

**Bexley Safeguarding Children Board**

# **Self-Harm Practice Guidance**

**For all agencies working with  
Children and Young People**



**August 2015**

**Webpage: [www.bexleylscb.org.uk](http://www.bexleylscb.org.uk)**

**With acknowledgement to Sutton Safeguarding Children Board**

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# Bexley Local Safeguarding Children Board Self-Harm Protocol

## 1. Protocol Aims

This protocol is for all professionals working with children and young people up to 18<sup>1</sup> in Bexley to support both them and young people to reduce self-harm incidents by:

- Supporting agencies to timely manage self-harm as it arises.
- Improving the response on presentation, disclosure or suspected signs of self-harm.
- Improving the quality of support, advice and guidance offered by all workers who work with children and young people.
- Recognising that self-harm and suicidal ideation is a priority safeguarding issue for children and young people and the Bexley Safeguarding Children Board (BSCB).

## 2. Background

Self-harm is a serious public health problem which can result in significant harm to children and young people's wellbeing, and is the reason behind many presentations and admissions to accident and emergency departments every year. Following learning from recent incidents and concerns raised by professionals, the BSCB identified a need for a detailed, multi-agency self-harm practice guidance document to also serve as a protocol.

## 3. Definitions

The BSCB affirms that Self-harm and suicidal threats by a child/young person put them at risk of significant harm, and should always be taken seriously and responded to without delay. In Bexley we will deliver timely, consistent, proportionate and safe response to presenting self-harm concerns.

Self-harming is NOT attention seeking behaviour, it is attention NEEDING behaviour. Self-harm is a way of coping with difficult or overwhelming situations or emotional states.

### 3.1 Self Harm

Self-harm can take many different forms and as an individual act is hard to define. However in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing

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<sup>1</sup> This is a wider age group than the one defined within the NICE guidelines (2014) of 8 – 16 years. The definition of children is that given in the Children Act 2004.

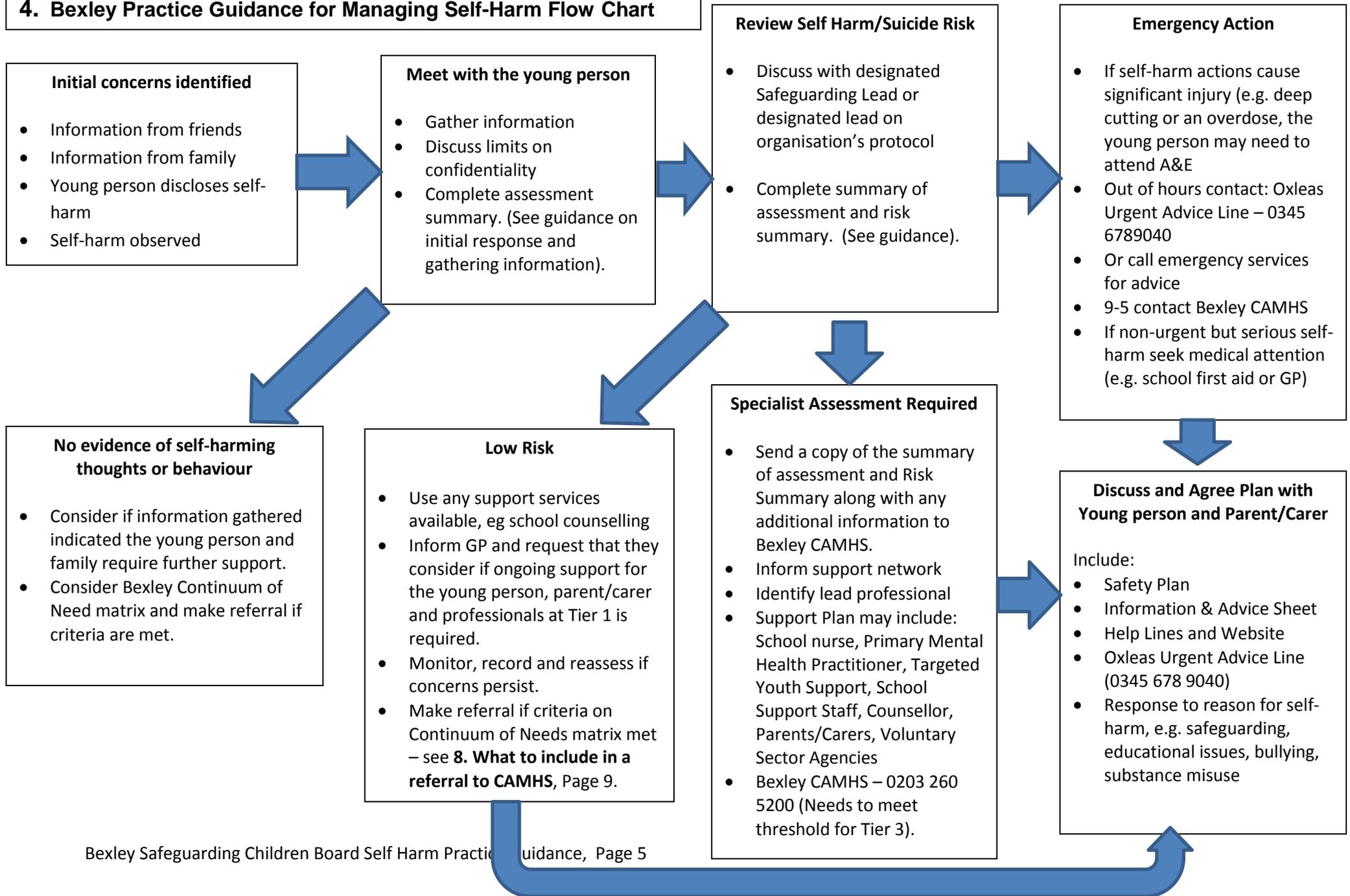
harm to oneself either by causing a physical injury (including, ingesting substances) by putting oneself in dangerous situations and/or self-neglect.

### 3.2 Suicidal Ideation and Suicide

Self-harm is often thought to be linked to suicide. For some people, self-harm is a coping mechanism rather than a suicide attempt.

However, some individuals that self-harm may well go on to complete a suicide attempt and it is therefore important not to dismiss such behaviour as solely attention seeking. In a percentage of completed suicides there will have been a history of self-harm, but only a very small number of children who self-harm go on to attempt or complete suicide

#### 4. Bexley Practice Guidance for Managing Self-Harm Flow Chart



## **5. Workers dealing with Self Harm (including signs and symptoms)**

### **The role of schools**

Schools play a significant and valuable role in helping to promote children and young people's emotional health and wellbeing, as well as being able to raise awareness of the issues and acting as a possible source for early detection.

A whole-school approach to promoting good mental health will act as a protective factor for students' mental health. Schools contribution should be considered as one element of a wider multi-agency approach.

Public Health offers support and advice for the implementation of a universal prevention programme within schools, which not only highlights good mental wellbeing but also raises awareness of when more serious mental health issues could be developing.

Many children and young 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.

Many children and young 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.

### **5.2 Why do people self-harm?**

Self-harm is a way of coping and obtaining relief from a difficult and otherwise overwhelming situation or emotional state. Someone who self-harms is usually in a state of high emotion, distress and inner-turmoil. Research has shown that many people who harm themselves are struggling with intolerable distress or unbearable situations and this can provide distraction from emotional pain. A person will often struggle with difficulties for some time before they self-harm.

### **5.3 Signs and symptoms**

Self-harm can take a number of forms including cutting, overdose of tablets or medicine, punching oneself, pulling out hair or eyelashes, burning, scratching, picking or tearing of one's skin, inhaling or sniffing harmful substances, head banging – any behaviour that could cause harm to oneself. (See Appendix 1 for more details)

## 6. Dealing with self-harm

Consult the *Bexley Practice Guidance for Managing Self-harm Flow Chart (4. Above)*

Self-harm must always be treated as a **safeguarding** incident.

If we are aware that a student, child or young person, has self-harmed we **must**:

- a) Listen calmly.
- b) Seek first aid treatment if necessary.
- c) Contact parents/carers as soon as possible.
- d) Contact other professionals for advice. This may be the Safeguarding Lead, Child and Adolescent Mental Health Service (CAMHS), Multi-Agency Safeguarding Hub (MASH) or Children's Social Care.
- e) Work with students and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues.
- f) Use a Safety Plan if appropriate.
- g) Monitor the situation and communicate regularly with parents/carers.
- h) Support other children and young people who may be affected.

## 7. Initial response

### 7.1 Initial information gathering/assessment

Every organisation has a safeguarding lead but may have another title and it is therefore every workers responsibility to know who they are and how to locate them.

*(Information that is useful to have so you can discuss the incident with the safeguarding lead in your organisation/school)*

- Be honest with the young person and tell them you will have to pass this on to the safeguarding lead, but you will let them know what's going to happen.
- Encourage them to remain in the setting until you have discussed the incident with the safeguarding lead.
- Try to ensure that if they are around in the setting for the rest of the day that they have someone they can come and talk to if necessary.

It is important to write down what the young person says, in their own words if possible - not always in front of them - as you want to have a record but it also helps you inform the safeguarding lead.

#### Self-Harm

##### Topics to cover:

*You have come to me and told me that you have self-harmed...OR...*

*We are concerned you may have harmed yourself...*

- Are you willing to show me what you have done? (it may need medical attention) **OR**  
What have you done? Tell me about it? (Different types of self-harm-cutting, hitting, burning)  
How did this make you feel? Have you done it before?
- Do you plan to do it again?
- Have you told anyone else, your parents or carers?
- What are you planning to do the rest of the day/ weekend?  
*This is to check out if they have any support at home or are they going to be alone?*

Now this is out in the open this is what we need to do to support you.....**Use Mood Scale below**

#### Suicidal thoughts

##### Topics to cover:

*We believe that you have had these thoughts...OR...*

*You have come to me and told me that you have had these thoughts.....*

- Have you tried to do anything to harm yourself?
- Have you made any plans to end your life?
- What are you planning to do for the rest of the day or weekend(As above)

**Mood scale - If you were to think about how you are feeling what number would you be?**

1 - being can't cope ..... 10 - being happy and content.

## 7.2 Safety Plan

Use the model set out below:

### Creating a safety plan

If you sometimes struggle with thoughts around self-harm, it can be helpful to create a plan to keep yourself safe when your thoughts feel overwhelming.

Fill out the safety plan below and then keep the plan where you can easily find it when you need it.

### My safety plan

What makes me want to harm myself? For example, it could be particular people, feelings, places or memories.

Other than harming myself is there anything else that helps me to cope?

What would I tell a close friend to do who was feeling this way?

What could others do that would help?

If I feel like harming myself again, I will do one of the following  
(try to list 6-8 items):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

If the plan does not work and I still feel like harming myself, I will do at least one of the following:

- Call Bexley CAMHS on **0203 260 5200 (between 9 and 5)**
- Call Samaritans on **08457 90 90 90**
- Call Childline on **0800 1111**
  
- Call emergency services **999** or go to nearest A&E
- Queen Elizabeth Hospital: **0208 836 6000**
- Bexley Urgent advice line **0845 608 0525**

Signed:

Date:

Name of service user:

Name of clinician:

### 7.3 Substitutes for Self Harm

Young People have shared successful techniques with professionals. These include:

- Using a red felt tip pen to mark where you might usually cut.
- Hitting a punch bag to vent anger and frustration.
- Hitting pillows or cushions, or having a good scream into a pillow or cushion.
- Rubbing ice across your skin where you might usually cut, or holding an ice-cube in the crook of your arm or leg.
- Getting outdoors and having a fast walk.
- All other forms of exercise – these are really good at changing your mood and releasing adrenaline (but not obsessively).
- Making lots of noise, either with a musical instrument or just banging on pots and pans.
- Writing negative feelings on a piece of paper and then ripping it up.
- Keeping a journal.
- Scribbling on a large piece of paper with a red crayon or pen.
- Putting elastic bands on wrists, arms or legs and flicking them instead of cutting or hitting.
- Calling and talking to a friend (not necessarily about self-harm).
- Collage or artwork – doing something creative.
- Getting online and looking at self-help websites.

## 8. What to include in a referral to CAMHS

The more detail you are able to provide in a referral to CAMHS the more likely we are able to make the most helpful decision for the young person and their family.

Information to include:

- Their symptoms.
- The impact of these symptoms on their life.
- What is the context (e.g. recent life events, current stressors)?
- How long has it been going on for?
- Any other underlying difficulties?
- Any risk issues?
- What has already been tried to help them and what was the outcome?
- Family composition and anyone else who lives with the young person.
- Family background.
- School Details
- GP details.
- Whether Social Care are involved and if so, social worker's details.
- The view of the young person and their family about the referral.
- Their contact details.
- Your contact details.

Refer by completing a referral form available for the Oxleas website:

[www.oxleas.nhs.uk/services/service/child-and-adolescent-mental-2/referral](http://www.oxleas.nhs.uk/services/service/child-and-adolescent-mental-2/referral) or by sending a letter.

Email: [oxl-tr.bexleycamhsreferrals@nhs.net](mailto:oxl-tr.bexleycamhsreferrals@nhs.net)

Fax: 0203 260 5273

Post: Referral Administrator, Bexley CAMHS, Highpoint House, Memorial Hospital, Shooters Hill, London, SE18 3RZ.

## **Appendix 1: Signs and Symptoms**

Self-harm can take many different forms and as an individual act is hard to define. However in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect.

Physical harm can take many forms. It could include:

- Cutting, burning, biting
- Substance abuse
- Excessive exercising
- Inserting objects into the body
- Head banging and hitting
- Taking personal risks
- Picking and scratching Neglecting oneself
- Pulling out hair
- Eating disorders
- Over dosing and self-poisoning

### **Situations that can trigger self-harm:**

- Relationship problems with partners, friends or family
- Pressures e.g. school work and exams, sporting performance, family issues
- Bullying
- Trying to fit in (some social groups are more accepting of self-harming behaviours)
- Feeling bad about one's self (guilt, shame, worthlessness)
- Physical, emotional or sexual abuse Feeling depressed
- An illness or health problem Confusion about sexuality Bereavement
- Financial worries

### **Young people may be more likely to self-harm if they feel:**

- That people don't listen to them
- Hopeless or worthless
- Isolated, alone
- Out of control
- Powerless – it feels as though there is nothing they can do to change anything
- Unable to experience emotional pain even for a short period of time.

## **Appendix 2: Managing Acts of Self-Harm – Attendance at Emergency Department (ED/A&E)**

- I. If the self-harm act has occurred and involved ingestion, serious lacerations or an excessive dose /omission of prescribed medication, the child or young person should attend the ED Department.
- II. When an overdose is revealed the child or young person will need to be assessed in hospital. Details about what has been taken and when must be shared with medical staff.
- III. If the self-harm incident has involved ingestion, **do not** 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.

### **Procedures at Accident and Emergency Department (ED/A&E) – to be used in conjunction with the London Child Protection Procedures.**

- I. Emergency admissions to hospital and related care will take precedence before the initiation of a self-harm protocol.
- II. All children and young people up to the age of 18 years who attend ED with self-harm issues, must be referred by ED to CAMHS as soon as possible and within 24 hours of being assessed at ED. CAMHS will make a referral to children's social care, as appropriate.
- III. Children and young people presenting with self-harm between 9am and 5pm will be directed to the Paediatric ED department up to their 16th birthday. Young people over 16 would be assessed in Triage or Urgent Care Area. Protocols may vary between hospitals. If ongoing medical treatment is not required they will be assessed by CAMHS or on call psychiatry (depending on time of presentation) and follow up arranged in CAMHS.
- IV. Initial assessment in ED will then be carried out by an appropriately trained triage nurse.
- V. As a general guide ALL children less than 16 years presenting out of hours (5 pm to 9 am) with self-harm should be admitted to the paediatric ward overnight for observation and assessment. Young people aged 16 years up until their 18th birthday who present out of hours with self-harm would be admitted to an adult medical ward if admission is deemed safe and appropriate, or discharged following assessment by duty psychiatrist and liaison with CAMHS Consultant on call and referred for follow up from CAMHS. An assessment of home circumstances should be made as well as liaison with parents/carers. If the young person is a Looked After child, discharge must be agreed by the local authority.

- VI. Any young person requiring admission for ongoing medical treatment will be referred to the on call medical team and admitted to a paediatric medical ward if they are under 16 or an adult medical ward if over 16. An assessment by a CAMHS clinician would take place once medical treatment is complete.
- VII. Before discharge there must be a risk assessment and a Crisis and Contingency Plan developed with the child or young person and their carers. If the child is LAC, there must be a discharge meeting with children's social care.

### **Appendix 3: Supporting Guidance and Advice**

[http://www.londoncp.co.uk/consultation/self\\_harm\\_suic\\_behv.html](http://www.londoncp.co.uk/consultation/self_harm_suic_behv.html)

[www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx)

[www.nice.org.uk/Guidance/CG16](http://www.nice.org.uk/Guidance/CG16)

[www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx)

[www.mentalhealth.org.uk/help-information/mental](http://www.mentalhealth.org.uk/help-information/mental)

[www.youngminds.org.uk](http://www.youngminds.org.uk)

[www.mind.org.uk](http://www.mind.org.uk)

[www.nshn.co.uk](http://www.nshn.co.uk)

[www.childline.org.uk](http://www.childline.org.uk) Childline 0800 1111

[www.samaritans.org.uk](http://www.samaritans.org.uk) Samaritans 08457 909090 [www.beatbullying.org](http://www.beatbullying.org)  
[www.anti-bullyingalliance.org.uk](http://www.anti-bullyingalliance.org.uk)

[CAMHS link](#)

[Headscape link](#)

[Continuum of Need link](#)