



Self-Harm Policy

Policy Statement

"Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". (World Health Organisation)

We aim to promote positive mental health for every member of our school community – students and staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

The number of incidents of self-harm have risen over recent years and are more common amongst young people. In 2022 the Samaritans referred to research suggesting 1 in 4 young women have self-harmed at one point in their life.

Scope

This policy describes the school's approach to promoting positive mental health and wellbeing and supporting those who are struggling in the specific area of self-harm. This policy is intended as guidance for all staff and governors. This policy should be read in conjunction with our Safeguarding Policy, Positive Mental Health Policy, Appendices and Protocols, Suicide Safer Policy, First Aid, Supporting Students with Medical Conditions & the Administration of Medicines Policy, as well as our Special Educational Needs and Disabilities (SEND) Policy where a student has an identified special educational need or disability.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of self-harm
- Alert staff to early warning signs of mental ill health which includes self-harm
- Provide support to staff working with young people who are self-harming
- Provide support to students who are self-harming, as well as their peers and parents/carers

Definition of Self-harm

The term "self-harm" is used to describe a wide range of behaviours. Self-harm is often understood to be a physical response to an emotional pain. It can be seen as an intentional act of damaging or injuring one's body, irrespective of apparent motivation, though is usually a way of expressing or coping with

overwhelming emotional distress. Some more well-known forms of self-harm include cutting, burning or pinching, but there are many forms of self-harm, including drug and alcohol abuse or eating disorders. Though some people who have self-harmed are at high risk of suicide, many of those who self-harm do not want to end their lives. [NHS/NICE]

Roles and responsibilities

Head

- Ensure that it is understood that all incidents of self-harm should be reported to the Designated Safeguarding Lead (DSL) regardless of perceived severity.
- Lead whole school culture of positive mental wellbeing, including awareness of emotional wellbeing, mental health issues and self-harm, and be supported to do so
- Promote the use of PSHCE as an essential way to address the young people's emotional wellbeing and mental health needs
- Support training for staff on emotional wellbeing and mental health issues including self-harm
- Develop and implement this self-harm policy, involving young people themselves, and ensuring staff are aware of procedures to follow.
- Ensure all staff are aware of and understand the policy.
- Appoint one or more designated key staff to lead on emotional wellbeing (including self-harm)
- Provide practical and emotional support for key staff responding to self-harm
- Ensure that good procedures are in place for record keeping, audit and evaluation of activities in relation to self-harm in the school
- Ensure that all staff know where they can access support where required
- Understand that the Ofsted Education Framework identifies the importance of students knowing how to keep themselves physically and mentally health.

All staff

- Be aware that all incidents of self-harm should be reported to the DSL regardless of perceived severity
- Be aware of all self-harm policy/protocol documents (alongside the Safeguarding Policy) and be clear who you need to inform if you are concerned about self-harm
- Discuss an incident or disclosure of self-harm with the DSL as soon as you become aware of it and inform the student that you are doing this
- Make it known to the student that there are staff available to listen to them (and how they can be accessed)
- Be familiar with the section in this policy about how to speak to young people about self-harm and confidentiality.

Designated Safeguarding & Mental Health Lead

- Ensure that all students know who the DSL is and who they can talk to if they are experiencing or thinking about self-harming, or are aware of another student who is thinking about self-harming/has self-harmed
- Ensure all students know where to access information about coping with self-harm

- Ensure implementation of the Self-Harm Policy
- Maintain up to date records of students experiencing self-harm, incidents of self-harm, concerns surrounding the issue and support provided to students
- Communicate, where appropriate, with the Head and other key staff, on a regular basis and keep them informed of all incidents and developments
- Ensure you are confident and up-to-date in your understanding of self-harm, including training where required. Be aware of organisations and key services in this area that can support young people who self-harm
- Be aware of information sharing and confidentiality arrangements, including when it is essential to share information with other organisations
- Inform the student's parents, if appropriate, and liaise with them as to how to best manage the situation
- Respond to any mention of suicidal feelings or behaviour as a matter of urgency
- Ensure that all first-aiders are well informed about self-harm
- Take care of your own emotional wellbeing and seek support/supervision as and when necessary.

School Governors

- Support the school senior leadership team in promoting the awareness and understanding of self-harm, including in the curriculum, as well as training and information for parents
- Support the development of school policy around self-harm
- Be assured that students are aware of who they can talk to at the school around self-harm and where to access information around coping with self-harm.

Responsibilities of Key Staff

All staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Claire Leek, (Assistant Head (Pastoral and Personal Development)), who is our DSL as well as being our Mental Health Lead (Youth Mental Health First Aid (YMHFA) trained) and oversees all aspects of pastoral care.
- Kimberley Green (Well-Being and Safeguarding Officer), who is our Senior Deputy DSL and lead first aider and is also YMHFA trained. (Note that references to the DSL in this policy include the senior deputy DSL (and other deputy DSLs) where the DSL is not available.)
- Heads of Year/Key Stage - Mrs Graff, Head of Sixth Form; Ms Williams (Assistant Head of Sixth Form (Pastoral)), Mrs Regan and Ms Rodwell, Heads of Key Stage 4; Mr Supperstone, Head of Year 7, Ms Fusi, Head of Year 8 and Mr Southall, Head of Year 9, – who oversee the individual well-being of all students in their cohorts, working closely with Mrs Leek in following up on any concerns. All have had DSL training and are deputy DSLs within School.
- Tutors, who take frontline responsibility for the collective well-being of those in their tutor group
- Teachers, who look after the well-being of those in their class and will notice and follow up on any concerns.
- Support staff, who come into contact with our students and will follow up on any concerns.

Any member of staff who is concerned about the mental health or well-being of a student, including in the area of self-harm, must speak to the DSL in the first instance. If there is a fear that the student is in

danger of immediate harm then the normal child protection procedures must be followed with an immediate referral to the DSL. If the student presents a medical emergency then the normal procedures for medical emergencies will be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to the Child & Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the DSL.

When the DSL is not available, the senior deputy DSL or other deputy DSLs should be contacted. All such referrals should also include recording of key details via the School's child protection software, CPOMS.

Why do people self-harm and who is at risk?

There are a range of different reasons why people self-harm. Some common reasons include:

- *To deal with distressing experiences and difficult emotions*
Young people may use self-harm as a way of coping with distressing thoughts or emotions. Self-harm can occur at times when they feel overwhelmed, exposed, anxious, stressed, angry, unable to cope and/or unable to express themselves. Self-harm can lead to feelings of relief, calmness and of being in control. Some young people also self-harm to deal with feeling unreal, numb, isolated, or disconnected. Self-harm in these circumstances may lead to feelings of being more real, more alive, functioning and able to cope in the short term. Some young people may self-harm because physical pain seems more real and therefore easier to deal with than emotional pain.
- *To enlist help or concern*
For some young people self-harm is a way of expressing their distress non-verbally. Self-harm should not be dismissed as "attention seeking behaviour", however superficial it may seem. It is almost always a sign that something is wrong and needs to be taken seriously. Avoid making judgements or assumptions about why someone has self-harmed.
- *To keep people away*
Some young people self-harm with the intention of making themselves unattractive to others or to prevent others from getting close.

There are some risk factors which may mean young people are more at risk of self-harm, particularly if they have a number of risk factors. Children and young people with the protective factors listed below may be less at risk of self-harm. However some who self-harm may not have any of these risk factors and may self-harm despite having protective factors (e.g. supportive adult relationships etc.).

Risk Factors	Protective Factors
• Low self-esteem • Poor coping, communication or problem solving skills • Difficult temperament • Mental distress or illness, e.g. anxiety/depression • Alcohol/substance misuse	• High self esteem • Higher ability/attainment • Outgoing personality • Good coping skills • Positive school experience • Secure attachment • Resilience

• Impulsivity • Stress or worries about school work or peers • History of similar behaviour in the past • Past or current experience of abuse • Feeling isolated • Recent bereavement or loss • Worries around sexuality • Chronic illness/disability • Gender dysphoria • Access to means of causing self-harm • Being alone • Social exclusion • Alcohol and drugs • Family members who self-harm • Family conflict • Parental separation and divorce • Single parent family • Parental illness • Parental alcohol/drug misuse • Sexual/physical/emotional abuse or neglect • Poverty/low socio-economic status • Domestic violence • Pressure from family to achieve at school/unreasonable expectations • Arguments with friends • Bullying • Friends who self-harm • Loneliness/social isolation • Pressure to perform well • Minority status • Problems in relation to race, culture or religion • Problems regarding sexual orientation or identity • Access to media portrayals which glamorise self-harm or suicide 'victims' and elicit 'copy-cat' responses by vulnerable children and young people	• Knowledge of where to seek support • Access to social support • Social inclusion • Supportive adult relationship • Harmonious family relationships • Low level of material or social hardship • Good role models within family • Stable and secure friendship group • Supportive adult • School with inclusive/incorporative ethos, strong commitment to PSHCE and mental health promotion and establishment of peer support systems
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Teaching about Mental Health, including Self-Harm

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHCE curriculum. The specific content of lessons will be determined by the specific needs of the cohort but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language

and confidence to seek help, as needed, for themselves or others. We follow the PSHCE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in this policy and also in Appendix D of the school's Positive Mental Health Policy. We will display relevant sources of support and will regularly highlight sources of support to students within relevant parts of the curriculum. We recognise that by highlighting sources of support, we will increase the chance of students seeking help by ensuring students understand what help is available, who it is aimed at, how to access it, why to access it and what is likely to happen next.

Warning Signs

It may be hard to know if someone is self-harming as there may not be any warning signs. However some changes in behaviour that could occur include:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood e.g. more aggressive or less engaged than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Drug or alcohol abuse
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Risk-taking behaviour (substance misuse, unprotected sexual acts)
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Not participating in Physical Education lessons or getting changed secretly

Any warning signs must **always** be taken seriously and staff observing any of these warning signs should communicate their concerns via CPOMS.

Triggers for self-harm

Self-harm may begin in response to a range of issues (see risk factors above), including the below:

- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships e.g. relationship breakups (most common for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse (sexual, emotional, physical abuse or neglect)
- Self-harm behaviour in other young people (contagion effect)
- Self-harm portrayed or reported online or in the media
- Difficult times of the year e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure

- Times of change e.g. parental separation/divorce/change in parental care/carers

What to do as an immediate response to self-injury or suspected self-injury

- For any serious injury, call 999 in the normal way, and call a nearby first aider and then the student's parents (except in exceptional circumstances where a Sixth Former refuses permission for them to be called).
- Operate in line with the school's First Aid, Supporting Students with Medical Conditions & the Administration of Medicines Policy
- For less serious wounds, take the student to a first aider, who should ensure that the wound is clean.
- Stay calm, reassure the student, listen, be practical not emotional, never judge.
- At the earliest possible opportunity (immediately if possible) inform Claire Leek, the DSL. The student's Head of Year/ Key Stage should also be informed as soon as possible.
- Unless there are exceptional circumstances (see above), parents/carers will be informed (generally by the DSL or the Head of Year/Key Stage). This will usually be done by inviting them into school. The best way forward will be discussed with the student and her parents/carers, including establishing a safety plan for keeping her safe in school (and at home).
- The parents may well be advised to take the student to the family GP (or A&E where very serious), who may decide to refer to CAMHS if appropriate (the school can also do a referral but students may be seen more quickly if a medical professional has made the referral).
- The student may be seen by a school counsellor before getting their CAMHS appointments.
- The counsellor will seek to support the student, help them to stay safe, and explore any underlying or other issues that may need addressing.
- They will encourage the student to try to talk about anything that is troubling them, and will suggest strategies that will offer the student alternatives to the more dangerous forms of self-harm.

Assessing Risk

When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time. It is ok to talk with young people about these issues; it will not make things worse. Factors that increase the risk:

- The use of alcohol or drugs when self-harming (this can increase recklessness and impulsiveness)
- Feelings of hopelessness about life (whether not caring about themselves or actively wanting to die)
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm (e.g. frequent small overdoses may cause long-term harm)
- An increase in the frequency of self-harm or a feeling of having to do more to feel what they perceive to be the benefits.

If the young person is expressing a wish to die and says they have a plan of what to do, they should be seen urgently by the local emergency department who will access mental health services as appropriate. Unless the young person is in obvious emotional crisis, kind and calm attention to ensuring that any immediate physical wounds are treated (by an appropriate member of staff) should precede additional

conversation with them about the non-physical aspects of self-harm. Questions of value in assessing severity of the injury include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for your wounds?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Where in doubt or if concerned, seek medical attention as appropriate.

In general students are likely to fall into a spectrum of risk:

- Lower risk students: little history of self-harm, a generally manageable amount of stress and at least some positive coping skills and external support.
- Higher risk students: more complicated profiles, report frequent or long-standing self-harm practices, use of high lethality methods, younger age, parental mental health problems and/or students who are experiencing chronic internal or external stress with few positive supports or coping skills.

Key points to be aware of:

- These risk factors and questions serve only as a guide to support staff and are by no means exhaustive. Assessing risk should be in collaboration with the young person and the DSL.
- **Where there is any doubt about risk it is important to get advice from CAMHS (or the Multi Agency Safeguarding Hub - MASH).**
- Where a young person or parent is unwilling to engage with support services, a referral to MASH should be considered, as refusal to engage may constitute a safeguarding issue.
- After assessing immediate risk, gaining further information from the young person may take place over a number of conversations and should occur at a pace comfortable for them.
- Remember, if you are concerned that the young person has experienced or is at risk of experiencing significant harm then it is necessary to follow child protection procedures.

Confidentiality and information sharing

Individuals should be aware of and follow school guidelines about information and confidentiality when managing self-harm or suspected self-harm. It is essential to maintain clear communication with the young person throughout all interactions explaining clearly what has been done, who has been told and next steps to be taken, all of which should be decided in collaboration with the young person as much as is possible.

- It is important to have a conversation with the young person about confidentiality as early as possible as it may affect their help seeking behaviour.
- This will include making the young person aware that where there are concerns about their safety, other people will need to be informed, but that wherever possible they will be made aware of this and their consent will be sought.
- Professionals should always take age and understanding into account when involving young people in discussions/decision making. Young people over the age of 16 are usually judged to be able to seek their own medical advice and treatment providing they are competent to do so. However it is best practice to involve parents as much as and where possible. Generally speaking,

parental involvement should be encouraged unless there is a sound reason not to do so, or if to do so would put the child or young person at risk of further harm. The reasons behind decisions around confidentiality must be clearly documented.

- Safety always takes priority over confidentiality; do not make promises about confidentiality you cannot keep.
- The conversation can consider what actions a young person can take to minimise risk, e.g. talking to a positive friend, counselling, speaking to a school nurse and/or parent(s).
- There should be a clear explanation about what is going to happen and why, as well as an explanation of the choices available.
- Consult the school's safeguarding policies which can be accessed on the [School's website](#).

Dos and Don'ts when talking to young people about self-harm

Make time. Talk to the young person about their self-harming. Talking will not increase the chance that the young person will self-harm BUT not talking about it may make them feel unheard or alone.

Don't:

X Tell them to stop self-harming or give them an ultimatum

X Do not ignore self-harm however superficial it may seem to you, or assume someone else is already helping them

X Do not make judgements or promises you can't keep

Do:

✓ Listen to what is being said and check your understanding

✓ Respond with concern rather than anxiety or distaste

✓ Be interested in them as a person not just as someone who self-harms

✓ Find out how they are feeling – are there ups and downs?

✓ Are there underlying difficulties, e.g. bullying, difficulties in peer relationships, stress from exams, conflict at home

✓ Ask about coping strategies - when are they most likely to self-harm? What have they found helpful in distracting them?

✓ Ensure that the individual is given the opportunity to direct the conversation, express their thoughts about self-harm and be involved in jointly agreeing plans for keeping safe and for further support

✓ Act appropriately in line with policy of confidentiality – inform young person first before informing others

✓ The young person may wish to have new strategies to manage some of their difficult feelings. Talking to someone or distracting themselves e.g. by listening to music, are common strategies

✓ Speak to other agencies or nominated people within the school as appropriate and within the parameters of confidentiality

✓ Look after yourself; ensure you have someone to support you and talk things through with

If you are concerned about a particular student who you think may be self-harming or at risk of self-harming, then alert the DSL and the Head of Year/Key Stage. Disclosures should always be shared with

the DSL. This should be explained to the student. If a student gives us reason to believe that there may be underlying child protection issues, then the relevant Safeguarding Procedures must be activated.

Parents must always be informed if the student is under 16 and in danger of harm. Students may choose to tell their parents themselves, and this is to be encouraged. If this is the case, the student should be given a short window of time (no more than 24 hours) to share this information before the school contacts parents. We will always give students the option of us informing parents for them or with them.

The level of detail asked may need to be adjusted according to the individual situation and this may take place across several conversations. Also see Appendix F of the Positive Mental Health Policy, "How to talk to a student you are worried about" (Samaritans). Every young person is an individual and their experience of self-harm is going to be unique. Talking about self-harm is not easy, however the prompts below give some suggested phrases for guiding the conversation:

- "I appreciate that you may tell me this in confidence but it is important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what's going on. BUT I will always have that discussion with you before and let you know what the options are so that we can make these decisions together"
- "Let's see how we can work this out together... I may not have the skills to give you the help you need, but we can find that help for you together if you would like..."
- Use active listening e.g. "Can I just check with you that I have understood that correctly?"
- "Where on your body do you typically self-harm?"
- "What sort of self-harm are you doing?"
- "What are you using to self-harm?"
- "Have you ever hurt yourself more than you meant to?"
- "What do you do to care for the wounds?"
- "Have your wounds ever become infected?"
- "Have you ever seen a doctor because you were worried about a wound?"
- "I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment..." E.g. peer relationships; bullying; exam pressure; difficulties at home; romantic relationship breakup; substance misuse; abuse
- "Is there anything that you find helpful to distract you when you are feeling like self-harming...? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family...reading, going for a walk...etc."
- "I can see that things feel very difficult for you at the moment...and I am glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before? Is there anyone else that you think maybe good to talk to? How would you feel about letting them know what's going on for you at the moment?"
- "How could we make things easier for you at school?"
- "What feels like it is causing you the most stress at the moment?"
- "What do you think would be most helpful?"

- “I understand that it feels really hard to think about telling your parents...but I am concerned about your safety and this is important...would it help if we did this together?...Do you have any thoughts about what could make it easier to talk to your parents...”
- “Why don’t we write down what we have agreed as a plan together...then you have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or really want to self-harm it is difficult to remember the things that you have put in place-this can help remind you...”

Distraction/Coping Mechanisms

Replacing self-harm with safer coping strategies can be a helpful way of responding to difficult feelings. The coping strategies appropriate for different young people are likely to vary by their age and personal preference. Talking to the young person about what coping strategies work for them may be useful. Different strategies may work for different individuals and may require time to become effective. Some strategies that may be helpful include:

- Going for a walk, looking at things and listening to sounds
- Create something, e.g. drawing, writing, music, cooking, sculpture, crafts
- Going to a public place, away from the house
- Keeping a diary or weblog (the child/young person should consider how to protect themselves online)
- Stroking or caring for a pet
- Watching TV or a movie
- Getting in touch with a friend
- Listening to soothing music
- Having a relaxing bath
- Breathing exercises
- Plan an activity or trip, e.g. volunteering, cinema, park
- Releasing or managing emotions e.g. aggression and anger
- Clenching an ice cube in the hand until it melts
- Snapping an elastic band against the wrist
- Drawing on the skin with a red pen or red paint instead of cutting
- Sports or physical exercise, kick a football against a wall, go for a run
- Using a punch bag/pillows or other soft object
- Listening to or creating loud music
- Tearing up newspaper
- Repetitive counting or writing
- Take some exercise e.g. walking, sports, gardening, bike ride
- Sing or shout loudly

Other factors to consider

- **Should we encourage students to cover up visible scars/cuts/burns?**

Some people may worry about other young people being distressed or influenced by another young person’s scars. The decision whether to cover up scars or not should be led by the young person unless covering up is required from a first aid or medical/safety point of view.

- **What does ‘safe-harm’ mean?**

Staff may come across the concept of 'safe harm' or 'harm minimisation', where young people may have been given advice on how to self-harm in a safer manner, e.g. using clean blades with advice not to share blades. Though this is a recognised concept it should only be introduced to, or discussed with the young person by an experienced clinician or specialist.

- **Young people with Special Educational Needs and/or disabilities**

Where young people with Special Educational Needs and/or Disability (SEND) are self-harming, the advice in this policy will likely need to be adjusted according to the individual as there may be other reasons why some young people with SEND self-harm. Staff should consider seeking advice from CAMHS and SEND specialists, reviewing any Education Health and Care plan which may be in place, seeking medical advice, and in all cases the DSL should be informed.

Individual Support Plans including Risk Assessment & Safety Plans

It can be helpful to draw up an individual support plan for students who are self-harming. This is drawn up involving the student, the parents and (where appropriate) relevant health professionals, and kept on the student's confidential file. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

A risk assessment and safety plan should be drawn up at times of heightened risk. This should be done with the young person, their parents and professionals, where possible. This will consider the risks and agree safety plans for mitigating those risks, ensuring that the young person knows how and where to find help and support, and what to do if they are not feeling ok.

Working with Parents

Where it is deemed appropriate to inform parents (this decision must be made with the DSL), we need to be sensitive in our approach. Before disclosing to parents we should consider the following (on a case by case basis) where the conversation should take place, who should be there and the aims of the meeting. Notes on the meeting will be added to the student's confidential file.

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. We should highlight further sources of information and give them relevant information to take away, where possible, as they will often find it hard to take much in whilst coming to terms with the news that you are sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. Directing parents to the Wellbeing section of the School Website may be helpful.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the student's confidential record.

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to access support but do not know how. In the case of self-harm, including eating disorders, it is also possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support may be provided either in one-to-one or group settings and we will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is possible and helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Staff Self-Care

- Staff may find it difficult or upsetting when discussing issues related to self-harm with children or young people. It is important for staff to look after themselves and seek help and support where necessary. They can seek advice from the senior team, school counsellor or a GP for further support.
- Staff should not work beyond their limitations; where staff wish to improve skills, knowledge and confidence with regards to helping young people who self-harm, further training is recommended.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular Child Protection training in order to enable them to keep students safe. We will host relevant information, both within this policy and its appendices, and on our staff shared area for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue and courses are available via the School's subscription to the National College.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students. Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with the DSL, who can also highlight sources of relevant training and support for individuals as needed. As an example, the [Charlie Waller Memorial Trust](#) provides funded training to schools on a variety of topics related to mental health.

Useful contacts

Staff should be aware that when generally searching about self-harm online, some sites may be pro self-harming. Therefore care is required when finding information online. The following recommended organisations can offer further help and useful resources:

- Kooth – Free, safe and anonymous online support for young people www.kooth.com
- Young Minds - national charity working towards improving wellbeing and mental health of children/young people www.youngminds.org.uk Young Minds Parent Helpline: 0808 802 5544 (Mon-Fri, 9.30am-4pm)
- Samaritans - A national charity aimed at providing emotional support to anyone in emotional distress at www.samaritans.org or 116 123 (free phone 24 hour helpline)
- Mind - Provides advice and support to anyone experiencing mental health problems www.mind.org.uk and in particular re self-harm at <https://www.mind.org.uk/for-young-people/feelings-and-experiences/coping-with-self-harm/>
- Rethink - A national mental health charity offering information, advice and support about mental health issues www.rethink.org
- Harmless - A national voluntary organisation for those who self-harm, their families and professionals www.harmless.org.uk
- Papyrus Helpline - A national UK strategy aimed at the prevention of young suicide at www.papyrus-uk.org and HOPELineUK 0800 068 41 41
- SelfHarm.co.uk - SelfharmUK is a project dedicated to supporting young people impacted by self-harm. It provides a space to talk, ask any questions and be honest about what's going on in their life www.selfharm.co.uk
- Epic friends - Advice for young people on ways to help friends who may be self-harming www.epicfriends.co.uk
- Lifesigns - An online, user-led voluntary organisation, which aids understanding of self-injury and provides information and support to people of all ages affected by self-injury www.lifesigns.org.uk.
- Childline - Trained counsellors who can talk to anyone aged under 19 about any issue they are going through www.childline.org.uk/
- Family Lives - A charity which supports parents with all aspects of family life www.familylives.org.uk/about/
- The Wish Centre - A charity providing advice and online support for young people to support recovery from self-harm, violence, abuse and neglect www.thewishcentre.org.uk
- National Self-Harm Network: www.nshn.co.uk
- Calm Harm- an app developed for teenage mental health charity stem4 by Dr Nihara Krause, Consultant Clinical Psychologist, using the basic principles of an evidence-based therapy called Dialectical Behavioural Therapy (DBT). <https://calmharm.co.uk/>

Support Resources for Adults/Parents who are Self-Harming

- Local GPs should be able to point towards appropriate help services/resources
Mind Provides advice and support to anyone experiencing mental health problems www.mind.org.uk
- NHS choices Information and support services for those who self-harm <http://www.nhs.uk/conditions/self-injury/Pages/Introduction.aspx>

Books

- Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009)
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

This policy will be reviewed every two years. It was last updated in February 2025.