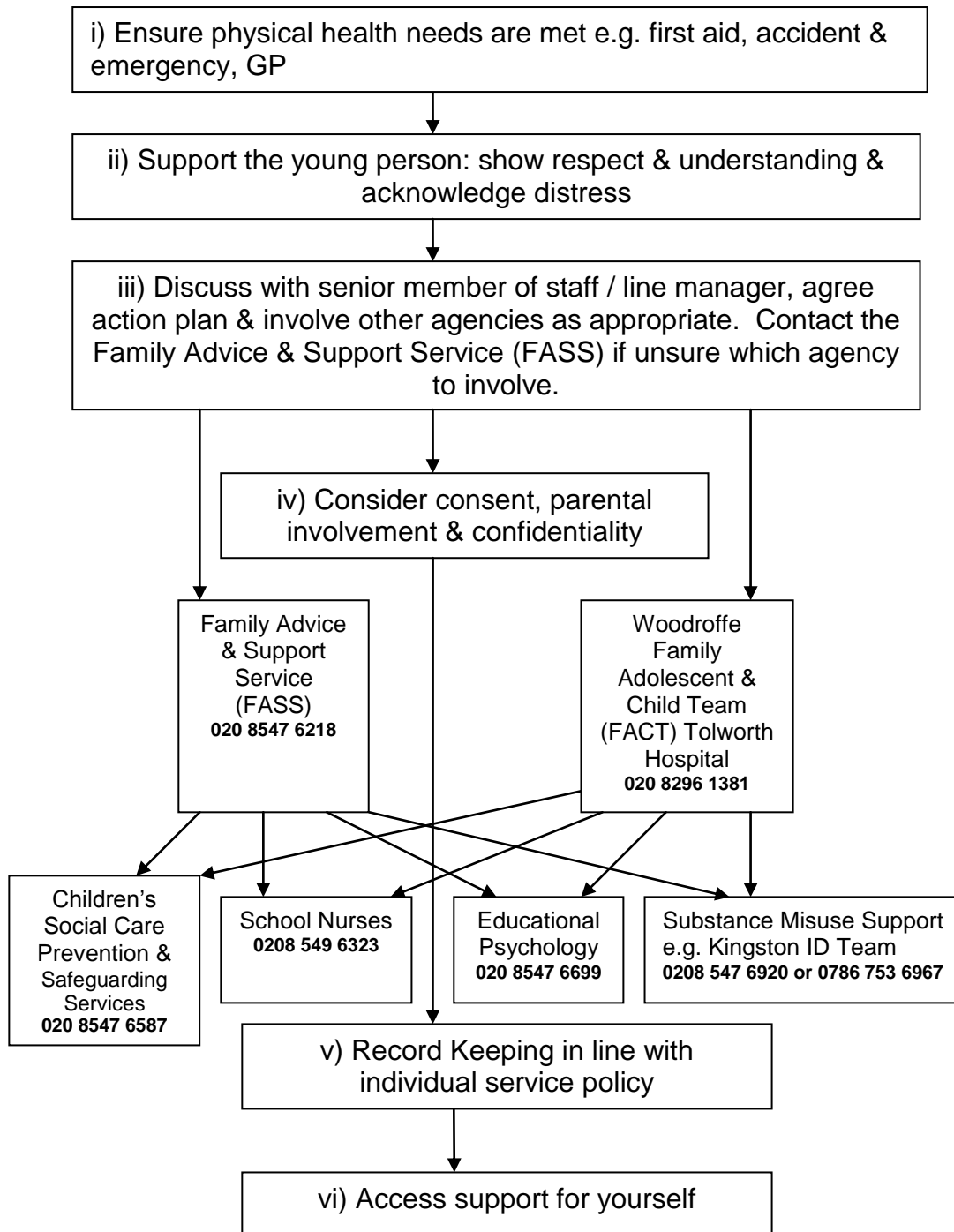
- Unexplained frequent injuries
- Wearing long sleeves or long trousers in warm weather
- Appears lonely, isolated, withdrawn or uninterested
- Low self-esteem
- Poor functioning at school
- Difficulty handling emotions and feelings
- Elusive, evasive or secretive, particularly when asked about injuries
- Carrying razors, lighters or sharp objects that aren't normally needed
- Any major change in behaviour
- Substance misuse.

5. What can staff do to help a Young Person who is Self-Harming?

A young person may disclose that they have recently self-harmed or have a history of self-harm, they may also disclose concerns that a friend has talked about hurting themselves. The majority of self-harm behaviours are not undertaken with the intent to die, but this can only be ascertained through an assessment looking at risk factors, circumstances and the young person's level of distress. In the first instance this should be discussed with your line manager and clarification can be sought from the FASS team about involving other agencies.

Some professionals who work with young people find the reality of a young person self-harming very difficult to manage. If you do encounter a young person who is self-harming you can use the flow chart and notes below to help you in your work with them. Appendix 3 is a summary of the basic procedures outlined below; please ensure this is displayed in a location accessible to all staff.

What can staff do if a young person has self harmed?



i) Ensure physical health needs are met e.g. first aid, accident & emergency, GP

- The first priority should be the young person's physical health and consideration should be given to his / her possible need for urgent medical attention by a first aider, the ambulance service or their GP.

ii) Support the Young Person

- Provide an atmosphere of respect and understanding. Take a non-judgemental attitude towards the young person. They must not feel rejected as a result of what they have done and for turning to an adult to get help. Showing shock or disgust is not helpful and can have a negative effect.
- Acknowledge the young person's distress and show concern. Emphasise that the young person has shown great strength and courage in disclosing their self-harm to you.
- Each episode of self-harm needs to be treated in its own right, the reasons for the young person's self-harm can be different on each occasion.
- Listen to the young person's worries and problems and take them seriously. It is important not to focus exclusively on the self-harm itself but on the reasons why the young person has self-harmed.
- Help to solve problems that are within your remit, but be realistic about what you can do and don't make promises you can't keep.
- Provide up to date information to the young person about self-harm (see National Contacts section on page 13 for details).
- Young people who self-harm often use this as a coping strategy and find it difficult to stop. Helping them to resolve other problems and develop healthier strategies for coping with their distress is often the first stage of recovery.

iii) Involving other agencies

- Discuss your concerns with a senior member of staff or your line manager and agree an action plan. Consideration should be given to whether there are any child protection concerns. The case could be discussed with the Child Protection Lead (in schools) or the Duty Social Worker.

- Consideration should be given to requesting support from Child & Adolescent Mental Health Services (CAMHS). If you consider that the young person has a mild to moderate mental health difficulty please contact FASS, alternatively if you think that they may be experiencing significant levels of mental health distress please contact Woodroffe Family Adolescent & Child Team (FACT) at Woodroffe House, Tolworth Hospital. If you are unsure which service to contact please call FASS for advice on 020 8547 6218. Support from Woodroffe FACT should happen routinely if a young person attends Kingston Hospital Accident & Emergency Department. The Truth Hurts Inquiry (Mental Health Foundation, 2006) reports that ‘talking therapies’ for young people who self-harm should be carried out by staff who are trained specifically in working with this group and not by untrained ‘counsellors’.
- When requesting support from other agencies for the young person it is important to involve the young person in the decisions and keep them fully informed of the process. Research (Mental Health Foundation, 2006) indicates that many young people who disclose self-harm feel that all decision-making and control is taken away from them and this can exacerbate the self-harm. It is important that the young person is fully informed about what is happening.

iv) Confidentiality & Consent

- Confidentiality and consent are important issues when working with young people. There are some basic principles that should guide your practice in this area:
 1. Young people that are “Fraser Competent” are able to give consent to treatment that is as valid as adult consent. Please see Appendix 2 for a full definition of Fraser Competence.
 2. A parent can not overrule a “Fraser Competent” child’s consent.
 3. A parent can consent to treatment if a “Fraser competent” child under 16 years of age refuses.
 4. For young people that are not deemed “Fraser competent” consent can be given by a person with parental responsibility, court or a person who has temporary care of the child e.g. teachers.
 5. Confidentiality applies to “Fraser competent” young people in the same way as consent.
 6. For young people aged 16 years or older the Mental Capacity Act (2005) provides a legal framework for decision making on behalf of individuals who lack the capacity to make specific decisions for themselves.
- It is important to consider confidentiality when discussing your concerns with colleagues / other agencies / parents. If you are concerned that a young person is at risk of harm to themselves, harm to others or harm from someone else, you will need to let other professionals and parents know in order to keep the young person safe. It is important to explain the limits of confidentiality at the start of

any individual work with a young person and talk to them if you need to break confidentiality.

- A request from a young person under the age of 16 years that information should be kept confidential should be respected unless there are reasonable grounds to suggest that the young person is suffering, or is likely to suffer, significant harm as a result. Research reports (Mental Health Foundation, 2006) that young people did not feel they were consulted or informed when other teaching staff had been told about their self-harm and in some cases parents or professionals from other agencies. (Please refer to your individual service confidentiality policy or further details).
- It is good practice to involve a young person's parents / carers in decisions about their child's care, unless the young person specifically requests that this should not happen. Young people should be encouraged to confide in their families. Parents usually respond positively, although understandably young people are often anxious about telling their parents about their self-harm and may need support to plan what to say.

v) Record Keeping

- Keep records of self-injury incidents or concerns including details of contact with parents and any actions taken. These records should be accurate, factual and in keeping with your service's recording systems. This information may be useful in planning future support for the young person and training for staff.

vi) Access Support for yourself and other staff

- It is possible that you will find it very difficult to deal with the reality of someone who is self-harming. It can be very difficult to understand why someone would want to harm his or her own body. Be aware of your own needs for support and access support for yourself from senior colleagues or other appropriate agencies for example the Family Advice and Support Service (FASS) or the Educational Psychology Service.

vii) Prevention of Self-Harm

- It is important for staff working with young people on an individual basis to ask in the initial stages whether the young person has ever intentionally hurt themselves. This can create an opportunity for disclosure at that time or in the future.
- Teams, services and schools need an awareness of the possibility of self-harm and therefore the provision of opportunities for staff to receive training in the recognition and management of self-harm.
- Teams, services and schools should ensure there is easy access to appropriate reading materials for young people on self-harm.

- School staff should promote healthy stress management strategies from an early age e.g. using the SEAL materials. If education around self-harm is available in school, ensure that it neither promotes nor stigmatises.
- Services should provide clear leadership to create and manage a positive environment which enhances emotional health and well-being
- Schools should provide clear, planned curriculum opportunities for pupils to understand and explore feelings, using appropriate learning and teaching styles.
- All staff should receive training to develop their confidence and skills in working with young people around feelings and in particular around sensitive issues.
- Schools should have a confidential pastoral support system in place for pupils and staff to access advice, such as Connexions PAs, especially at times of bereavement and other major life changes
- Services should actively work to combat stigma and discrimination
- Schools should have a clear policy on bullying, which is owned, understood and implemented by the whole school community
- Schools should provide opportunities for pupils to participate to build their confidence and self-esteem
- All services should have systems in place to identify vulnerable individuals and groups and appropriate strategies to support them and their families.

6. Contacts

Local Contacts

ASKK (Advancing Service for Kingston Kids),
132 Kingston Road, New Malden KT3 5ND.
020 8547 5888

Educational Psychology Service,
The Dukes Centre, Dukes Avenue, Kingston-Upon-Thames KT2 5QY
020 8547 6698

Family Advice and Support Service (FASS),
The Dukes Centre, Dukes Avenue, Kingston-Upon-Thames KT2 5QY
020 8547 6218.

Woodroffe Family Adolescent & Child Team (FACT),
Woodroffe House, Tolworth Hospital, Red Lion Road, Tolworth KT6 7QU.
020 8296 1381.

Safeguarding Team – Referral and Assessment
Beaconsfield Children’s Resource Centre, 17 Beaconsfield Road, New Malden KT3
3HY.
020 8547 6587

School Nurses (K19) Hawks Road Clinic, Hawks Road, Kingston KT1 3EW
tel. 020 8549 6323; text 07781 488019; email ku19@kpct.nhs.uk.

Young Livin www.younglivin.org.uk

National Contacts

Childline www.childline.org.uk 0800 1111

Life Signs www.lifesigns.org.uk

National Self Harm Network www.nshn.co.uk

The Samaritans www.samaritans.org.uk 08547 90 90 90

Young Minds www.youngminds.org.uk 48-50 St John Street, London EC1M 4DG Tel:
020 7336 8445.

Young People & Self-Harm www.selfharm.org.uk

Royal College of Psychiatrists www.rcpsych.ac.uk 17 Belgrave Square, London, SW1X 8PG. Tel: 020 7235 2351.

Parentline Plus www.parentlineplus.org.uk 0808 800 2222

FRANK (A-Z of drugs) www.talktofrank.com 0800 776600

SIARI (Self Injury and Related Issues) www.siari.co.uk

7. References

Fox, C & Hawton, K. (2004). *Deliberate Self-harm in Adolescence*. London: Jessica Kingsley Publishers.

Mental Health Foundation (2006). *Truth Hurts – Report of the National Inquiry into Self-harm among Young People*.

National Self Harm Network (1998). *Self-Harm: Myths and Common Sense*.

Samaritans and The Centre for Suicide Research, University of Oxford, (2002). *Youth and self-harm: Perspectives*. London: Samaritans.

Soni-Raleigh, V. (1996). Suicide patterns and trends in people of Indian subcontinent and Caribbean origin in England and Wales. *Ethnicity and Health* 1, 55-63.

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- Tiffin Girls School
- Christ Church New Malden Primary School
- Dr Jane Scarlett, Kingston PCT
- David Bracken, Youth Services, RBK
- Tim Wells, Looked After Services, RBK

APPENDIX 1

Myths about Self-harm

There are a number of myths surrounding young people who self-harm; these can influence the attitude of professionals, friends and family.

Myth	Reality
<i>Self-harm is attention seeking</i>	“If attention was the motivation for self-harm, it’s not the most efficient way of getting it! There are much less painful and easier ways of getting attention.” (National Self Harm Network, 1998)
<i>Self-harm is manipulative</i>	If young people self-harmed as a form of manipulating others they would not almost always self-harm in private, on parts of the body that are not visible and they would tell others that they had self-harmed.
<i>Self harm is evidence of Borderline Personality Disorder (BPD)</i>	Self-harm is not a diagnosis. Some young-people who self-harm are given a diagnosis of BPD by Psychiatrists, but they need to meet the criteria. Recurrent self-harm is only one of the criterions.
<i>Self-harm is a failed suicide attempt</i>	Self-harm is usually intended to harm not kill. It is often a survival strategy that can avert suicide. People who self-harm are however statistically at greater risk of going on to commit suicide.
<i>Self-harm is pleasurable</i>	Most forms of self-harm cannot be regarded as a pleasurable activity; each person has a different pain threshold.
<i>Self-harm is only carried out by those interested in “Goth” sub-culture</i>	There is no research evidence to support the belief that self-harm is an integral part of “Goth” sub-culture.

APPENDIX 2

What is “Fraser competence”?

A parent’s right to determine whether or not a child below the age of 16 will or will not have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to enable them to understand fully what is proposed. To be able to consent, the child should also have an understanding and appreciation of the consequences of: (1) the treatment, (2) a failure of the treatment, (3) alternative courses of action and (4) inaction.

The Department of Health (2001) advises that:

- The test is whether the child has sufficient understanding and intelligence to enable him or her to fully understand what is proposed.
- Each child must be assessed separately in relation to each different procedure. It follows that a child may be able to consent to some procedures but not others.
- There is no specific age at which a child becomes competent to consent. This depends on the particular child and on the seriousness and complexity of whatever treatment or procedure is proposed.
- A person who is 16 years of age should be regarded as competent to give consent unless there is evidence to the contrary.
- The Fraser test is about capacity, not about the ability of the child to make a choice that other people might consider wise.

APPENDIX 3

SELF-HARM – WHAT TO DO

Summary Document

Deliberate self-harm is a term used when a young person intentionally injures or hurts themselves. The range of deliberate self-harm behaviours includes scratching, scraping or picking the skin, cutting arms or other parts of the body. Young people usually start to self-harm as a result of a complex combination of experiences, not one single event or experience. Self harm is often a response to profound emotional pain that the young person cannot resolve in any other more functional way. It is a way of dealing with distress and of getting release from feelings of self-hatred, anger, sadness and depression. The young person may feel ashamed, guilty or bad about their behaviour and therefore go to great lengths to conceal their self-harm.

Some professionals who work with young people find the reality of a young person self-harming very difficult to manage. If you do encounter a young person who is self-harming you can use the flow chart overleaf and notes below to help you in your work with them:

- The first priority should be the young person's **physical health** and consideration should be given to his / her possible need for urgent medical attention by a first aider and/or the ambulance service. Provide an atmosphere of respect and understanding. Take a **non-judgemental attitude** towards the young person. They must not feel rejected as a result of what they have done and for turning to an adult to get help. Showing shock or disgust is not helpful and can have a negative effect.
- **Discuss your concerns with a senior member of staff or your line manager and agree an action plan.** Consideration should be given to whether there are any child protection concerns and to requesting support from Child & Adolescent Mental Health Services (CAMHS). In the first instance please contact FASS (Tier 2 CAMHS) for advice about appropriate services. When requesting support from other agencies it is important that the young person is **fully informed** about what is happening.
- It is important to consider **confidentiality** when discussing your concerns with colleagues / other agencies / parents. If you are concerned that a young person is at risk of harm to themselves, harm to others or harm from someone else, you will need to let other professionals and parents know in order to keep the young person safe.
- Keep **records** of self-injury incidents or concerns including details of contact with parents and any actions taken.
- It can be very difficult to understand why someone would want to harm his or her own body. Be aware of your own needs for support and **access support for yourself** from senior colleagues or other appropriate agencies for example the Family Advice and Support Service (FASS) or Educational Psychology Service.

SELF-HARM – WHAT TO DO

What can staff do if a young person has self harmed?

