



DERBY CITY COUNCIL

Multi-Agency Self Harm Protocol

A multi-agency protocol and pathway to be used by agencies when self harm is identified.



Derby City Partnership



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Background and Context

1. Introduction

It is widely recognised that self harm among children and young people is a major public health issue affecting at least one in every 15 children and young people, and with some evidence that the rates are higher in the United Kingdom than the rest of Europe. More broadly it is also one indicator of mental health and well-being. The Government is promoting the development of improved mental health and emotional well-being for children, young people and their families. This concern and desire to improve knowledge and good practice in supporting children and young people who self harm has arisen consistently during the programme of Tier 1 training – Introduction to Child and Adolescent Mental Health commissioned by the Child and Adolescent Mental Health Service (CAMHS) Partnership.

Within this staff from different agencies, including the voluntary sector, have identified gaps in expertise and understanding around self harm and referral pathways. A mapping exercise has identified a need for a detailed, multi-agency protocol and linked training. These two areas, which if developed and used more widely, should improve outcomes for children and young people and their families in this area.

2. Development of the protocol

The protocol has been developed through a multi-agency group involving key partners in two stages:

- Stage 1 - the completion of a wider needs mapping exercise for children and young people in Derby
- Stage 2 - the development of a multi-agency protocol and pilot training package for use with a multi-agency audience.

3. National and Local performance drivers

- The Children and Young People's Plan 2008 – 2011 and Derby Children and Young People's Action Plan 2008 – 2009
- National Service Framework (NSF) for Children, Young People and Maternity Services; The mental Health and Psychological Well-being of Children and Young People
- National Indicator 51; Effectiveness of CAMHS Services located within the Local Area Agreement
- CAMHS Commissioning Plan 2007 – 2009
- National Institute of Clinical Excellence (NICE) guidance Self Harm; short term treatment and management
- Derbyshire Suicide Prevention Strategy.

4. Target Audience

The target audience for the protocol is agencies and the voluntary sector working with children and young people in the 0 – 18 years age group who are resident in Derby. This is a wider age group than the one defined within the NICE guidelines of 8 – 16 years and is in line with a comprehensive CAMHS service within the NSF standard 9.

5. Protocol Aims

The aims of a protocol are 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
- support agencies communicating with children and young people in a way that encourages and enables engagement with support services
- support agencies in assessing and minimising harm for children and young people they are working with, with support from specialist services
- support agencies and young people working towards reducing self harming behaviours with less self risk taking behaviours and potentially life threatening coping strategies



6. Principles

The protocol has been developed with the following principles.....

- Every young person to be treated as an individual with the need to assess their presenting circumstances and needs individually.
- It is important for children and young people to be made aware of the confidentiality policy and implications around disclosure.
- Recognition of self harm as a real but sensitive issue working towards harm minimisation and supporting coping strategies.
- Intervention and support negotiated openly and honestly including speaking to other professionals, parents and carers.



7. Outcomes

Expected outcomes are.....

- An improvement in the type 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

8. Training to support the protocol

The protocol will be supported by a training package. This has been piloted and reviewed, based on the feedback and delivery of the two multi-agency workshops, which was part of the annual schools closure day in November 2008.

1. Understanding and working with Self Harm

Despite the fear and anxiety self harming behaviour provokes, it is a very common problem particularly among children and young people. Based on the local and national needs assessment, as detailed in section 3 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 very 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.

2. Definitions of Self Harm

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 term self harm is used to describe a range of things that children and young people do to themselves in a deliberate way which is usually hidden. The definition within the protocol 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. The most common methods of self harm are:

- cutting
- burning
- scalding
- banging or scratching the body
- breaking bones
- hair pulling
- ingesting toxic substances or objects.

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

3. Local and National Needs assessment

This is referenced in more detail in Multi – agency Self Harm Needs Mapping Exercise Derby April 2008.

Self harm rates are much higher among children and young people than adults, with the average age of onset around 12 years. It is estimated that nationally 25,000 children and young people age 12–25 years are admitted to hospital every year after deliberately harming themselves, most as a result of overdoses or self 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. However a recent study by David Kingsley 2008 indicates the rates may be as high as 1 in 5 in the 11–19 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.



4. 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 deliberately 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.



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 commit suicide have self harmed in the past, and for that reason each episode needs to be taken seriously and assessed and treated in its own right.

5. Some indicators of self harming behaviour

It is not easy to tell if someone is self harming and children and young people find it difficult to approach services for support. This is partly because children and young people 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.

6. 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.

6.1 Management of Self Harm Acts

If the self harm act has occurred recently - within the last 48 hours and involved ingestion, serious lacerations or excessive dose /omission of prescribed medication – the child should attend the Accident & Emergency Department or the Children’s Emergency Department.

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 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.

On arrival at the Emergency Department they may be asked to drink a liquid called Activated Charcoal which can help stop the tablets being absorbed.

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

Generally a child who attends the hospital with a self harm act 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 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.

If the self harm act has occurred after 48 hours -

- **involving ingestion**
- **serious lacerations**
- **excessive dose /omission of prescribed medication**

Urgent medical attention/ advice should be sought from Childs’ GP, NHS Direct or attend the Accident & Emergency Department or the Children’s Emergency Department.

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 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 types 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.

Similarly, not all incidents of self harm need to be dealt with by a referral onto Specialist Child and Adolescent Mental Health Services.



7. 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 act.

8. Confidentiality

Taking into account age and understanding, professionals should always involve children and young people in discussion and decision making about their treatment and care. Further advice and support should be obtained from professionals, managers and safeguarding representatives in schools, with reference to organisational protocols.



Similarly there should be clear explanation about what is going to happen and the choice and rationale for certain treatments. 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 :

- a child is not old enough to take responsibility for themselves
- they are at risk of harm from other people
- they require urgent medical treatment
- they are behaving in a violent or abusive manner whilst being seen within the service
- they are at risk of serious injury to themselves
- the child or young person has expressed intent to seriously hurt or injure themselves

9. Safeguarding

The local Safeguarding Board has responsibility for ensuring that local staff working with children and young people and their families are supported and trained in ensuring children are protected locally. 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 able to access support if a young person discloses abuse at the time of talking about what has led to their self harming behaviour.

10. How professionals can help children and young people

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
- developing the skills of problem solving
- staying calm
- being clear about the risks but making sure they know that with help it is possible to stop self harming
- making sure they get the right help as soon as possible.

11. Self Harm Pathway for Primary Services

The attached draft Self Harm Pathway for Primary Services provides information and advice for professionals if they are concerned about a child or young person who has self harmed, or expresses intent to self harm.

12. Communication strategy and roll out of the protocol

The final protocol pathway has been developed following consultation with:

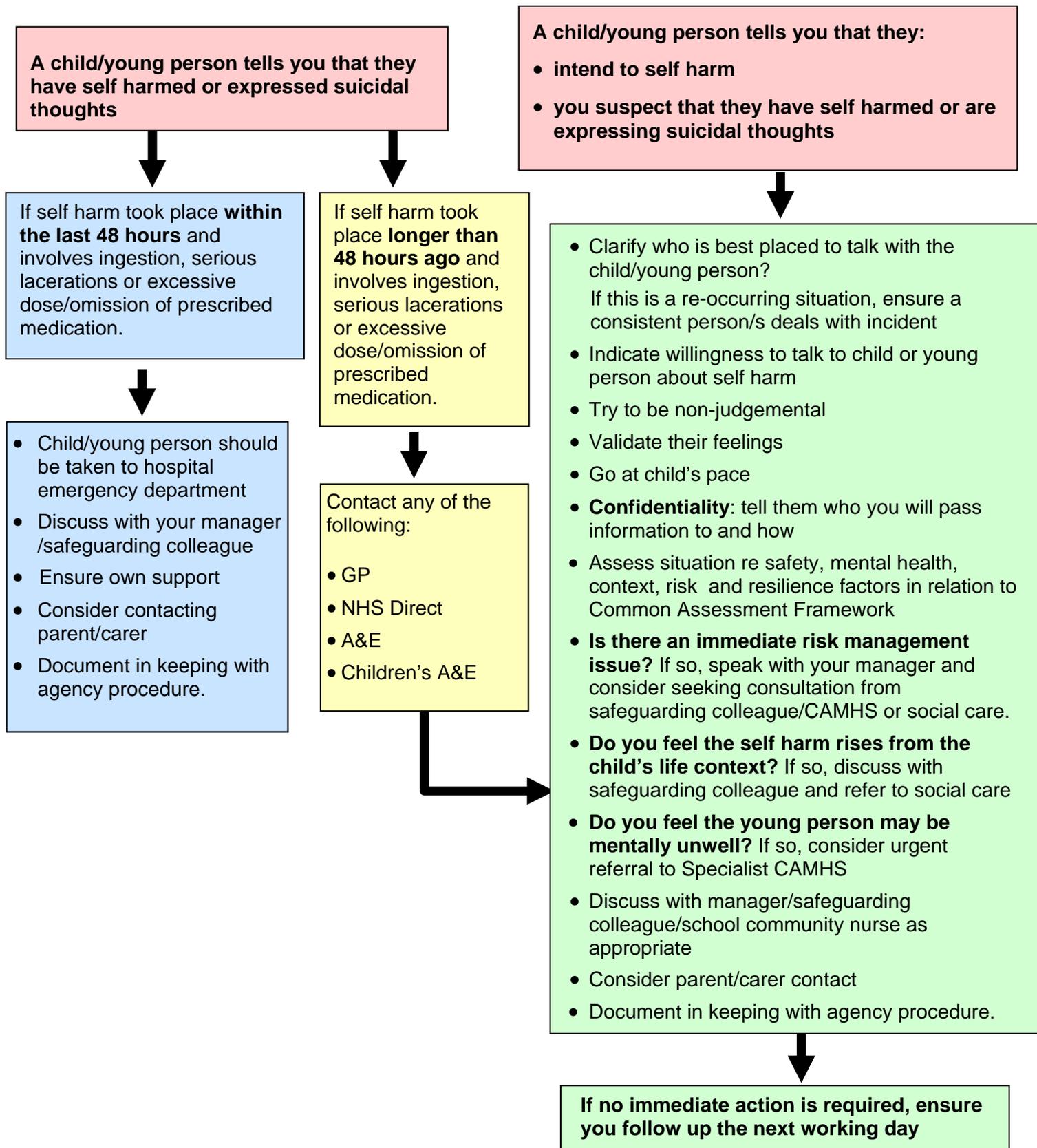
- Young People's Specialist Service Network
- Self Harm Workshop delivered to school pastoral staff
- Specialist Training Network
- CAMHS Commissioners Group

A communication plan will then be developed to ensure wider dissemination within the Children's Trust.

13. Review of the protocol with timescales

The protocol will be reviewed 12 months after the launch date by CAMHS Commissioners

Multi Agency Self Harm Pathway



Important contacts:

Safeguarding Representative in own organisation:

Specialist CAMHS, The Townhouse: 01332 292724

Children & Young People's Services, Social Care Reception Team: 01332 641172

Derby Safeguarding Children Board: 01332 717811

School Nurse contactable through the child or young person's school/college

Emergency Numbers

DRI A&E

01332 347141 EXT: 2170

www.derbyhospitals.nhs.uk

Derby City Children's Hospital A&E

01332 786808

www.derbyhospitals.nhs.uk

NHS Direct: 0845 46 47

www.nhsdirect.nhs.uk

Support Groups/Organisations

Barnardo's

Information and some support services for children and young people who self-harm.

Tel: 020 8550 8822

www.barnardos.org.uk

ChildLine

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

Tel: 0800 11 11

www.childline.org.uk

Choices LGBT Youth Group

A social and friendly youth group for LGBT young people aged 12-25

Tel: 01332 206027 email: choicesyouthgroup@hotmail.co.uk

www.gayderbyshire.co.uk

Crisis Recovery Unit

Dower House, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent BR3 3BX

A national, specialist service for people aged 17 and over, who persistently self-harm. Includes in and out-patient treatment.

Tel: 020 3228 4414

www.slam.nhs.uk/services

Derbyshire Friend LGBT Support Service

Help, advocacy and support for lesbian, gay, bisexual and transgender people and those who may be questioning their sexuality, families and friends.

Tel: 01332 207704

Email: info@gayderbyshire.co.uk

www.gayderbyshire.co.uk

Derby City Youth Service

01332 716819

www.derby.gov.uk

Hearing Voices Network

Information and support for people who hear voices and those who support them.

Tel: 0845 122 8641

www.hearing-voices.org

LifeSIGNS

Raises awareness and provides information on self-harm.

www.lifesigns.org.uk

Karma Nirvana

01332 604098

www.karmanirvana.org.uk

National Self-Harm Network

A survivor-led organisation supporting those who self-harm.

www.nshn.co.uk

NSPCC

Free 24-hour line for abused children, families and survivors.

Child protection helpline: 0808 800 5000

www.nspcc.org.uk

Parent Line

0808 8000 2222

www.parentline.org.uk

RU-OK.com

Website for young people who self-harm to use on their own or with an adult.

www.ru-ok.com

Samaritans

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

Tel: 08457 90 90 90 Minicom: 08457 90 91 92; local number: 01332 364444

Email: jo@samaritans.org

www.samaritans.org.uk

The Space

Young People's Advice Centre

Tel: 01332 364445

YoungMinds

Provides information and campaigns to improve mental health of all children and young people.

Parents' information service: 0800 018 2138

www.youngminds.org.uk

<http://www.samaritans.org/>

<http://www.selfharm.org.uk/default.aspa>

<http://www.mind.org.uk/Information/Booklets/Understanding/Understanding+self-harm.htm>

<http://www.mind.org.uk/Information/Booklets/Other/About+self-harm.htm>

Further Information

We can give you this information in any other way, style or language that will help you access it. Please contact us on 01332 716924
Minicom 01332 716709 or Fax 01332 716920

Punjabi ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਟੈਲੀਫੋਨ 01332 716945 ਮਿਨੀਕਮ 01332 716709 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Urdu 01332 717959 یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم 01332 716709 پر ہم سے رابطہ کریں۔

Polish Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku.
Prosimy o kontakt: 01332 718010 Tel. tekstowy: 01332 716709

For more information about this protocol and pathway please contact:

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