Gateshead Council

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
22 October 2015

TITLE OF REPORT: **Self Harm – Children and Young People Update 2015**

REPORT OF: **Carole Wood, Director of Public Health**

SUMMARY
The purpose of this report is to provide the committee with an overview of Self Harm incidents within Gateshead, to outline any trends in the performance data and provide an update of the work achieved within the Self Harm Sub Group over the last 12 months.

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1. Background

The Child Health Profile produced annually by Public Health England (previously the Department of Health) presents a picture of child health and wellbeing for each Local Authority area. The 2015 profile was published in June of this year and presented to Cabinet in September 2015. The profile demonstrated a number of areas for concern including a high number of hospital admissions as a result of self Harm for 10-24 year olds.

2. Defining Self Harm

Self Harm can be defined in a number of ways. Self-harm is defined as self-poisoning or injury, irrespective of the apparent purpose of the act (National Institute for Clinical Excellence - NICE – 2004).

Self harm can occur in many forms including;

- Cutting
- Burning
- Punching
- Inserting or swallowing objects
- Head banging
- Pulling out hair or eye lashes
- Inhaling or sniffing harmful substances
- Ingesting toxic substances or objects
- Engaging in risk taking behaviour
- Eating disorders

Reasons for people engaged in self harm are often a symptom of underlying emotional problems, used as a way of coping. Self harm is usually not

triggered as a result of one isolated event but rather as a set of circumstances leaving young people overwhelmed and unable to manage their emotions.

3. Key Findings

3.1 Child Health Profile

- Gateshead Child Health Profile stated for the period 2013/14 showed 214 young people (626.5 per 100,000 population) aged 10 – 24 years were admitted to Hospital as a result of self harm. This was an increase from the previous year 170 (491.7 per 100,000). It is unclear as to what is the reason behind the increase however, one reason could be more young people and professionals being aware of self harm and as a result, better reporting of incidents and those seeking help could explain the increase.

- Nationally we know common mental health disorders are increasing for children and young people, with 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder. This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder. It is estimated that 1 in 10 of 5-16 year olds, will experience a mental health problem at some point in their lives.

3.2 Hospital analysis 2012/13 and 2013/14

At the time of writing this report, A&E admittance data was not yet available. It is hoped that the data will available for presentation at the OSC meeting on 22nd October.

3.3 CAMHS service information 2014/15

- Data available to the self-harm group demonstrated that out of 353 children and young people seen by the Tier 2 CAMHS service in 2014/15, 23 of those were coded as self-harm. Out of those 23 referrals, 5 were referred onto specialist CAMHS provision (CYPS). The 23 referrals also showed a gender split of 21 females to 2 males.
- In relation to the age of females referred it ranged from 11-17yrs with the average age being 13 years. For males the age range span 16-17 years, with the average age being 16-17 years.
- Sources of referrals for the 23 young people primarily came from GP's (15) followed by Schools, other health professionals including School nurses and Tier 3 CAMHS service and self-referrals from parents.
- Assessments for Children who were admitted into Gateshead QE hospital as a result of self harm seen by the ICTS in 2013/14 included a total of 77 children under the age of 18 years.

3.4 Summary

- As a result of the data analysis Gateshead continues to have a higher rate of admissions as a result of Self Harm compared to the North East region. The gender differences for the data shows that females are more likely to self harm than males. Nationally and regionally mental health problems and self harm rates are increasing for young people. Further work is required for Gateshead to be confident that increasing rates of self harm data are not due to coding issues but reflect accurate rates of self harm for young people. The increase in rates of self harm could be due to the focus and awareness on self harm in Gateshead for professionals and as a result, better reporting of incidents and those seeking help.

4. Actions to address Self Harm

4.1 Action Plan

- To address the gaps in provision for self harm prevention and support the sub group have developed an action plan. The action plan covered the following areas:
    - Training
    - Data
    - Development of a policy/protocol
    - Opportunity to ask self harm related questions within the school health survey
- Washington Mind and the LSCB continue to offer self harm training to schools and professionals from within the children's workforce. In addition to this, the Emotional Wellbeing Team also continue to deliver and develop a general Mental Health awareness training programme to provide an overview of all mental health conditions which is included as part of the schools training directory.
- The Gateshead Self Harm Protocol has now been developed and has been shared with relevant groups such as CAMHS, LSCB and Designated Persons Safeguarding meetings. Comments and feedback have been received and any necessary changes have been made to the protocol which has generally been well received. The protocol borrowed heavily from the protocol that was developed by Nottingham as well as other areas in the UK. The next step is to disseminate this via relevant groups to professionals working with children and young people. The referral pathways that are to be included in the protocol are currently being finalised.
- Due to the low take up of schools that had signed up to participate in the last Health Related Behaviour Survey – the deadline for schools to participate in the survey was extended to the end of the 2014/15 academic year. Unfortunately no secondary schools signed up to complete the survey and as a result no information has been collected in terms of young people's thoughts, attitudes and feedback in relation to self-harm. Anecdotal reasons as to the low take up are that the survey was only offered to schools to

complete electronically as opposed to traditional paper based questionnaires due to the cost and also last year schools were having to work to a new curriculum that impacted on time.

- Following the publication of the Royal College of Psychologists Report – 'Managing self-harm in young people' CR192, October 2014, the self-harm sub group adopted the 14 recommendations laid out in the report that local areas should be adopting in order to manage self-harm in children and young people. The self harm sub group reports into the Gateshead CAMHS Partnership.

5. Summary

- Gateshead has a high proportion of hospital admissions as a result of self harm compared to the North East region. The highest proportion of those admissions occurs in the 20-24 year olds, with females more likely than males likely to self harm.
- Although there has been an increase in the numbers of young people presenting to A&E as a result of self-harm, there remains a large number of self-harm incidents that occur in the community and do not present to clinical services.
- The development of the Gateshead Self Harm Protocol along with greater awareness and sign up to training, will give professionals working with children and young people a greater awareness and more confidence in identifying, addressing and supporting incidents of self-harm in the future

6. Recommendations

- The committee is asked to note the content of the report and to provide comments on the information provided, and suggested areas for development.
- Agree to receive an update in 12 months following the implementation of the protocol, and to share the findings of the Health related behaviour questionnaire.

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Self Harm Protocol and Guidance

Children & Young People

Autumn 2015

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Aims, Principles & Objectives

Aims

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

Principles

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

Outcomes

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

- An improvement in the quality and consistency of response children and young people may receive from agencies when self-harming behaviour is disclosed.

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

What is Self Harm?

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

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

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

Definitions of Self-Harm

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

Self-harm is a serious public health problem and is the reason behind 142,000 national admissions, for the whole population, to accident and emergency

departments every year. Most of these are a result of self-poisoning. Self poisoning involves overdosing with a medicine or medicines, or swallowing a poisonous substance. The majority of people who attend accident and emergency departments have taken over the counter medication. The definition within the practice guidance or the NICE guidance does not apply to self-harm caused by other methods such as smoking, recreational drug use, excessive alcohol consumption over eating or food restriction. Some methods of self-harm are:

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

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

Local Context-Gateshead

A local audit with a variety of professionals from the children and young people workforce in Gateshead highlighted a need for more awareness and training around deliberate self harm, results here:-

Deliberate Self Harm(DSH)-Consultation-Gateshead CH/YP Workforce 2013

1) **Do you have a policy/protocol for managing self-harm?**

21% ☑ Yes 79% ☑ No

2) **Do you have any screening/recording tools?**

34% ☑ Yes 66% ☑ No

3) **Do you have a process for informing parents/carers regarding incidents of self-harm?**

53% ☑ Yes 47% ☑ No

4) **Would a standardised policy/procedure/training for managing self-harm be helpful?**

96% ☑ Yes 2%☑ No-Nursery Age 2%☑ Probably

Local and National needs

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

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

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

The rates are four times higher for girls than boys, but it is also a serious problem in young men and can be disguised by hitting themselves or breaking bones as though they have been involved in a fight or been attacked. Groups of children and young people more vulnerable to self-harm include:

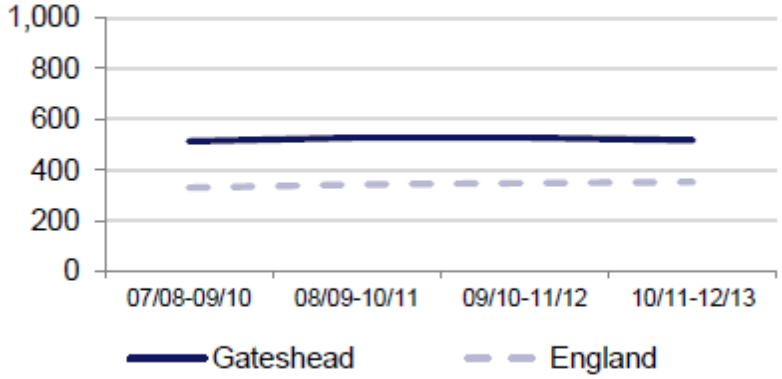
- Children and young people in residential settings.
- Lesbian, gay, bisexual and transgender young people.
- Young Asian women.
- Children and young people with learning disabilities.

Children and young people under the age of 20 years make up 22.5% of the population of Gateshead. 7.3% of school children are from a minority ethnic group. The health and wellbeing of children in Gateshead is generally worse than the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is worse than the England average with 23.8% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average.

In comparison with the 2007/08-2009/10 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher

than the England average. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



*Information about admissions in the single year 2012/13 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

Reasons for self-harming behaviour

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

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

Some reasons indicated for self-harm include:

- Being bullied.
- Not getting on with parents.
- Stress and worry about academic performance and examinations.
- Parental separation or divorce.
- Bereavement and loss.
- Unwanted pregnancy.
- Experience of abuse including sexual abuse.
- Difficulties with sexuality.
- Low self-esteem.
- Feelings of being rejected or not fitting in.

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

Working with Self Harm

Some indicators of self-harming behaviour

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

Front line staff dealing with disclosure

Many people who harm themselves have concerns about getting help. They may feel that professionals do not understand why they have harmed themselves and why their behaviour may still continue even when offered support. If self harm is revealed it is important to treat the child or young person with respect at all times and not to judge, but to listen and support. Assumptions should not be made about the reasons for self-harm and each episode needs to be treated individually.

Those working with young people (youth work, social work, health and education) need to recognise that dealing with the disclosure of self harming behaviour requires them to exercise their existing core professional skills. However, workers need to have a good awareness of the issues of emotional and mental well-being and self-harming behaviour in particular and managers
should ensure that they and their staff have received up to date training in this regard. Support to universal services is provided by tier 2 CAMHS Health and Well-being Teams.

As the child or young person who is self harming is likely to be experiencing problematic issues in a number of areas in their life the professional should discuss with the child or young person the possibility of undertaking a Common Assessment Framework (CAF) and/or, having a multi agency
meeting to identify the young persons needs.

Management of Self Harm Acts

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

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

- It is very important that the details about what has been taken and when are given to the hospital.

- It is important not to give anything to the child or young person to make them sick or make them want to go to the toilet or flush out their stomach or bowels.

What to expect in hospital

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

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

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

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

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

If a young person refuses admission, the Emergency Department staff should undertake a risk assessment, contact Tier 3 Child & Adolescent Mental Health Services (CAMHS) - Children & Young Peoples Service (CYPS) Newcastle & Gateshead. CAMHS will arrange assessment/follow-up for the young person according to need. Please refer to the Queen Elizabeth Hospital, Gateshead Referral pathway in the Additional documents section.

If the self harm act has occurred after 48 hours –

- **Involving ingestion**
- **Serious burns**
- **Serious lacerations**

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

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

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

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

Risk assessment

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

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

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

One of the factors that should influence any risk assessment is whether the young person, and where relevant their parents/carers, is willing to engage with support services. If not this will potentially increase the level of risk. Where a family is referred for support by another agency but refuse to engage that agency should be contacted to discuss how best to respond to this. Agencies will need to consider all available options to manage such circumstances. In very serious situations this would include considering whether the threshold for an application for secure accommodation on welfare grounds should be made. The criteria for this are that the Local Authority must be able to demonstrate that the young person has:

A history of absconding and is likely to abscond from any other description of accommodation
AND
If s/he absconds s/he is likely to suffer significant harm
OR
If s/he is kept in any other description of accommodation s/he is likely to injure her/himself or other persons.

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

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

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

Looked after Children

Young people who are looked after are a high risk group with regard to self harm, staff involved in their care should always seek appropriate support from their line management and should not manage self harm risks alone. Support should be sought from the Children & Young Peoples Service (CYPS) Newcastle & Gateshead. A formal plan should be drawn up and recorded and it should address:

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

Consent, Competence and Confidentiality

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

Similarly there should be clear explanation about what is going to happen and the choice and rationale for certain treatments. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves.

Younger children who fully understand what is involved and can weigh up the information needed to make a decision can also give consent to their own treatment, although their parents will usually and ideally be involved. In other cases, someone with parental responsibility must give consent on the child's behalf. Information may be required from parents and carers or friends but in most cases the young person's agreement would be required before information is shared Information would only be shared without consent when:

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

- They are at risk of serious injury to themselves.

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

Child Protection

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

Children and young people can be helped by:

- Recognising signs of distress and finding a way of talking to the young person about how they are feeling.
- Listening to their worries and feelings, and taking them seriously.
- Staying calm.
- Being clear about the risks but making sure they know that with help it is possible to stop self-harming.
- Using the Care Pathway to make sure they get the right help as soon as possible.

Additionally some children and young people may benefit from the use of alternative coping strategies. (Pg. 18)

Managing Self Harm

What Works Well - Principles for Practice

Managing a young person who self-harms in different environments

- In addition to this guidance there may also be practice guidance supplementing these developed for your specific area. These may be different according to the context/service. for example school, residential homes and health services may work to different parameters.
- It is also essential that each young person is assessed, managed, treated and cared for according to their specific individual needs – these needs should be clearly documented in health/social care plans.

Areas covered in this document:

- Working with people who self-harm and/or are at risk of suicide.
- Understanding self-harm and suicide.
- What works well – some key points
- Alternative coping strategies

Working with people who self-harm and/or are at risk of suicide.

1. **Spend time talking with and listening to the young person.** People who self-harm may not be emotionally articulate and may need help in identifying and describing what they feel but talking and feeling understood is important.

2. **Self harm may be a means of expressing what is on the inside and bringing it out:**

‘How will you know if you cannot see my pain?
‘I wear on my body what words can’t explain.’

Recovery involves identifying what is on the inside and building a working relationship with the young person to enable them to understand this.

3. **Get to know the person.** In order to assess risk and understand distress you need to know the person and understand their individual triggers.
4. **Encouraging young people to talk is important for recovery.** When people start to face their difficulties things can often feel worse before they feel better; this does not mean that we, as professionals are doing harm, but is a natural part of the process of recovery. Timing is often an essential stage of recovery for someone that self harms; people may not always be ready to face their problems, or in a stable place in their lives where this is safe to do. We need to consider
this when encouraging a young person to open up about their problems.

5. **The process of recovery can be slow;** however the sooner young people come forward for help, usually, the faster their recovery.

6. **Complete recovery is possible.** Maintain a sense of hope and hold it for the person as they will often feel hopeless.

7. **Self-harm is rarely attention-seeking, but can be a way of seeking help.** Empower young people to seek help in different ways and help them to recognise if they are starting to notice the drive to harm themselves. Seeking help when the distress first surfaces is more constructive.

8. **Regarding experiences of physical, sexual, emotional abuse or neglect,** it is not only the nature and severity of the experiences a young person has but the level of emotional impact that this has caused for the individual.

9. **Characteristics of high risk young people include: distress, isolation, feeling overwhelmed, lack of control and hopelessness**. Aim to work with the young people to talk through distress and isolation. Give hope and go through what can be tackled one at a time,
acknowledge what can't, give options and choices and be realistic and honest.

10. **Identify protective factors with the young person.** Who are their close/supportive peer relationships? What are their hobbies/interests/social

connections? Do they have positive self esteem? Do they have any hopes for the future – looking forward to events? Do they want help and support? Do they have cultural/religious beliefs that support self-preservation? How effective are their problem solving and conflict resolution skills?

11. **Adolescence is a period of rapid physical and emotional change characterised by stresses and tensions as the young person strives to establish an individual identity.** Some young people may be struggling with their sexuality and identity, it is important to be non-judgemental and allow them to talk without fear of prejudice.

12. **Try and avoid asking - why did you self-harm?** Remember they might not know or have the words to describe this; you could ask them to describe what happened, or what led up to the self-harm?

13. **Sometimes positive emotional states can precede an episode of self-harm-** perhaps they fear it won't last, or they don't deserve to feel positive things, or they find the extremity/intensity of emotions confusing and too difficult to handle and cope with.

14. **Be aware that whilst praise and encouragement are important, some young people find hearing praise difficult.**

15. **Ten minutes well-spent with the young person can make all the difference;** it can enable them to ride out the storm without turning to self harm and can be used to distract and support them.

16. There are **no 'magic solutions'** and **no 'alternative resources'** and no one person has **'all the skills required.'** Every person in the young person's life has their part to play in helping with their recovery.

Understanding self-harm and suicide

17. **Self-harm can be a coping strategy.** It can therefore be about coping and ultimately about staying alive by managing the difficult emotional states that a person is experiencing.

18. **It is important to assess the purpose of the self-harm**, if the young person expresses a wish to end their life, it may need to be managed and treated differently, but understanding this will enable you to think about how to help and which way to turn.

19. **A better predictor of suicide is the level of distress experienced.** This might not correlate to our perception of the level of trauma an individual has experienced, for instance, it may be precipitated by an incident of bullying or a body image crisis. It is important to understand
the individual impact that these experiences has on the person.

20. **Depression is a high risk factor for suicide.** If the young person has a mental health problem, this will need to be treated in its own right.

21. **Encourage the young person to sort out their own First Aid to separate the physical from the emotional care.** Instead focus on the distress and trying to engage them to talk about what has happened, this will demonstrate that we care about their difficulties and not just
that they have harmed themselves.

22. **A history of self-harm is a high risk factor for suicide, but most people who self-harm do not kill themselves.** For this reason it is essential to **acknowledge the distress and its**
causes, rather than only focus on the harm itself.

23. **Another risk factor for suicide is social isolation.** Helping a young person with this area of their lives is important to increase protective factors. What community or social contact does this young person have and can this be improved?

24. **Suicidal thinking doesn't always equate to suicidal intention.** Suicidal thinking and talking might be 'I have these thoughts sometimes'. Suicidal intent is the actual planning to end life. 'As long as there is life there is hope'; encourage a person to talk about their thoughts and feelings about suicide to understand where they are coming from.

25. **Planning suicide increases the risk of completing suicide, but so does impulsivity -** be aware of the triggers and risk factors for the individual and when these may increase, observe more closely, spend time with the young person.

26. **Where possible and safe, give responsibility and choice to the young person.** This is particularly important as they may feel powerless and out of control; encouraging the young person to take responsibility for themselves can help to give this control back and encourage resilience.

27. **Involve the young person in developing their own risk assessment.** What do you think increases your risk? How would you like people to respond? This will help them to feel in control but also develop their understanding of their own problems which can be instrumental in recovery.

28. **Involve the young person in discussions about managing their safety.** As a minimum keep young people informed and involved in decision making, giving reasons for decisions; be honest and clear wherever possible.

29. **Self-harm can be competitive so risks may be heightened through contact with others who self-harm.**

30. **Ten minute rule – An effective strategy for some young people who want to reduce/stop cutting.** Get them to agree with themselves that they will postpone cutting for 10 minutes (or another set period of time). Then fill those 10 minutes with a distracting activity. They may choose to go ahead following this or postpone again for a little longer.
The intention is that the young person learns to sit with distress, and builds their resilience. They own the decision-making.

What Works Well? – Some Key Points

Positive Relationship

- A key person that cares.
- Listen, don't always try to solve, encourage them to talk.
- Inject hope… overcome your own feelings of being overwhelmed.
- Explore and support professional help, but don't underestimate your importance.
- Empower and support them to take control of their decisions.
- Your support and care is more important than what you say: You can say the wrong thing in the right way!

Constancy

- 'Being there' for someone is more important than any skill –research evidence about people achieving change. (Harmless crisis consultation showed that above all else the thing that people found most helpful in reducing distress and risk associated with suicide was being listened to, not judged and feeling cared about – echoes work of Nock)
- Often we may feel overwhelmed and want to refer 'the problem' onto 'specialists' that we imagine have more time and skills in this area, when often these ideals probably don't exist. You may know and understand the young person better than most and are in the best possible position to help them if you are who they have chosen to turn to.
- Plan and advocate for consistent responses across all professionals.

Prepare and Plan

- Draw up a multi-agency plan agreed by the young person, based around their risks and needs, informed by a CAMHS consultant/clinician.
- Involve the young person in planning and decision making where possible.
- Involve the family according to needs of young person, e.g. reducing the causes of distress may reduce the incidence of self-harm.
- In reducing suicide risk, practical resources such as the availability of ligature cutters with appropriate staff training are paramount.

Alternative Coping Strategies

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

Distraction Techniques Cleaning and/or Tidying Washing clothes Playing games – cards/board games/ computer Sports exercise – walking/running/dance Gardening/plants Visiting a friend Telephoning a friend Paint or draw pictures/posters/cards Write letters Puzzles Watch TV/video Listen to music/Walkman Cinema Shopping Hobbies – sewing, knitting, collecting	**Positive Emotional Techniques** Read old letters Look through old photos Listen to emotional music Watch funny/heart-warming film Read joke book Say positive statements to self Make an emergency bundle Read your list of assets or strengths Self-voice tape
Emotional Focusing List emotional triggers Write poetry/prose regarding feelings Paint/draw emotions Write a diary Discuss feelings with another person Rainy Day letter	**Alternative 'Safer' Forms of Self-Harm** Hold ice in hand Squeeze rubber ball Listen to very loud music Rubber band on wrist Throw things/scream, punch cushions Body paint Stand under very hot/cold shower Break sticks
Comforting Techniques Hold a safe object Sit in a safe place Listen to soothing music Sing favourite songs Use perfume/hand cream Spray room fragrance Hug someone Buy fresh flowers Eat a favourite food Have a soothing drink Have a bubble bath Soak your feet Change the sheets on your bed Stroke your pet Wear comfortable clothes	**Relaxation Techniques** Guided fantasy dreamtime Focus solely on breathing/breath deeply Count your breaths Focus on the position of your body Relax each muscle individually Listen to relaxation music Listen to guided relaxation on tape Meditation Yoga Massage hands, feet, head etc.

Key Contacts

Local Contact Details

Queen Elizabeth Hospital Accident & Emergency Dept. – **Tel: 0191 445 2171 or 0191 445 5930**.

Newcastle & Gateshead Children and Young People's Service (CYPS) – Tel: **0191 246 6913**

Gateshead Emotional Wellbeing Team – **Tel: 0191 283 4560**

Gateshead LSCB - **Tel: 0191 433 8010**

Gateshead Referral & Assessment Team - **Tel: 0191 433 2653**

National Support Organisations

Child Line

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

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

Samaritans

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

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

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

Useful Websites

Harmless - 🕸 www.harmless.org.uk/

National Self Harm Network - 🕸 www.nshn.co.uk/

Young Minds

🕸www.youngminds.org.uk/for_children_young_people/whats_worrying_you/self-harm

Epic Friends - 🕸 http://epicfriends.co.uk/self-harm

Self Injury Support - 🕸 www.selfinjurysupport.org.uk/

The Site

🕸www.thesite.org/healthandwellbeing/mentalhealth/selfharm

Mental Health Foundation

🕸www.mentalhealth.org.uk/help-information/mental-health-a-z/S/self-harm

Health Talk – Self Harm Advice

🕸www.healthtalk.org/peoples-experiences/mental-health/self-harm-parents-experiences/topics

LifeSIGNS – User-led Self Injury Charity

🕸www.lifesigns.org.uk/

Mental Health and Deliberate Self Harm TRAINING Available in Gateshead

SCAMHP (Short Child and Adolescent Mental Health Programme)

All schools and settings

Aim: This course is an introduction to:

- ★ Mental health, risk and resilience
- ★ Children's development and mental health
- ★ Mental health problems
- ★ Interventions and what helps

Area/subject: Covers a range of basic child and adolescent mental health information

Who is it for?: This training is suitable for anyone working with children and young people in Tier 1/Universal settings i.e. schools, children's centres, education and voluntary sector.

For more information please contact Emotional Wellbeing Team-Gateshead CAMHS on Tel: 0191 283 4560

Mind Ed – Mental Health Awareness E-learning

Working with children and young people can be complicated. When problems arise, you need to have information that you can trust at hand to give you the confidence to swiftly make the right decision for those in your care.

But there is so much information available these days; it's hard to know where to begin or where to turn for a definitive answer. Understandably this can create uncertainty which can delay or prevent action. The evidence shows,

however, that when mental health problems are identified early, outcomes are improved. This is where MindEd can help.

MindEd provides free practical e-learning sessions including self-harm when and wherever they're needed, quickly building knowledge and confidence to identify an issue, act swiftly and improve outcomes for children and young people.

Start using MindEd now, it's free and easy to use. Visit
http//:www.minded.org.uk

Gateshead LSCB Training - Young People Who Self Harm

Aim: To increase awareness and confidence of professionals who work with young people who self harm.

Learning objectives:
At the end of the sessions the delegates will be able to:

- List the main forms of self-harm
- Identify significant risk factors for self-harm
- Describe how young people who self-harm are assessed and managed
- Look at the impact self-harm has on children, young people and their families
- Identify what support is available to parents and carers of young people who self-harm
- Identify risk factors for a worse prognosis following self-harm

Suitable for: People working with children and/or their families, and people in adult care services who work with young people who are self-harming or likely to self-harm.
Training level: 3

BOOK through Gateshead Learning & Development ONLINE Booking :-
http://www.gateshead.gov.uk/Learning/home.aspx

MIND - Understanding Self Harm Training Workshop

Aim: Self injury/harm is far more common than is generally realised. This half day training course is for frontline staff and volunteers who wish to increase their knowledge and raise their awareness and understanding of the difficult issue of self –harm.

Learning Objectives:

- What is self-harm?
- Statistics of self-harm
- Why do we self-harm?
- The Cycle of Self Harm
- How to support someone who self-harms
- Signposting and support services.

For more information please contact Washington Mind by Telephone: 0191 4178043 or Email: **training@washingtonmind.org.uk**

Training around the Digital Lives of children/young people

Safeguarding Children & Young People in the Digital Age – Gateshead LSCB Training

To provide staff who work with children and young people with an understanding of the key risks posed by the use of digital technologies such as internet access, mobile phones and digital photography and strategies that can be put in place to manage these risks. The session will also look at the responsibility upon staff to act as positive role models regarding the use of digital technology. www.gateshead.gov.uk/Learning/Course-description/Safeguarding-Children--Young-People-in-the-Digital-Age.pdf

Children and Young People's Digital Lives - MindEd Online Training FREE

This session is aimed at a universal audience and will describe how the use of digital and online technologies is a major part of children and young people's lives, outlining some of the risks they may encounter and what to do in relation to them. It will also highlight the importance of professionals and parents showing an interest in and talking on an everyday basis to children and young people about their digital usage and online experiences. www.minded.org.uk/course/view.php?id=164

Digital Media and Young People – MindEd Online Training FREE

This session is aimed at more experienced/specialist worker and develops ideas from Children and Young People's Digital Lives to give some understanding in a rapidly changing field of the developing interactions as children grow up in a digital world. It also examines the impact of this world on children and young people vulnerable to, or suffering from, mental health disorders. www.minded.org.uk/course/view.php?id=277

Additional documentation / information

NTW Children and Young Peoples Service (CYPS) - Service Leaflet

NTW Children and Young Peoples Service (CYPS) - Information for Referrers Leaflet

NTW Children and Young Peoples Service (CYPS) - Referral Form

Gateshead Out of Hours Support – Information leaflet

Local Contact Details

Gateshead Emotional Wellbeing Team – **Tel: 0191 283 4560**

Children & Young Peoples Service (CYPS) Newcastle & Gateshead – **Tel: 0191 246 6913**

Queen Elizabeth Hospital Accident & Emergency Dept. – **Tel: 0191 4452171 or 0191 4455930**.

Gateshead LSCB – www.gateshead.gov.uk/lscb/home.aspx

Gateshead Safeguarding Nurse (Health): **0191 283 1374**

Gateshead Council's Children's Social Care: **(0191) 433 2653** (office hours, Mon-Fri 8:30am-5:00pm)

or **(0191) 477 0844** (out of office hours at night, at weekends and bank holidays)

Gateshead Self Harm Care Pathway
What to do if you are concerned about a young person self-harming

Tier 1 – Universal Services	Tier 2 – Targeted Services	Tier 3 – Specialist Services	Tier 4 - Highly Specialist Services
Low level risk self-harm Superficial, minor self-harm in stable social context. Some indicators of good emotional health, functioning well. No evidence of suicidal intent. Good support networks.	**Repeated & more worrying self-harm behaviour.** More frequent or severe self-harm. More pervasive stressors, poorer coping strategies and fluctuating mental health. SH that presents alongside mild-moderate MH problems e.g. depression	**Persistent & severe self-harm**. More complex, frequent, high risk behaviours – concerns re isolation, substance misuse, suicidal intent. SH that presents alongside moderate- severe MH problems e.g. depression and trauma. Poor support/ protective factors.	**High risk suicidal behaviour** Concerns about severe mental health disorder, where risk cannot be managed in the community.
What action should you take?			
Promotion of healthy ways of expressing emotions. Talk to YP, ideally encourage parental involvement. Self-help information, coping strategies. If situation deteriorates seek consultation and support from Tier 2 and possible referral via CAF	Continue working with YP, gather info, involve network around the YP. Assess & monitor risk. If situation deteriorates inform YP worried – may need additional support, consultation, joint working or referral to Tier 3 via single point of access. Access consultation via CYPS	Work with YP on agreed plan, access clinical supervision & MDT support. Monitor risk & review progress. If situation deteriorates consider Tier 4 assessment.	Assess & develop management plan for mental health & suicidal behaviour. Involve & transfer to Tier 3 when risk reduced assessment/ treatment complete.
Services and help available			
Tier 1 – Universal Services School nurse, youth workers, GP, Schools, Colleges	Tier 2 – Targeted Services Emotional Wellbeing Team, Children & Young Peoples Service(CYPS)	Tier 3 – Specialist Services Children & Young Peoples Service(CYPS)	Tier 4 - Highly Specialist Services Inpatients

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

Key Recommendations

CR192 **Managing self-harm in young people**

RCPSYCH College Report. October 2014

Commissioning in relation to self-harm

Recommendation 1 - For self-harm presenting to the acute hospital, commissioners need to be mindful that multiple services are involved. Therefore, service specifications for all relevant services should include recognition of the importance of self-harm in young people.

Recommendation 2 - Commissioners need to stress the importance of collaborative working between the acute hospital, mental health services and the local authority in responding to a young person's self-harm. Commissioners need to prevent fault lines developing between services, where possible. Pressing for joint protocols and agreed pathways is a good way of promoting collaborative working.

The role of all front-line Professionals

Recommendation 3 - Asking about self-harm does not increase the behaviour. It is important that all front-line professionals become familiar with asking about self-harm when talking with young people who are struggling with changes in their lives.

It is important that the young person is clear about confidentiality, with limits outlined right at the outset of a conversation. This does not discourage young people from disclosing their difficulties.
When a young person presents with an episode of self-harm it is important to establish whether there is a risk of self-poisoning or other physical health risks because of suicidal ideation. Asking the questions does not increase the likelihood of harm coming to the young person. Every encounter with a suicidal person is an opportunity to intervene to reduce their distress and, potentially, to save a life.

These points can be summarised as follows.
Try to avoid:

- reacting with strong or negative emotions:
    - alarm or discomfort
    - asking abrupt or rapid questions
    - threatening or getting angry
    - making accusations, e.g. that the young person is attention-seeking
    - frustration if the support offered does not seem to be making a difference

- too much focus on the self-harm itself:
    - engaging in power struggles or demanding that self-harm should stop
    - ignoring other warning signs

- promising to keep things a secret.

It is helpful:

- when talking to the young person to:
    - take all self-harm seriously
    - listen carefully, in a calm and compassionate way
    - take a non-judgemental approach and try to reassure them that you understand that the self-harm is helping them to cope at the moment and that you want to help

- make sure they understand the limits of confidentiality
- if there are safeguarding concerns, follow local safeguarding procedures#
- help the young person to identify their own coping strategies and support network
- offer information about support services

- when talking to others to:
  - control contagion – look out for impact on the young person's peer group
  - offer support to peers as needed.

If a young person has self-harmed through self-poisoning, attendance at an emergency department is necessary. This is because it is often hard to quantify the risk involved following ingestion of a substance, so a cautious approach needs to be exercised. Emergency department attendance will help with evaluating both physical health and mental health risks. In self-injury the physical health risks may be more easily quantifiable since the result may be visible, as in cutting. This means that emergency department attendance to evaluate physical harm may not be necessary. However, the front-line professionals must pay attention to mental health and safeguarding risks, evaluate them in line with their training and expertise and act accordingly. A mental health risk assessment may also be needed.

Recommendation 4 - Front-line professionals should be able to carry out the basics of a mental health risk assessment.

This should include asking about the history of self-harming behaviour as well as trying to understand the part it plays in coping. It is critical to ask about suicidal ideation and any continuing suicidal intent. Basic family and social information should be gathered if not already known. It is worthwhile screening for characteristics known to be associated with risk, notably depression and hopelessness.
In some instances, a more extensive mental health risk assessment will be needed. If this is the case, there are various options, such as referral to an emergency department, referral to specialist CAMHS or consulting with colleagues. This must be decided on a case-by-case basis.

Input from schools

Recommendation 5 - Many school staff feel unskilled and unsupported in dealing with pupils' self-harm, so it is important that schools prioritise the self-harm training needs of their staff along with other mandatory training. This support is crucial for staff to feel confident in supporting young people in an effective, non-judgemental manner.

Collaboration between schools and statutory and voluntary agencies is crucial in the ongoing support of young people who self-harm, so that knowledge improves, service access is maintained and services build towards better outcomes for these individuals.

Roles of specialist CAMHS

Recommendation 6 - Young people who self-harm should be involved in the planning and delivery of training.

Emergency departments should seek the help of mental health service colleagues in training their staff.

All Tier 2 and Tier 3 staff should be trained in the assessment of children and young people who self-harm. This training should include knowledge of the Mental Health Act 1983 as well as capacity and consent. Training should include the impact of the stigma surrounding self-harm.

A number of useful publications and online resources are listed in the Appendix, in particular:

- MindEd e-learning modules, which offer free training about a broad range of mental health problems in children and adolescents, including self-harm; they are written with a general rather than a professional audience in mind, so are intended to have a wide reach
- general mental health resources include the *Toolkit for GPs* (Freer, 2013), about the mental health consultation in general practice
- *Mental Health in Emergency Departments– A Toolkit for Improving Care* (College of Emergency Medicine, 2013)
- Connecting with People's 4 Areas Assessment (Cole-King *et al*, 2011) gives a useful framework for assessing risk following self-harm.

Assessment and interventions for acute presentation to hospital

Recommendation 7 - In line with NICE guidance, young people under the age of 16 seen in the emergency department following acute self-harm presentations should be admitted. Admission should be to a paediatric, adolescent or medical ward or to a designated unit. This is indicated regardless of the individual's toxicological state so that comprehensive physical and psychosocial assessments can occur and management/crisis intervention can be planned and initiated.

Recommendation 8 - For 16- to 17-year-olds, a developmentally sensitive and risk-proportionate approach should be taken. The objectives continue to be detection of difficulties and high-quality mental health assessment and planning, focused on the most vulnerable young people. If these objectives can be met and safe discharge planned, then it is suggested that a young person aged 16–17 seen in the emergency department following an acute self-harm presentation does not always need to stay overnight. However, if in any doubt, admission should follow.

Mental health risk assessment and planning

Recommendation 9 - Where concerns arise about care quality or significant harm, joint assessment by social care and health services staff should be arranged, with local procedures to reflect this.

Joint protocols for the management of self-harm

Recommendation 10 - It is recommended that a consultant paediatrician (local lead) and a consultant child and adolescent psychiatrist be nominated as the joint service leaders. They should work together to ensure that protocols for assessing, caring for and treating young people who harm themselves are negotiated with and agreed between their employing trusts or directorates, where they are different. Additionally, they should press for the resolution of operational difficulties and delivery of appropriate training to paediatric ward and emergency department staff.

Acute presentation to hospital: roles and responsibilities of involved staff

Recommendation 11 - All professionals involved in the assessment and management of young people who self-harm, should ensure that good-quality care is provided in a non-judgemental, confidential manner, respecting the young person and their family with a view to emotionally supporting recovery and treatment. At all stages, unhelpful critical comments can raise barriers to future help-seeking and should be strictly avoided.

Liaison services for acute presentations to hospital

Recommendation 12 - An essential component of liaison provision is for arrangements to be in place for young people to be assessed on all days of the year, including weekends and Bank Holidays.

Professional engagement in digital lives

Recommendation 13 - It is critical for professionals to include an assessment of a young person's digital life as part of clinical assessments, especially when there are concerns about self-harm.

Parental involvement and supervision

Recommendation 14 - It is important for parents to be interested and engaged in their children's digital lives as early as possible.

Further Reading

HM Government. Preventing suicide in England: Two years on
Second annual report on the cross-government outcomes strategy to save lives. February 2015.

Mental Health Foundation.The truth about self-harm for young people and their friends and families. 2012.

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

NICE Clinical Guidance 16. Self-harm. The short-term physical and psychological management and secondary prevention of self harm in primary and secondary care. July 2004.

NICE Quality Standard for self-harm. NICE quality standard 34. June 2013.

NSPCC Inform. Young People Who Self-Harm: Implications for Public Health Practitioners (Child Protection Research Briefing). NSPCC. 2009.

Royal College of Psychiatrists. CR158 Self-Harm, Suicide and Risk: Helping People who Self-Harm: Final Report of a Working Group College Report. CR158). 2010.

Royal College of Psychiatrists. CR192 Managing self-harm in young people. RCPSYCH College Report. October 2014.