About this guide
Finding out about a young person’s self-harm can be difficult and upsetting. However, school staff have a very important role in helping young people who are self-harming. This resource has been developed by researchers and clinicians at the University of Oxford for school staff who may come into contact with students who have self-harmed or are at risk of self-harm. Here you will find information about self-harm and its impact, and some practical ways to help you support young people.

This guide should be used alongside existing school safeguarding policies. When in doubt about how to respond to a student’s self-harm it is best to seek advice, including from mental health professionals where necessary.

Building a positive school culture which encourages resilience and promotes help-seeking is the most important thing schools can do in relation to enhancing mental wellbeing.

While the main focus of this guide is on adolescents it is recognised that younger children may present with self-harm, although it is much less frequent under the age of 12.

What is self-harm?
Self-harm is any act of intentional self-injury or self-poisoning. Examples include:

- Self-cutting
- Taking an overdose
- Swallowing objects or poisons
- Hitting or bruising
- Self-strangulation with ligatures
- Burning

Self-harm is common in young people: at least 10% report having self-harmed. It is more common in females than males, especially in early adolescence. Self-harm is much less frequent in younger children, but under the age of 11 self-harm is more common in boys than in girls. Self-harm may present somewhat differently in this age group; for example, scratching, picking scabs, head-banging, other forms of self-injury or reckless behaviour.

Finding out about self-harm
Young people often hide their self-harm, but there are a number of signs that they may be self-harming. These include:

- Unexplained cuts, burns or bruises
- Keeping themselves covered; avoiding swimming or changing clothes around others

Signs of self-harm may be similar to signs of physical or other abuse. For example, cigarette burns or bruises could be inflicted by the young person themselves or by someone else, so it may be hard to know the reason behind a given sign.

Other non-specific signs of self-harm (which may also relate to other mental health problems) include:

- Becoming withdrawn or isolated
- Low mood; lack of interest in usual activities; lowering of academic grades
- Sudden changes in behaviour e.g. becoming irritable, angry or aggressive
- Excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness

“At first, when you see these marks on your child’s beautiful skin you’re just filled with every emotion that you can possibly think of – fear, anxiety, disbelief, anger and just not knowing what to do.”

Parent finding out about self-harm
Some people are concerned about raising the topic of self-harm. However, research shows that asking about self-harm or suicidal thoughts does not put the idea into people’s heads.

How to approach the young person

As a staff member, you may be the first to notice that a young person has been self-harming. This can be distressing and it can be hard to know what to do. However, it is important that you don’t ignore signs of self-harm. If you suspect self-harm, let the young person know that you have noticed a difference in their behaviour and be open about your concerns in an empathetic and caring manner. Young people will respond best if your reaction is calm, non-judgmental, and understanding.

Start with sharing your concerns about their wellbeing and encouraging them to open up, such as by saying:

“I’ve noticed that [state the changes you have observed in their behaviour e.g. becoming withdrawn or irritable/angry] and I am wondering if maybe things are difficult for you at the moment?”

If you have explicit concerns around self-harm move on to more specific questions about self-harm, such as:

“I’ve also noticed that you’ve [voice your observation e.g. got some scars/been covering up] and I know that sometimes this can be a sign that someone has harmed themselves. Can I ask if you’ve self-harmed?”

Which young people are vulnerable to self-harm?

Some young people are particularly vulnerable to self-harm, especially if any of the following factors apply to them:

**Individual:** History of depression or anxiety, low self-esteem, a sense of hopelessness, poor problem-solving skills, impulsive behaviour, problems with drugs/alcohol, being on the autistic spectrum, having ADHD or having an eating disorder.

**Family:** Mental health difficulties in parents/carers, poor parental relationship, conflict with parents, drug/alcohol misuse within the family, abuse or neglect or a family history of self-harm.

**Social:** Difficult peer relationships, peer rejection, bullying (including cyberbullying), having friends who self-harm, easy access to means of self-harm, influenced by websites or social media that encourage self-harm, or influenced by suicide or self-harm of well-known figures in the media.

Self-harm can have a range of functions, which will be different for each person. Reasons for self-harm include:

- to manage emotional upset
- to reduce tension
- to provide a feeling of physical pain to distract from emotional pain
- to express emotions such as hurt, anger or frustration
- a form of escape
- an effort to regain control over feelings or problems
- an attempt to punish oneself or others
- to elicit care from others
- to identify with a peer group

Self-harm can be a way of coping with life stresses, but in some cases it can be a suicide attempt. Some young people who self-harm may also experience suicidal thoughts, and self-harm is a risk factor for suicide, although fortunately suicide in young people is relatively rare.

Why do young people self-harm?

Some young people are particularly vulnerable to self-harm, especially if any of the following factors apply to them:
Helpful questions and statements:

To understand why a young person may be self-harming it is important to have an open conversation about their reasons. It can be helpful to convey that you understand some of the functions of self-harm to encourage the young person to open up.

For example, you could say:

“I wonder what are the sorts of things that make you feel like harming yourself?”

If this does not lead to the student opening up, you could for example add,

“Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I’m wondering if that might be why you hurt yourself?”

Or:

“I know that people self-harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self-harm?”

Managing the immediate effects of self-harm

If a student has self-harmed, there are steps you can take to help.

Management of physical injuries:

- Keep calm and follow first aid guidelines for cuts, wounds or burns
- If you have immediate concerns about the effect of an overdose, or serious physical injuries are present, emergency services should be called
- If an overdose is suspected the student will need to be taken to hospital straight away for tests and possible treatment
- Always ask the student if they are in pain – they may have needed to feel physical pain at the point of self-harm but this doesn’t mean they want to feel pain afterwards
- Involve the school nurse where possible to assist with management; they may be able to give pain relief

Helping the young person:

- Identify a key member of staff to whom the young person is willing to speak who can provide a listening ear and non-judgmental support – see box opposite for examples of questions and statements
- Self-harm is often a way of communicating distress – acknowledge this distress and offer to help the young person find the support they need
- Reassure the young person that you understand that self-harm is helping them to cope at the moment
- Remind them that there are less harmful ways of coping (see below)
- Mention sources of help and support, such as calling a helpline or speaking to a GP or family member (see Resources at the end of this guide)

Sometimes negative terms are used for self-harm, such as ‘attention-seeking’ or ‘manipulative’. This language is unhelpful and may make it harder for young people to open up or ask for help – some young people do need attention but aren’t able to find a positive way to get it. Creating a supportive and non-judgmental atmosphere will make it easier for young people to seek help.
Helpful questions or statements:

“You must be feeling very upset about something. I’d like to help if I can; would it help to talk about what’s troubling you?”

“I wonder if you’re using self-harm as a way of coping with something that is troubling you?”

“It can feel that self-harm is the only way to cope, but there are other ways. Can I show you some leaflets/websites that suggest helpful ways of coping?”

“Before you go I’d like to give you some information about people you can contact if you feel like self-harming again.”

Confidentiality is very important to young people, but staff must remember that they cannot promise total confidentiality, in line with their institution’s safeguarding policy. Staff should respect wishes around confidentiality if possible, but young people’s health, safety and welfare are paramount. If you become aware that a student is self-harming, you are obliged to share this with your school’s designated safeguarding lead. This information would usually be shared with parents/carers too, unless this would pose risk of greater harm coming to the child (e.g. where there is possible abuse at home). Discuss the need to tell parents/carers with the young person and listen carefully to any fears they may have. A decision should be made in line with the school’s safeguarding policy.

Students should be informed when the school contacts parents or carers about self-harm. Self-harm can be a way of feeling in control; by not involving the student the school may exacerbate the student’s distress. It may be helpful to invite the parents or carers into school to talk with staff and the student together to try and make sense of the self-harming behaviour and think about ways of supporting the young person. The parents/carers need information so that they can support their son or daughter and also access further help for both the young person and, if necessary, themselves.

DON’T make promises of confidentiality that you can’t keep.

If parents discover that their child is self-harming they may contact the school and request that the information is only shared with school staff that need to know. Their wishes should be followed wherever possible.

“Yeah, the school were really, really supportive. She went to a school when she was taken ill, and they were amazing. They were really amazing. When she went back, there was a – I think she was the deputy head of year – who was really on my daughter’s side and very caring for her and if she needed something, she was there for her.”

Parent

“The school communicated well with me and I with them so there was a good communication line going at times when she was self-harming, in the early days, [when] I didn’t know what to do.”

Parent

Confidentiality and communicating with parents

Confidentiality is important to young people

It is important to talk about what you can and can’t keep confidential

Don’t make promises of confidentiality that you can’t keep

Work on a need-to-know basis

Involve parents wherever possible
Understanding the circumstances of self-harm and what level of concern there should be

It is helpful to try and understand the circumstances and reasons for self-harm. Whilst all self-harm is of concern, it is important to establish what level of concern there should be about the self-harm in order to decide appropriate action. This is done by taking into account all the different factors for each individual. However, there are no hard and fast rules; if in doubt you should contact mental health professionals.

What might indicate a need for higher concern?

If a student has self-harmed and any of the following are present there may be a higher risk of further self-harm or ongoing mental health problems.

- Low mood – particularly a recent change in mood
- Behaviour change – some students become withdrawn and isolated, others become disruptive or appear more animated. It is the change in the behaviour that may indicate problems
- Expressing hopelessness – e.g. saying that they can’t see a future or “what’s the point?”
- Low self-worth or self-hatred – e.g. saying they are useless/pointless/everybody hates them/nobody cares
- Lack of family support or distant family relationships – this can be difficult to elicit so it may be necessary to ask the student to tell you a bit about their family or who is at home
- Expressing suicidal feelings – these may be explicit e.g. “I want to kill myself” or more subtle e.g. “I’ve just had enough/can’t go on/don’t want to be here anymore.” It is OK to ask about suicide – doing so will not put the idea into the student’s head
- Previous self-harm – always ask the student if they have self-harmed before
- Possible abuse or sexual exploitation
- Bullying, including cyberbullying
- Serious difficulties around gender or sexual identity
- Excessive use of drugs or alcohol
- Recent history of self-harm or suicide in a friend or family member
- Bereavement, especially recent loss

Key issues indicating higher concern:
- Change of mood
- Hopelessness
- Talking about suicide
- Serious adverse life events

Listen to your intuition; if you have a hunch that a student may be at risk you may well be right. Speak to someone about your concerns.

If you are concerned about high risk or are not sure about the level of concern, it may be helpful to consult with your local Child and Adolescent Mental Health Service (CAMHS) team.

Self-harm can begin as a consequence of abuse. If you are worried that self-harm or other behaviours may be due to abuse or exploitation, this should be managed as a safeguarding concern and referred to children’s social care.
What to do if you have higher concern

- Let the student know that you are concerned for their wellbeing and would like to ensure they receive the right level of support. It is OK to let the student know that you want to seek advice from CAMHS and important that you keep them informed of any actions you take.
- Discuss with the school nurse, head of year, school counsellor or safeguarding lead.
- Contact the local CAMHS team for advice. It is acknowledged that CAMHS resources vary; each school needs to be aware of local practice and means of access to urgent advice and consultation.
- Continue to support and listen to the young person.
- Involve the parents; for example, inviting them in for a meeting.
- Be mindful of the student’s peer group; they may need support once the student’s own support needs have been met.

What to do if there is lower concern about ongoing risk

- Support and listen to the student and work out ways to support them at school.
- Try and help the student identify the reasons for their self-harm or the emotions they were experiencing before they self-harmed (e.g., anger, sadness, overwhelmed, frightened, disconnected).
- Explore possible alternatives to self-harm with the young person (see list of possible alternatives on page 15).
- Talk to the student about speaking to their parents so that they can be supported at home.
- Young people may be reluctant to tell their parents.
- Encourage them to think about the benefits of involving their family and how they might tell their parents.
- Involve the parents/carers in a discussion of how to help the young person at school and at home; this will be particularly important with young children.
- Give the young person information about other sources of support and advice, e.g., Young Minds, Childline and local voluntary groups.

“I asked for school’s help and I told them because I felt they should know [that], what was happening at home and to sort of look out for her, and the school nurse was fantastic, actually, really helpful”

Parent
Self-harm at school: what to do?
To be used in conjunction with the school’s safeguarding policy

See to immediate medical needs
Follow first aid guidelines for cuts, wounds or burns
Contact emergency service for overdoses

Don’t panic

Speak to the young person to see how they are feeling and provide support
Listen to what they have to say

Speak to Head of Year, school nurse, school counsellor or safeguarding lead

Think about confidentiality
Should the self-harm be reported to parents/carers?
Make sure the young person knows what will be said and to whom

Think about circumstances and potential risks
Risk of mental health problems, e.g. depression and anxiety
Risk of potential abuse
Risk of other students self-harming
Risk of further self-harm
Risk of suicide

Higher concerns
Discuss with CAMHS link worker
Involve parents/carers
Initiate referral for specialist care
Consult with CAMHS on how to manage
Continue with supportive listening while waiting for referral
Refer to Multi-Agency Safeguarding Hub if there is immediate risk of harm

Lower concerns
Provide a listening ear
Suggest distraction or emotional release techniques
Help the young person think of more effective coping mechanisms
Consider how stresses at school can be reduced

Possible strategies to manage urges to self-harm

The following are practical ways to manage self-harm (based on research) that can be suggested to students. Although not all of these will work for every student, some of these suggestions may be helpful. It may take a while to get self-harm under control, but with practice the young person can usually develop positive ways of coping.

Building support networks
It is helpful to identify who can support the young person and how they can get in touch with them. This might be friends, family, school teacher, etc. Knowing how to access a crisis line is also important.

Examples include:
- Clenching ice cubes in the hand until they melt
- Hitting a pillow or soft object
- Paced breathing (extending the breathing):
  - Sit comfortably
  - Breathe in to the count of 4
  - Breathe out to the count of 6
  - Notice your stomach moving out as you breathe in
- Counting (allows the body to slow down) e.g. count 10 films, 10 animals, 10 flowers etc.
- Going for a walk or other forms of physical exercise
- Getting out of the house and going to a public place, such as a cinema
- Reading a book
- Taking a dog for a walk or caring for a pet
- Watching TV
- Listening to music
- Engaging in self-soothing activity, such as having a relaxing bath
- Relaxation exercises

Coping with symptoms of physical stress
There are a number of strategies that can help to manage the extreme tension in the body that young people may feel.

Examples include:
- Going for a walk or other forms of physical exercise
- Getting out of the house and going to a public place, such as a cinema
- Reading a book
- Taking a dog for a walk or caring for a pet
- Watching TV
- Listening to music
- Engaging in self-soothing activity, such as having a relaxing bath
- Relaxation exercises
Dealing with difficult emotions

Young people may be experiencing difficult emotions that they find hard to express.

Examples of strategies that may help include:

- Writing, drawing or talking about feelings
- Writing a letter expressing feelings (which need not be sent)
- Trying to describe feelings
- Keeping a diary
- Talking to others about feelings

Making the environment safe

Encourage the young person to make sure that they don’t have razors, medication or other means of self-harm available in their room.

Safety plan

It can be helpful to encourage the young person to write down a practical safety plan which includes specific things from the lists above, and people to contact if they have the urge to self-harm or have self-harmed.

Hope box

It may also be helpful to try and encourage the student to think about some positive things about themselves and their life and develop a ‘hope box’ where they can store things that make them feel better, such as photos, memories, nice things people have said etc. They could do this on their mobile phone.

Impact of self-harm on school staff

Self-harm can be distressing for school staff. On discovering that a student is self-harming, you may experience emotions such as sadness, shock, anger, fear, disgust, frustration and helplessness. Such emotions are common. Because self-harm is self-inflicted, it can be more difficult to empathise with than, for example, accidental injuries.

Some suggestions:

- Be honest with yourself about your emotions
- Discuss your feelings with colleagues or supervisors/managers
- Seek support
- Look after yourself (making sure that you prioritise your own health and wellbeing)
- Recognise that school staff can have an important role to play in helping young people who are self-harming

"The staff had training and we learned that there are strategies that can help a young person come through things like self-harm and depression."

Teacher, secondary school.
Contagion and peer groups

In schools, one student’s self-harming behaviour can sometimes affect other students. This can occur particularly with self-cutting and is more common in females. If a student comes to you with concerns about a friend’s self-harm, reassure them that telling a staff member is the right thing to do and that they have been a good friend. Offer them the opportunity to speak to the school counsellor, if possible.

If more than one student has self-harmed, it is important not to panic, but to be observant and raise awareness of how students can get help when they are struggling with difficult emotions. Continue to provide support, separately, for young people who are engaging in self-harm. Separate support is preferable to raising the issue in large school groups such as school assembly.

The following suggestions may help friends or peers of a young person who has self-harmed:

- Emphasising that it is normal and OK to sometimes experience strong emotions
- Encouraging care for each other and telling a staff member if they have concerns about other students
- Encouraging positive ways of managing stress/distress

- Reminders that support is available
- Sharing useful resources with the students

Risk of self-harm and suicidal behaviour is likely to increase in the rare event that a student takes their life. If a suicide occurs, it is very important that the wellbeing and safety of other students is considered. Guidance for schools is available on the Public Health England website at:


Resources

Information and support for young people:

Childline
Tel: 0800 1111

Papyrus
www.papyrus-uk.org

Young Minds
www.youngminds.org.uk

Samaritans
www.samaritans.org
Tel: 116 123

Harmless
www.harmless.org.uk

National self-harm network
www.nshn.co.uk

Resources for schools:

Building suicide-safer schools and colleges: a guide for teachers and staff:

Some authorities have guidelines for school staff on self-harm, for example, Self-harm: Guidelines for Staff within School and Residential Settings in Oxfordshire, obtainable through the Oxfordshire Safeguarding Children Board:

Resources for parents:

Coping with self-harm: a guide for parents and carers – available for free download from:

Free hard copies can be ordered from:
www.cwmt.org.uk/resources

Healthtalk.org module on parents’ experiences of self-harm:
www.healthtalk.org/peoples-experiences/mental-health/self-harm-parents-experiences/topics

No Harm Done (information for school staff and parents): www.cwmt.org.uk/resources

Royal College of Psychiatrists:
www.rcpsych.ac.uk/healthadvice/problems/disorders/self-harm.aspx

The Parent’s Guide to Self-Harm by Jane Smith, Oxford: Lion Hudson
Some content in this guide is based, with permission, on Self-harm: Guidelines for Staff within School and Residential Settings in Oxfordshire. Oxford Health NHS Foundation Trust (2016)

This guide summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0610-10026). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Copyright University of Oxford, 2018