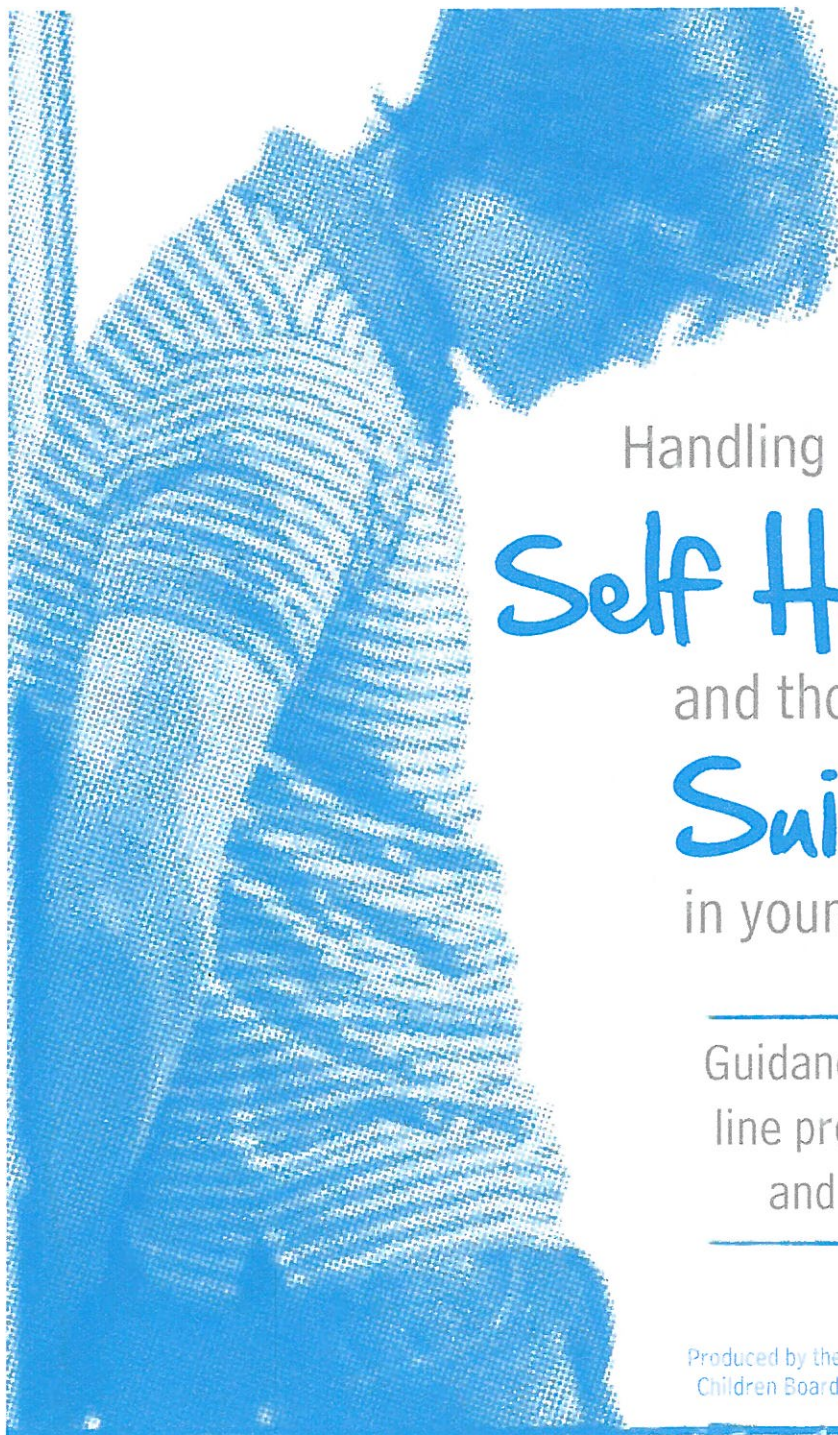




Handling issues of

Self Harm

and thoughts of

Suicide

in young people

Guidance for front
line professionals
and volunteers

Produced by the 5 Local Safeguarding
Children Boards of South East Wales



monmouthshire
sir fynwy



This guidance has been produced for professionals and volunteers to:

- Raise awareness about self-harm and suicide.
- Help YOU support young people affected by self-harm and/or thoughts of suicide

Self Harm

Self harm is the name given to any deliberate act of self-injury or behaviour intended to cause harm to someone's own body. It commonly takes the form of cutting or burning, but can include self-destructive behaviours such as excessive drinking and suicide attempts.

Youth Mental Health First Aid – Wales Assembly Government

Statistics

- The number of young people contacting Childline increased by 68% during 2011/12 – 1214 young people (mainly 13-16 year olds) counselled by Childline in 2011/12 compared to 809 the previous year – 80 counselling sessions everyday!*

- Self harm shows a high prevalence among females aged 15-19.
- Ratio of male to female self-harmers is approximately 1:4. One male to every 4 females who self-harm.
- An estimated 10% of all secondary pupils self-harm (including self injury and eating disorder) in the UK - one in ten.
- 40-60% of suicides have at least one previous episode of deliberate self harm – although not all people who self harm will go on to commit suicide.

* 2011/12 figures from Childline: main reason for contact (1) 39,683 contacts for family relationships (2) 31,599 contacts for bullying (3) 17,542 contacts for physical abuse (4) 16,264 contacts for self harm and (5) 15,993 contacts for sexual abuse.

"For suicide and self harm prevention to be successful it has to be truly everybody's concern"

Signs of Self Harm

There are a number of signs that may indicate that a person is self harming. These include:

- Obvious cuts, scratches or burns that do not appear of an accidental nature
- Frequent 'accidents' that cause physical injury (however, this could be an indication of physical abuse).
- Regularly bandaged arms and/or wrists
- Reluctance to take part in physical exercise or other activities that require a change of clothes
- Wearing long sleeves and trousers even during hot weather.

The most common ways of self harming include (ranked in order):

- Cutting
- Burning
- Banging or scratching one's own body
- Interference with wounds
- Hair pulling
- Breaking bones

It is useful to also consider additional risk factors which increase the possibility that a person will self-harm. These include:

- Low self-esteem
- Perfectionism
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder
- Problems at home or school including being missing
- Neglect, physical, emotional or sexual abuse
- Drug and/or alcohol misuse or risk taking behaviour
- Out of character behaviour
- Victims of bullying or young people who bully others
- A sudden change in friends or withdrawal from a group
- Lack of interest in usual school activities an overall decline in grades/decrease in effort.

"It is not helpful to think of self-harm as manipulative or attention seeking. For most it is hidden. It is often not just a phase" or easily stopped."

How to help a young person who is self harming

If you are concerned about a young person and have noted some signs and indicators of possible self-harm, it is important that you raise this with the designated Child Protection Officer in your own organisation and agree a response.

Talking to the young person about your concerns at a safe and appropriate time may well encourage a young person to open up, or allow you to provide reassurance or suggestions as to where they could get help in the future. Bear in mind that it may take time for a young person to open up and make a disclosure about self-harm, so it is important to give them more than one opportunity to talk.

There is specific information for young people at the back of this booklet. The immediate response of practitioners in relation to helping a young person who is self harming is vital.

Important messages are communicated to the young person in how they are treated and made to feel if a practitioner knows about their self harm.

If a young person discloses self harm or if a practitioner finds them self harming it is important to follow the points on page 5.

There are some differences in what girls and boys do:

Girls tend to develop eating problems, take tablets or cut themselves.

Boys tend to opt for self harming which might involve more violence: this can lead to a higher possibility of death.

For a new injury requiring medical attention:

1. Remain calm.
2. Take the young person to a safe/quiet/appropriate place e.g. office not in a corridor or open space!
3. Follow the normal first aid procedures. This may involve someone responsible for first aid screening the injury. In line with first aid procedures there may be incidences when a child may require direct access to Accident & Emergency Services.
4. It will be helpful for you or the person to whom the disclosure has been made, to remain with the young person.
5. If the young person has disclosed the reason for self harm is because of abuse, you should contact Social Services immediately and they will inform you of appropriate next steps.
6. When the immediate danger to the young person is over, contact the designated Child Protection Officer in your organisation.
7. Contact parent/carers at appropriate time (in line with First Aid procedures). If the child is medically unwell as a result of their deliberate self harm, for example, through overdose or deep cuts needing specialist medical attention the parents/carers will need to be informed.
8. Talk to the young person, being non judgemental. It is helpful to listen and to not make the person feel ashamed of what they have done.
9. Ensure the young person is safe until an appropriate person (more likely a parent) collects them – taking note of point 5, an appropriate person would not be a person who the young person has disclosed abuse against.
10. Discuss with the designated Child Protection Officer in your organisation the next steps and how you will monitor the young person and which agencies to involve. The minimum response would be to speak to the young person when they return to your setting and offer support if needs be – point them to the young people's information in this book – let them know that you are there to listen if they need you.
11. Support and advice for the professional can be accessed through the primary mental health team in your area - see numbers at the back of this book.
12. If in school you will need to inform school health nurse of any injuries.
13. Write down and log all information, discussions and decisions made.

If the injury does not require immediate medical attention:

The first conversation

1. Remain calm.
2. Take the young person to a safe/quiet/appropriate place e.g. office not in a corridor or open space!
3. Do not immediately focus on the injury but offer general comments that are non judgemental. Move towards talking about the injury as a secondary issue. Ensure to listen to the young person in an empathetic way.
4. It is more often that a desire to die is not the main drive for self-harm. The following questions can then be helpful: (ensure you record responses for later)
 - Ask what they did?
 - If it was planned or impulsive?
 - If drugs or alcohol were involved?
 - Where and how they learned to self harm?
 - If they know anyone else who self harms?
 - If anyone knows they do... and what do they think?
 - Is there anything that triggers the self harm?
 - How do they self harm normally?
 - When they manage to cope without self harming what alternatives do they find work?
5. Highlight the children's information at the back of this booklet to the young person.
6. Acknowledge their bravery in opening up.
7. Acknowledge that things must be hard for them.
8. In all cases, hold a discussion with the young person, on how, and when to discuss with parents/carers, offering support to do this if possible.
9. Explain that the designated Child Protection Officer will be contacted. S/he will try to help. If necessary a referral will be made to other appropriate agencies to get help.
10. For high risk self harming behaviour where the child/young person is at risk of significant harm (Child Protection Procedures should be followed and Social Services should be contacted, numbers at the back of this booklet) then you must share information with a parent/carer and relevant professionals in order to promote their safety and wellbeing. This is not conditional on obtaining consent and should not discourage professionals from acting in the best interest of the child/young person.

11. 'Close' the conversation by explaining that you or the designated Child Protection

Officer will help and are available to listen and talk further. If the young person is unsafe to be left, do not leave them until later. Arrange to meet the young person again, possibly within 24 hours – tell them that you are there to listen to them at any time.

Follow up (same day, definitely within 24 hours):

1. Contact the designated officer(s) in relation to Child Protection or self harm if there is such a person. Consider if a child protection issue has been disclosed, if so, follow Child Protection Procedures.
2. The designated Child Protection Officer may need to meet the young person for a discussion. This is likely to be best with you - the practitioner who the young person disclosed to.
3. It is good practice to get the young persons agreement for a disclosure to his/her parents and to reassure him/her that this could be managed sensitively and carefully - parents could be helped to see it from the young person's point of view.
 - However, there may be cases when parents have to be informed without the young persons agreement (duty of care) when the risk to the young person's safety and not telling parents outweighs the risk of engagement with the young person.
 - There may be cases where it would not be appropriate to inform parents (for example where certain Child Protection issues are disclosed in which case Child Protection procedures would be followed and Social Services would be informed - example a disclosure of abuse/domestic abuse against parents that is causing the self harming behaviour).
4. Consider the previous point and contact parents/carers if appropriate. You may want to set up a meeting with the parents.
5. If a young person strongly disagrees with their parents being informed, then you will need to follow your organisation's procedures on competence and confidentiality. If in doubt you and the Child Protection Officer should contact your appropriate manager and a fellow professional such as a social worker or primary mental health worker – numbers at the back of this booklet.
6. Write down and log all information/discussions/meetings and decisions made.
7. If you feel further help is needed there are a number of organisations with their contact numbers at the back of this booklet - for example:
 - Social Services
 - Education Services
 - Primary Mental Health Team
 - Specialist Child and Adolescent Mental Health Services (SCAMHS)
 - Their GP or the GP Out Of Hours Service
 - School Based Counsellor contact the school that the young person attends

Suicide

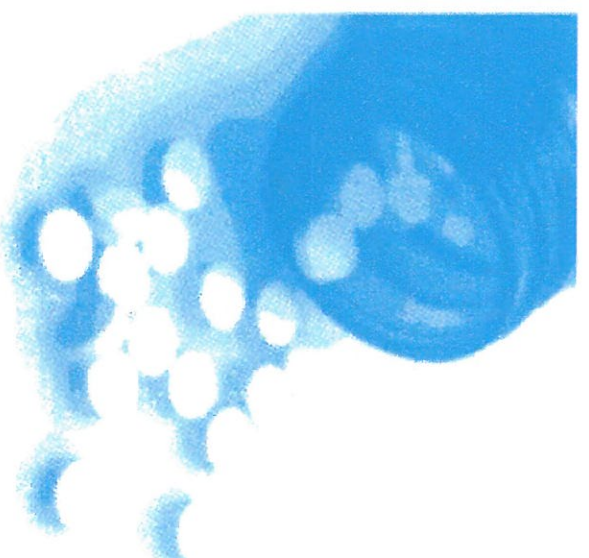
The definition of suicide is dependent on intent. A coroner will return a verdict of suicide only if there is clear evidence, beyond all reasonable doubt that the individual intended to kill themselves and the death was self inflicted.

Suicidal ideation is a term often used medically to describe when a person has thoughts of suicide which varies from a fleeting thought to the construction of a detailed plan.

Statistics

- Suicide is the most common cause of death in the UK in boys and men up to 35 years of age.
- The number of young people – mostly 15-17 year olds - contacting Childline about suicide increased by 39% during 2011/12
- Only 1 in 5 16-24 year olds with suicidal thoughts seek help.
- 40-60% of suicides have at least one previous episode of deliberate self-harm.
- Suicide is an important public health issue and a significant cause of distress to those affected by it. In Wales suicide is most common in males aged 15-44, the rate for this age group in 2009 was 18.8 per 100,000. Suicide rates for women have been consistently lower than for men at a rate of 4.3 per 100,000.

In many countries, suicide is now one of the three leading causes of death among people aged 15 to 34 years.



Signs of Suicidal Ideation

Most suicides are impulsive acts with few signs of intention but some possible indicators are:

- What they say - it is important that any disclosure of suicide or suicidal thought is taken very seriously and acted upon
 - Alcohol and drug use: 1 in 3 adolescents are intoxicated at their time of death.
 - A previous suicide attempt (between one quarter and one third of adolescent suicide victims have made a prior attempt).
 - Giving precious items away.
 - Morbid thoughts.
 - Sudden interest in death.
 - A sense of hopelessness regarding the future.
 - Serious depression.
 - Mental health issues.
- Are they alone or in protective company?
 - Have they actually made attempts in the past?
 - How do they intend to take their own life?
 - Have they got plans to carry out these actions? The greater degree of planning the greater the concern should be e.g. have they written a suicide note?
 - Clarify whether they have already acted upon their thoughts (for example, have just taken an overdose. If yes, then ask what they took? Have they got the bottle or pack? Remove from them).
 - Are they talking about taking their own life?
 - Are they talking of taking action now?
 - Have they got plans to carry out these actions? The greater degree of planning the greater the concern should be e.g. have they written a suicide note?

How to help a young person who has suicidal intent

If a young person discloses suicidal thoughts:

1. Reassure them that they are right to have told you.
2. Assess whether there is an imminent risk that they will act upon these thoughts.
3. Discuss the following questions:

- Are they talking of taking action now?
- Are they talking about taking their own life?
- Have they got plans to carry out these actions? The greater degree of planning the greater the concern should be e.g. have they written a suicide note?
- Clarify whether they have already acted upon their thoughts (for example, have just taken an overdose. If yes, then ask what they took? Have they got the bottle or pack? Remove from them).
- How do they intend to take their own life?
- Have they actually made attempts in the past?
- Are they alone or in protective company?

If you believe that there may be an imminent risk:

1. Try to calm the young person.
 2. Do not leave the young person alone.
 3. If the young person has taken an overdose then the young person should be taken to A&E immediately – an ambulance should be called for.
 4. Formulate a plan to deal with the immediate situation. This should include:
 - Contacting the parents or guardians - the young person should not be allowed to return home alone.
 - Seek urgent advice from specialist services and ensure that the young person is accompanied to attend these services.
 - Social Services should be contacted first – as this is a direct child protection concern.
 - (on call GP) Their own GP Mon-Fri 08:00 – 18:30, GP Out Of Hours service at other times & Bank Holidays.
 - A&E (if there has been an overdose or injury attendance at A&E is the priority).
 - On call Specialist Child and Family Psychological Health Service (SCAMHS) 01633 436831 (Monday - Friday 9-5) or 01873 732732 outside these hours.
 5. Once you are satisfied that you have eased the immediate crisis:
 - Contact the designated Child Protection Officer within your organization. Discuss with the Child Protection Officer next steps and how you will monitor the young person and which agencies to involve.
 - Contact Social Services.
- Above are the only circumstances in which the police would be required to do something which no-one else could do.

If you do not believe that there is an imminent risk, but you are still concerned:

1. Talk to the child/young person and reassure them that they should come back to you if they continue to be troubled or want to talk more, ensure the young person that you are there to listen.
2. Provide the child with advice on who else might be able to help – direct them to the young people's information at the back of this booklet - and together, work out a practical plan for what to do if these thoughts and feelings reoccur.
3. Help the child/young person understand that you will need to inform the Child Protection Officer to help keep them safe and also parents/guardians.
4. Contact the designated Child Protection Officer in your organization and discuss with the Child Protection Officer next steps and how you will monitor the young person and which agencies to involve.
5. Log all information/discussions/meetings, the decisions made and the reasons for the decisions.
6. Contact Primary/Mental Health Team or specialist Child and Family Psychological Health Services (SCAMHS) for further advice if needed.



Self harm and Suicide – What else can you look out for?

It is recognised that some children and young people are at greater risk than others and a range of support can be offered through universal, targeted or specialist services.

Certain circumstances may lead to an increased risk of suicide and self harm, these include:

- Young people with a severe mental illness, diagnosed schizophrenia, particularly during the early phase after diagnosis.
- Young people with depression.
- Young people who misuse substances.
- Young people with long term health conditions such as Chronic Fatigue Syndrome.
- Young people who are gay, lesbian, bisexual, or transgender.
- Some people with disabilities, for example children and young people who are deaf or hard of hearing.
- Young People who have been sexually abused or bullied.
- Young people who have histories of abuse and neglect.
- Young people who have experienced the suicide of family members or peers.

However, it is important to recognise that none of these risk factors may appear to be present.

Seeking advice

There are several routes a practitioner can take in seeking external advice:

- IN ALL CASES hold a discussion with the young person, on how and when to discuss with parents/carers, offering support to do this if possible.
- Contact parents/carers at appropriate time – if you are unsure if this is the correct action seek advice from Social Services in your area.
- In most cases the parents should take the young person to their GP to ensure physical health considerations have been assessed. The GP can access Special Children and Mental Health Service (CAMHS) or Primary Mental Health Care Advice. However, any professional who has assessed the young person can make a referral to CAMHS if this is appropriate – parent's permission will be required.
- Access advice from Social Services if unsure of any of the above (Emergency Duty Team if out of hours).
- Access advice from Primary Mental Health Care Team on what to do regarding mental health concerns.
- If the young person is still receiving an education, access advice from School Health Nurse, Educational Psychology and Behaviour Support Service on what to do and how to support the young person.
- Log all information/discussions/meetings, the decisions made and the reasons for the decisions.

All the numbers for the agencies are included at the back of the booklet.

Confidentiality

When a young person discloses, adults need to explain that they may not be able to keep the information confidential but may need to pass it on to parents and/or other professionals.

Staff should not work in isolation with a young person who is self harming or expressing suicidal thoughts. Staff will need support and the opportunity to debrief and share concerns.

Confidentiality guidelines in relation to child protection will need to be adhered to. A young person will need to be helped to understand the limits of confidentiality.

Confidentiality needs to be sensitively managed and information shared on a 'need to know' basis. Not all practitioners in your setting would need to be informed about a young person self harming but appropriate key staff would need to be informed – this will be a decision for the organisation to determine.

Please see later section on information sharing in this booklet.

Support for professionals and volunteers

Working with distressed or traumatised young people can clearly take its toll on those professionals offering support. It is very important that professionals make opportunities to find ways to maintain their own health and well being.

This may include opportunities for debriefing, supervision or stress management. For example, a member of staff who has been working with a young person who self-harms will need opportunities to talk to the designated Child Protection Officer in the organisation or other appropriate supportive senior colleagues.

Relevant policies, guidelines and procedures should be in place and promoted amongst all staff. External support is available from other agencies, for example, Local Authority (Social Services) Child Protection Officer, Educational Psychology Service and Mental Health Services.

Supporting the Young Person

A young person who is self harming or has suicidal intent will need to be offered support. Ideally the initial practitioner involved should remain the main contact or source of support particularly if the young person has chosen to disclose to him/her. The designated Child Protection Officer in your organisation will remain involved either in a role supporting the young person or supporting a practitioner who may be supporting the young person.

If inter-agency work is needed then both the initial practitioner and the designated Child Protection officer may have a role to play in maintaining lines of communication.

The nature of support offered to the young person will depend upon the identified causes of stress/distress. Support will be identified through talking and listening to the young person and planning support strategies with them.

Next Steps to be taken if a child protection issue has been identified or disclosed

- If you have child protection concerns or a child has disclosed specific abuse (physical, sexual, emotional or neglect) that is causing them to self harm or contemplate suicide; a referral to Social Services will have to be made.
- A multi-agency referral form (MARF) will need to be completed and returned to your local Social Services department - please contact your local Social Services department or Child Protection Officer for a copy if needed.
- If an urgent response is required a referral can be made via the telephone. If there are concerns about the need to safeguard the welfare of a child or young person then the All Wales Child Protection procedures should be followed. Following the referral to the Social Services department an initial assessment will be completed, if appropriate, to establish if the child is in need or in need of protection.
- Those with concerns should ensure there is appropriate documentation of their concerns, decisions made and actions taken. A full, written and dated record detailing the disclosure (using the child's/ young person's own words) with whom the information was shared and why the decision to share the information was made as per agency recording procedures.

Tips for practitioners

Simply being available, whenever possible, to talk to a child who self-harms can make all the difference, as feelings of isolation are often part of the problem. Work with these young people in particular on communication skills, and focus on the following:

- **Let them know that self-harm is common and individuals who do it are by no means alone.** Make sure that they know who they can go to in your local area for expert help (see useful numbers at the end of this guide). Some practitioners suggest asking children who self-harm to think about what changes they would like in their lives and environment, in order to stop harming themselves is useful.
- **The immediate response of practitioners in relation to helping a child or young person who is self-harming is vital.** Important messages are communicated to the child or young person in how they are treated and made to feel. If the injury/incident requires immediate medical attention contact your local GP/hospital.
- **Children who self-harm require emotional, and sometimes medical, support.** Specialist health care providers can offer targeted advice and specific help. Counsellors can signpost to appropriate agencies/information.

Information sharing/confidentiality/informing parents

Information sharing

In some circumstances where there is concern about the health, welfare or safety of a child or young person then information needs to be shared with those who can help. In most circumstances this will be with workers known to the child or those in agencies who can undertake an assessment of need e.g. social services.

What information?

In all cases this will need to be personal and sensitive information about the child/young person that is relevant to their circumstances and current situation and any observations that have been made, or things that the child/young person or others have said.

Is consent needed?

The law states that any child/young person with sufficient understanding can give and withhold their consent to sharing information about their personal circumstances. In all cases the preference would be to gain the child/young persons trust and cooperation in sharing the information about them and for them to know what is being shared and with whom and the expectations of sharing this information.

In some situations the child/young person may withhold their consent. In these circumstances consideration should be given to whether not sharing the information may place the child/young person at risk of significant harm. If a child discloses that they have been abused/neglected then that information **MUST** be shared with Social Services with or without the young person's consent.

Involving Families

The parents/carers of young people are often best placed to provide them with the support and assistance they need and should be involved unless there are reasons that indicate that this would increase risk to the child/young person.

The permission of the child/young person should be sought before sharing information with the parents and agreement about how best this should be undertaken. However, if a competent child does not want information shared with parents then consideration should be given to whether not sharing the information may place child/young person at risk of significant harm. If in doubt speak to a fellow professional such as a Social Worker for further advice.

Requests for information

When assessments are being undertaken in order to assist a child/young person, information may be requested by statutory partners. In these circumstances it is appropriate to ask whether consent has been obtained from the young person and the extent of this consent. Social workers making enquiries under child protection procedures may do so without consent when undertaking their statutory duties.

National Numbers

Childline

- Tel: 0800 11 11
- www.childline.org.uk
- A confidential helpline for children and young people. There are volunteers available to talk to you by phone and online 24 hours per day.

Young Minds

- www.youngminds.org.uk
- enquiries@youngminds.org.uk
- Provides a range of information for anyone who has concerns with the mental or emotional wellbeing of children and young people.

Stamp Out Suicide!

- www.stampoutsuicide.org.uk
- Points of contact for those feeling down, depressed and/or suicidal

MEIC

- Tel: 080880 23456
- www.meicymru.org
- Text: 84001
- A national helpline that gives advice and support to young people. Young People and Self Harm

Mental Health Foundation

- www.selfharmuk.org
- This is a website for children and parents. It covers a range of mental health problems but has a useful section on self injury

National Self Harm Network

- www.nshn.co.uk
- A website that supports people who self injure their family and friends
- www.selfharm.org.uk
- This is a website that gives information for young people, family, friends and professionals.

Samaritans

- www.samaritans.org.uk
- jo@samaritans.org
- Provides confidential emotional support 24 hours a day.

Schools Based Counselling Service

- Every comprehensive school has a trained and qualified counsellor who a young person can talk to confidentially about anything that is worrying them. Young people can pick up a leaflet at school to arrange an appointment, pop in to see them, ask a teacher or other member of staff. They can also contact the local Youth Service who will put them in touch.

- Blaenau Gwent specific Kooth.com is a free and confidential online service for young people that provides counselling, information, advice and guidance on a range of issues.
W: www.kooth.com

Legislative Background:

Safeguarding Children: Working Together Under the Children Act 2004 sets out how all agencies and professionals should work together to safeguard children and young people.

The All Wales Child Protection Procedures (AWCPP) is a set of procedures that were produced on behalf of all Local Safeguarding Children Boards in Wales. The procedures provide a very detailed guide that outlines child protection responsibilities and offers very detailed information on how to keep children safe.

Welsh Government have also produced a national action plan to reduce suicide and self harm 2008/13: Talk to Me.

For more information or links to the above documents contact, South East Wales Safeguarding Children Board (SEWSCB).

Local Safeguarding Children Board

Penallta House
Tredomen Park
Ystrad Mynach
Hengoed
CF82 7PG
T: 01495 226622
E: info@caerphilly.gov.uk

Contacts

Blaenau Gwent

- Primary Mental Health Team 01495 363249
- Social Services 01495 315700
- Education Services including education psychology and behavioural support 01495 357890
- Youth Services signposting, information, advice and guidance for parents and young people on a range of issues. 01495 355811
- Family Information Service 08000 32 33 39
- W: www.01495info.com

Caerphilly

- Primary Mental Health Team 02920 888904 or 02920 889617
- Social Services 0808 100 1727
- Youth Services signposting, information, advice and guidance for parents and young people on a range of issues. 01443 863197
- Education Services including education psychology and behavioural support 01443 866651
- Family Information Service (01443) 863232
- E: fis@caerphilly.gov.uk
- W: www.caerphilly.gov.uk/fis

Monmouthshire

- Primary Mental Health Team 01873 735549
- Social Services 01291 635669
- Youth Services signposting, information, advice and guidance for parents and young people on a range of issues. 01873 833200
- Education Services including education psychology and behavioural support (01633 644512)
- Family Information Service 01633 644527
- W: www.monfis.org.uk

Newport

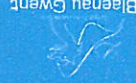
- Primary Mental Health Team 01633 261850
- Social Services 01633 656656
- Youth Services signposting, information, advice and guidance for parents and young people on a range of issues. 01633 414650
- Education Services including education psychology and behavioural support 01633 656656 – request Education Psychology
- Family Information Service 0800 328 84 83
- W: www.newport.gov.uk/fis

Torfaen

- Primary Mental Health Team 01495 765785(6)
- Social Services 01495 762200
- Youth Services signposting, information, advice and guidance for parents and young people on a range of issues. 01633 648124
- Education Services including education psychology and behavioural support 01495 766962
- Family Information Service 0800 0196330
- W: www.torfaenfis.org.uk

Other useful contacts

- SCAMHS 01633 436831
- Hours Service (Monday - Friday 9-5) 0800 328 4432
- Gwent Police 01633 838111
- GP Out of Hours Service 0845 6001231



In the words of young people Information for Young People about self harm

What is self harm?

Self harm is when people set out to hurt themselves or damage their health deliberately – sometimes this is done in secret. Self harm can include cutting, burning, bruising or poisoning, but does not normally mean that someone wants to take their own life.

If you ever feel like hurting yourself, please remember that you are not alone and help is available.

Often these things build up until the young person feels they cannot cope anymore. Self harm can be a way of trying to deal with or escaping from the feelings these situations can cause. It can also be a way of showing other people that something is wrong in their lives.

Why do young people self harm?

Self harm is often a way of trying to cope with painful and confusing feelings. Some things that young people who self harm talk about include:

- Feeling sad or feeling worried
 - Not feeling very good or confident about themselves
 - Being hurt by others: physically, sexually or emotionally
 - Feeling under a lot of pressure at school or at home
 - Losing someone close; this could include someone dying or leaving
- There may be other reasons not listed here

When difficult or stressful things happen in someone's life, it can trigger self harm. Events that might lead to self harm include:

- Being bullied
- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams

How can you cope with self harm?

Replacing the self harm with other, safer, ways of coping can be a positive and more helpful way of dealing with difficult things in your life. Some things that might help include:

- Finding someone to talk to about your feelings (this could be a friend or family member, a youth worker or teacher)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings: writing and drawing about your feelings may help
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

Getting help

It is important that young people can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

This could be:

- A trusted family member
- Friend
- Youth worker
- Someone at your school (teacher, school counsellor) or
- Your GP (the doctor you see when you are ill)

Information leaflets are available from

www.nch.org.uk

Help lines



Childline

24 hour help line for children and young people

Tel: 0800 1111

www.childline.org.uk

YOUNGMINDS

Young Minds

Child and adolescent mental health services

Tel: 0800 0182 138

www.youngminds.org.uk



If a friend has a problem, how can you help?

Information for concerned friends:

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You could go with them to provide support when they tell someone.
- You can get information from the internet, telephone helplines or libraries etc. This can help you understand what your friend is going through.
- Your friendship may be changed by what's happening. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.
- Your friend may get angry with you or tell you that you don't understand. It is important that you do not take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be hard to support someone who is going through difficult times and it is important that you find someone you can trust to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

You must talk to somebody and tell them that you are concerned about your friend

Do not keep it secret even if your friend has made you promise to do so

Be the person that helps by speaking to adults: somebody from your family, teacher, youth worker, somebody you trust.

Your friend needs help!