



Merton Safeguarding Children Partnership

Self-Harm Protocol

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This Protocol has been adapted from the Self-Harm Protocols from the London Boroughs of Bexley and Sutton with their kind permission. The MSCP is grateful to colleagues in the South West London and St George's Mental Health Trust for their support in completing this protocol in 2016

Purpose of agreement	To provide an approach to managing Self Harm in Merton
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Document Sponsor	Head of Policy Performance and Partnerships
Document Manager	Policy and Partnership Manager
Developed in consultation with	MSCP Policy Subgroup
To be read in conjunction with	<p>This policy should be read in line with:</p> <ul style="list-style-type: none"> • Merton Threshold of Need and Wellbeing Model • London Child Protection Procedures

1. Introduction

- 1.1 This protocol is for all professionals working with children and young people (0 -18 in Merton) to support both them and young people to reduce self-harm incidents by:
-) Supporting agencies to timely manage self-harm as it arises.
 -) Improving the response on presentation, disclosure or suspected signs of self-harm.
 -) Improving the quality of support, advice and guidance offered by all workers who work with children and young people.

2. Background

- 2.1 Self-harm is a serious public health problem and is the reason behind many admissions to accident and emergency departments every year. The Merton Safeguarding Children Partnership (MSCP) identified a need for a detailed, multi-agency self-harm protocol. Self-harm and suicidal threats by a child/young person puts them at risk of significant harm, and should always be taken seriously and responded to without delay. In Merton we will deliver timely, consistent, proportionate and safe response to presenting self-harm concerns.
- 2.2 Self-harming is NOT attention seeking behaviour, it is attention NEEDING behaviour. Self-harm is a way of coping with difficult or overwhelming situations or emotional states.

3. Definitions

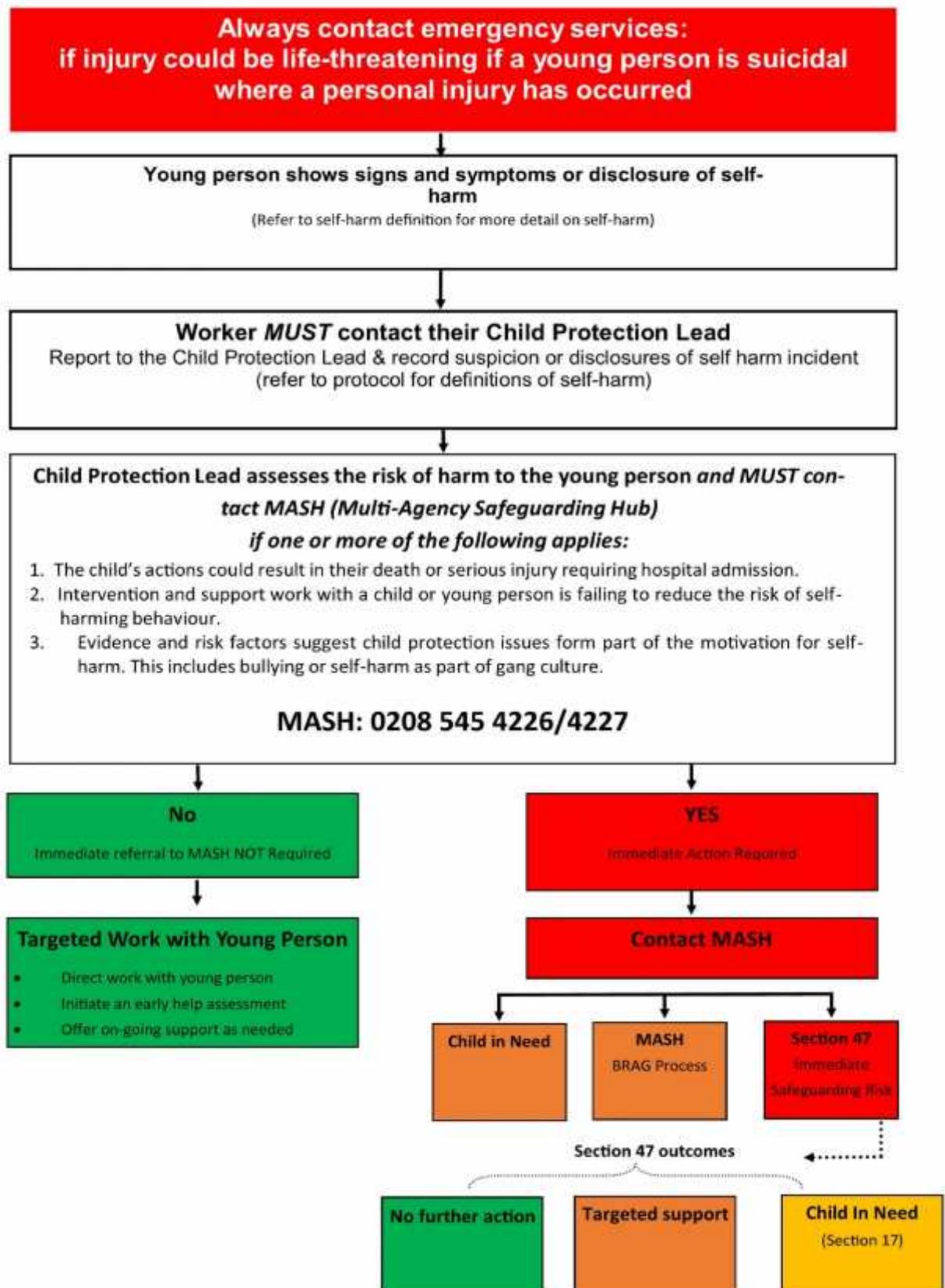
3.1 Self-Harm

- 3.1.1 Self-harm can take many different forms and as an individual act is hard to define. However in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury (including, ingesting substances) by putting oneself in dangerous situations and/or self-neglect.

3.2 Suicide

- 3.2.1 Self-harm is often thought to be linked to suicide. For some people, self-harm is a coping mechanism rather than a suicide attempt. However, some individuals that self-harm may go on to complete a suicide attempt and it is therefore important not to dismiss self-harming actions as solely attention seeking. Self-harm is an indication that there are emotional and mental health needs that are not being met.

Merton Protocol for Managing Self-Harm Flow Chart



4. Workers dealing with Self-Harm (including signs and symptoms)

- 4.1 Many children and young people who harm themselves have concerns about getting help. They may feel that professionals do not understand why they have harmed themselves and why self-harm may still occur even when offered support.
- 4.2 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.
- 4.3 Many children and young 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.

4.1 Why do people self-harm?

- 4.1.1 Self-harm is a way of coping and obtaining relief from a difficult and otherwise overwhelming situation or emotional state. Someone who self-harms is usually in a state of high emotion, distress and inner-turmoil. Research has shown that many people who harm themselves are struggling with intolerable distress or unbearable situations and this can provide distraction from emotional pain. A person will often struggle with difficulties for some time before they self-harm.

4.2 Signs and symptoms

- 4.2.1 Self-harm can take a number of forms including cutting, overdose of tablets or medicine, punching oneself, pulling out hair or eyelashes, burning, scratching, picking or tearing of one's skin, inhaling or sniffing harmful substances, head banging – any behaviour that could cause harm to oneself. (See annex C for more details)

4.3 Dealing with self-harm

- 4.3.1 Self-harm must always be treated as a **safeguarding** incident. Please see Appendix A: the model process for managing self-harm in a crisis situation and Appendix B managing self-harm in a non-emergency.

If we are aware that a student, child or young person, has self-harmed we **must**:

1. Listen calmly (**Assess**)
2. Seek first aid treatment if necessary (**Manage**)
3. Contact parents/carers as soon as possible (**Inform**)
4. Contact other professionals for advice. This may be the Child and Adolescent Mental Health Service (CAMHS) Single Point of Access (SPA), and/or the Multi-Agency Safeguarding Hub (MASH) or Children's Social Care. (**Assess**)
5. Work with students and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues. (**Manage**)
6. Monitor the situation and communicate regularly with parents/carers. (**Inform**)
7. Support other children and young people who may be affected (**Assess**)

5. Initial response and gathering information

Initial information gathering/assessment
(Information that is useful to have so you can discuss the incident with the Child Protection Lead)
1. Be honest with the young person and tell them you will have to pass this on to the Child Protection Lead, but you will let them know what's going to happen.
2. Encourage them to remain in the setting until you have discussed the incident with the Child Protection Lead
3. Try to ensure that if they are around in the setting for the rest of the day that they have someone they can come and talk to if necessary.
It is important to write down what the young person says (not always in front of them) as you Protection Lead.
SELF-HARM
You have come to me and told me that you have self-harmed.....
<input type="checkbox"/> Are you willing to show me what you have done? (it may need medical attention) OR
<input type="checkbox"/> What have you done? Tell me about it? (Different types of self-harm-cutting, hitting, burning)
<input type="checkbox"/> How did this make you feel?
<input type="checkbox"/> Have you done it before?
<input type="checkbox"/> Do you plan to do it again?
<input type="checkbox"/> Have you told anyone else, your parents or carers?
<input type="checkbox"/> What are you planning to do the rest of the day/ weekend?
<i>This is to check out if they have any support at home or are they going to be alone?</i>
<i>Now this is out in the open this is what we need to do to support you.....</i>
Mood scale - If you were to think about how you are feeling what number would you be?
1 – Feeling: 'I can't cope'. or 10 – Feeling: "happy and content."
How would you like to feel?
SUICIDAL
You have come to me and told me that you have had these thoughts.....
<input type="checkbox"/> Have you tried to do anything to harm yourself?
<input type="checkbox"/> Have you made any plans to end your life?
<input type="checkbox"/> What are you planning to do for the rest of the day or weekend(as above)
Use the mood scale above.

5.1 Model Safety Plan

5.1.1 The model safety plan below is a helpful way of creating a safety plan with a young person:

Model Safety Plan

If you sometimes struggle with thoughts around self-harm, it can be helpful to create a plan to keep yourself safe when your thoughts feel overwhelming.

Fill out the safety plan below and then keep the plan where you can easily find it when you need it.

My safety plan

What makes me want to harm myself? For example, it could be particular people, feelings, places or memories.

Other than harming myself is there anything else that helps me to cope?

What would I tell a close friend to do who was feeling this way?

What could others do that would help?

If I feel like harming myself again, I will do one of the following (try to list 6-8 items):

1.
2.
3.
4.
5.
6.
7.
8.

If the plan does not work and I still feel like harming myself, I will do at least one of the following:

Call Merton CAMHs Single Point of Access on **0800 292 2502 (between 9 and 5)**

Call Off the Record on: **020 3984 4004**

Call Samaritans on **08457 90 90 90**

Call Childline on **0800 1111**

Call emergency services **999** or go to nearest A&E

Signed: _____ Date: _____

Name of service user: _____

5.2 Substitutes for Self-Harm

5.2.1 Young People have shared successful techniques with professionals. These include:

-) Using a red felt tip pen to mark where you might usually cut.
-) Hitting a punch bag to vent anger and frustration.
-) Hitting pillows or cushions, or having a good scream into a pillow or cushion.
-) Rubbing ice across your skin where you might usually cut, or holding an ice-cube in the crook of your arm or leg.
-) Getting outdoors and having a fast walk.
-) All other forms of exercise – these are really good at changing your mood and releasing adrenaline (but not obsessively).
-) Making lots of noise, either with a musical instrument or just banging on pots and pans.
-) Writing negative feelings on a piece of paper and then ripping it up.
-) Keeping a journal.
-) Scribbling on a large piece of paper with a red crayon or pen.
-) Putting elastic bands on wrists, arms or legs and flicking them instead of cutting or hitting.
-) Calling and talking to a friend (not necessarily about self-harm).
-) Collage or artwork – doing something creative.
-) Getting online and looking at self-help websites (see appendix F)

Appendix A: Model process for managing self-harm in a crisis situation

Worker suspects a young person has self-harmed and is in need of immediate medical attention

Contact emergency services (999) if injury is life-threatening or if young person is suicidal

If the child/young person is taken to hospital, emergency protocols for treatment and care will be implemented and a CAMHS referral will be activated by the hospital.

On young person's return to provision, refer to process for managing recent/historical self-harm.

- Assess immediate risk call for help from colleagues if necessary
- Administer First Aid
- Contact Emergency Services
- Keep calm and give reassurance – to the individual young person and to all those who might be affected by witnessing self-harm (adults and young people)

- Report and record injury and inform Designated Child Protection Lead Make 'contact' with MASH Assess risk for the medium term
 - Explain confidentiality to workers and young people involved
- Contact the MASH on 020 8545 4226 or 020 8545 4227 (Out of hours: 020 8770 5000)

Where young person is not taken to hospital, Contact CAMHS Single Point of Access for a consultation on 0800 292 2505 where appropriate.

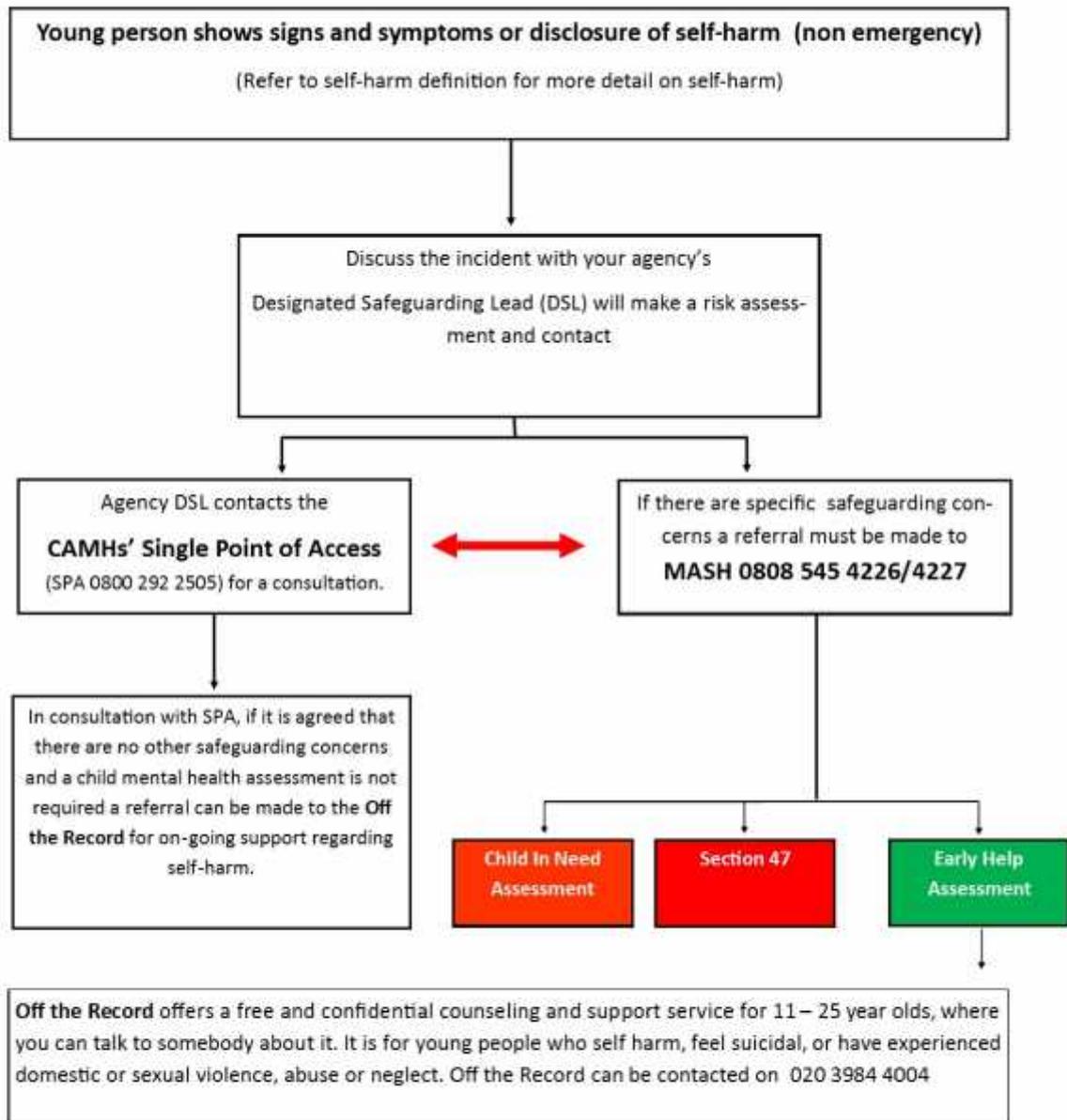
Refer process for managing recent/historical self-harm

Refer to ongoing management of self-harm

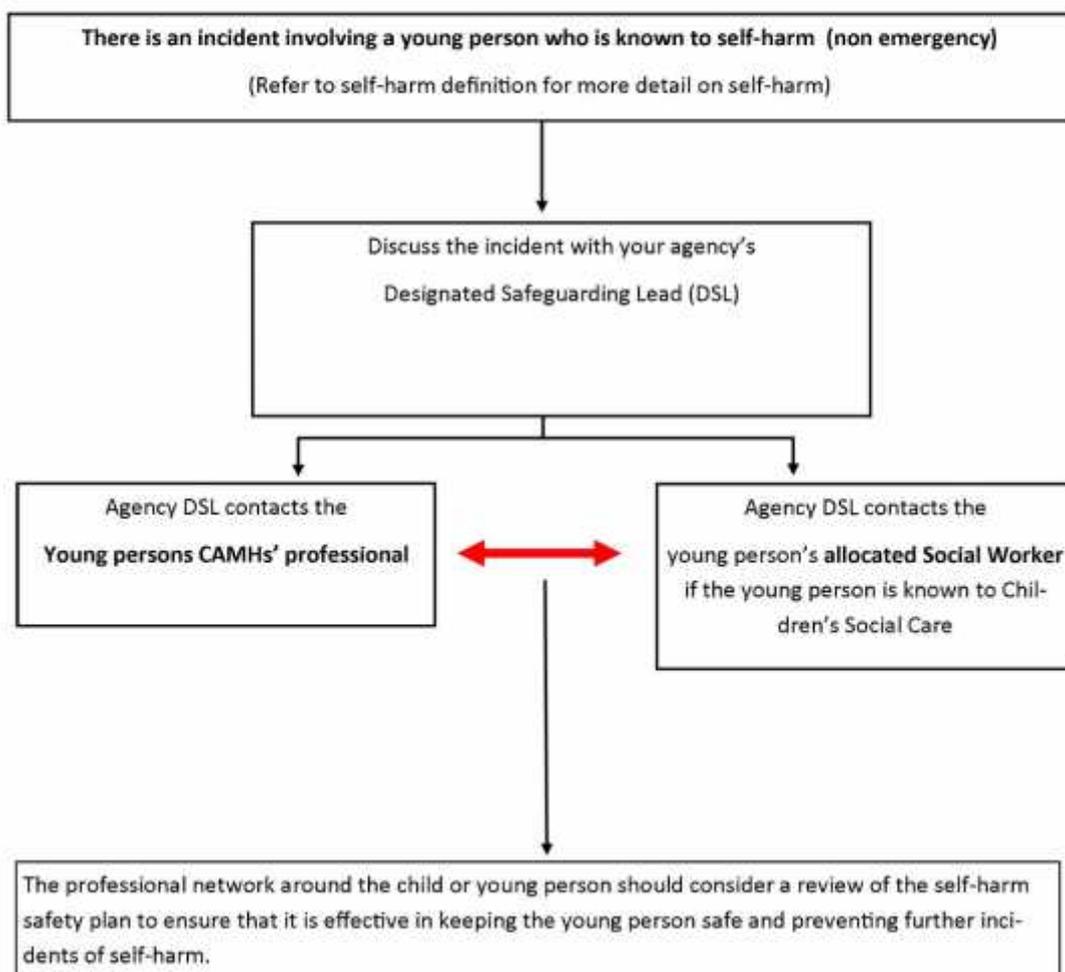


Every organisation has a 'Designated Child Protection Lead' but may have another title and it is therefore each worker's responsibility to know who they are and how to contact them.

Appendix B: Managing Self Harm Non-emergency Cases



Appendix C: Process of Managing Incidents of Self-Harm in Cases When the Young Person is Known to Services



Appendix D: Signs and Symptoms

Self-harm can take many different forms and as an individual act is hard to define. However in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect.

Physical harm can take many forms. It could include: Cutting, burning, biting

-) Substance abuse
-) Excessive exercising
-) Inserting objects into the body
-) Head banging and hitting
-) Taking personal risks
-) Picking and scratching
-) Neglecting oneself
-) Pulling out hair
-) Eating disorders
-) Over dosing and self-poisoning

Situations that can trigger self-harm:

-) Relationship problems with partners, friends or family
-) Pressures e.g. school work and exams, sporting performance, family issues
-) Bullying
-) Trying to fit in (some social groups are more accepting of self-harming behaviours)
-) Feeling bad about one's self (guilt, shame, worthlessness)
-) Physical, emotional or sexual abuse
-) Feeling depressed
-) An illness or health problem
-) Confusion about sexuality
-) Bereavement
-) Financial worries

Young people may be more likely to self-harm if they feel:

-) That people don't listen to them
-) Hopeless or worthless
-) Isolated, alone
-) Out of control
-) Powerless – it feels as though there is nothing they can do to change anything
-) Unable to experience emotional pain even for a short period of time.

Appendix E: Managing Acts of Self-Harm – Attendance at Emergency Department (ED)

- I. If the self-harm act has occurred and involved ingestion, serious lacerations or an excessive dose /omission of prescribed medication, the child or young person should attend the ED Department.
- II. When an overdose is revealed the child or young person will need to be assessed in hospital. Details about what has been taken and when must be shared with medical staff.
- III. If the self-harm incident has involved ingestion, **do not** 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.

Procedures at Accident and Emergency Department (ED)

- I. Emergency admissions to hospital and related care will take precedence before the initiation of a self-harm protocol.
- II. All children and young people who attend ED must be **referred by ED** to MASH as soon as possible and within 24 hours of being assessed at ED.
- III. Children and young people presenting with self-harm will be directed to the Paediatric ED department up to their 17th birthday. Thereafter they will usually be directed to the general (adult) ED.
- IV. Initial assessment will then be carried out by an appropriately trained triage nurse.
- V. The child or young person will then be seen in a timely fashion by the ED medical team (as determined by age criteria described above).
- VI. As a general guide ALL children less than 16 years presenting with self-harm should be admitted to hospital for observation and assessment.
- VII. Young People under 16 **who present to Emergency Departments** with self-harm can be admitted to the paediatric ward if admission is deemed safe and appropriate (In accordance with NICE Guidance regarding young people and self-harm).
- VIII. 17 year olds requiring admission for ongoing medical treatment will be referred to the on call medical team and admitted to an adult medical ward. Psychiatric assessment will take place once medical treatment is complete. If ongoing medical treatment is not required they will be assessed by CAMHS / On Call Psychiatry in ED. If there is a delay then they will be admitted to the observation ward.

- IX. The exception to this is cases where no increased or ongoing risk is identified this decision should only be made in conjunction with CAMHS and the child or young person must be assessed by CAMHS in ED.
- X. Before discharge there must be a risk assessment and a Crisis and Contingency Plan developed with the child or young person and their carers

F E M A L

Appendix F: Useful Websites

Young Minds	https://youngminds.org.uk/
Self-harm UK	https://www.selfharm.co.uk/
NHS Self-Harm	https://www.nhs.uk/conditions/self-harm/
Samaritans	Samaritans – call 116 123 (open 24 hours a day), email jo@samaritans.org , or visit your local Samaritans branch
Mind	https://www.mind.org.uk/ – call 0300 123 3393 or text 86463 (9am to 6pm on weekdays)
Harmless	http://www.harmless.org.uk/ – email info@harmless.org.uk
National Self-Harm Network	http://www.nshn.co.uk/ National Self-Harm Network forums