

Guidance for professionals working with children and young people who self-harm

ASK

LISTEN

GET HELP

Are you a trusted adult concerned about SELF-HARM in a child or young person?

For further details see pages 2-4

The Child or young person's life or health is in immediate danger following self-harm

(eg overdose or significant injury)

CALL 999

Or take child or young person to nearest
Accident & Emergency Department

The child or young person needs immediate protection to avoid serious harm (eg self-harm is increasing, persistent suicidal thoughts, plans or means to suicide, suspected abuse or neglect)

CALL named professional urgently:
specialist child and adolescent mental health service (CAMHS) or social worker, if they're involved already

Or **CALL your local CAMHS team**

Mon-Fri 9am-5pm
East CAMHS 01228 603017
West CAMHS 01900 705800
South CAMHS 01229 402696

Out of Hours 01228 602000 for CAMHS advice for professionals

Out of hours 0333 2401727 for Safeguarding advice

The child or young person is continuing to self-harm and there are underlying issues causing distress

You or your agency need advice and input from other professionals

CALL your Early Help Officer to find out if an Early Help Assessment is in place, and if not, for advice on whether and how to initiate one, and further sources of support:

West 07920 587297 Hilary Cowley
South 07768 753541 Ann Downe
North 07812 972905 Steph Smithson

The child or young person has experimented with self-harm and has no intention to self-harm again

Check the child or young person is getting the support they need

You have no other significant concerns about their safety or wellbeing

You or your agency are able to respond to the child or young person's needs

If in doubt contact your safeguarding lead or the Cumbria **Early Help Team** for further sources of advice and information

Arrange to meet the child or young person again

- * **Encourage** the child or young person to **talk to their parents or another 'trusted adult'** for help with any underlying problems and difficulties
- * **Always follow safeguarding guidance and procedures and keep records of your actions**
- * **Be clear** with the child or young person that **information** about them will be **treated with respect, but may be shared with others** in their best interests
- * **Explain** to the child or young person that a plan to help them will be developed together by them, their family and the team of professionals providing care and support

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This guidance aims to help you identify *what to do, who to contact and where to get help* when you have concerns about self-harm in children and young people. Self-harm can occur in childhood but it becomes increasingly common from early adolescence; for this reason, this guidance uses the term 'young people' as shorthand.

SOME SIMPLE GUIDANCE – Ask, Listen and Get help

ASK: although self-harm is often a hidden behaviour, the child or young person may give subtle signs that they want help. As a trusted adult, learn to be alert to these signs and respond to these invitations by being “*helpfully noseey*”. Here are some simple tips for conversations about self-harm:

- Take all self-harm seriously
- Treat the child or young person with respect and empathise: get across that you care, and that you want to understand and to help
- Take a non-judgemental approach: reassure that you understand that self-harm may be helping the child or young person to cope at the moment
- Make sure the child or young person understands the limits of confidentiality.

Avoid:

- Reacting with strong or negative emotions: alarm or discomfort; asking abrupt or rapid questions; threatening or getting angry; making accusations, e.g. that the young person is attention-seeking; frustration if the support offered does not seem to be making a difference
- Too much focus on the self-harm itself: engaging in power struggles or demanding that self-harm stop; ignoring other warning signs; promising to keep things secret...
- Commenting, advising, or attempting to solve all their issues (in that first instance).

LISTEN: make yourself fully available at that moment in time when a child or young person seeks you out or responds to an invitation to talk further:

- Listen carefully in a calm and compassionate way
- Have your eyes, ears and body language open to what the young person has to say, without judging, or being shocked
- Show the young person they can trust that you will first **hear** what they have to say, and later **support** them if another professional needs to be involved.

GET HELP: in some instances you/your agency may be able to respond to the child or young person's needs. This includes encouraging the child or young person to talk to their friends, their parents and other trusted adults about their thoughts and feelings. In other circumstances, you will need to help the child or young person get additional support.

For more information about *what to expect from health services for children and young people who self-harm* [click here](#).

In making decisions about how best to support children and young people who self-harm, it's important to take into account: *physical harm, safeguarding risks, and mental health*. Ask yourself which of the following circumstances best describes the young person's current situation:

- The child or young person's life or health is in **immediate danger** following self-harm
- The child or young person needs **immediate protection** to avoid serious harm
- The child or young person is **continuing to self-harm** and there are underlying issues causing distress
- The child or young person has **experimented with self-harm** and has no intention to self-harm again

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The child or young person's life or health is in immediate danger following self-harm

If there is immediate danger to the life or health of the young person, then they need to go to their local accident and emergency department immediately for assessment and treatment. As a trusted adult, consider accompanying the child or young person to the nearest hospital, or **call 999**.

Remember there are no safe overdoses: all children and young people who have taken an overdose must be referred for urgent medical assessment and management. Children and young people with self-inflicted injuries may also need urgent referral to hospital.

The child or young person needs immediate protection to avoid serious harm

When deciding how best to support children and young people who self-harm, or who are at risk of self-harm, three kinds of risk questions need to be borne in mind:

- What is the risk this young person poses **to themselves**?
- What is the risk the young person might pose **to other people**?
- What is the risk **from other people** to the young person?

You should take action immediately to safeguard the child or young person if the consequence of no action could lead to serious harm: in particular if you think the immediate suicide risk is high.

Remember that asking about suicide and self-harm does not increase the likelihood of harm to the young person.

- If a **specialist mental health professional** or **social worker** is already involved with the child or young person, call the named professional urgently.
- If the child or young person is not known to services, contact your local specialist CAMHS team (Mon-Fri 9am-5pm):
 - CAMHS East: 01228 603017
 - CAMHS West: 01900 705800
 - CAMHS South: 01229 402696
- Out of hours CALL 01228 602000 and ask for CAMHS advice

For Safeguarding advice in or out of hours CALL the [Cumbria Safeguarding Hub](#) on 0333 240 1727.

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The child or young person is continuing to self-harm and there are underlying issues causing distress

You/your agency need advice and input from additional agencies to better understand the meaning of the self-harm behaviour, and to plan action to ease distress.

The Cumbria [Early Help Assessment](#) process is the **best way to get this additional help**.

CALL your local **Early Help Team** officer to find out if an Early Help Assessment is in place, and if not, for advice on whether and how to initiate one:

- West - 07920 587297 Hilary Cowley
- South - 07768 753541 Ann Downe
- North – 07812 972905 Steph Smithson

Early Help Assessment (EHA) allows support to be tailored to the child or young person and family's strengths as well as their needs, by a **Team around the Family** involving relevant agencies (Primary Child and Adolescent Mental Health Service, GP, school nurse, school counsellor, teacher, third sector organisation, other trusted adult...)

The assessment cannot proceed without either the young person or parent(s) consenting. Parental involvement should be encouraged. However if a young person agrees to an Early Help Assessment, but does not want their parents involved, they can give consent themselves if they are "Gillick" competent (see [Fraser Guidelines](#)).

The Early Help Team advisor will also be able to give advice on **appropriate further sources of local support and guidance** if a decision is reached not to initiate an EHA.

The child or young person has experimented with self-harm and has no intention to self-harm again

For some young people, self-harming can be a temporary coping mechanism; others may experiment with self-harm out of curiosity, or as a way of fitting in with peers. In these instances, and provided you have no other significant concerns about the child or young person's safety and wellbeing, **you/your agency may feel able to respond** to needs, based on a dialogue with the child or young person and their family.

This may include, as appropriate, helping the young person to identify their own coping strategies and support network, giving simple advice about maintaining safety, and offering information about [other sources of advice and support](#).

If in doubt, contact your safeguarding lead or the Cumbria **Early Help Team** for further sources of advice and information.

Encourage the child or young person to talk to their friends, parents or another 'trusted adult' about self-harm and any other difficulties they may be having. It may be helpful to suggest making an appointment with the child or young person's GP.

Check that the child or young person is getting support and arrange to meet again, in a confidential, quiet space.

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RED FLAGS: certain factors are warning signs that a young person who self-harms is at an increased risk of further, or more serious, harm. These include:

- Persistent suicidal thoughts and/or suicidal plans with access to the means to suicide
- A history of multiple episodes of self-harm, increasing self-harm, and/or self-harm through very violent means, such as attempted hanging
- Difficulty sleeping and feelings of hopelessness - not seeing a positive future, or having no plans for the future
- Feelings of entrapment, defeat, lack of belonging, and perceiving oneself as a burden
- Self-harm in association with a known mental disorder, notably depression, significant anxiety or eating disorder
- Previous admittance to a psychiatric hospital
- Misuse of alcohol and illegal drugs.

Other 'red flag' signs include: disengagement from services (consider parental as well as young person disengagement); absence of an effective young person safety plan and absence of effective support mechanisms; being in transition between services; and unhelpful use of social media, including seeking ways to self-harm.

Consider asking the young person:

- Have you any particular worries or problems? Have you identified any triggers?
- Is the cutting becoming more frequent? Is it changing (e.g. cutting deeper)?
- How do you feel after self-harming?
- Are any other behaviours used to deal with the feelings that lead to self-harm (e.g. drinking, using drugs)?
- Have sleep, eating and weight patterns changed?
- What about friendships, school, family? Do you have anyone else to talk with?
- Are you having any thoughts that life is not worth living?

Risk of suicide is not the only kind of risk that needs to be considered. It is also important to think about whether the young person is at harm from others, including their family, their peer group ('classmates', young people in their community or online contacts) or other adults (self-harming behaviour in a context of abuse or neglect).

Equally, it is important to consider if the young person is so distressed that they are a risk to others, especially if they are using violent methods.

The '**social transmission**' of self-harm has been well documented, and it is important to look out for self-harm in the young person's peer group. Similarly, '**suicide contagion**' can follow death by suicide not only in the deceased's immediate social network, but also in people who became aware of the suicide through media or other influences, especially if they share similar characteristics (eg age, gender, social circumstances).

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ABOUT THIS GUIDANCE

This guidance has been developed by a multi-agency group consisting of Cumbrian GPs, teachers, early help practitioners, Child and Adolescent Mental Health professionals, staff from acute hospitals, public health doctors and members of third sector organisations. This group worked together over a period of months in response to feedback from local children and young people, their parents, professionals, and external inspections that had identified the need for a Cumbrian multi-agency pathway for self-harm.

The multi-agency pathway is an integral part of the [whole system model](#) to ensure the emotional health and wellbeing of children and young people. The pathway development group reports to the Cumbria Emotional Wellbeing and Mental Health of Children and Young People Partnership Group, itself accountable to the Cumbria Children's Trust Board. It aims to be flexible and responsive to other work underway to implement the whole system model. It will be piloted over the coming months, and reviewed initially at 6 monthly intervals as the system evolves.

The group's vision is that the multi-agency pathway for children and young people who self-harm will enable children and young people, parents, carers, and professionals to obtain appropriate and timely help, advice, and information from the earliest sign of need. As a result children and young people will receive the support that they need to stay safe, develop coping strategies and build their own resilience.

This guidance for professionals should be read alongside guidance for children, young people, families and friends. These draw on the best available evidence and good practice examples, as well as from the voice of young people. We are particularly grateful to the Cumbrian 6th form students who took part in two focus groups in November 2014 to inform development of the pathway.

Consistent with the recent Royal College of Psychiatrist's college report, [Managing self-harm in young people](#), it is designed to complement ***detailed protocols for the management of self-harm between providers of health and social care***, to be agreed between the professional staff and managers of: Child and Adolescent Mental Health Services (CAMHS); adult psychiatric services, including liaison; emergency departments; paediatrics and child health (including community child health) services; general medical services; substance misuse services; learning disability services; county council children's services; and the [Cumbria Multi-agency Safeguarding Hub](#).

This is to enable a seamless service to be provided regardless of the corporate or physical boundaries of individual providers and/or their clinical directorates or departments. This will include the resolution of operational difficulties, and ensuring delivery of appropriate training, including to paediatric ward and emergency department staff.

It recognises that practitioners from many different agencies may be involved in responding to young people who self-harm. We have a collective responsibility to work collaboratively to prevent fault lines developing between our agencies; adopting a shared pathway is one way to enable collaborative working.

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Every encounter with a young person who self-harms, for whatever reason, is an opportunity to intervene to reduce their distress and, potentially, to save a life... Young people benefit from a person who is able to listen to them non-judgmentally, foster a good relationship, and encourage them to get help'.

Royal College of Psychiatrists (2014)

KEY FACTS ABOUT SELF-HARM AND SUICIDE IN CHILDREN AND YOUNG PEOPLE

Self-harm refers to any act of intentional self-poisoning or self-injury, irrespective of motivation or intent. It can be considered as a spectrum of behaviours ranging from occasional self-scratching, to cutting, pulling of hair, head banging, taking an overdose with intent to die, or completed suicide.

Reasons for self-harming behaviour vary greatly from person to person. For some young people there is strong suicidal intent; some may experiment out of curiosity, or as a way of fitting in with peers. Self-harm can become psychologically addictive. It is often described as a way to escape from intolerable distress or situations.

Self-harm is common. About 17% of girls and 5% of boys will have self-harmed by the time they leave school. Self-harm rates increase from the age of twelve years and are highest in the late teens for females and in early adulthood for males. Onset of self-harm may be related to puberty, especially late or completed puberty, rather than chronological age. Self-harm rates are higher in adolescents from lower socioeconomic groups. About 80% of those admitted to hospital have overdosed and around 15% have cut themselves. In the community, cutting is a more common way of self-harming than taking an overdose.

Self-harm is often a hidden behaviour. There is much stigma surrounding self-harm. Only about 1 in 8 adolescents who self-harm present to medical services. Young people who self-harm often say that there was no one they could easily trust to talk to about how they were feeling, leaving them feeling isolated and lonely.

Digital technology is influencing patterns of self-harm in children and young people. It is important to gain an understanding of their digital lives. Social media can be part of the problem and also the solution, for more information [click here](#).

It is important to take self-harm seriously: as an expression of distress; because it causes body damage; and because it is linked with an increased risk of suicide.

Although suicide in children and young people is very rare, it is the second most common cause of death among young people. Self-harm is one of the strongest predictors of death by suicide in adolescence, increasing the risk of suicide about ten-fold. Risk of suicide is greater in older adolescents, and in boys and young men who self-harm.

Investigations of suicides in young people suggest they usually belong to one of three groups: those with complex, longstanding life and behavioural problems (school failure, family relationship problems, childhood sexual abuse, family violence, personality problems, low self-esteem, and poor peer relationships...); those with major psychiatric disorders; and those in whom the suicidal process occurred as an acute response to life events, especially relationship problems.

Some young people who die through suicide have no history of previous self-harm/suicide attempts or previous emotional or behavioural problems. They may have felt hopeless in reaction to particularly stressful events, for example a recent relationship breakdown or problems at home. They may still, in some way, have asked for help.

Asking about suicide and self-harm does not increase the likelihood of harm to the young person. It is important that all front-line professionals become familiar with asking about self-harm and suicide in an open minded, compassionate, way. Remember that self-harm may be a means of showing others how bad they feel.

Whenever possible, limit access to the means of self-harming. Families and young people should be encouraged to dispose of sharp objects, medication and other means of self-harm, and at the same time to develop alternative strategies to cope with the underlying distress.

Nearly 400 Cumbrian children and young people aged 10-24 years are admitted to hospital following self-harm each year, significantly more than the England average.

Young people living in the most deprived areas are more likely to be admitted for self-harm than those living in less deprived areas. About 10% of those who do come to the emergency department will return within a year. About fifty people die through suicide in Cumbria each year, of whom on average one is under the age of 19 years.

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Most young people, parents, teachers and other professionals agree that increasing understanding of self-harm, and being more open about it, is a good thing. They want help-seeking to become more normal, accompanied by a wider acceptance that everyone has problems. Young people report a sense of relief when people in their day-to-day lives are supportive and non-judgmental. They want parents and other adults to be better informed about self-harm so they can go to them for help. A supportive friend, family member or other 'trusted adult' can significantly improve a young person's situation.

WHAT CHILDREN AND YOUNG PEOPLE SAY ABOUT SELF-HARM

National surveys: Young people say that conflicts with other people, for example, family members, siblings, teachers and boyfriends/girlfriends, are the most common reasons for self-harm. These conflicts could be about different things but they often make young people feel pushed away, left out, unfairly criticised or out of control. Young people also report that they can feel embarrassed or ashamed about self-harming themselves, and that they fear being judged by others, including professionals.

They say that it is often very difficult to know who they can talk to about their self-harming behaviour and the strong feelings that go with it, which may feel very private. This includes difficulty talk to their parents (who report, themselves, often feel guilty about their child's self-harm). Young people say they want to be able to talk to their teachers or GPs, for example, but they are not sure how to start the conversation, and may not feel encouraged by the professional. It may be easier, or less threatening, to talk to a trusted adult, for example, their football coach or youth leader, about self-harm.

Some young people have also voiced concerns with the attitudes of front-line professionals and their perceived lack of understanding of self-harm. For example, young people seeking help in emergency departments have reported lack of privacy, with confidential matters discussed in open areas, and lack of respect. Young people may feel out of place on paediatric wards, and have reported long waiting times to see psychiatric professionals and reduced input at the weekend. Some felt their families were left out and received inconsistent support.

These attitudes and perceptions can have a negative effect on the ways in which young people access help and support; many young people report turning to their peers and/or to online support instead of their GPs, teachers or parents.

Focus groups with Cumbrian 6th formers were carried out in November 2014 to inform this self-harm pathway. Participants recognised that *'the immediate effect of physical pain can be better than unhappiness'*. They said that digital technology can be part of the problem and the solution. They identified stigma and difficulties accessing support as key themes. They wanted:

- **All children to learn about mental health and self-harm to remove the stigma**
- **Someone they trust and can go to when they are worried about self-harm**, who will know where to get help: *'some people just don't have anyone to talk to'*
- **Support for parents:** most participants said they would not tell their parents about self-harm, whether not wanting to upset them or to be judged
- Some felt strongly that young people should be able to **self-refer to Child and Adolescent Mental Health Services (CAMHS)**.

WHAT PROFESSIONALS SAY ABOUT SELF-HARM

Research indicates that many professionals feel they need a deeper understanding of how to support young people who self-harm. They do not understand the reasons why young people self-harm and do not know what language to use when talking to a young person about self-harm. Similarly, teachers felt 'helpless' and unsure of what they can say; 80% wanted clear practical advice and materials that they can share directly with young people.

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THERAPEUTIC INTERVENTIONS

Overall, there is a little evidence on which to base treatment recommendations for adolescents who self-harm.

There is no evidence that giving young people medication reduces self-harm; however, medication may still be appropriate if the young person who self-harms has other disorders such as depression or anxiety.

Interventions should be tailored to the young person's needs and personal goals. The aim of the treatment should be to reduce self-harm, reduce risk and address underlying difficulties. In the first instance, it is important that there is limited access to the means of self-harming. Both families and young people should be encouraged to dispose of sharp objects, tablets and other means of self-harm.

Many young people are confused about their reasons for self-harm and it is often hard for them to make sense of what they wanted to achieve by self-harming. Understanding self-harm jointly with the young person, identifying the vicious cycle that keeps self-harm going and mapping the way to break the cycle seems to instil hope and improves the chances of young people getting the help they need.

Support of young people who self-harm should ideally also involve their family members, while acknowledging that in some cases, interpersonal family relationships can contribute to self-harm. Parents may be invited to take part in psychological ('talking') therapies. It is also important to acknowledge the support needs of parents or carers since self-harm is often very stressful for the young person's family.

Self-harm can have many roots, so **collaboration and good communication between parents, teachers, school nurses, mental health professionals and other agencies** are essential.

Supportive psychosocial care and the role of general practice. Young people who self-harm may seek help from their GP. General practitioners are in a good position to provide initial supportive psycho-social care. The crises associated with self-harm in children and young people can often resolve quickly. Planned brief GP consultations spaced weekly or fortnightly can be supportive to young people, and give them an opportunity to explore the often complex reasons for the distress underlying the self-harming behaviour, and the part it plays in coping. Given the wider knowledge the GP may have of the family and those living at the address, the GP may also know of likely triggers, such as a recent diagnosis of illness in a family member or a history of mental ill health. They are also in a good position to ask about these matters.

It is critical that GPs, like other professionals, ask about suicidal ideation and any continuing suicidal intent; and that they screen for characteristics known to be associated with risk, notably depression and hopelessness (for more information, see [Red Flags](#)).

The GP may need to consult with colleagues either through the Cumbria Early Help process, or specialist CAMHS, to establish whether further assessment of the young person's mental state is needed.

Specialist therapeutic interventions: Specific interventions may be indicated, especially when problems are severe or longstanding and where self-harm is associated with use of more dangerous methods or clear suicidal intent. These more specialist interventions include evidence-based treatments such as 3–12 sessions of talking therapy with elements of cognitive-behavioural therapy (CBT), problem-solving therapy, psychodynamic treatments or family therapy (NICE, 2004, 2011). Dialectic behavioural therapy shows promise for repeated self-harm, as does Mentalization-Based Treatment.

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WHAT TO EXPECT FROM HEALTH SERVICES

Children and young people who self-harm will be treated with respect, dignity and compassion. They will be treated as individuals and not be judged by their actions. Their engagement will be encouraged, particularly by explaining health and care processes in a clear and sympathetic fashion.

Acute Hospital Services: emergency physical assessment and treatment is undertaken in **the accident and emergency department** (AED) when children and young people present to hospital following self-harm. This will be accompanied by an initial assessment of the young person's mental state, an initial mental health risk assessment and assessment of safeguarding needs, to include: information about the reasons for self-harm; history of self-harm; a description of mood; the degree of suicidal intent; and family circumstances.

Young people under the age of 16 seen in the accident and emergency department following acute self-harm presentations will be **admitted to a paediatric, adolescent or medical ward or to a designated unit**. This is indicated regardless of the individual's toxicological state so that comprehensive physical and psychosocial assessments can occur and management/crisis intervention can be planned and initiated.

Admission is usually for an overnight stay. While on the ward, children and young people will receive appropriate medical and/or surgical treatment. Throughout their admission, young people will remain in the overall care of a consultant paediatrician. **A member of the specialist CAMHS 'liaison' team will carry out a psychosocial assessment**, ideally within 24 hours, in a private and confidential way. This will involve talking about underlying issues, as well as the recent self-harm, and exploring ways of coping. The mental health professional will always speak to the young person alone first, and will ask if they would like any family members, friends or carers to be involved in the assessment.

The **Paediatric Liaison Service** will work in partnership to ensure effective two-way communications and sharing of information between hospital and community services to enable children and their parents to receive appropriate care and support.

Child and Adolescent Mental Health Services (CAMHS) teams (which include targeted (Tier 2) and specialist (Tier 3) CAMHS, and the Children and Young People's Improving Access to Psychological Therapies service (CYP IAPT), provide consultation, training and direct delivery. These teams tend to become involved in more risky or complex cases, with onward referral to in-patient (Tier 4) services of individuals with very complex problems or at very high risk.

MEETING YOUR TRAINING NEEDS

This self-harm guidance is only one of several measures being taken across the 'whole system' to improve the emotional well-being and mental health of children and young people in Cumbria. Workforce development is another key element.

As recommended by the Royal College of Psychiatrists (2014), the training programme that accompanies this pathway will specifically aim to improve the quality and experience of care of young people who self-harm. It will teach our workforce how to recognise and respond to self-harm. It will include education about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes. Young people who self-harm and the frontline professionals who care for them are actively involved in the planning and delivery of this training programme.

This training programme will include, as a minimum, the **self-harm and risky behaviour module** of the [MindEd e-learning package](#). This has been produced by leading experts and endorsed by the Department of Health. It is free, open access, and takes about 30 minutes to complete. We are also working with children, young people, and their parents to pilot ways in which we can increase their understanding of self-harm, and their confidence in helping children and young people navigate their way to the help they need.

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SOCIAL MEDIA AND SELF-HARM

When working with children and young people, it is important to gain an understanding of their digital lives, and their experiences of different types of content and engagement with others, without making simplistic assumptions about how harmful or helpful it is.

There are many different ways for young people to express themselves and communicate with each other using social media. This can include platforms such as Facebook and Twitter and microblogging sites such as Tumblr which allow users to upload images, videos, poems and music. These can be very popular with those who self-harm, as they can share and connect with each other and express themselves creatively.

Owing to the vast number of people using these sites there is huge variation in the content. A number offer support and useful information, but some of this may cause distress and possibly trigger self-harm.

A further aspect of social media is that the individual may be 'followed' by hundreds, if not thousands, of others. This could potentially affirm their identity as someone who self-harms, thus impairing recovery. There are many online experiences which may relate to self-harming behaviour, including humiliation, harassment, threats, sexual extortion, body-image problems and fear of exposure. It is important to understand what is specifically uncomfortable or distressing for each individual.

New digital technologies are also being used increasingly to make available interactive support for people who self-harm: for example through online counselling services. While the evidence of effectiveness of these approaches is limited, early research findings are promising.

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KEY SOURCES FOR THIS GUIDANCE

Hawton K, Saunders K, O'Connor R (2012) [Self-harm and suicide in adolescents](#) Lancet; 379: 2373–82

Royal College of Psychiatrists (2014) [Managing self-harm in young people CR 192](#)

[National Institute for Health and Care Excellence \(NICE 2004\) Clinical Guideline 16 : Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care](#)

[The National Institute for Health and Care Excellence \(NICE 2011\) Clinical Guideline 133: Self-harm \(longer term management\)](#)

[MindEd e-learning module: self-harm and risky behaviour](#) : MindEd offers training about a broad range of mental health problems in children and adolescents, including self-harm. Its aim is to help adults to support wellbeing and identify, understand and support children and young people with mental health issues.

OTHER SOURCES OF ADVICE, INFORMATION AND SUPPORT

LOCAL SERVICES

[SAFA](#): based in the Furness area, SAFA offers counselling and support to Cumbrians aged 11 + who self-harm. SAFA also offers training to professionals. Call 01229 832 269.

[Cumbria LSCB Early Help Resource Directory](#): provides a comprehensive list of local organisations offering support to Cumbrian children and young people.

[Cumbria Partnership NHS Foundation Trust's Life is a Rollercoaster website](#): provides information and contacts for children and young people about health issues, including mental health.

NATIONAL SERVICES

[YoungMinds](#): provides information for young people on different mental health issues.

[Royal College of Psychiatrists](#): provides information for parents, carers and anyone who works with young people.

[The Royal College of General Practitioners - Youth Mental Health](#): provides resources about adolescent mental health.

[ChildLine](#): provides a free and confidential 24/7 helpline for any worries about children and young people, including [self-harm](#). Call 0800 11 11.

[HOPElineUK](#): Provides a telephone service to support anyone concerned that a young person they know may be at risk of suicide. Call **0800 06841 41**, email: pat@papyrus-uk.org or text 07786 209697.

[The Samaritans](#): offers a 24/7 helpline, including for [young people under the age of 18](#)

<http://www.healthtalk.org/peoples-experiences/mental-health/self-harm-parents-experiences/topics>: shares parents' experiences of self-harm.

[SelfharmUK](#): provides support to young people impacted by self-harm

[National Self-harm Network](#): provides crisis support, information and resources, advice, discussions and distractions.

[CALM](#): offers support to men of any age to prevent suicide. Call 0800 58 58 58
