



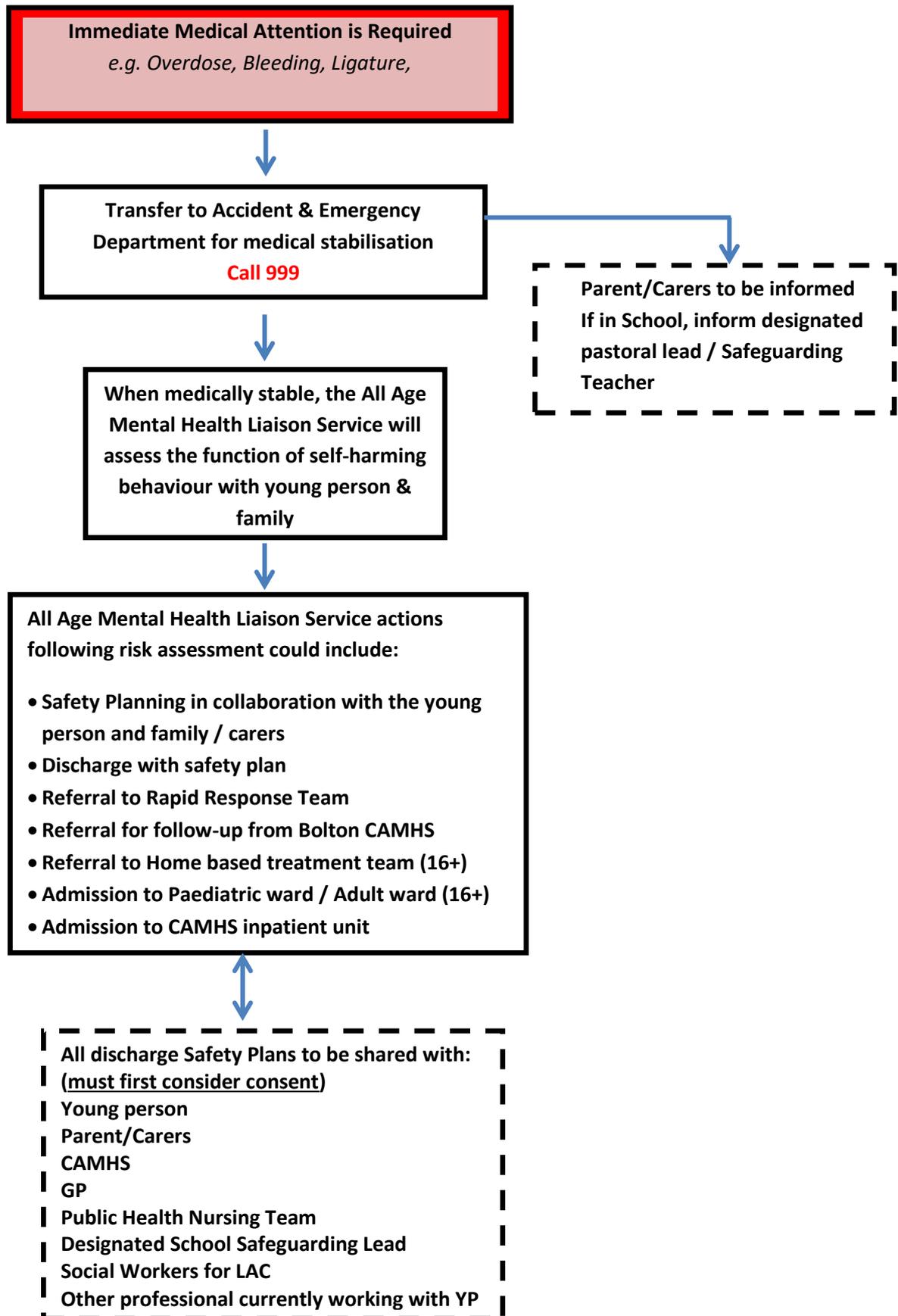
**Bolton Children and Young People's Pathway for
Action following Self Harming Behaviour or
Expression of Intent to Carry out Harmful
Behaviour.**

Pathways and guide for Professionals

May 2020
(Review May 2021)

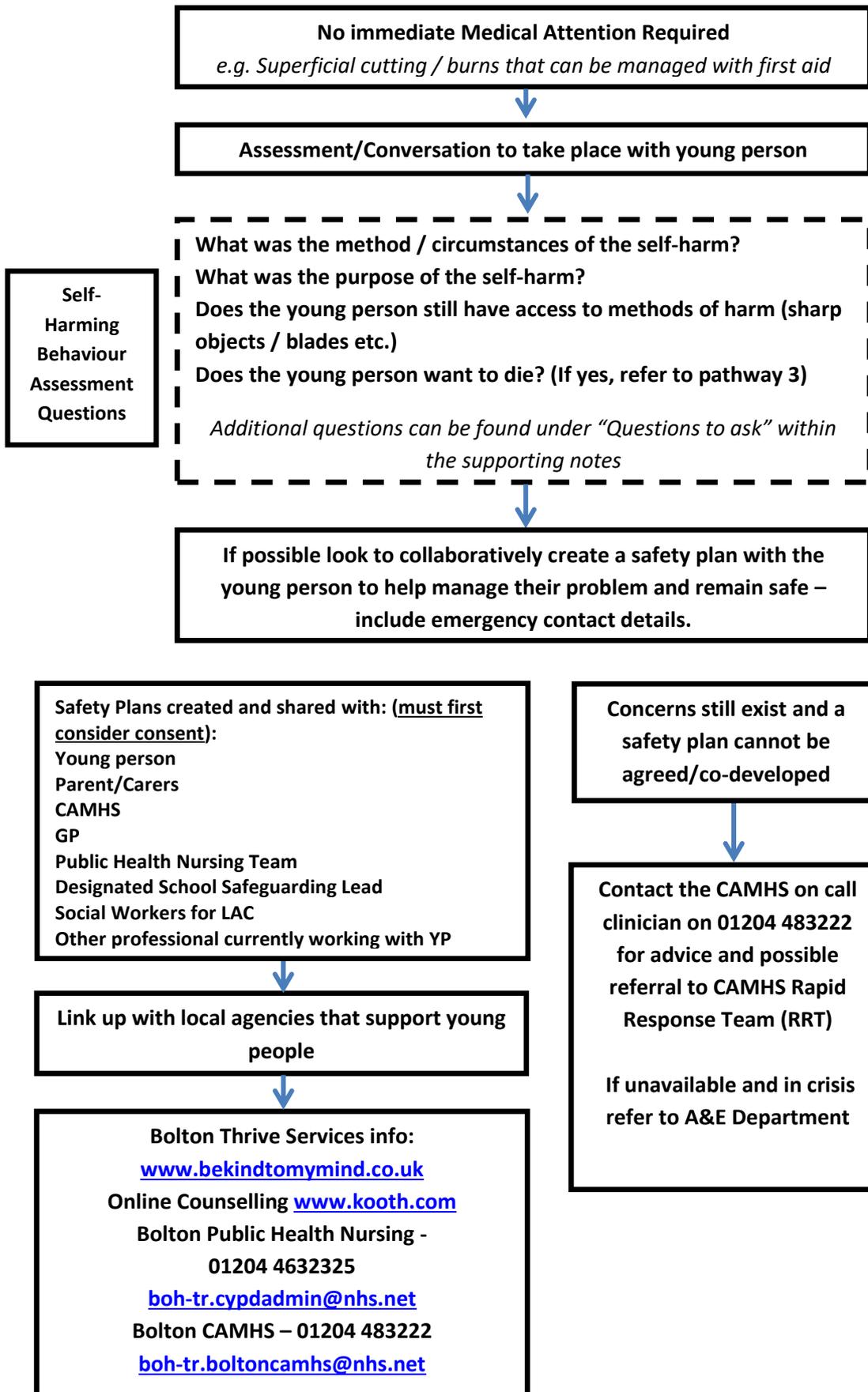


(1) Action when self-harming behaviour has occurred requiring immediate medical attention





(2) Action when self-harming behaviour has occurred and can be managed by a first aider / self-managed.





(3) Action when a young person is expressing thoughts of dying (harming themselves) in the absence of any self-harming behaviour / actions.

Young Person expressing thoughts of dying (harming themselves)

Assessment/Conversation to take place with young person

Assessment Questions

- Do they currently want to die?
- Do they have any plans to kill themselves? If yes, explore further to understand when and how?
- Hopes & plans for future including positive plans
- Background info (any previous self-harming behaviour)

Additional questions can be found under "Questions to ask" within the supporting notes

If possible look to collaboratively create a safety plan with the young person to help manage their problem and remain safe – include emergency contact details.
Share the plan

Safety Plans created and shared with: (must first consider consent):

Young person
Parent/Carers
CAMHS
GP
Public Health Nursing Team
Designated School Safeguarding Lead
Social Workers for LAC
Other professional currently working with YP

Link up with local agencies that support young people

Bolton Thrive Services info:
www.bekindtomymind.co.uk
Online Counselling www.kooth.com
Bolton Public Health Nursing -
01204 4632325
boh-tr.cypdadmin@nhs.net
Bolton CAMHS – 01204 483222
boh-tr.boltoncamhs@nhs.net

Concerns still exist and a safety plan cannot be agreed/co-developed

Contact the CAMHS on call clinician on 01204 483222 for advice and possible referral to CAMHS Rapid Response Team

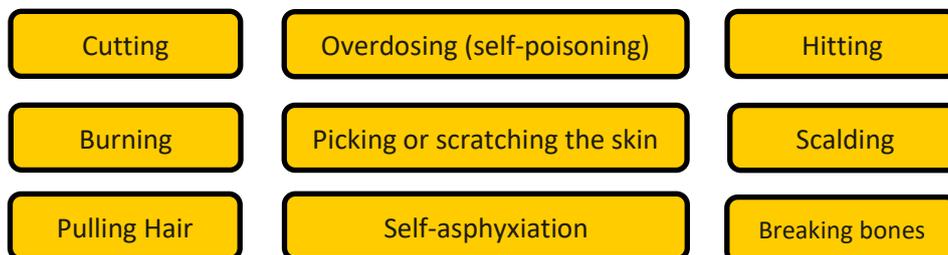
If unavailable and in crisis refer to A&E Department



Self-harming Behaviour – Support notes for Professionals

Self-harming behaviour is a likely indicator of compromised mental health and well-being. Following an act of self-harming behaviour the goal is to establish physical safety and an understanding of the young person's emotional state in an atmosphere of respect. If there is evidence of asphyxiation (ligature or similar) or self-poisoning then arrange for emergency physical checks at the nearest accident and emergency department. The aim of a helping conversation is to plan for safety, if there are any signs of depression, hopelessness, or continued ideas to end their life arrangements need to be made for additional emergency support.

Self-harming behaviour refers to any damaging activity that an individual inflicts upon themselves, some examples include:



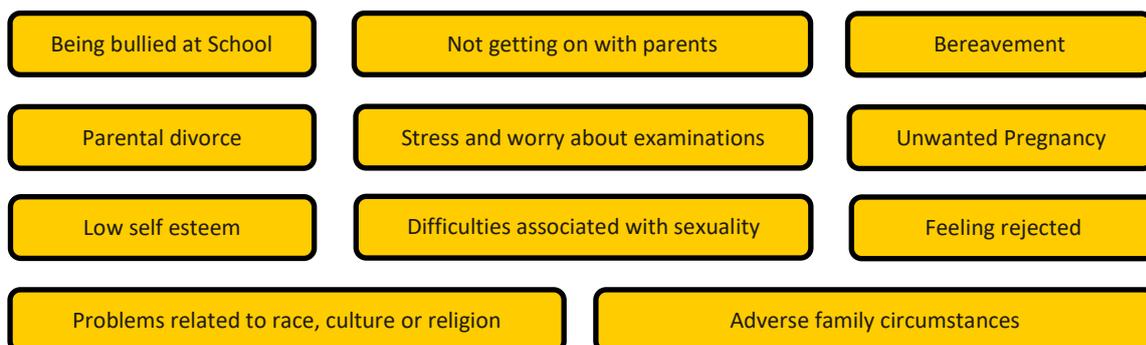
Reasons for self-harming behaviour may be different on each occasion so treat each occasion in its own right. The young person who has engaged in self-harming behaviour should be involved in all discussions and decisions about how to manage the situation.

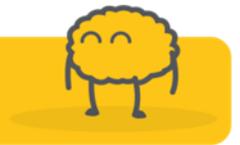
Consider offering emotional support to the family / carers of the person who has engaged in self-harming behaviour. Work collaboratively, person centred, share info with family, carers and support network. Senior staff should be consulted for support in decision making.

Specialist advice is available 9am – 5pm from CAMHS on call via 01204 483222

Factors contributing to self-harming behaviour:

Studies have shown that young people who are vulnerable; are looked after, in custody, victims of child sexual exploitation and those who are abused are more at risk of mental health problems including self-harm. Other risk factors identified by young people include:





Confidentiality and Consent

Young people cite fears of a breach of confidentiality as the main reason they do not disclose their self-harming behaviour to an adult¹

It is important that the child or young person is offered an honest explanation regarding confidentiality. The child should be assured that you will not discuss any confidential details with others unless it is necessary.

For children and young people under the age of 18, the position on information sharing is clearer than for adults. Professionals still have the same duties of confidentiality when sharing information, but information can be shared about a child or young person if this will protect them from risk of death or serious harm. In these cases, professionals can disclose information to an appropriate person or authority and will make a judgement on whether to share this information with the family or significant others (which would usually be the case) (NCCMH 2018).

The Consensus statement² on information sharing and suicide prevention, developed by the Department of Health with a number of medical colleges and professional bodies, sets out best practice for professionals: to routinely discuss with the child or young person whether they would like their family, carers or significant others to be involved in their care, how they might like them to be involved, and whether this has changed over time. If the child or young person has expressed that they do not wish their family or carers to be involved, the age and capacity of the person should be considered. A professional judgement must be made based on the person's understanding, mental capacity, their previously expressed wishes and what is in their best interests, Professional judgement should then guide what information is disclosed, along with the urgency of the disclosure (NCCMH 2018).

In circumstances where consent to share information is being disputed by the young person, consult with an appropriate senior colleague and / or refer for further assessment.

If there is a requirement for capacity decisions to be made this would indicate that arrangements need to be made for onward referral and further assessment by a professional with knowledge of the legal frameworks applying to children and young people.

If the young person is refusing to stay with you and you are concerned for their safety consider calling the Police who have powers to manage this situation.

¹ Mental Health Foundation, Camelot Foundation (2006). Truth Hurts; Report on the National Inquiry into Self harm among young people

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/271792/Consensus_statement_on_information_sharing.pdf



Questions to Ask

Self-harming behaviour should always be taken seriously, as it will inevitably reflect an attempt to manage a high level of psychological distress. Therefore, it is important to work with the child or young person to understand their motivations and to not assume the motivations for self-harming behaviour are the same every time. People have many motivations for self-harming behaviour and are not always intent on dying. Intent to die may not be evident early on, but often emerges over time (NCI 2018). This suggests that when self-harming behaviour is repeated consideration is given to onward referral and further assessment.

When working with children and young people who have engaged in self-harming behaviour there is often talk of assessing risk. While there are many factors associated with risk, evidence indicates that our ability to accurately predict risk is limited. This means that it is possible to both over-estimate and under-estimate the actual risk in a child or young person at a given moment in time. Research suggests that moving away from prediction to focusing on the needs of the person and seeing assessment as informing support plans³

Questions to consider asking:

- Is this the first time for self-harming behaviour?
If no, when was the first time?
- How often does self-harming behaviour take place?
- Can they think of anything that makes self-harming behaviour more likely?
- Where do they engage in self-harming behaviour?
- What methods do they use? (Prompt in case more than one)
- Do they have any friends/family who self-harm?
- Do they search social media for ideas of self-harming behaviour or talk to people who engage in self-harming behaviour?
- What helps the young person to distract from thoughts of self-harming behaviour?
- Times when do not act on thoughts of self-harming behaviour?
- What support is available from family/friends/professionals?
- Does the young person have hopes/plans for their future (immediate and longer term)?
- What does young person think needs to happen to help them feel better? (involving them in safety planning)
- Does the young person use substances, i.e. alcohol / cannabis and what is the function of this use?
- How are things at home, money, relationships, conflict, and safety?
- Does anyone else at home / friendship group engage in self-harming behaviour?
- Does the young person have any physical health issues they are dealing with?
- Does the young person have children / is a carer for family members?

³ National Collaborating Centre for Mental Health. Self-Harm and Suicide Prevention Competence Framework – Children and Young People. 2018



Self-harming behaviour and death

The most common methods of someone ending their life are hanging / strangulation and overdose. If any signs of these actions are revealed or the young person is searching for information about these methods, further assessment will be indicated.

Common factors leading to the ending of life are: family problems; bullying (including online); physical health conditions; self-harming behaviour; exam stress; bereavement and relationship problems. Searching the internet for methods to end life & messages on social media regarding ending life should be considered as high concern.

Half of females and a third of males who end their lives had engaged in self-harming behaviour in the 3 months before they died. Help following self-harming behaviour presents an opportunity to reduce risk.

There is no evidence that asking a young person whether they are having suicidal thoughts will put the thought in their mind if it were not there before.

Questions regarding thoughts about dying:

- Do you have any thoughts of ending your life?
- Have you thought about how you would kill yourself (a plan)?
- Do you have access to means of killing yourself (e.g. ropes, tablets, weapons)?
- How often do you have these thoughts and when did you have them last?
- What makes these sorts of thoughts more likely?
- What stops you acting on these thoughts? (family, pets, plans)
- Have you ever tried to end your life?
- Does the young person know anyone who has died from self-harming behaviour?
- Is anyone aware that you think about ending your life (family, friends, and professionals)?
- Are you in danger from other people (bullying, threats, and abuse)?

Consider onward referral for additional help if:

- Levels of distress are high or sustained
- The risk of self-harming behaviour is increasing or if the person does not respond to offers of help
- The person requests help from specialist services
- Levels of distress are high or sustained in the parents / carers despite attempts to help
- **There is mismatch between what the young person wants, e.g. to help them cope with negative feelings and the danger of the self-harming behaviour e.g. hanging**



How to Help Children and Young People

Children and young people engaging in self-harming behaviour can be helped by:

- Recognising and acknowledging their distress
- Listening and taking them seriously
- Developing problem solving skills
- Staying calm
- Being clear about the risks
- Letting them know it is possible to get help to stop

There is evidence to suggest that skilled support at the time of the first episode of self-harming behaviour offers an opportunity for preventing further self-harming behaviour⁴

Your place of work (school / youth group/professional setting) should have a system for monitoring those people who have needed assistance following self-harming behaviour.

Consider having an identified person in each setting that young people can talk to about self-harming worries for self or friends.

Training for Professionals

The MindEd e-learning platform has a range of **free** training modules specific to suicide and self-harm prevention. To access the training, click [here](#)

Bolton Safeguarding Children Partnership delivers an annual multi-agency safeguarding training programme. The programme is open to anyone who works with children, young people, their parents or carers in Bolton and is free to access. Further information can be found [here](#)

Resources to use with Children, Young People and their Families

The following 5 pages contain a series of resources to assist Professionals to support young people who have engaged in self-harming behaviours. These include:

1. **Information Leaflet**
2. **Safety Plan Template**
3. **Problem Solving Worksheet**

The appendices have not been labelled to allow Professionals to print the require sheets directly from this document.

Sources:

Pathway and guidance has been developed in line with NICE pathways⁵ and clinical guidance⁶

⁴ NSPCC, (2009) Young people who self-harm: Implications for public health practitioners.



ADVICE FOR YOUNG PEOPLE & PARENTS / CARERS FOLLOWING SELF-HARMING BEHAVIOUR

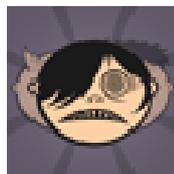
This advice is given to try and help increase safety for the young person.

- Ask that **any** medication is handed over to parents/carers and is locked away.
- Invite the young person to hand over any items they have used to hurt themselves. Alongside talking about any difficulties, this can be a good beginning to recovery.
- Keep doing things that reduce stress, such as listening to music, watching 'funny' YouTube videos or your favourite shows on Netflix or DVDs.
- Talk, text and message friends, the ones that make you feel better. If going out invite the young person to say where they are going out, who with and agree a home time.
- Encourage talking, about interests and how the day has been.
- Invite the young person to let an adult know if they are having further thoughts about self-harming behaviour. If it's hard try to think of a signal, such as a word or number.
- Try to identify any problems that need solving and try to work on these together, e.g. I don't like P.E. on Tuesday's.
- **If things are tough, don't forget to look at your 'Safety Plan' and any problem solving work.**

You might try some free Apps that can be helpful (App Store & Google Play):



Provides activities that can help distract you.



Stressheads turns your phone into a stress killing machine!



Provides lots of websites and telephone numbers.



In Hand aims to focus you on where you're at.

You might want to take a look at the following websites:

- **Recover Your Life** -: www.recoveryourlife.com
- **The Site, your guide to real life for 16-25 year-olds** -: www.thesite.org.uk
- **The Mix** -: <http://www.themix.org.uk/>

You may consider the following sources of information to help support you:

- **Royal College of Psychiatrists** Website: www.rcpsych.ac.uk/mentalhealthinfo
- **The Safe Zone** Website: www.thesafezone.co.uk/parents/self_harming
- **YoungMinds** Website: www.youngminds.org.uk
- **National Self-Harm Network** Website: info@nshn.co.uk .

⁵ <http://pathways.nice.org.uk/pathways/self-harm>

⁶ <https://www.nice.org.uk/guidance/cg16/resources/selfharm-shortterm-treatment-and-management-pdf-189900253>



The following services also have help lines that you or your young person might consider contacting to help support you both:

- **The Samaritans** Website: www.samaritans.org (Helpline 08457 909090)
- **Papyrus** Website: www.papyrus-uk.org (Helpline 0800 0684141)
- **ChildLine** Website: www.childline.org.uk

If none of these ideas appear to be helping and it is not possible to cope with the self-harming behaviour urges then encourage the young person to be with someone they feel safe with and consider getting emergency help at the nearest Accident and Emergency Department.

REMEMBER – TRY TO STAY SAFE AND THERE ARE PEOPLE WHO CAN HELP

My Safety Plan

Name:

Completed with:

Date:

Warning signs- 'I'm starting to become stressed':

- What's going on?
- Thoughts
- Feelings
- Behavior



Something I'm looking forward to:

Things I can do that help:



Things I can say to myself:

People who can help me and when are they around?:



My worker:

Useful contact numbers:

CAMHS: 01204 483222

Childline: 0800 1111(Anytime)

My next appointment is:

I have a copy of the CAMHS advice for young people who self-harm:

A Guide to Problem Solving



1) **STOP**: What's the problem?

Who: _____ When: _____

Why: _____ Where: _____

What: _____

2) **THINK**: What can I do?

Try to think of as many solutions as you can. Don't worry about whether they're good or bad ideas, just brainstorm!

Possible ideas for solutions:

1) _____

2) _____

3) _____

4) _____

..

3) **EVALUATE:**

What are the pros and cons of each solution?

| Solution | Pros | Cons | Rating 0-10 |
|----------|------|------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Pick the best solution and circle it.

4) **ACT**: Try your solution out.

5) **REACT**: Did it work?



If it did, GREAT! If it didn't, either try it again or go back to the drawing board and pick another solution to try out.