

Understanding and responding to children and young people who self-harm

A guide for practitioners



Acknowledgements

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Cambridgeshire and Peterborough 
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Understanding mental health, understanding children


Cambridgeshire



Care Services Improvement Partnership 



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**“I hate my life
But I’m to blame
Hurting myself
Keeps me tame**

**Watching the blood
Rush from my arm
This is the life
The life of self-harm**

**The first cut
Is always so deep
But I feel so much better
Seeing the blood seep”**

**“I feel all alone
In my own little world
What’s happening to me?
I was a sweet little girl**

**Everything is wrong
Nothing goes right
Relieving my pain
In the dead of night**

**I wear long jumpers
So no-one can see
What I’ve been doing
To poor old me”**

**“All of this pain
Is just in my head
But it don't seem to go
And I wish I were dead**

**All of this hurt
Surely must end
Maybe I can get help
From one of my friends**

**But what will they think
Of this silly little girl
Always suffering
In her own little world”**

Chapter 1

Introduction

Welcome

This guidance is intended for use by anyone working with children and young people in Cambridgeshire. It represents part of a multi-agency project led by Cambridgeshire and Peterborough NHS Foundation Trust. It includes the contributions of a wide range of professionals and young people who were invited to share their ideas and experiences at a self-harm conference run in October 2007.

This document is not intended to be a definitive or exhaustive guide to the subject of self-harm in young people and should be read alongside the *National Institute for Health and Clinical Excellence Guide to Self-harm* (NICE 2004). Neither should it be considered a training package and it is recommended that you also attend training.

Why have a guidance document?

We hope this guidance will help to:

- Build upon and strengthen the knowledge and skills of staff in recognising and responding appropriately to young people who self-harm
- Develop and maintain the quality of support, advice and guidance offered to young people who self-harm
- Maximise consistency of response across agencies
- Represent the views of young people and staff who live and work in Cambridgeshire.

Principles

Practitioners, carers and young people in Cambridgeshire identified the following principles as important when helping young people who self-harm. They underpin all the guidance that follows:

- Recognising the importance of empowering young people with support to make positive changes
- Placing the views of the young person at the centre of all your work with them
- Recognising that young people want to be heard and understood and treated as individuals
- Acknowledging that everyone can do something to help young people who self-harm
- Recognising that being clear about confidentiality and informed consent is very important to young people
- A non-judgemental, non-blaming, competent, calm and trustworthy approach from practitioners offering support is highly valued by young people
- All practitioners will have an awareness of the impact of self-harm on the young person's family and friends
- All practitioners working with young people who self-harm need support, supervision and training
- Practitioners can help young people to work towards minimising harm and finding alternative coping strategies
- The aim of helping young people who self-harm is maximising their health and happiness.



Defining self-harm

Self-harm is a broad term that can be used to describe the various things that young people do to hurt themselves physically. It includes cutting or scratching the skin, burning/branding with cigarettes/lighters, scolding, overdose of tablets or other toxins, tying ligatures around the neck, punching oneself or other surfaces, banging limbs/head and hair pulling. (Mental Health Foundation, 2006)

The term self-harm is sometimes used to describe behaviours that may be culturally acceptable yet lead to self-inflicted physical or psychological damage, such as smoking, recreational drug use, excessive alcohol or body enhancement. This guidance, however, focuses on a narrower definition of self-harm that is sometimes referred to as "self-injury". In this sense self-harm refers to: "any deliberate, non-suicidal behaviour that inflicts physical harm on ones own body and is aimed at relieving emotional distress"

www.firstsigns.org.uk/what/

Why do young people self-harm?

- **Dealing with distressing experiences and difficult emotions.** Most coping mechanisms are "adaptive" in that they help us cope/adapt in the short term. Others might be considered "maladaptive" in that they help us cope in the short term, but may be considered harmful to us emotionally or physically. Although self-harm is maladaptive it can be considered a valid way of coping with distressing thoughts or emotions if a young person has no alternatives available. Young people may resort to self-harm at times when they feel
- **Enlist help or concern.** For some young people self-harm is a way of expressing their distress non-verbally. Self-harm should not be considered "attention-seeking behaviour" - however superficial it appears. 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.
- **Keeping people away.** Some young people self-harm with the intention of making themselves unattractive to others or to keep people at bay.
- **Physical pain.** Some young people self-harm because physical pain seems more real and therefore easier to deal with than emotional pain. Young people may feel that their injuries are evidence that their emotional pain is valid. For some the sight of blood and bleeding represents a release of emotions. There is some evidence that when the body experiences injury a group of neurochemicals may lead to a feeling of calm and well-being. (Smith et al, 1998)

overwhelmed, exposed, anxious, stressed, angry or unable to cope. 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 can awaken the young person and lead to feeling more real, more alive, functioning and able to cope in the short term.

One survey estimates that one in 10 young people self-harms at some point in their teenage years. Self-harm is a very personal experience and so the reasons young people self-harm are many and varied. It can affect anyone regardless of sex, age, race, sexuality and religion

(Samaritans and The Centre for Suicide Research, 2002)

Chapter 2

What to do when a young person tells you they have self-harmed

Initial response

Young people report that telling someone about self-harm can initially make their situation worse. It may set off a chain of events that the young person had not anticipated leading to more worry and distress.

Young people often worry about the reaction they will get from a professional and the effect it will have on relationships with family and friends. This can prevent them seeking help. They may fear being labelled an “attention seeker” or placing burdens on those around them. They will have concerns about what happens next and who else will be told.

It can therefore take a lot of courage to make a disclosure of self-harm to an adult. Regardless of how you feel about what you have been told by the young person, they may have chosen you because they trust you. This could be the first time they have told anyone and so your reaction is very important. You may find the following tips helpful when considering your response to a disclosure of self-harm.

- Be clear about the limits of confidentiality from the start (see page 8)
- Acknowledge their distress and show concern. For example: “That sounds very frightening. Let’s see what we can

work out together to help”

- Use active listening. For example: “Can I just check that I have understood what you mean?”
- Do not focus solely on the self-harm but try to understand the reasons why they have self-harmed
- Be non-judgemental and do not react with shock or distaste
- Present yourself as confident and in control (however you may feel inside). For example: “Let’s work through this together to find a way forward”
- Talk at their pace and give them time to talk
- Don’t make promises. Be realistic about what you can and can’t do. However, don’t avoid talking about self-harm with the young person. Talking about it won’t make matters worse
- Be interested in them as a person and not just as someone who self-harms
- Do not tell them to stop or make ultimatums. This will not work
- Follow your service/organisational policy or protocol
- Use the support available to you - eg, manager, colleagues, supervisor
- Don’t avoid talking about self-harm with the young person. Talking about it won’t make matters worse but ignoring it may make the young person feel alone and unheard
- Ask the young person what they want to do and plan the next steps together.

**“There’s a girl inside me,
She just won’t come out
She’s hiding behind all the
weakness and doubt
cause the world is a scary place
For someone so alone
Like no-one’s around you
You’re all on your own”**

A contribution from the young people’s project



Confidentiality and consent

Establishing trust is central to helping a young person who self-harms. This must include being clear about confidentiality from the start.

In general terms you will need parental consent to work with a young person. There are situations, however, where this is not required:

1) Young people of 16 or over are presumed by law to be competent to seek their own medical treatment so long as they are judged to have the capacity to do so. The test for capacity is the same as it would be for adults.

2) Children under 16 can consent to treatment if they are deemed to be competent to do so. Lord Fraser set out some guidelines to help determine competence but in simple terms it refers to a young person under the age of 16 who has sufficient understanding and intelligence to enable him or her to fully understand what is proposed (NSPCC, 2008).

Although in these situations the law does not require you to involve parents it is still best practice to do so. If you decide not to inform the parents then record your reasons for doing so.

Note: If the child is under 16 and deemed not competent to consent to your involvement but is adamant that they do not want their parents to know then this

does not preclude you from discussing with the child options for seeking help or helping them decide how to tell their parents.

Sharing information without consent of the young person

In terms of the law you must respect any request to keep a child or young person's treatment confidential. There are exceptions, however. The Department of Health states:

"Where a competent child does ask you to keep their confidence, you must do so, unless you can justify disclosure on the grounds that you have reasonable cause to suspect that the child is suffering, or is likely to suffer, serious harm. You should, however, seek to persuade them to involve their family, unless you believe that it is not in their best interests to do so".
(DoH, 2001)

There will be circumstances where it is clear that you must share information even if the child or young person does not want you to. Judging those occasions where actual or likely harm is serious enough to warrant breaking confidentiality is not always straightforward, however. Much will depend on your relationship with that person and your assessment of the situation. It is almost impossible to be certain that what the child or young person tells you is a true picture of their self-harm and whether your assessment allows you to make judgements about their future behaviour.

If a child or young person states that they do not want you to tell their parents about your involvement or their self-harm then you may be faced with a difficult decision and understanding your obligations in this area can be hard. You may find it useful to ask yourself three questions.

1. What are my moral and ethical obligations?

What do I believe is the right thing to do or not do?

2. What are my contractual obligations?

What does my employer require me to do or not do?

3. What are my legal obligations? What does the law require me to do or not do?

www.lcet.org/selfharm/more_professionals.html

Discussing confidentiality

Safety. The safety of the individual has primacy over the right to confidentiality.

Safeguarding Children. Understand and adhere to your organisation's Child Protection Policy.

Don't wait. A common concern is that explaining confidentiality agreements may put a child or young person off telling you something important. This approach may however create more problems especially if you then need to tell someone else.

Be clear from the start. Be clear about your duties and responsibilities. Be clear also about the limits of confidentiality, who you might have to tell and how you would go about this if it were to happen. Information should only be shared on a strict need-to-know basis.

Involve the child or young person at every stage. If you decide a third party needs to be told then discuss how this might be done. For example, you might want to give the young person an opportunity to do so first or arrange to do it together.

Ensure your confidentiality policy is visible to young people in your work place and in a format that is understandable to them. This will allow them to make an informed choice about how they talk to you.

Assessing risk

Many young people who self-harm do so in a way that is controlled and so that they do not, for example, cut deeply or harm themselves in a way that requires medical attention.

There are situations or factors however that increase the level of potential risk to someone's safety. 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 okay to talk with young people about these issues - it will not make things worse.

Factors that increase risk include;

- The use of alcohol or drugs when self-harming. This can make an individual more reckless and impulsive
- The young person feeling hopeless about life, whether it be not caring whether they harm themselves or actively wanting to die
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm - eg, frequent small overdoses may cause long-term harm
- An increase in frequency of self-harm or a feeling that they have to do more to feel the benefits.

This is not an exhaustive list and if either you or the young person feel concerned about the level of risk to their safety, it is important to discuss this and to agree a plan. If the young person is expressing a wish to die and says that they have a plan of what to do you must ensure that they are seen urgently by their GP or attend the accident and emergency department who will access mental health services as appropriate.

Remember. If you feel that the young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisations child protection procedures. For advice regarding such concerns, contact the duty social worker or your identified child protection lead. Further information is available from www.cambslscb.org.uk.

If you are unsure under what circumstances you can share information with other agencies please see page 8 or the LSCB Information Sharing Guidance at www.cambslscb.org.uk/professionals/protocols/info-sharing-110308.pdf



Talking with young people about self-harm

There is no one right way to work with a young person, as everyone is an individual and will have different needs. It is natural to assume that the best outcome for the young person is for them to stop harming themselves, however this isn't always the young person's goal. For this reason, it is important to listen to them and work together so you can reach a shared understanding of what you are working towards achieving.

The young person may wish to develop strategies other than harming themselves, to manage triggers and painful emotions. It can be helpful to understand how thoughts and feelings affect behaviour as this will help you explore with the young person new ways of managing difficult situations. There are specific strategies that young people who self-harm have said they find useful when they feel the urge to self-harm, such as distracting themselves or talking to someone. These help the young person to minimise harm when they feel unable to stop completely. Some further examples can be found at www.selfharm.org.uk. Some young people may be seeking practical advice to care for wounds and scars.

Sometimes when things are feeling difficult it can be hard to recognise aspects of life that are going well. Therefore it is useful to identify and use strategies that already help them feel better about themselves and the world around them. Support the young person to see they are not alone and encourage positive support

networks through friends, family, professional or voluntary agencies.

Identifying triggers and high risk situations is essential. Even the best strategies do not work in all situations and so it is helpful to develop a range of strategies the young person can use when they are struggling.

Everyone has a role in helping young people. Here are some more suggestions that you may find helpful:

- Make time
- Listen to what is being said and check you have understood their meaning
- Do not make assumptions about people who self-harm
- Do not ignore self-harm, no matter how superficial it appears to you. There is always a reason behind it
- Do not assume someone else is helping the young person
- Regularly check out their worries and concerns about their self-harm
- Respond with concern rather than anxiety or distaste
- Never make agreements that you can not keep
- Remember confidentiality. See page 8
- Be aware of the limitations within your professional role
- Agree what the follow up plans will be
- Contact other agencies for advice or to refer on where appropriate
- Liaise with all involved in line with guidelines on confidentiality and consent
- Access supervision to deal with issues evoked by working with young people who self-harm.



Working with young people and their families

Young people and their families may have different views and feelings regarding self-harm and may struggle to understand. For the professional trying to help it is often difficult to achieve a balance and support everyone involved. Don't feel you need to manage this by yourself. It is not unusual for more than one person to provide support.

Self-harm within families can make people feel helpless and it is therefore important to help them to explore these feelings in a safe way. It is important for all involved to remain open-minded, non-judgemental and to respect the views of all family members to reduce feelings such as blame, guilt or shame being directed at any one individual.

Young people often have reservations about their family being aware of their self-harm. Here are some ways you can help the young person feel more comfortable about their family becoming involved:

- Discuss any possible concerns and the benefits of their family's involvement
- Be clear about what you have both agreed can be shared with the family
- Agree what the young person would like to achieve through their family's involvement.

Should the young person not want their family involved, you will need to consider the young person's ability to consent and your duty to maintain confidentiality (see page 8) The safety of the young person must remain paramount to any decision made.

Work together to support the young person in considering alternative strategies to manage difficulties, rather than stopping the self-harm. This includes helping them understand possible reasons behind the self-harm. Remember, there is no single strategy which works for everybody, it's about what works for that family. They may need to try several approaches. It may be useful to have an agreed plan for difficult situations so that everybody is aware of what they can do to help.

Parents often access support. However, it is worth remembering that brothers and sisters may be affected as well and their needs should be considered.

Understanding the underlying problem

As well as talking to the young person about their self-harm it is important to try and understand the underlying issues that led to them self-harming. For example,

- Relationship problems with friends

- and family
- Worries about schoolwork or exams
- Bullying
- A recent death of a friend or family member
- Problems with race, culture and religion
- Sexual, emotional, physical abuse or neglect
- Self-harm or suicide by someone close to them
- Low self-esteem
- Worries/problems with their sexuality
- Chronic illness or disability
- Substance misuse
- Mental health problems such as depression and eating disorders.

To gain a more complete picture of the young person's difficulties and a better understanding of the young person's needs and strengths, you may want to consider using the Common Assessment Framework.

See www.cambridgeshire.gov.uk/council/partnerships/change/CAF/

Working together

It is important to be able to communicate effectively and develop working relationships with other practitioners and professionals to safeguard and promote the welfare of young people. This involves understanding the role of other practitioners and agencies in supporting and advising young people and families. It also involves knowing how and when to share information.

Deciding how best to meet the identified needs of the young person

In some circumstances you may decide to continue working with a young person or you may decide to refer them on to another service or professional. This decision will depend on the identified needs of the young person based on you and/or others assessment, including the level of risk the young person presents. It will also depend on your role and whether you feel another service is better placed to provide the help the young person needs. If you decide to continue working with the young person you may want to consider the following,

- Have you got the necessary skills?
- Have you got the necessary time?
- Does it fit within your role?
- Do you know who to consult for advice while you see the young person?
- What does the young person want?

There are a range of services you might wish to consider in the first instance including primary health care services such as child and family nurses, school nurses, GPs or non-statutory counselling services. The *Guide to Rough Times* is a useful directory of available services.

Seeking help from mental health services

Once you have engaged with the young person and have assessed the issues underlying the self-harm it is appropriate to seek advice from mental health professionals if you are concerned.

There are two ways that this can be done. Firstly, you can seek a consultation from the Primary Mental Health Workers (PMHWs) based within your local Child and Adolescent Mental Health Service (CAMHS). These professionals have extensive experience in all areas of child mental health and aim to help consider the most appropriate care pathway to meet the young person's mental health needs. This might include guidance in appropriate interventions, risk management or making a referral for specialist assessment. You do not have to name the child but it is always advisable to gain the consent of the young person and parent before seeking advice from another agency.

Secondly, you can make a direct referral to CAMHS. The following information should be included if you have it:

- Presenting concerns and the background for these as discussed with the young person
- Description of their mood, and in particular any changes over recent weeks
- Thoughts of hopelessness; and/or an expressed wish to die; any plans to harm themselves
- Changes in behaviour, such as social withdrawal, school refusal or anti-social behaviours
- Level of drugs or alcohol use
- Changes in sleeping patterns or appetite
- A description of the family situation and relationships including other support networks

- A description of any help the young person currently receives, what they want further help with and whether they are fully aware of and in agreement with the referral
- Your current involvement and capacity to stay involved
- The parents understanding of the young persons difficulties.

Sometimes, if there is not enough information in a referral letter to consider whether the CAMHS is the most appropriate service to meet the young person's mental health needs, they may seek further information before offering an assessment. An assessment may lead to further treatment or signposting to alternative, more appropriate services.

If you have significant concerns regarding a young person's immediate safety as a result of serious self-harm or suicidal intent, an emergency assessment can be arranged. In these circumstances, the young person should be seen by their GP who will make a referral to the on-call CAMHS. If it is not practicable for the young person to be seen by their GP, please contact the on-call CAMHS who will discuss the available options. Outside 9am-5pm and at weekends, contact your general hospital switchboard who will contact the out-of-hours on call service. If there are immediate health concerns resulting from self-harm (eg, an overdose) the young person will need help from the Accident and Emergency Department in the first instance - not CAMHS.

For further information about CAMHS and details of the kinds of treatments offered, go to either:

www.camhs.cambsmh.nhs.uk or www.clinicom.cpft.nhs.uk or contact your local PMHW.

“ I will never forget the first time I saw the cuts on Harry's arms - it was horrific. I was so shocked and angry. I couldn't believe that he could do that to his own body. When I took him to the doctors he said that he could get us some help but that we might have to wait. I spent days expecting to walk into the house and find him dead. There was no help to understand why he might be doing this and no reassurance that he wouldn't die. We soon got some specialist help and I felt so relieved that he found someone to talk to who could cope with the cutting and drinking and help him to address the reasons why. It was so good to have someone that I could talk to as well. It's not something you want to discuss with other parents is it? Two years on and Harry is doing really well. I feel sorry each time I see the scars on his arm that I couldn't help him earlier, but we have both survived to tell the tale. ”

A contribution from a parent of a young person who has self-harmed

Chapter 3

Looking after yourself

Managing feelings

Talking to young people who self-harm is challenging and rewarding but it can also provoke uncomfortable feelings in ourselves such as anxiety, fear, confusion, sadness, frustration, hopelessness and powerlessness. Regardless of your particular relationship with that young person you will need to consider how to look after yourself so that you are in the best position to help.

Managing these feelings is important in maintaining your own emotional health and well-being, as well as preventing it affecting your work with the young person. It is essential you access regular supervision and take the opportunity to reflect on the work and its impact.

Reflective practice

This is very helpful in developing your skills and knowledge. It involves examining beliefs, goals or practices to gain a new or deeper understanding. This can lead to actions that will improve your work with

the young person. Again this is something that can be achieved through supervision. You may find Johns (2000) and Gibbs (1988) models of reflective practice useful.

Training

Consider whether you need to seek additional training to improve your skills, knowledge and confidence in helping young people who self-harm. See the separate section on training.

Be honest about your limits.

If supporting the person becomes too much of a burden it may affect your relationship with them. It is rarely helpful to become a young person's sole source of support. They will benefit more from developing or identifying a wider supportive network. Finally;

- Accept the fact that you can't always be there for them when they feel the need to self-harm
- Accept that you are not responsible for their self-harm.



Chapter 4

Resources

Training

Training about self-harm in young people is provided by Cambridgeshire and Peterborough NHS Foundation Trust. Contact the Learning and Development Consultant, CAMHS, Learning and Development, CPFT, Block 14, Ida Darwin, Fulbourn, Cambridge CB21 5EE. Tel: 01223 884219 for details. Training is sometimes offered by the Local Safeguarding Children's Board and the Office of Children and Young People (OCYPS).

Web links

www.selfharm.org.uk
www.youngminds.org.uk
www.justlikeme.org.uk
www.firstsigns.org.uk
www.guidetoroughtimes.co.uk

DVD - HURT

Young people in Cambridgeshire were asked to contribute to this guidance document by submitting artwork and poetry or by simply getting in touch and telling us about their experience. They were also given the opportunity to appear in a DVD that pulled together all this work. The DVD can be used for group work with young people or within training/staff development. If you would like a copy of the DVD, there are limited copies available from the CAMHS Learning & Development Consultant (details left).



If you would like to learn more about young people and mental health go to:

www.handsonscotland.co.uk

<http://learning.camhs.org.uk/>



Chapter 5

Frequently asked questions

Are young people who self-harm just attention seeking?

No. In the vast majority of cases self-harm remains a hidden and secretive behaviour. Most young people are reluctant to talk about their self-harm and their friends and family are likely to be unaware that it is happening. Although self-harm may attract attention and concern, in the same way crying does, it is not usually manipulative.

If a young person has self-harmed, is it likely that they will kill themselves?

No. For the vast majority of young people self-harm is a coping strategy intended to help them continue with life not end it. Young people who self-harm are, however, at a higher risk of committing suicide than the general population. The risk of suicide after deliberate self-harm varies between 0.24% and 4.3%.
(Hawton and James, 2008)

Is self-harm becoming more prevalent?

It is impossible to be sure how many young people self-harm in the UK because so much of it is hidden and it is a very difficult area to research. There is no current reliable evidence to support the idea that it is becoming more prevalent, but mental health issues generally are more openly discussed in the public domain.

At what age do children start to self-harm?

Self-harm is most common in children over the age of 11 and increases in frequency with age. It is uncommon in very young children, although there is evidence of children as young as five trying to harm themselves.
(National Children's Bureau, 2008)

I have made a referral to CAMHS but haven't heard anything. What can I do?

Please check with the young person or

family to see if they have had contact from CAMHS. If they say they haven't, please ring the CAMHS to ask if they have received the referral.

I've seen some young people scratch letters/symbols into their arms. Is this done to be trendy or fit in with peers?

Self-harm is described in this guidance as the result of emotional distress. It is possible that some young people cut or scratch themselves for other reasons such as body enhancement or fashion. However, young people often describe self-harming for different reasons on any particular occasion. Therefore, all self-harm should be considered on an individual basis and no assumptions should be made about the young person's motivation for doing so.

I work with children and young people with learning disabilities. Is this guidance relevant to them, too?

Yes. Although this guidance is not specifically aimed at professionals working with young people with a learning disability, much of the information will still be relevant. Although young people with severe learning disabilities may display what might be perceived by others as self-harm behaviour, the causes may differ. For example, to achieve certain sensory stimulation. By definition, young people with learning disabilities have impaired communication. It is not uncommon, therefore, for a young person to hit or bite themselves when feeling frustrated or not understood. In these instances it could be argued emotional distress is the ultimate cause. A young person experiencing physical pain such as an ear infection may express this by hitting their ear. It's therefore important that the people supporting these individuals find out what is being communicated with this behaviour.

