



Professional Resource Pack for Supporting Young People with Self-harm & Suicidal Behaviours

Contents

SHARP information	3
Guidance	4
Instructions for use	5
Working together	6
Definitions of self-harm	7
Understanding suicide	8
Self-harm: risk factors	9
Self-harm and the internet	11
When a young person tells you/ hints they have self-harmed	12
Safety planning	13
Harm minimisation	13
First aid	14
Local preventative campaign for overdose and self-poisoning	16
Self-harm and attempted suicide treatment pathway	17
Referring to CAMHS	18
Working with children and young people	19
Distractions that can help	20
Creating a safe space	21
My Plan: Looking after myself	22
Body map	24
5 senses to help you right now	25
Worry time	26
Positive affirmations	28
Positive steps to well-being	29
Communication	30
Letter template for child/young person	31
What helps good communication	32
References and further reading	33
Useful contacts/resources	34

SHARP information

The Self-harm Awareness and Resource Project (SHARP) is part of the self-harm pathway which has been commissioned by NHS Nottingham City CCG. It started in January 2014 and is initially commissioned for 18 months.

This professional resource pack aims to equip front line staff to support children and young people to offer initial, brief support.

For professionals

It can sometimes seem difficult to talk to children and young people about sensitive topics. However if we show that we are able to do this confidently and calmly, it can open up a safe space for the person where they may have previously felt that it was taboo, shameful, or means that they have a mental health disorder.

Research from the Truth Hurts inquiry (2006) showed that the first response children and young people received when they first disclose their self-harm behaviour is key in them deciding whether to access further support or not.

It can be easy to end up focussing on the self-harm, however remember that there is much more to a person's identity. Whilst you may want to regularly check in/out about the self-harm, it is important you work with them as a whole person.

Guidance

This toolkit has been developed by the SHARP team to help professionals working in different roles to intervene and manage young people who present with self harm and suicidal communication behaviours at the level of Early Intervention.

The tools in here are for guidance and need to be used alongside your professional judgment. In addition, remember that your work with a child/young person needs to take account of their age, stage of development and any additional needs they may have.

We suggest that when working with children and young people you:

Ensure that you facilitate immediate medical attention if a child or young person discloses that they have taken an overdose or self-poisoned.

Ensure that you have consent to work with them.

Remind them of confidentiality parameters about self-harm and suicidal disclosure and be clear with them about the boundaries of your working relationship.

Give consideration to their competence.

Ensure you have some time at the start and end of your contact with them, to 'check in and out' by asking questions such as 'how are you doing now?', 'Are you happy to go back to...?'

You have regular supervision/case discussion with your line manager. Consultations are available from the SHARP team which can provide you with reflective space and offer ideas.



If a child or young person discloses that they have taken an overdose or self-poisoned ensure that you facilitate immediate medical attention.

Instructions for use

This toolkit is designed to provide you with ideas about how to engage and support children and young people regarding their self-harm. The tools can be used in any sequence that is thought to meet the needs of the child and young person. Consideration should always be given to whether the child or young person needs to access other or alternative services to meet their needs.

Also refer to 'Children and Young People who Self-harm: Inter-agency Practice Guidance.' Available via the link below:

www.nottinghamcity.gov.uk/article/23729/Safeguarding-Children-Procedures-and-Practice-Guidance-Documents

Consent, competence and confidentiality

(NCSB and NSCB March 2014 'Children and Young People who Self-harm: Inter-agency guidance')

"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."

Working together

Supporting a child or young person holistically is most likely to ensure that their needs are met adequately.

Consider liaising with the following people: School (Mentor, Teacher, Head of Year, Attendance officer) Health Professional (Nurse, GP), Children Services (Family Support Worker, Educational Welfare Officer, Social Worker, CAMHS), Charities (Young Carers, explore homeless families).

A CAF should be considered when there is more than one agency involved, or if there are additional needs.

Working with families, parents/carers - They can often be shocked, confused, angry, surprised to learn that their child is self-harming. Normalising this response can help them to move on to consider how they can best support their child

It is essential to give safety advice, including safe storage of medication and chemicals. See link page Working Together 2015:

www.workingtogetheronline.co.uk/index.html

Definitions of self-harm

The National Institute for Clinical Excellence (2004) describes self-harm as:

Any act of self-poisoning or self-injury carried out by an individual irrespective of motivation.

This definition relates to direct forms of self-harm for example:

- cutting
- scratching
- biting
- banging or scratching the body
- breaking bones
- restricting airflow by use of ligatures
- overdosing on medication, over the counter and prescribed, not taking necessary medication or poisoning
- punching walls
- ice and salt burning
- embedding objects into the skin

Myth: “Self-harm is just about attention-seeking and is silly.”	Myth: “People who self-harm want to end their life.”	Myth: “If someone self-harms they have a mental disorder.”
Fact: If this is the only way that a young person can show their emotional distress, then it should be taken seriously.	Fact: Research suggests that people who self-harm are at a significantly higher risk of completing suicide. However self-harm can be a way of coping rather than an exit plan.	Fact: By itself, self-harming behaviour is not recognised as a separate category under the Diagnostic Statistical Manual V (2013). There may be co-morbid mental health problems alongside self-harm behaviour and if it continues into adulthood it may be a symptom of other mental disorders.

Other forms of indirect self-harm may be experienced by the young person such as risk taking behaviour, sexual promiscuity, alcohol or substance misuse, eating distress and cyber self-harm such as self trolling.

Understanding suicide

Self-harm behaviour is usually aimed at coping with life rather than ending it. However, there is an increased risk of suicide if someone already self-harms (NICE 2011). Therefore it is essential that each incident of self-harm and any concerns regarding suicidality are responded to appropriately and taken seriously.

Suicidality has a number of components:

Some young people may say things like, 'I wish I was not here' or 'I wish I was dead' however this does not always mean they want to take their own life.

Intent: Where there is a desire to end life, or where this desire is a way of feeling able to cope.

Ideation: Thoughts or considerations about ending life, can be fleeting or involve detailed planning.

Preparation: There is strong intent to end life and a plan of how to do it.

Behaviour: Acting out a plan with intent to complete suicide e.g. Collecting pills, researched methods of lethality, gave away valuable, wrote a suicide note.

Suicidal gesture/attempt: A non-fatal self-directed potentially injurious behaviour, with any intent to die as a result of the behaviour. A suicide attempt may or may not result in injury.

Completed suicide: The act of intentionally taking one's own life .

If you have concerns about a young person and suicidality, you can contact CAMHS services for support.

Self-harm: risk factors

Warning signs of self-harm

Talking about self-harming or suicide	Expressing feelings of failure or loss of hope
Regular use of bandages on arm	Wearing long sleeves in very hot weather
Skipping PE/swimming	Increased isolation from friends/family
Changes in eating/sleeping habits	Changes in activity and mood
Changes in academic achievements	Substance use
Risk taking behaviour	

Risk factors

There is consensus that previous behaviour is an indicator of potential future behaviour. There are young people who are already vulnerable and who also fall into high risk groups for Self-harm behaviour. These include:

Young people in closed settings eg armed forces, prison, sheltered housing, boarding schools	Custody
Black and minority ethnic young people	Lesbian, Gay, Bisexual and Transgender (LGBT)
Children in Local Authority Care	YP with learning disabilities
Refugee and asylum seeking children	Children with HIV/Aids

(Truth Hurts 2006; Walker 2012)

Self-harm triggers;

There are no fixed rules as to why people self-harm, for some it may be linked to personal experiences and is a way of dealing with something that is happening now or in the past.

Any difficult experience can cause someone to self-harm, here are some common causes for young people;

Being bullied	Pressure at school	High expectations from others or self
Sexual, physical, emotional abuse	Sexuality	Gender identity
Breakdown in relationships	Bereavement	Difficult feelings such as anxiety, depression or other mental health disorders
Anger, shame	Family conflict	Perfectionism
Health problems, illness	To make thoughts, feelings visible	A sense of being in control
Express suicidal thoughts/ feelings without taking your own life		

Some people describe self-harm as a way to;

Shift emotional pain into physical pain	Express something that is hard to put into words	Communicating to others that you are experiencing severe distress
Escape traumatic memories	Reduce overwhelming emotional feelings or thoughts	Stop feeling numb, dissociated

Self-harm and the internet

Social media significantly shapes and influences the lives of children. This opens up many more opportunities for communication and interaction as well as posing challenges for young people. Guidance from the Royal College of Psychiatrists (Telegraph 2014) proposes that online surveillance and monitoring of children's internet use is not helpful as it can lead to children feeling that they are not trusted, and therefore their relationships with parents/carers can be damaged. However, they encourage parents/carers and professionals to acknowledge how much a part of children's life digital media is, to be informed themselves and have open conversations about use of the internet so that children can enjoy the benefits, and gain support where they encounter difficulties.

Resources for parents/carers

The Child Exploitation and Online Protection website provides useful information for parents as well as professionals:

www.thinkuknow.co.uk/Parentsold/

www.getsafeonline.org/

When a young person tells you/ hints they have self-harmed

In order to support young people who self-harm, we need to seek to understand, communicate this understanding and create a therapeutic alliance (Armstrong, 2006).

Although the risk assessment process varies across different professional groups we should always aim to keep the young person at the centre of all decision making.

Assessment aims

- Establish a rapport with the young person and their family.
- Clarify the nature of the young person's difficulties.
- Understand the reasons for self-harm.
- Establish what help might be needed.

Consider the following:

- Be clear about confidentiality.
- Remain calm and non-judgemental. Listen and respect their story.
- Does the young person require medical attention?
- Does anyone else know?
- How? When? Where? How long (duration)? How often (frequency)?
- Does a referral need to be made to CAMHS for a more specialist assessment?
- Are there safeguarding concerns?
- Think about how the young person looks and behaves as well as what they say.
- Consider using scaling questions to explore how the young person is feeling and whether they feel hopeful.

Often, it is not the young person who first asks for help from professionals, but parents and carers. In this instance it is still vital to see the young person and gain information from them directly. This will help inform your agencies assessment as well as any referrals.

However the disclosure or information is received, communication is key to all our assessments and therapeutic relationships with young people and their families. Jones (2003) outlined the following core skills in his book 'Communicating with Vulnerable Children and Young People':

- Listening to the child.
- Conveying genuine interest.
- Empathetic concern.
- Understanding.
- Emotional warmth.
- Respect for the child.
- Self-management.

Safety planning

Safety planning is fundamental when working with self-harm and suicidal behaviours. All plans need to be collaborative and involve the CYP and family at the centre.

Safety plans should be individual, taking account of the CYP and family's needs and risks, as well as the network. The following may be used as guidance:

- Give the family and CYP SHARP Crisis Card and contact details for out of hours services i.e. EDT, 111, Samaritans, ChidLine.
- Give information about support services available. i.e. school mentor, support worker, youth services, after school activities, Kooth, Childline, Harmless, NSPCC, www.ru-ok.org, NGY, thesite.org, family support, children centres, specialist support services.
- Give parent/carer information about what self-harm is and provide them with information about what we know to be helpful and unhelpful to CYP ('Advice for friends, family and carers' leaflet is available from the National Self-Harm Network).
- Share information/leaflets with CYP about self-harm.
- Give information about alternatives to self-harm including distraction techniques and coping strategies.
- Identify and encourage family and CYP to have positive activities/events planned to look forward to.
- Discuss safe storage of medications and household chemicals with parents/carers.
- Consider on a case by case basis whether the removal of implements would be beneficial.
- Consider a referral to CAMHS.

The National Self-Harm Network provides further information regarding first aid and leaflets to share with young people and families (www.nshn.co.uk/downloads.html).

Harm minimisation

NICE (2011) defines harm-minimisation as not condoning or encouraging self-harm but aims to maximise safety at a time when stopping is not immediately attainable. Harm-minimisation approaches accept that someone may need to self-harm at a given point and focus instead on supporting the CYP to reduce the risk and damage inherent in their self-harm.

- Reinforce existing coping strategies and develop new strategies as an alternative to self-harm, where possible.
- Advise the CYP that there is no safe way to self-poison (medication/chemical/fluids).
- Provide the CYP with basic anatomical information about bodily structures (please see body map activity).
- Discuss with the CYP accessing medical attention.
- Discourage the use of cutting with the same implement time after time, as this can encourage infection. Instead discuss the following; using clean implements, keeping wounds clean and having access to a first aid kit and medical care.

The capacity to engage in harm-minimisation might vary. The level of risk must be reviewed regularly and the safety plan should be altered accordingly.

First aid

Recommended First Aid Kit

- Antiseptic wipes.
- Plasters.
- Bandages.
- Surgical tape.

Cutting

Use new/clean blades

Have a first aid kit to hand – first aid is important after cutting to control the bleeding and prevent infection

If you lose lots of blood you may go in to shock – this can be serious!

If the cut is on a limb, raising the limb will reduce blood flow to the area

Seek medical attention if: the wound continues to bleed heavily, if the cut is deep, if you have lost sensation to the area, if you think the wound is infected (red, sore, swollen or weeping)

Burning

Place the burnt area under cold running water for at least 10mins

Remove surrounding clothing as well as constricting objects such as rings, watches and bracelets. *if there is anything that is already stuck to the burn DO NOT remove it

If the burn is chemical (liquid), wash the affected area under lukewarm water for at least 30mins. If the burn is from a chemical powder, brush the powder off before washing

Seek medical attention for all chemical burns

Overdose/Self-poisoning

All overdoses taken within 48hours should receive immediate medical attention at A&E

If a CYP has taken anything over the recommended daily dose, if they have taken the full daily dose within a four hour time line rather than throughout the 24 hours immediate medical attention should be given at A&E

If a CYP has disclosed they have taken an overdose or self-poisoned with fluids or chemicals within a 7 day period and they are complaining of physical problems such as stomach cramps advise they should seek medical attention A&E

If a CYP discloses they have taken an O/D previous to one week advise that they see their GP urgently, if symptomatic, then advise A&E

Shock

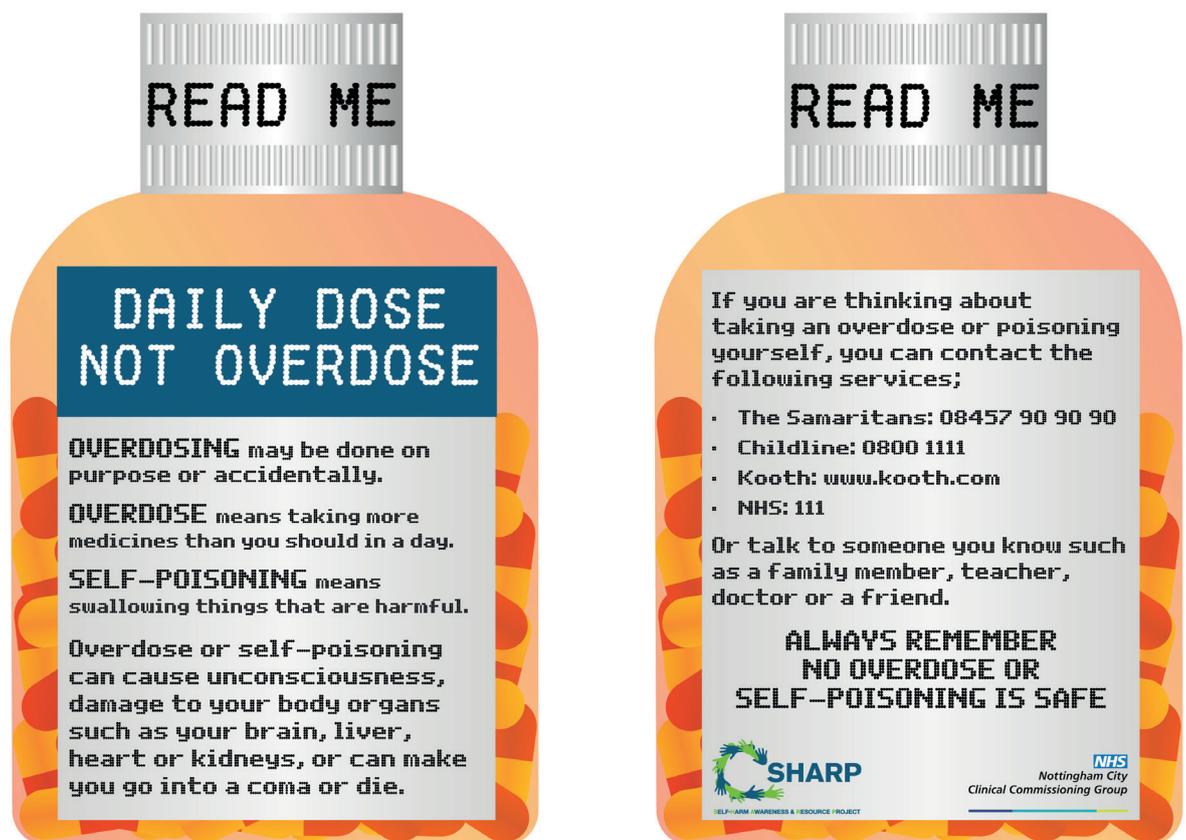
CYP may feel dizzy, weak, cold and breathing may become shallow or faster

Any sign of shock needs medical attention as soon as possible

Local preventative campaign for overdose and self-poisoning

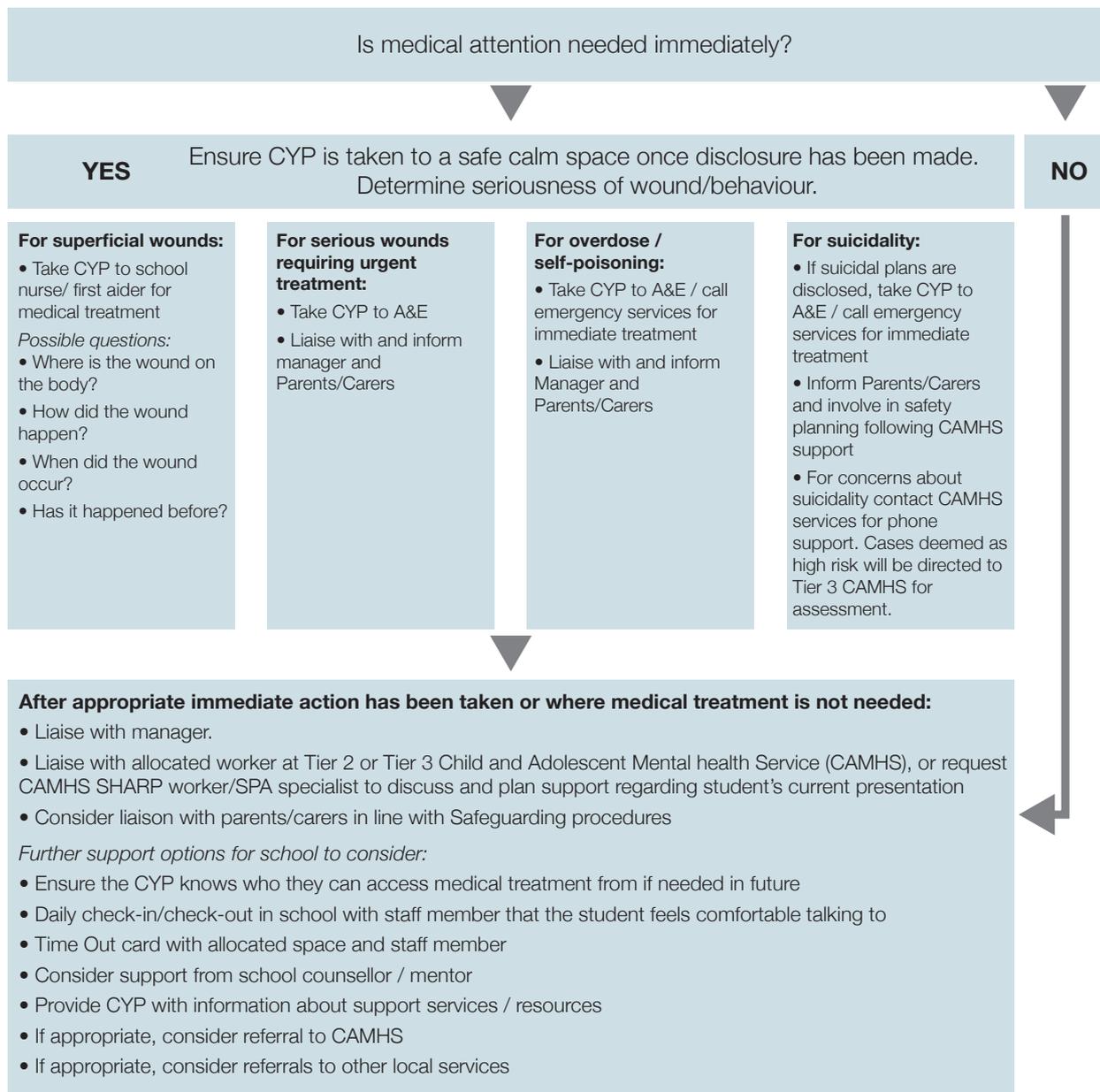
The prevalence of self-harm has increased dramatically over the past decade, as evidenced by rates of hospital admission and calls to helplines. Currently we are seeing high numbers of children and young people attending Children's Emergency Department (ED) at Queens Medical Centre Nottingham (QMC) with presentations of overdose and self-poisoning. Young people are sharing that overdose and self-poisoning is often without suicidal intent and instead as a form of self-harm.

Therefore, SHARP have developed Daily Dose Not Overdose as a preventative, psychoeducation campaign aimed at young people and their families. SHARP aim to work closely with our Nottingham City Secondary Schools to promote this campaign.

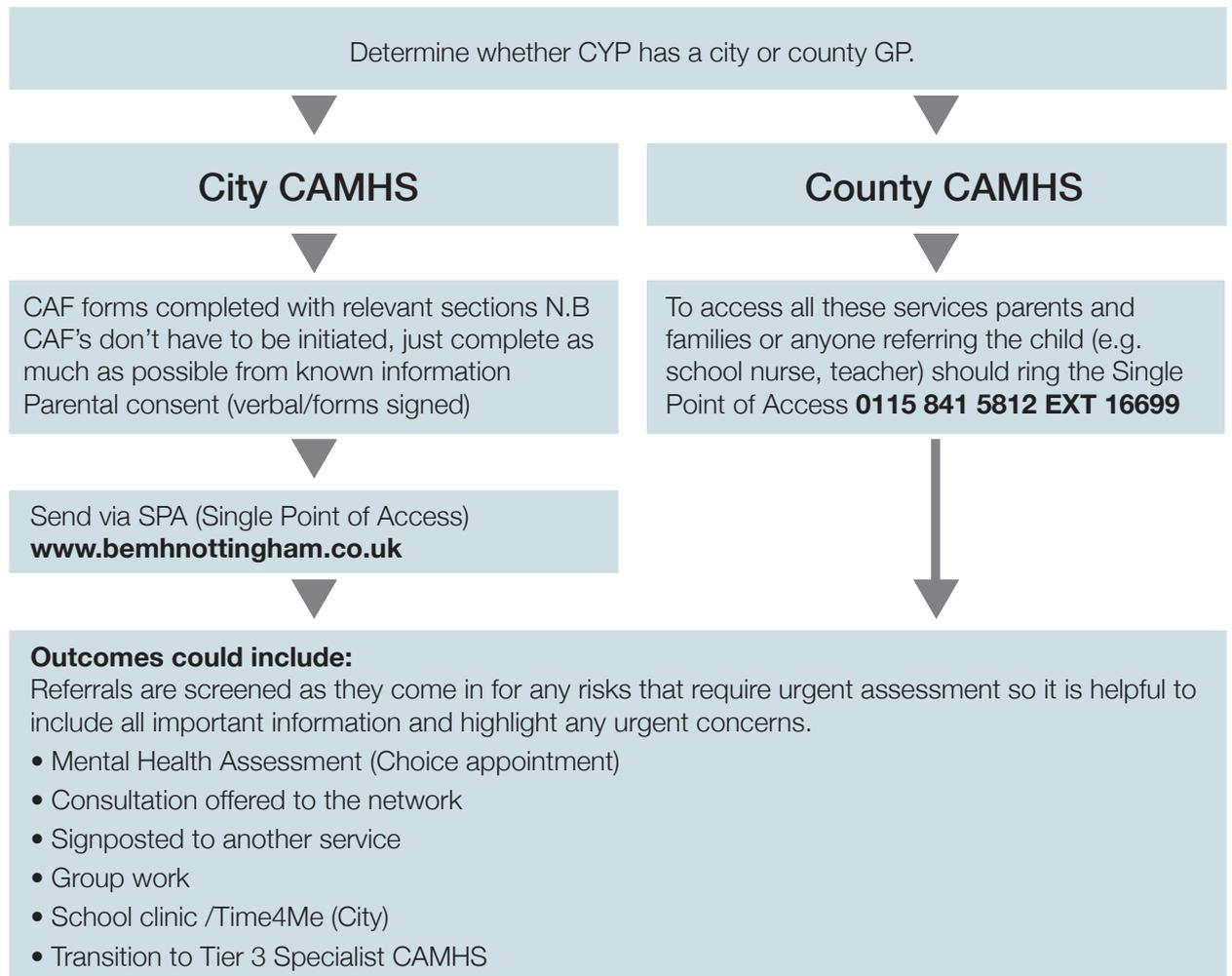


Self-harm and attempted suicide treatment pathway

This is for guidance purposes and must be used in conjunction with professional judgement and decision making at each point. At all levels of risk ensure compliance with safeguarding procedures and consider the appropriateness of parental involvement. Ensure that incidents and events are recorded.



Referring to CAMHS



Working with children and young people

The cycle of self-harm



Emotional suffering; The young person may have negative or unacceptable thoughts, images, flashback, nightmares, body memories of traumatic events. Negative self-beliefs such as 'I'm bad, evil, worthless, a waste of space, everything is my fault'. As these thoughts are internal, this anguish begins to cause internal overload.

Emotional overload; Internalised emotions and feelings become so powerful it becomes difficult to manage. These powerful feelings and emotions remain trapped inside. The young person starts to feel frightened, desperate, about to explode or dissociated (feeling numb).

Panic; The young person feels out of control or too numb and experiences a compelling urge to self-harm.

Action of self-harm; The young person self-harms which helps gain some control and extinguishes the internalised rage or alleviates the feelings of alienation. The act can be carried out in a state of; awareness, partial awareness, dissociative state.

Temporary relief; The young person generally feels calmer, more in control, comfortably numb and can think more clearly. The self-harm appears to reduce the level of emotional and physical arousal to a tolerable level, and the internal chaos is temporarily soothed. The physical injuries may seem a small price to pay to escape from the internal emotional distress.

Shame/Grief; The reality of the young person's actions starts to sink in; shame, guilt, self-disgust or self-hate. Because the underlying issues remain locked-up inside and unresolved, the cycle continues unless change is effected at Point A by using some healthier coping strategies.

Distractions that can help

Here are some distractions that have helped other young people, have a look through to get some ideas of what may help you.

Do something **PHYSICAL**

Exercise for a release of endorphins
and the feel good factor

Punch a pillow

Go for a walk

Concentrate on something else

Squeezing ice cubes

Count anything, wallpaper
patterns, bricks on a wall,
ceiling tiles

Do something **FUN**

Playing computer games,
games on phone

Listen to music

Watch a comedy or funny clip

Bake or cook something tasty

Do something with others

Hang out with friends and family

Invite a friend round

Speak to a friend, family member
or someone you trust

Phone a helpline Samaritans 0845 7909090.

Child line 0800 111

Set yourself a **TARGET**

Set yourself a 2 minute rule where you
try not to harm yourself in this time,
after 2 minutes try for 3 minutes then,
4, 5 and so on. See how many minutes
you can go

Do something **CREATIVE**

Doodling or scribbling on paper

Painting your nails

Write negative feelings on paper then
rip them up

Do something that gives you **COMFORT**

Have a relaxing bath

Cuddling a soft toy/pillow

Sleeping

Playing with a pet

Do something **CONSTRUCTIVE**

Writing a list of positive
things in your life

Forward planning -
concentrate on something in
the future, like a holiday

Creating a safe space

1

Imagine you are creating a perfect space for yourself, where you could go to feel peaceful, calm, and positive.

2

What are you imagining? Is this something you could create, even if it's just a few of the things you imagined?

3

When you are upset it may not be possible to go to an actual place, but you can create a place in your mind that will help you feel safer, calmer and more in control. Think about using all your senses to create this - visual images, sound, smell, taste and touch.

The more senses you use the better it will feel

Creating a Safe Kit:

An actual box or bag which contains things that help i.e. a list of people to call, distraction techniques, soothing music, your favourite scent, photographs...

Guided imagery:

You are outside in a beautiful forest. Look around you, and visualise your surroundings. The sky is a beautiful cloudless blue-or maybe it has the soft multicoloured hues of sunrise or sunset. Notice the colours of the trees or the grass. Maybe there's a creek running through your forest, and you can hear the gentle splashing of water as it tumbles over well-worn rocks. Birds are chirping in the distance, telling you that your forest is safe. You continue to breathe deeply. Perhaps the sharp scent of pine stimulates your senses, or maybe you get the sweeter tones of meadow grass and wild flowers. Breathe in the gentle aromas that surround you in your safe space. You begin to wander, noticing the features of your landscape. Build every detail in your mind. Copses of trees, groups of boulders, maybe even a cottage in the distance or a simple hammock where you can rest. Grow your safe space until it encompasses you and all of your fears and anxieties. Walk around your safe space until you have explored as much of it as you want to.

Continue walking until you find your perfect place-the place that makes you feel most at peace. Visualise yourself sitting here, in this place, and begin to breathe.

Inhale for 1...2...3, Exhale for 1...2...3, Surround yourself with feelings of peace and safety.

Inhale for 1...2...3...4...5...6, Exhale for 1...2...3...4...5...6, Know that you can come to this place whenever you're feeling overwhelmed and anxious.

When you're ready to leave your safe space, slowly open your eyes and come back into the room. Hold onto those feelings of peace and safety, and know that you can revisit them whenever you need to.

My Plan: Looking after myself

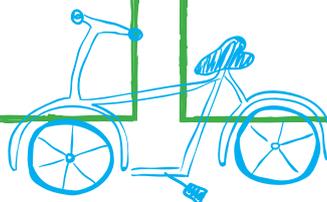
When I feel...

And have thoughts like...

I can... (distractions/coping strategies/what takes my mind off things?)

I am not alone and can contact my supporters who are... (hint: look back at page 3 'My Supporters')

I could take myself to or ask someone to come with me to...



Think about and remind myself of how my positives can make me feel better, write 3 positives about me/my life.

Things I look forward to and why:

It is important for you to look after yourself to help you cope with difficulties, be happy and feel well. Check out these ideas for looking after yourself:

Be active

**Have at least
8 hours sleep a
night**

Be with other
people

**Go to school /
college**

Eat a balanced diet

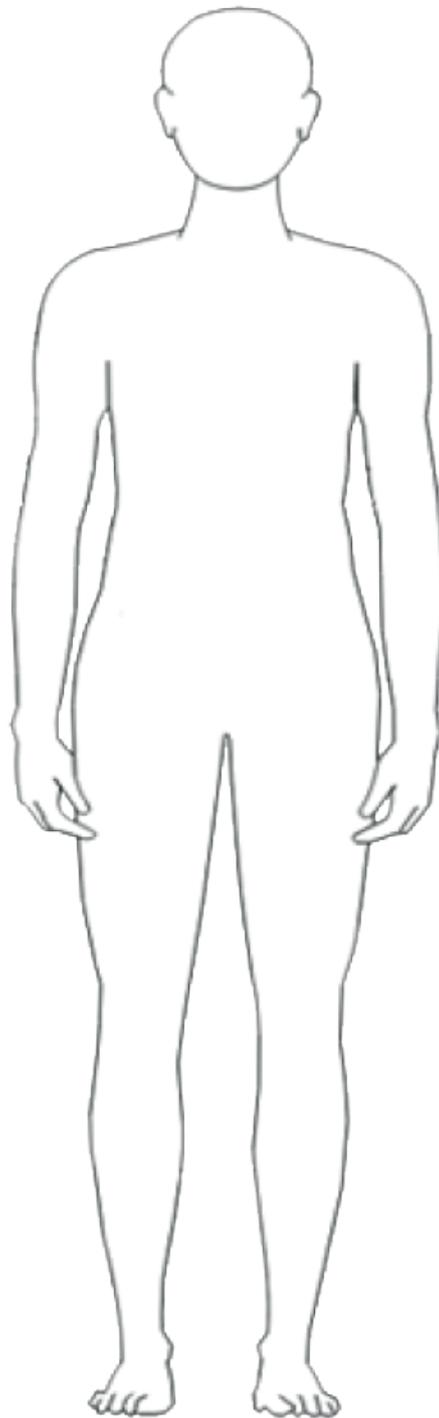
Help others

**Get involved with groups
and activities**

Have a hobby

**Take time out/
relaxing**

Body map



Ideas for use:

- An aid for conversation where the child / young person may be able to show you areas where they self-harm or point out areas of their body which they are worried about.
- A tool to give children and young people advice about injury care, self-management and safer sites. NB: Caution over too much info, where to cut = fatal.
- To Identify feelings, emotions and physical sensations.
- To look at the difference between inside and outside (i.e. inner thoughts and feelings vs projection on the outside).
- Explore identity, personal qualities and attributes.

5 senses to help you right now

A mindfulness activity to help you stay connected in the 'here and now'.

5

Things that I can see right now or imagine I can see right now

Look around you, notice colours, shapes, textures, movement, light and shadows.

4

Things that I can hear right now or imagine I can hear right now

Notice sounds that are near and far, loud or quiet, sounds from your body, in the room, outside.

3

Things that I can touch right now or imagine I can touch right now

Reach out around you, what's there and what does it feel like?

2

Things that I can smell or taste right now or imagine I can taste right now

Imagine your favourite smell or taste. Notice the smells around you right now; fresh air, books, clothes.

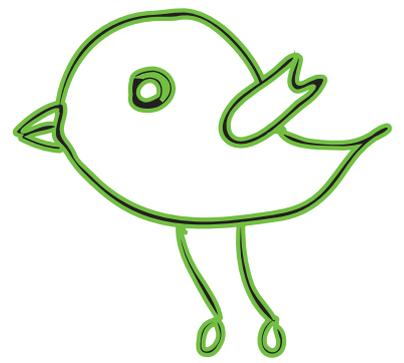
1

Take one deep slow breath

Simply focus on your breathing. In this moment. Right now.

Worry Time

Limiting the time you spend worrying



Anxious people tend to spend much of their time worrying. Sometimes they worry to the point that they find it very hard to 'switch off' and relax. If we can reduce the amount of time we spend worrying, we can reduce our anxiety levels. One way you can do this is to assign 'worry time'.

'Worry time' Involves setting aside between fifteen and twenty minutes each day that you will allow yourself to worry. Any worries that pop into your head outside of 'worry time' should simply be noted and forgot about until when you try to resolve them during your 'worry time'. That way you will be free to carry on your day without the worries.

Then - when your 'worry time' arrives, you should allow yourself to think about the things that have been worrying you that day and try to resolve them.

'Worry time' helps to reduce the time you spend worrying, and also proves that you can have more control over your worries. It may also help you see that many worries resolved themselves or simple seem less important over time.

Remember, it is usually not possible to resolve every single worry or problem that you have. So if something is outside your control (or has already happened), try not to worry as you have done all you can. There is also the possibility that your worry won't even come true in the first place.



Worry time – so what do I do?

Decide a time in the day that you will have your 'worry time'.

At other times, simply note down any worries that pop into your head and try to forget about them. Close your eyes and imagine putting your worry in a strong box and locking it away and then keep yourself busy with something else.

When 'worry time' arrives, time yourself for 15–20 minutes to allow yourself to 'worry'. (Don't overrun!)

During worry time, try to resolve your worries proactively. Simply try to come up with solutions to your worries if possible. Using a pen and pad to jot down solutions can be helpful.

Stop as soon as your 'worry time' is finished. If any worries still feel unresolved, simply carry them over to tomorrow's 'worry time'.

Here are some handy hints to help you with your worry time

If you find it difficult to switch off from all of your worries during the day, don't fret, as this should improve with time and practice.

It may be useful to use the problem solving section in this guide during 'worry time'.

When it comes to 'worry time', feel free to cut it short if you have resolved all of your worries early.

Often things that have worried us at one point in the day seem less worrying when we re-visit them during 'worry time'. If this happens 'great!' simply forget about them.

It may help to spend worry time with someone you trust that can help you (parent, carer, older brother or sister).

Positive affirmations

We can get into the habit of thinking negatively about ourselves and situations. Using positive statements can help us to develop new attitudes and ways of thinking about ourselves and our situations.

Positive Statements:

Think of 'I' statements such as:

I am Brave	I have meaning and purpose in my life
I am Kind	I am strong
I am unique and special	I am calm and confident
I am intelligent	I am thoughtful
I am funny	I am good at...
I am happy	I am beautiful
I have a lot to be proud of	I am in control of my life
I am capable	I am honest
I am friendly	I can achieve
I am healthy and have all that I need	I can cope
I am creative	I am a good and worthwhile person

Choose a statement from the list or one that means more to you and then: Repeat it, Repeat it and Repeat it; through the day, throughout the week and throughout every month.

It may help to write your positive statement down and carry it with you or make a poster that you will see every day which helps you focus and think of your positive statement.

When you have a negative thought, think about your positive statement (you could say it out loud, look at it or say it over in your mind). The more often you practice this the more helpful it will be.

Positive steps to well-being

Be Kind to yourself	Encourage yourself. Treat yourself kindly
Exercise regularly	Being active helps lift our mood, reduces stress and anxiety, improves physical health, and gives us more energy
Have some fun and/or be creative	Having fun or being creative helps us feel better and increases our confidence. Enjoy yourself!
Take up a hobby and/or learn a new skill	Increase your confidence and interest, meet others, work towards your aspirations
Relax	Make time for yourself. Allow yourself to chill out and relax
Balance sleep	Get into a healthy sleep routine -go to bed and get up at the same time each day
Beware drink and drugs	Avoid using alcohol (or non-prescribed drugs) to help you cope - it will only add to your problems
Eat healthily	Eat regularly, eat breakfast, eat healthily, eat fruit and veg, drink water
Connect with others	Stay in touch with family and friends - make regular and frequent contact with them
Help others	Get involved with a community project, charity work, or simply help out someone you know. As well as benefiting others, you'll be doing something worthwhile which will help you feel better about yourself
See the bigger picture	We all give different meanings to situations and see things from our point of view. Consider the bigger picture; what meaning am I giving this? Is this fact or opinion? Is there another way of looking at this? How important is it? What can I do right now?
Accepting: It is as it is	We tend to fight against distressing thoughts and feelings, but we can learn to just notice them and give up that struggle. Some situations we just can't change. Allow those thoughts and sensations just to be - they will pass

Communication

For professionals

It can sometimes seem difficult to talk to children and young people about sensitive topics. However if we show that we are able to do this confidently and calmly, it can open up a safe space for the person where they may have previously felt that it was taboo, shameful, or means that they have a mental health disorder.

Research from the Truth Hurts inquiry (2006) showed that the first response children and young people received when they first disclose their self-harm behaviour is key in them deciding whether to access further support or not.

It can be easy to end up focussing on the self-harm, however remember that there is much more to a person's identity. Whilst you may want to regularly check in/out about the self-harm, it is important you work with them as a whole person.

With Parents and Carers

Helpful messages you can communicate to parents and carers:

It can be upsetting to find out that someone you care about is harming themselves. You may worry that it is your fault, or think that you should have noticed something is wrong, or find it hard to understand. These are normal reactions to have and it is important to think about who can support you so that you can support your child.

What your child needs from you is:

Acceptance – they are doing the best they can right now.

Keeping an open mind

Making time to listen to them and trying to understand their point of view – you may not agree with it but you can acknowledge it.

Encouragement to find other more positive ways of coping with difficulties and involving them in family life.

Young people can recover from self-harm and need acceptance and support to find more positive ways of coping. Not all young people will stop straight away, and a small number may never stop. However there is always help available for them.

As children and young people are in the care of their parents/carers, it is helpful if they can offer support to their child regarding self-harm.

Often children and young people are worried about the response of other people when they hear that they have or are self-harming.

It is typical for parents and carers to experience a range of emotions when they first hear about it. For this reason, if it falls into your remit of work, you may want to consider discussing with the child/young person how they would like to broach the subject with their parents/carers.

Some children and young people may want to find a direct/indirect way of telling their parent/carer with your support. Others may want support by way of you contacting their parents/carers on their behalf.

See tools below for supporting children and young people to tell their parents/carers.

Letter template for child/young person

Dear _____

I need to tell you something that I know you might find difficult to hear. The reason that I want to tell you, is because I would like to have your help so that I can (insert goal).

Sometimes, I find (things too difficult to cope with/that I feel so much/that I feel numb/I want to punish myself/that I don't know what to do/other reason) so I end up hurting myself. I do this by (share how you do it if this will be helpful). At the moment, I do this (number of times in a week/when specific things happens).

I would like it if you could help me by (listening to me, spending more time with me, helping me think about good ways of dealing with things I find hard/letting me...)

I would like to (insert goal) and I also know that it will take time for me to work on this, so I will need you to be patient with me.

Thanks for helping me.

For Parents

Some children and young people find it hard to speak with their parents at all, let alone about sensitive topics.

Creative ways of expressing themselves may be more helpful.

It is also important that parents/ carers are encouraged to remember that their child is a whole person, and not to become side-tracked and solely focussed on the self-harm behaviour.

The National Self Harm Network offer a leaflet 'Advice for friends, family and carers' which offers helpful advice about what they can do and things not to do such as; opening lines of communication but not forcing young people to talk.

This can be accessed at:

www.nshn.co.uk/downloads.html

What helps good communication

There is a wise saying “Seek first to understand and then seek to be understood”. In other words, really listening to someone else and reflecting back to them you have understood before you speak.

Taking time to listen with no distractions (turning TV/music off etc)

Focus as much as you can so that you give your full attention

Focus on the current issues – bringing up past difficulties can make it harder to focus

Regular time to talk – for example a family meal/a walk once a week

Thinking before you speak – what is it that you really want to be heard

Using simple clear language

Using ‘I’ statements – using a lot of statements starting with ‘you’ often gets people’s backs up as they can feel blamed

Think about your tone of voice and what it tells someone else

Allowing space and time for people to express how they feel so that this is not directed at the child/young person as this may have a negative impact on them

Providing information about self-harm so that it makes some more sense

Helping the child/young person to understand what are the underlying reasons that they are self-harming and helping them to explore more positive ways of coping

Taking responsibility for one’s own feelings and responses

Using ‘when, then’ e.g. When you shout, I feel sad and scared and then I want to hurt myself/when I get home from school, then I need some space to chill out before doing work/when you say x, I y

Focusing on the positives – what is it that people do want things to be like between them?

Giving them time to think about what would help them so that they have ownership of the issues and are more motivated to make the changes they suggest

References and further reading

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th edition). Washington, DC: APA.

Armstrong, M. (2006). Self-harm, young people and nursing. In McDougall, T. (ed) *Child and Adolescent Mental Health Nursing*. London: Blackwell Publishing.

HM Government (2015). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. London. Crown.

Jones, D. (2003). *Communicating with Vulnerable Children: A guide for practitioners*. London: Gaskell.

Mental Health Foundation (2006) *Truth hurts. Report of the National Inquiry into Self-harm among young people*. London Report.

National Institute for Clinical Excellence (2004a). *Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care: National Clinical Practice Guideline 16*. London: NICE.

National Institute of Clinical Excellence (2011) *The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*. www.nice.org.uk/cg16

National Self-Harm Network (2014) *Basic First Aid*. Available at: www.nshn.co.uk/downloads/BasicFirstAid.pdf

Nottingham City and Nottinghamshire Safeguarding Children Board (March 2014) *Children and Young People who Self-harm: Interagency guidance*.

Nottingham City Council (2011) *Children and Young People who Self-harm: Inter-agency Practice Guidance*. Available at: www.nottinghamcity.gov.uk/article/23729/Safeguarding-Children-Procedures-and-Practice-Guidance-Documents.

Walker, S. (2012) *Responding to self-harm in children and adolescents: a professionals guide to identification, intervention and support*. Jessica Kingsley Publishers: London.

Department of Health (2007a). *Best Practice in Managing Risk: principles and guidance for best practice in the assessment and management of risk to self and others in mental health services*. London: HMSO.

HM government: Mental Health and Disability Division (2012) *Preventing suicide in England: a cross-government outcomes strategy to save lives*. London.

McDougall, T., Armstrong, A. & Trainor, G. (2010). *Helping Children and Young People who Self-Harm: An introduction to self-harming and suicidal behaviours for health professionals*. Oxon: Routledge.

Preventing Suicide in England: One year on the cross-government outcomes strategy to save lives. 2014 NMHDU.

Royal College of Psychiatrists (2010). *Self-harm, suicide and risk: helping people who self-harm*. Report number CR158. London. www.thinkyouknow.co.uk/parentsold www.getsafeonline.org/

Bibliography

Arthur E. Jongsma, J. L. (2014). *Child Psychotherapy Homework Planner*. John Wiley & Sons.

Council, N. C. (2014). *Children and Young People who Self-Harm: Inter-agency Practice Guidance*. Retrieved from Nottingham City Council: www.nottinghamcity.gov.uk/article/23729/safeguarding-children-procedures-and-practice-guidance-documents

Donnelly, L. (2014, October 7). Self-harm fears over parental surveillance of children's 'digital life'.

Gilbert, P. (2010). *Training Our Minds in, with and for Compassion. An Introduction to Concepts and Compassion-Focused Exercises*. Retrieved from: www.compassionatemind.co.uk/downloads/training_materials/3.%20Clinical_patient_handout.pdf

Vivyan, C. (2010). *Coping with Suicidal Thoughts*. Retrieved from *Get Self Help*: www.getselfhelp.co.uk/docs/CopingSuicidalThoughts.pdf

Vivyan, C. (2010). *Positive Steps to Well-Being*. Retrieved from *Get Self Help*: www.getselfhelp.co.uk/PositiveSteps.htm

Useful contacts and resources

Local Services		
SHARP	<p>SHARP is a new innovation as part of the service offered by Tier 2 CAMHS. We develop and implement resources, run groups and offer one-to-one therapeutic support to children and young people.</p> <p>SHARP4Parents is a group for parents and carers to share experiences, gather information from speakers and build confidence in a friendly atmosphere. SHARP 4 Parents is a 3 programme rolling workshop running bi-monthly as a drop-in.</p>	<p>There is no need to book, just come along or speak to one of the SHARP team for further information.</p> <p>0115 8764000</p>
Tier2 CAMHS	Nottingham City Wide Child and Adolescent Mental Health Services	0115 876 4000
Specialist CAMHS	Child and Adolescent Mental Health Services	www.camhsnottinghamshirehealthcare.co.uk 0115 8440500
Children Looked After CAMHS	www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/specialist-services/child-and-adolescent-mental-health-services/children-looked-after-teams	
Behavioural Emotional and Mental Health Pathway		www.bemhnottingham.co.uk
Kooth	Free online & face-to-face support for young people in Nottingham City	www.kooth.com
Base 51	Base 51 supports young people aged between 12 – 25, providing easy access to services including: Health, Counselling, Housing Advice and Support, Learning Support, Support for young parents.	www.base51.org.uk
Harmless	A user led organisation that provides a range of services about self harm including support, information, training and consultancy to people who self harm, their friends and families and professionals	www.harmless.org.uk

For Safeguarding concerns or queries:

Children and Families Direct	Monday to Friday 8:30am to 5:00pm	0115 876 4800	candf.direct@nottinghamcity.gcsx.gov.uk
Emergency Duty Team	Friday from 8pm until Monday at 8.30am and Monday to Thursday 8pm and 8.30am	0115 876 5600	

National Services

NSPCC			www.nspcc.org.uk
R U OK?	Self-help for teenagers		www.ru-ok.org
National Self-Harm Network			www.nshn.co.uk
The Site	Online guide to life for 16-25 year olds. Straight-talking emotional support is available 24 hours a day.		www.thesite.org
Childline	Free 24-hour helpline for children and young people	0800 1111	www.childline.org.uk www.nspcc.org.uk
Life signs	Guidance and network support		www.lifesigns.org.uk
Samaritans	Emotional support for anyone who needs it 24-hour helpline	08457 90 90 90	www.samaritans.org
Young Minds	Promotes mental health for CYP	Helpline for parents: 0800 802 5544 020 7336 8445	www.youngminds.org.uk
Papyrus	Prevention of suicide	HOPELineUK 0870 170 4000	www.papyrus.org.uk

Family Support

Parentline Plus		Helpline: 0808 800 2222 telephone: 020 7284 5500	www.parentlineplus.org.uk
Family Lives	Support to families	0808 800 2222	www.familylives.org.uk

Book	“Stopping the Pain: A Workbook for Teens Who Cut and Self Injure” by Lawrence Shapiro
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Self-help Tools

Get Self Help			www.getselfhelp.co.uk
Mood Juice			www.moodjuice.scot.nhs.uk
Lifeline Journey	Support for young people under the age 18 years affected by drug and alcohol misuse in the City of Nottingham.	Telephone: 07872 869371 Email: info@lifelinejourney.org.uk Address: 2 Russell Place, Nottingham, NG1 5HJ	www.lifelinejourney.org.uk



Email: Camhs.sharp@nottinghamcity.gov.uk

Telephone: 0115 876 4000