

# Self-harm and suicide prevention

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# Looking after ourselves

Please do look after yourself when attending sessions about topics that are difficult and where our own personal and professional experiences have an impact on us.

Please seek support if you need to – support available to all adults in Norfolk:  
[www.qwell.io](http://www.qwell.io)

Suicide bereavement support: [Norfolk and Waveney Mind - Complex Bereavement](#)

Crises support: NHS 111 option 2

# Aims of the session

Sharing research, guidance and good practice about self-harm and suicide prevention relating to children and young people.

This is just a brief session and you may wish to access further training.

Please be aware that what is needed for an individual child/young person/family will need to be considered within the context of their specific circumstances.

Why are we covering self-harm? Recent data shows that 75% of young people who died by suicide had a history of self-harm. We will explore links later.

# True or False?

Young people who self-harm are attention seeking...

Self-harm in children under the age of 12 is rare

Girls are more likely to self-harm than boys...

# True or false?

Many people who self-harm don't talk to anyone about what they are going through for a long time and it can be very hard for them to find enough courage to ask for help.

It is often assumed that girls are more likely than boys to self-harm, however it isn't clear if this is true. Boys and girls may engage in different self-harming behaviours, or have different reasons for hurting themselves, but this doesn't make it any less serious.

[The truth about self-harm | Mental Health Foundation](#)

<https://selfharm.co.uk/get-information/the-facts/boys-and-self-harm>

Self-harm in children under the age of 12 is rare, but schools report that teenage behaviours are seen in the upper classes in primary schools.

[https://www.researchgate.net/publication/235063257\\_Primary\\_School\\_Children\\_and\\_Self\\_Harm\\_The\\_Emotional\\_Impact\\_upon\\_Education\\_Professionals\\_and\\_Their\\_Understandings\\_of\\_Why\\_Children\\_Self\\_Harm\\_and\\_How\\_This\\_Is\\_Managed](https://www.researchgate.net/publication/235063257_Primary_School_Children_and_Self_Harm_The_Emotional_Impact_upon_Education_Professionals_and_Their_Understandings_of_Why_Children_Self_Harm_and_How_This_Is_Managed)

[Self-harm in children 12 years and younger: characteristics and outcomes based on the Multicentre Study of Self-harm in England \(springer.com\)](#)

# Norfolk Well-being survey 2017

When you have a problem that worries you or you are feeling stressed, what do you do about it? - Cut or hurt myself

*Always and usually 6%*

*Sometimes 12%*

*Never 82%*

## • Also...

- Self-harm is amongst one of the top issues that young people themselves are concerned about
- Adults find self-harm and suicide one of the most difficult issues to approach with young people
- Two in three teachers, parents and young people are concerned about saying the wrong thing if someone asked them for help

(Talking self-harm, Young minds)

# What is self-harm

‘Self harm’ as ‘self-poisoning or self-injury, irrespective of the apparent purpose of the act’ (NICE, 2004, p. 7)

- Overdose (self-poisoning)
- Hitting
- Cutting
- Burning
- Pulling hair
- Picking skin
- Head banging
- Self-strangulation

The following are **excluded** from the definition:

- Overeating/food restriction
- Risk taking behaviour: drugs, alcohol, promiscuity

## Common behaviours in younger children

Small shallow cuts

Hair pulling

Head banging against hard objects

Self-grazing or scratching



- **To feel in control**
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive, if otherwise they feel detached
- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy

[The truth about self-harm | Mental Health Foundation](#)

## Reasons for self-harm

Self-harm can serve several different functions:

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

[copy\\_of coping-with-self-harm-brochure\\_final\\_copyright.pdf \(oxfordhealth.nhs.uk\)](#)

## Self-harm in younger children

Often a sign of difficulties in a child's environment

Indicator of emotional distress

Help-seeking behaviour

Can often be missed or diagnosed

Central and West London NHS

# Self-harm in young people with learning disabilities

Self-injurious behaviour is where a person physically harms themselves.

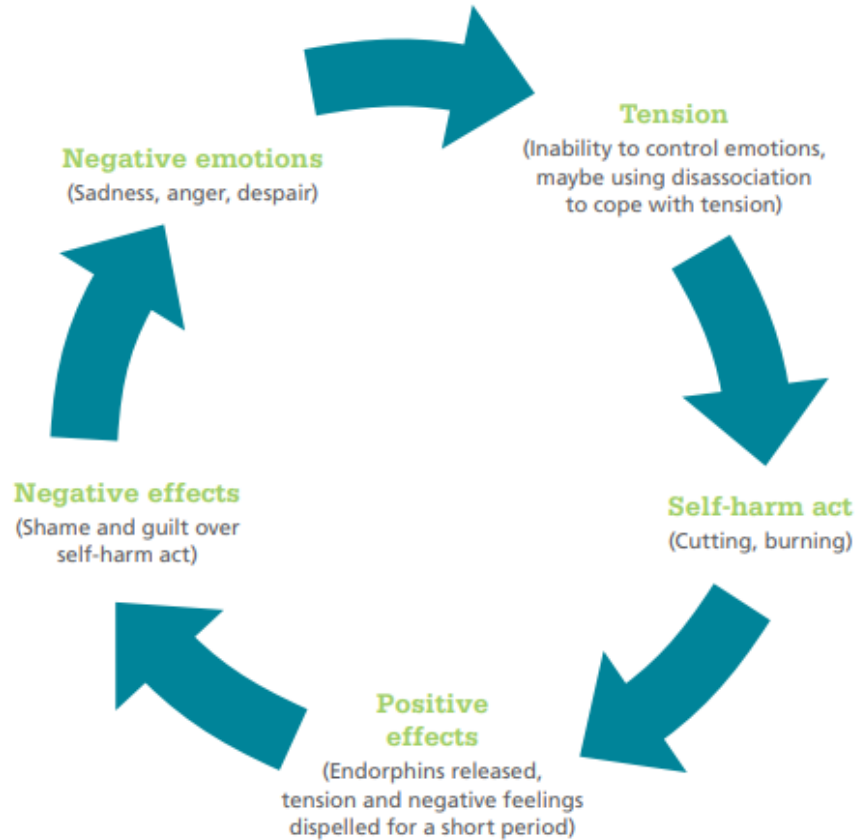
About half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages.

People with learning disabilities self-injure when:

- They feel they are not listened to
- They have been told off
- They have little or no choice about things
- They have been bullied
- They are involved in arguments, or hear other people arguing
- They are feeling unwell
- They have memories of a bereavement or abuse

<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>

# Cycle of self-harm



[Full article: "These Things Don't Work." Young People's Views on Harm Minimization Strategies as a Proxy for Self-Harm: A Mixed Methods Approach \(tandfonline.com\)](https://www.tandfonline.com)

Unacknowledged or unspoken shame (McDermott et al. 2008) has the capability to continue indefinitely as one interacts with significant others, friends, and different professionals faced by those who self-injure.

Central and West London NHS

We know that young people remain concerned with the attitude of front-line professionals who lack understanding of self-harm: 'Unacceptable attitudes and comments of professionals have a negative effect on the ways in which young people access help and support. It is crucial that front-line professionals involved with a young person who self-harms are open minded and compassionate' (Cole-King et al, 2013).

## What we can do...

*'It important that as professionals we must not ask a young person to stop harming.*

*There are many reasons for this. Firstly due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release/process the difficult emotion that they are struggling with, levels of distress will increase and some will move towards suicidal thoughts as they struggle to cope.*

*Secondly, due to the nature of shame and guilt that an individual feels around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.'*

(Laura Haddow, Youthscape)

# Offer practical help

- Tend to wounds
- Provide first aid
- Show care and attention
- Assess if young person needs to be seen by health professional
- Consider taking young person to A&E, call an ambulance if necessary

NICE (National institute of clinical excellence) guidelines 2022

[Recommendations](#) | [Self-harm: assessment, management and preventing recurrence](#) | [Guidance](#) | [NICE](#)

- When a person presents to a healthcare professional or social care practitioner following an episode of self-harm, the professional should establish the following as soon as possible:
- the severity of the injury and how urgently medical treatment is needed
- the person's emotional and mental state, and level of distress
- whether there is immediate concern about the person's safety
- whether there are any safeguarding concerns
- whether the person has a care plan
- if there is a need to refer the person to a specialist mental health service for assessment.

# **NICE (National institute of clinical excellence) guidelines 2022** **Recommendations | Self-harm: assessment, management and** **preventing recurrence | Guidance | NICE**

1.7 Assessment and care by healthcare professionals and social care practitioners

Treat the person with respect, dignity and compassion, with an awareness of cultural sensitivity

Establish means of self-harm, discuss removing this with therapeutic collaboration or negotiation

Assess concerns about capacity, competence, consent or duty of care; be aware and accept that the person may have a different view and this needs to be taken into account

Seek consent to liaise with those involved in the person's care, including family members/carers

Discuss support network, safety plan, coping strategies



## Educational settings

### [Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

Educational settings should have policies and procedures for staff to support students who self-harm.

For students who have self-harmed, the designated lead should seek the advice of mental health professionals to develop a support plan with the student and their family members and carers (as appropriate) for when they are in the educational setting.

Educational staff should take into account how the student's self-harm may affect their close friends and peer groups, and provide appropriate support to reduce distress to them and the person. This should include guidance from other agencies involved in the person's care, as appropriate.

See also: <https://www.norfolkepss.org.uk/wp-content/uploads/2020/10/Self-Harm-Policy-NCC.pdf>

# What young people say they want

A non-judgemental outlet for exploring and sharing pain	To feel supported	To be listened to and understood
To remain in control of how to express pain	To be/feel respected	To feel whole (not just seen as a self-harmer)
To be spoken with honesty	To be given practical advice on wound care	To be able to tap on and out of support services
Help to feel good about themselves	Focus to not always be on self-harm	Laugh and have fun
Consistency from the service provider	To work at their own pace	(MAP Resource Pack)

# Adolescent's views on preventing self-harm (Fortune, Sinclair, Hawton, 2008)

- More than one quarter of adolescents suggested that one way to prevent others from feeling that they wanted to harm themselves was **to talk to them, or listen to them, give them advice and speak to them about their problems**
- The wish for **more love, attention, time, support and care from their families** was frequently mentioned, including the desire for more active parentings, parents trying to make adolescents happy, and a greater understanding from the challenges faced by adolescents.
- **Sports/recreation clubs and activities, day trips and other social experiences**
- **Friendships and peer interactions** –talking and socialising with friends, friends as a valuable source of help
- School: Having **someone at school** to provide support (the responses highlighted the idea that the support person or counsellor should be **proactive** and actively make contact with all pupils rather than waiting for someone who have difficulties
- **Improved access to teachers** – teachers to be aware of warning signs and to look out for troubled pupils

# Younger children

- Avoid showing shock or reactions which makes the child feel ashamed
  - Don't tell children off
  - Take them to one side, ask if they are okay, offer support
  
  - Avoid using the label self-harm
  - Reframe a child's behaviour as demonstration of distress and/or help-seeking behaviour
  - Keep accurate records of the self-harm and the impact this has had
  - Maintain professional curiosity
- (Nottingham city guidance)

In a confidential environment, not in the presence of others, practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

And explore:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?



# What is the difference between self-harm and suicide/suicide attempts?

- Although people who self-harm are not usually trying to take their own lives, they could be at a higher risk of killing themselves, whether it's intentional or not
- A small proportion of young people self-harm because they feel so upset or overwhelmed that they wish to end their life

Suicide is the cause of 14% of deaths in young people aged 10-19  
(Essex Thematic Review 2017)

9.7% suicide attempt

29.9% thought about suicide (Evans, Hawton, Rodham & Deeks, 2005)

NHS England: 5% of 11-16 year olds, 14% of 17-19 year olds

Young people exploring reasons for living as part of growing up.

A 2017 survey, commissioned by PAPYRUS, found that one in ten (11%) of teachers said, on average, a student shares suicidal thoughts with them **once a term or more**.

# NCISH, National Confidential Inquiry into Suicide and Safety in Mental Health 2023 report

Our data indicates patients under 18 and those aged 18-24 show different characteristics and risks relevant to prevention.

Under 18's more likely to be female, living with their parents, be in education, **more often diagnosed with anxiety disorder or autism and to have been ill for less than 12 months.**

This data shows:

75% both young age groups had a history of self-harm  
40% had experienced childhood abuse  
37% female  
24% full time student  
12% ethnic minority  
11% LGBTQ+

Common themes from recent data:

42% alc/drug use  
32% academic pressures  
30% physical health  
25% bereavement  
24% online risk  
23% family factors  
21% isolation  
19% bullying  
8% been in care

We suggest, for patients under 18, the role of family and educational settings, and the management of anxiety and autism, are especially important. In the older group, we recommend prevention should stress the treatment of severe mental illness and co-morbid substance misuse.

Self-harm services are crucial to both groups. As was trauma therapies for LGBTQ+



# • Ascertain level of risk

Don't be afraid to talk about it

- Follow suicide prevention guidance
  - Ask about other problems
  - Refer to other agencies if needed
  - Record your conversation
  - Make a safety plan
- 
- Make sure you have support for yourself

# NSCP Policy: What to do if you believe a child might be at risk of suicide

[Children at risk of suicide Policy | Norfolk Safeguarding Children Partnership \(norfolklscp.org.uk\)](https://www.norfolklscp.org.uk/children-at-risk-of-suicide-policy)

- Introduction
- Principles and Values
- Definitions
- Identifying risk factors
- Referral pathway including sample safety plan
  
- Important things to remember
- Young people who do not engage
- Engagement with parents and carers
- Appendix 1      Information Gathering Conversation and Flowchart
- Appendix 2      The links between self-harm and suicide
- Appendix 3      Guidance on sharing information
- Appendix 4      Roles and responsibilities
- Appendix 5      Useful national organisations/websites

If a young person's presentation/behaviour causes concern that they may have suicidal thoughts or intent, have an **information gathering conversation**. Feel free to adapt the questions appropriate to the young person's needs, and ask other relevant questions.

- Tell me, is something troubling you (home, family, school, friends)? Or: I am aware that you have talked about xxx, tell me a bit more... how is this making you feel?
- How often have you had these thoughts?
- Are other people also worried about you? Who, why?
- Have you ever felt like hurting yourself? Have you ever hurt yourself?
- Have you ever felt like ending your life?

Then, suicide specific questions if appropriate.

Further questions.

General questions

Do safety plan – agree what will happen next

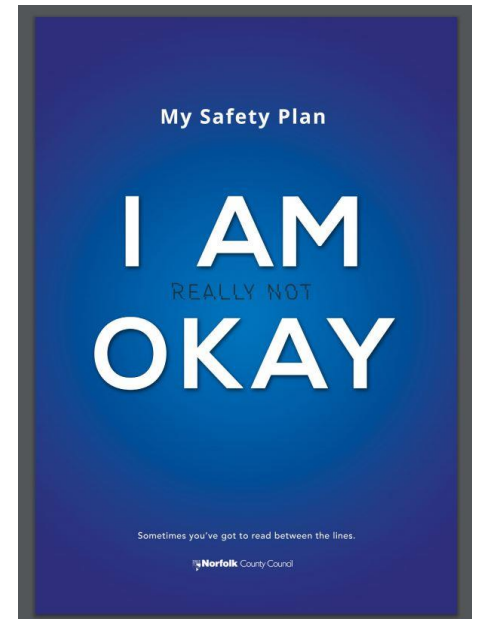
# Young people's advice

- <https://www.youtube.com/watch?v=3BByqa7bhto>

# Sample Safety plan

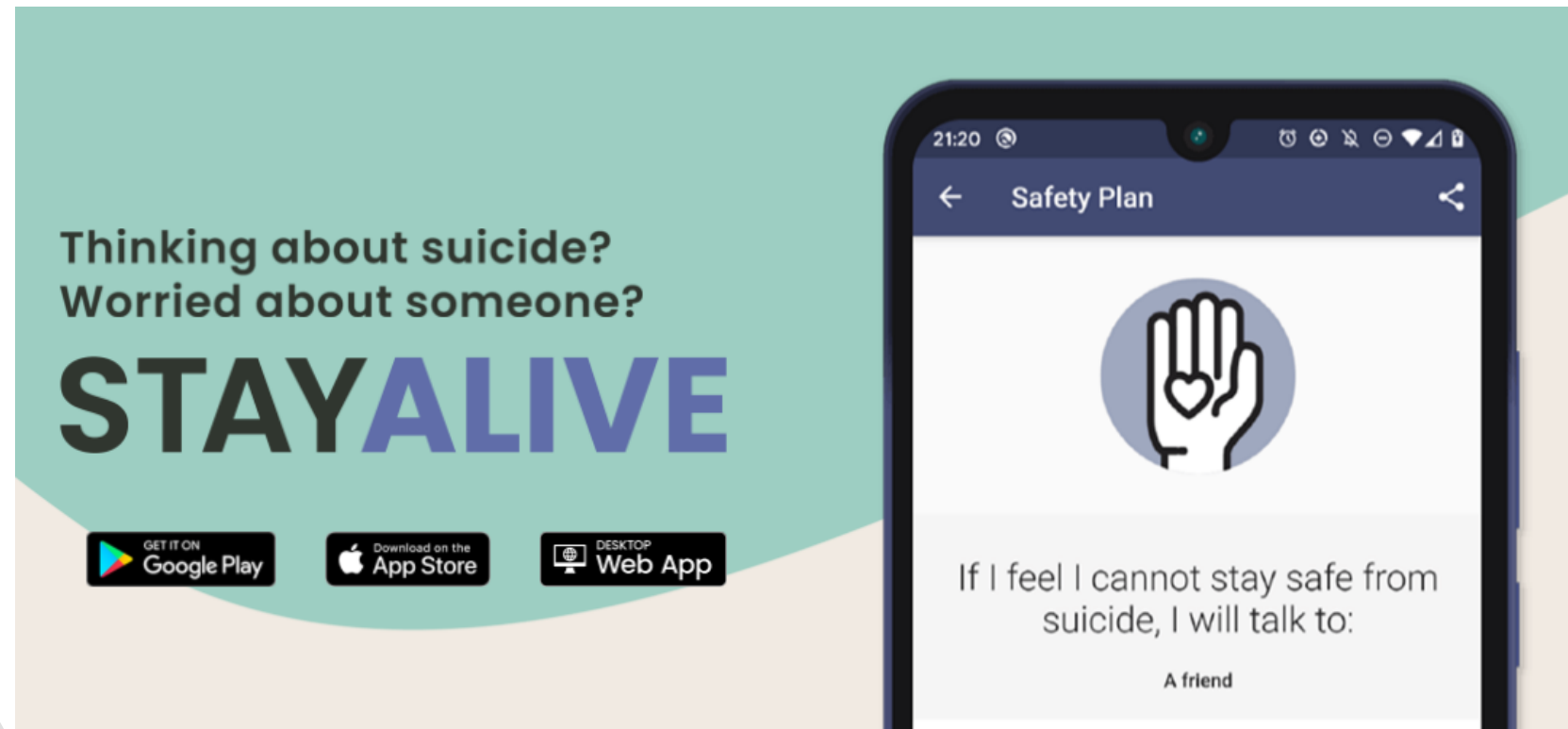
**It is best to have someone complete this before a crisis so they can refer to it as a protective measure.**

- **1. Warning signs of crisis**
- **2. Coping strategies – what I can do to take my mind off it**
- **3. Who or what is good in my life**
- **4. Contact details of someone who I trust to get help**
- **5. Contact details of agencies I can get help from**
- **6. What makes life worth living**
- **7.**



# Safety Plan – download and complete

[Stay Alive App ~ Grassroots Suicide Prevention \(prevent-suicide.org.uk\)](https://prevent-suicide.org.uk)



# Supporting friends

- Encouraging them to talk about how they are feeling
- Listening to them in a non-judgmental, non-critical way
- Taking things at their pace
- Reassuring them that you are taking what they say seriously
- Offering to go with them to get further advice or information.
- If needed, share your concerns and get some advice from a trusted adult.

Rethink

How to talk to someone you're worried about

How to talk to an adult if you're worried about a friend or relative

How to look after yourself when you're worried about a friend or relative

Anna Freud

Also: [Home - Epic Friends](#)

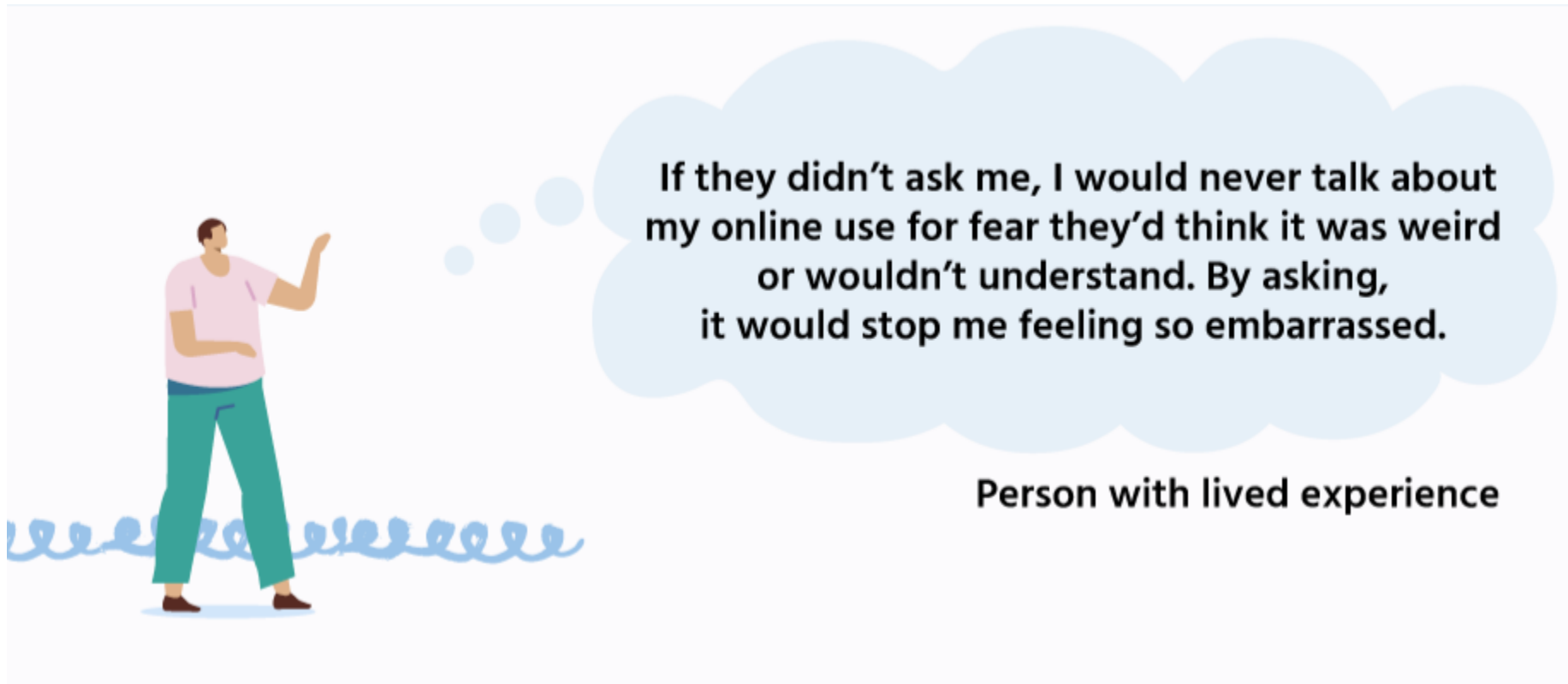
# Suicide/self-harm related Internet use

- 25% of young people in a sample of nearly 4000 have come across a site that discussed self-harm or suicide
- Particularly prevalent amongst those who had harmed with suicidal intent (70%)
- Sites offering information on how to hurt or kill yourself were accessed by a smaller proportion of individuals than sites offering help, advice or support

(Mars, Heron, Biddle et al, 2015)



# Internet use and self-harm/suicide



**If they didn't ask me, I would never talk about my online use for fear they'd think it was weird or wouldn't understand. By asking, it would stop me feeling so embarrassed.**

**Person with lived experience**

HEE elf Hub

# Tips for how to talk about internet use around suicide and self-harm

- Listen and be non-judgemental.
- Ask direct questions, but try to make them open and broad without judgement.
- Avoid emotional reactions or shock.
- Help them to reflect on what motivates their online use and how it makes them feel.
- Discuss if there is anything about their internet use that they are finding unhelpful and would like to change.
- Follow-up on your conversations about internet use, return to the topic in ongoing sessions.

HEEE elf Hub

# Long-term support

- Understand reasons behind self-harm
- Work with young person on self-esteem
- Encourage problem-solving skills
- Help to develop coping strategies
- Give choices of alternative ways of coping
- Contribute to risk assessment
- Work with other professionals, e.g. CAMHS professionals

Oxford Health, self-harm – Guidelines for staff within school and residential settings

# Alternative ways of coping

Please write in the chat

[Distractions.pdf \(nshn.co.uk\)](#)

## How can I help myself now?

Understanding your patterns of self-harm

Learn to recognise triggers

Become aware of the urge to self-harm

Identify distractions

Keep a diary

Distracting yourself from the urge to self-harm

Delaying self-harm

[self-harm-2020.pdf \(mind.org.uk\)](#)

## How can I help myself in the future?

Keep a diary

Accept your feelings

Build your self-esteem

Look after your general well-being

Reach out for support

# Strengthen protective factors

Sociability

Love of learning

Perceived connectedness with school

Sense of worth and self-confidence

Self-motivation

Help-seeking and advice-seeking behaviour

Gives of self in service to others or causes

Life skills, good decision making, assertiveness, internal control, coping skills, flexibility and perseverance

# Protective factors-internal

- Sense of belonging

[Relationships and belonging : mentally healthy schools](#)

[Creating a sense of place and belonging in schools | NEU](#)

[8 tips to foster a sense of belonging - rethinking learning \(barbarabray.Net\)](#)

[Https://thecenterforpositiveeducation.Com/longing-for-belonging-activities/](https://thecenterforpositiveeducation.Com/longing-for-belonging-activities/)

# Most young people will stop self-harming behaviour:

The reasons given are that they:

- Begin to see that they are “growing out” of it – it begins to feel like an immature way to deal with life problems
  - Start to find other, more positive, ways of coping and want to improve their overall mental health
  - Want to take care of their physical health
  - Feel the shame, embarrassment or secrecy becomes too overwhelming and uncomfortable
  - Need to escape pressure and reactions from others
  - Dislike the physical scars it leaves behind
  - Recognise the pain it causes to their friends and families
  - Realise it is no longer working or helping them to cope.
- (Self harm in children and young people handbook, National CAMHS support service)



# Support for Mild to Moderate Mental Health Needs ([justonenorfolk.nhs.uk](http://justonenorfolk.nhs.uk))

- From 1st April 2023 all referrals for mild to moderate mental health support for 0-25 year olds across Norfolk & Waveney will be processed by Just One Number.
- The team in Just One Number will review the needs outlined in the referral and pass to the appropriate organisation to best support the child / young person or young adult. These organisations include;
- Ormiston Families – Supporting Smiles
- MAP
- Norfolk & Waveney Mind
- NHS Talking Therapies Service Norfolk and Waveney (known as Wellbeing Service)
- Resilience and Emotional Health Practitioners – CCS
- 0-4 Parent Infant Mental Health Services – NSFT

# First Response 24/7 helpline

NHS 111 option 2 is a helpline for people of all ages in Norfolk and Suffolk who need urgent mental health support. The helpline is available all day, every day.

If you are experiencing something that makes you feel unsafe, distressed or worried about your mental health, telephone the helpline:

## **Dial 111 and select the mental health option (option 2)**

### **Who can call?**

The helpline is available to members of the public of any age, regardless of whether they are an existing service user.

The line is also open to other healthcare professionals, as well as social care colleagues and police personnel. This is for advice when working with individuals who are undergoing mental health difficulties or may wish to refer someone.

### **What happens when i call?**

A trained mental health professional answers calls and will be able to listen to your concerns and help you get the support you need.

### **What if i want to remain anonymous?**

If you would prefer that the person answering your call doesn't see your telephone number, you can turn off your caller id in your phone's settings.



# kooth

**Free. Safe. Anonymous.**

Kooth is an online Mental Health platform for young people. **Need to talk?** Chat to our friendly counsellors.

Articles & Advice   Live Chat   Live Forums


<https://kooth.com> go!

Kooth offers advice on the go. We're by your side when you need us most. for ages 11 - 25

available in your area

Childline


## WAYS TO GET SUPPORT



**Send an email**

Send an email from your Childline account and we'll reply within 24 hours.


[Write an email →](#)



**Call for free on 0800 1111**

The fastest way to reach us. Call for free on any phone and it won't show on the bill.


[Call us →](#)



**Log-in for a 1-2-1 counsellor chat**

Chat with a counsellor in a safe space online about whatever is worrying you.

[Chat now →](#)



**Sign with us**

Talk to a counsellor with help from a British Sign language interpreter.

[Talk to us →](#)

# Available support and information

- [Papyrus UK Suicide Prevention | Prevention of Young Suicide \(papyrus-uk.org\)](https://www.papyrus-uk.org)
- [Parents Helpline | Mental Health Help for Your Child | YoungMinds](#)
- [Shout Textline | Free 24/7 Mental Health Support | YoungMinds](#)
- [Home - Calm Harm App](#)
- [Map – Here for young people finding their way](#)
- [Self Injury Support](#)
- [Home - Epic Friends](#)
- [The Mix - Essential support for under 25s](#)
- [Self-Harm \(justonenorfolk.nhs.uk\)](https://www.justonenorfolk.nhs.uk)

# Further training and resources

- [Norfolk and Waveney Mind - Suicide Prevention & Awareness](#)
- [Norfolk and Waveney Mind - ICS Training Programme](#)
- [Suicide prevention and awareness | Norfolk and Suffolk NHS \(nsft.nhs.uk\)](#)
- [Free online training from Zero Suicide Alliance](#)
- MAP training on self-harm [Find Us – Map](#)
- [self-harm-policy-ncc.pdf \(justonenorfolk.nhs.uk\)](#)
- Z card: [Save this card – it might save a life – NSPA](#)
- [Charlie Waller Trust, mental health charity](#)
- [copy of coping-with-self-harm-brochure final copyright.pdf \(oxfordhealth.nhs.uk\)](#)

# Look after yourself

Importance of supervision, an opportunity to reflect and discuss issues, develop practice and offload emotions

Primary school children and self-harm - <https://doi.org/10.1080/03054985.2010.501139>

Safeguarding you own wellbeing - It can be emotionally challenging to support a young person who is self-harming so it's important that you too receive regular support and confidential listening. Keep in regular contact with your safeguarding officer and if, for any reason, you feel you are unable to continue to support the young person, discuss this at the earliest opportunity.

[no-harm-done-professionals-pack.pdf \(youngminds.org.uk\)](#)

# Five Ways To Well-being



[Five Ways to Wellbeing - The Wellbeing Service Norfolk and Waveney \(wellbeingnands.co.uk\)](http://wellbeingnands.co.uk)

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