

# Working Together to stop Child Self Harm

April 2015



**1 in 12 people in  
the UK Self Harm**

Source: young minds  
website

Brighton & Hove Local Safeguarding Children recognises Self Harm as a growing concern amongst young people both nationally and locally, and it is an increasing feature of Serious Case Reviews and Learning Reviews. This bulletin on **Self-Harm** aims to spread **awareness** of what Self-Harm is, and to help you **spot the signs**, let you know where & how to access **help** & services, and to update you on the work being done in our city to **prevent** this behaviour and **support** those affected.

## Self Harm is:

**Self-harm is when somebody intentionally damages or injures their body. It is a way of coping with or expressing overwhelming emotional distress.** ([NHS Choices](#))

But the term 'self-harm' is a broad one. It could be applied to the actions of many people at some time in their lives. [Right Here Brighton & Hove](#) (a project led by young people aged 16 – 25 who promote the mental & emotional wellbeing of young people in this age group in our city) told us that a lot of people think self-harm is either cutting and/or overdosing. They say that this is a common view; however, many other things done in excess could be seen as self-harm. For example, getting drunk, doing drugs, smoking, getting into fights and even getting tattoos or piercings could be attributed to self-harm. There are also less obvious things such as rubbing skin, digging your nails into yourself, pulling out your hair or pinching yourself.

The [pan Sussex Child Protection & Safeguarding procedures](#) says; 'Self-harm, self-mutilation, eating disorders, suicide threats and gestures by a child must **always** be taken seriously and may be indicative of a serious mental or emotional disturbance.'

## Signs:

The signs of self-harm are not always easy to notice, but notice we must.

As with many other types of harm, children who self-harm may try to keep it a secret from their friends and family and often injure themselves in places that can be hidden easily by clothing. That said, the LSCB has talked recently in its Serious Case Review Subcommittee about the prevalence of self-harm and how in the past, locally and nationally, self-harm was seen as a shameful behaviour. This is also why it is often kept a secret by the individual. Therefore the response of others to the idea of self-harm is very important.

Increasingly, however, and especially in the younger population, this behaviour is becoming less stigmatised. Young people are more able to be open and honest about self-harm and the issues behind it. This gives us an opportunity to work proactively to educate and give young people the resilience and coping skills to deal with the pressures of modern day youth and to understand the potential long term consequences of maintaining this coping mechanism. Young people and professionals have told us that this is a key area that they would like education help & support with. If you suspect that a child may be self-harming look out for any of the following **signs**:

- unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest
- keeping themselves fully covered at all times, even in hot weather
- signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything
- becoming very withdrawn and not speaking to others
- changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain
- signs of low self-esteem, such as blaming themselves for any problems or thinking they are not good enough for something
- signs they have been pulling out their hair
- signs of misuse of alcohol or drugs



## Prevalence

The full extent of self-harming is difficult to establish as many children are very reluctant to admit to harming themselves.

According to Selfharm UK ([https://www.selfharm.co.uk/get/facts/self-harm\\_statistics](https://www.selfharm.co.uk/get/facts/self-harm_statistics)) It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher.

In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years.

Girls are often thought to be more likely to self-harm than boys, but this could be because boys are less likely to disclose and may be more likely to engage in behaviours such as punching a wall, which isn't always recognised as self-harm or doesn't always come to the attention of hospitals. However the children's A&E staff in Brighton & Hove are seeing an increasing in attendances with these kind of injuries and are working with partners on how best to support these young people.

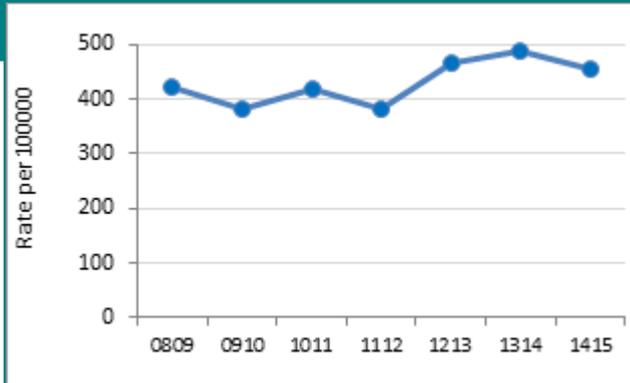
In reality self-harm doesn't happen to one type of person, it can't be predicted and scarily, we don't really know how many people are going through it.

## The Local Picture

In the Child Health Profiles the indicator on hospital admissions for self-harm for 15-24 year olds shows **Brighton & Hove figure as higher than England rate**.

In 2013/14 there were 271 inpatient admissions, and in the 11 months from April 2014 to February 2015 there were 189 inpatient admissions for self-harm. **30% (57) of these were children aged 13-17 years.**

Since 2014, monthly updates on self-harm attendances at A&E for Brighton & Hove have shown that on average over the last year there were **8 attendances at A&E of 10-17 years olds for self-harm per month**: a total of 97 for the year (2014/15).



**A&E attendances for self-harm for 10-17 years olds in Brighton & Hove, per 100,000 10-17 year olds, 2008/09 to 2014/15**

## Safe and Well at School Survey

In the 2014 Safe and Well at School Survey, of the pupils in years 10 and 11 (14-16 years) who said that their feelings affect how they live their life, 19% reported that they hurt or harm themselves. In terms of the overall figure, this equals 7% of pupils who have hurt or harmed themselves, and 8% have had suicide thoughts (there is cross over between these two groups).

Looking at results by demographics:

- There is no difference in prevalence by year group (7% in years 10 and 11)
- Self-harm is higher in girls responding to the survey than boys (11% compared with 3%)
- Results differ greatly by sexual orientation, with 5% of heterosexual pupils saying that they had self-harmed, compared with 33% of LGBT pupils and 10% of pupils who are unsure about their sexual orientation or did not state it
- Numbers by ethnic group are too small to be able to consider any differences which might exist, but White British and BME groups combined have similar prevalence
- 16% of pupils who had been bullied had self-harmed (compared with 6% of those who had not been bullied)
- Those who had been drunk, tried non-prescription drugs and deliberately missed lessons were also more likely to say that they had self-harmed.

Of those who had self-harmed:

- 62% said that they knew who could help them
- 38% had asked for help

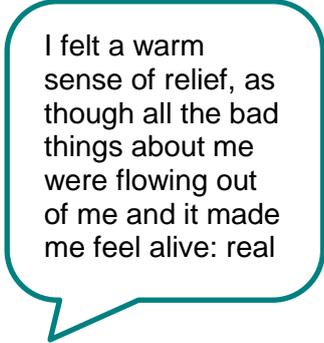
## Motivation – Why do children self-harm?

There are many reasons why children self-harm and these can change over time. As one child put it to **The Mental Health Foundation**, many people self-harm to ‘**get out the hurt, anger and pain**’ caused by **pressures** in their lives. Harming themselves becomes an option because they don’t know what else to do or because they don’t have, or don’t feel they have, any other options.

For some children, self-harm gives temporary relief and a sense of **control** over their lives. Some find that the physical act of hurting themselves helps them deal with overwhelming emotional and psychological issues that they may not have the words for.

When asked about the issues that led them to self-harm, children most often said it was linked with:

- Being bullied at school
- Not getting on with parents or other family members
- Stress and worry about school work and exams
- Feeling isolated - Feelings of rejection socially or within their families
- Parents getting divorced
- Bereavement
- Unwanted pregnancy
- Experience of abuse earlier in childhood
- Current abuse – physical, sexual or verbal
- The self-harm or suicide of someone close to them
- Problems to do with sexuality
- Problems to do with race, culture or religion



I felt a warm sense of relief, as though all the bad things about me were flowing out of me and it made me feel alive: real

**Right Here** say **Self harm is a form of communication in itself**

Research has shown that social factors commonly cause **emotional distress** in people who self-harm. These include:

- difficult relationships with friends or partners
- difficulties at school, such as not doing well academically
- being bullied, either at home, school or work
- worries about money
- alcohol or drug misuse
- coming to terms with sexuality
- coping with cultural expectations, for example, an arranged marriage

Self-harm could also sometimes be a way of coping with a **traumatic** experience. For example:

- sexual, physical or emotional abuse, including domestic abuse and rape
- the death of a close family member or friend
- having a miscarriage

The distress from a traumatic experience or an unhappy situation can lead to feelings of low **self-esteem** or **self-hatred**. There could also be feelings of:

- Anger, guilt, anxiety, loneliness or isolation, grief, hopelessness, numbness or emptiness
- feeling unconnected to the world being unclean, unworthy, trapped or silenced if you have been abused

The emotions can gradually build up and self-harm may be a way of **releasing** these pent-up feelings. Self-harm can also occur alongside **antisocial behaviour**, such as misbehaving at school or getting into trouble with the police.

In some cases, there may be a **psychological reason** for child’s self-harming. For example:

- hearing voices
- repeated thoughts about self-harming
- dissociation

Many find it almost impossible to understand why young people harm themselves, and how it could possibly help them to feel better. By deliberately hurting their bodies, young people often say they can change their state of mind so that they can cope better with ‘other’ pain they are feeling. They may be using physical pain as a way of distracting themselves from emotional pain. Others are conscious of a sense of release. For some, especially those who feel emotionally scarred, it may be a way to ‘wake up’ in situations where they are so numb they can’t feel anything.

The **Mental Health Foundation** summarise that self-harm is a way of dealing with intense emotional pain. One of the biggest fears young people told them about, and the biggest obstacle to them seeking help, was the fear that, the only coping strategy that had been keeping them going, their self-harm might be taken away from them.

## Recognition & Response

### Messages for Professionals from **Speak Your Mind** Young People's Advocacy Project, Mind in Brighton & Hove

- It's a way of **coping**
- It's **not** a sign of weakness
- It **doesn't** mean you are going to commit **suicide**
- **Not enough people** feel they can tell their **GP** –
- They may be **afraid** of what would happen- eg they worry that they may get put in **hospital**
- You don't **understand** unless you've been there
- **Don't tell** them that they are **stupid/bad/naughty**
- It's not helpful to tell someone to **stop**- it makes you feel more stressed inside
- **Professionals should be active if someone is self harming- find out what's going on- what's the difficulty that's led them to self harm**
- Don't say 'It's a cry for help' or '**It's attention seeking**' – maybe the person needs attention!
- Teachers **shouldn't just phone parents**
  - **Speak to colleagues**– do they know something about this?
  - **Involve the young person** in what you are going to do- find out **what would be best** for them (their parents may panic, be angry...)
- Let the young person know what services there are- **who can help them**
- Young people need to talk about it- but maybe they **don't have anyone** they can talk to/ **the right person** to speak to/**the words** to express what's happening.
- They **may not know why** they are self-harming
- **It is a way for the young person to take control** – so if a professional takes over control it may make it worse

The reaction children get when they first tell someone about their self-harm can be very important in deciding whether or not they look for and get further help.

Telling someone may also mean all decisions and control are taken out of their hands and many children are unsure and feel unable to ask who else will now be told or involved.

Right Here say that it's not an easy subject to broach but that it is so important to give children a chance to talk about what they're doing and why they're doing it. Their message is it's really key to listen, take children seriously, and be as non-judgmental as possible when a child is disclosing their self-harm to you or talking about their feelings or what's going on for them.

Right Here offer the following phrases to help open up a dialogue about self-harm

Is there anything I can do to help?

Are you being safe in your self harming?

I can see that you've got/done (...) and I'm concerned about how you are.

I've noticed that recently you don't quite seem yourself, is there anything you'd like to talk about?

If someone confides in you as a professional, try to:

- Try to **avoid stigmatizing** self harm, be available to listen without judging
- Pay due attention to their injuries and affirm that they and their body are **worth caring about**.
- Gently **encourage** them to examine their feelings about why they self-harm.
- Emphasise all the non-harming aspects of the child's life to help develop and support their sense of **self-worth**.
- Treat children with **respect** and **understanding**
- Self-harm is a **coping mechanism**, so inadequate or inappropriate responses can leave the child at greater risk
- Recognise that many children need someone to talk to about the **problems** and issues they are facing in their daily lives which make them turn to self-harm as a way of surviving
- Respect the child's wishes; understand the need for them to **feel in control** of their own situation.
- Acknowledge their **courage** in disclosing and respect their views on the pace of events, and on how things should be handled.
- Take into account the parents' circumstances and their role, they may be shocked, angry, feel guilty and confused, or be part of the problem
- **Talk** to your manager for support and guidance

## Self-harm and Safeguarding

In most cases of deliberate self-harm the young person should be seen as a **Child in Need** and offered help via the school counselling service, the GP, child and adolescent mental health service (CAMHS) or other therapeutic services e.g. paediatric or psychiatric services.

The possibility that self-harm, including a serious eating disorder, has been caused or triggered by any form of abuse or chronic neglect should not be overlooked. This may justify a referral to Children's Services: phone the **MASH** on **01273 290400**.

It is good practice, **whenever** a child or young person is known to have either made a suicide attempt or been involved in self-harming behaviour, to undertake a multi-disciplinary risk assessment, along with an assessment of need. Any child aged under 12 reported to be self-harming must be the subject of a comprehensive paediatric assessment leading to a possible referral to CAMHS. This must be undertaken as a matter of urgency for any child aged under 5 years of age.

## What are the risk factors associated with Self-Harm?

**Risk Factors** that can make a young person more vulnerable to self-harming thoughts and behaviours:

- If the young person has been experiencing low mood / **depression** or periods of high **anxiety**.
- If their confidence is at very low ebb and they are experiencing **low self-esteem** and a depreciated sense of self-worth.
- Being **overwhelmed** by life events or other people's **expectations** of them and feeling hopeless and helpless.
- Feeling overwhelmed by painful feelings without the communication to **articulate** it or **express** it to others.
- Being under the influence of drink or drugs can lower the impact of their actions temporarily.
- **Family breakdown / separation / divorce**
- Previous / current neglect, physical or sexual **abuse**.
- Looked after child.
- **Bullying** including cyberbullying.
- Parents with mental health issues and they are **young carers** feeling overwhelmed.
- Unable to build relationships with peers and feeling **isolated**.
- **Bereavement** and loss.
- **Self-loathing**.



### Peer Group Influence

- A risk that adults could **minimise the intensity** of distress because of 'group' harm rather than individual.
- Pressure to **join in** and not be isolated from group leading to self-harm
- Visual age of **social media** what you feel must be seen/expressed/documentated.
- **Shared pressure** and distress and finding self-harming behaviours soothing.
- Fear of sharing together a **group secret** that is not revealed to adults.
- Possible group pressure to **escalate behaviours**.

## Public Health Schools Programme (PHSP)

### Working together to support schools to address self-harm

#### Submitted by Kerry Clarke, Strategic Commissioner, Public Health

Self-harm is increasing nationally and whilst the numbers in Brighton & Hove are small, we have seen an increase over the past two years. The Public Health Schools Programme has been working alongside partners from Children Services, Sussex Community Trust, and the Community & Voluntary sector to focus its first year on supporting secondary schools in their response to this growing concern.

- Schools are seeing more young people in years 7 & 8 involved with self-harm, as well as the older years.
- Schools are working hard to support young people's emotional health but it is taking time away from other learning areas
- Schools continue to report the support they receive when making referrals for mental health services is not sufficient.

The breadth and strength of emotions resulting from this health issue is vast. More and more young people are using self-harm as a self-soothing control mechanism to cope with the extent of their distress. They have said:

Some people start self-harming because of family problems, bullying, racism and more and it is not easy to stop because you become used to it

It is a way to cope and not easy to stop. It is addictive

Self-harm can release stress

Some people start self-harm because of bullying and some people can find it hard and some people can find it easy

This impacts on families and parents / carers have said:

I can't describe the depth of sadness I feel

I cannot believe that my own child would hurt themselves

I feel like a bad parent.

I'm so angry with myself

School staff are doing what they can to support pupils who self-harm, often dealing with incidents on a daily basis. Staff have requested support in the form of guidance, training, supervision, on-site interventions and reviewing how to get referrals to services accepted.

A PSHE Education Curriculum Framework for Emotional Health and Wellbeing and Mental Health supported by training, that has been developed and disseminated to all secondary and secondary special schools. The Standards and Achievements Team are continuously reviewing the teaching and learning in schools related to mental health and are aiming to develop more resources related to teaching and learning about body image in primary schools over the next school year.

Community CAMHs (Community Adolescent Mental Health) and Public Health have focused on supporting the schools' workforce development. There has been basic awareness training delivered to nearly all our secondary school in the city. We have now recruited the support of a national expert to support the Community CAMHs team to develop and deliver 'Self-Harm: Strategies and Interventions for School Staff' from September. This is being informed by focus groups with young people and parents / carers who are involved with self-harm.

### Current work on the Public Health Schools Programme includes

The PHSS is making sure the voice of schools, parents, carers and young people feed into the city wide review of mental health and wellbeing services for young people through focus groups, surveys and direct feedback from learning.

Three approaches with parents are being trialled: Community CAMHs and the school nurse are offering on-site support groups for parents and carers of children who have been affected by self-harm, Community CAMHs are delivering single workshops open to all parents, and a YouTube parent support video has been developed aimed at reaching parents through school websites.

Two sets of small group approaches are being tested in schools. Building Resilience, delivered by the Music Hub, is described later in this bulletin. Right Here, YMCA Downlink volunteers have planned and developed a series of peer led group work sessions. The feedback from the self harm workshops has been very positive and include:

- "It was fun, light-hearted but really got you thinking."
- "Stimulating, thought-provoking and informative with good participation."
- "Open and easy to access, great trainers."
- "Confident we wouldn't be judged for our comments."
- "I learnt... more people struggle with self-harm than seen."
- "I learnt... different ways of self-harming."
- "I learnt ways of supporting others."
- "I liked that it was a safe environment."

## What's next in the Public Health Schools Programme:

- To continue to work together.
- To increase the voice of young people and parents and carers in shaping what is effective and what is needed.
- To launch a city wide guidance document on responding to self-harm in schools and youth settings that will sit under schools safeguarding policies by September 2015.
- Work with Children's Services to pilot an approach in two secondary schools that aims to build resilience and include direct access to a mental health specialist. The detail of which has been informed by listening to schools directly.
- To feed our learning into the mental health and wellbeing review and redesign led by the Clinical Commissioning Group. The reporting for the review aiming to be September 2015 leading to revised commissioning intentions for 2015/16.

## Building Resilience – Music Project

**Submitted by Emma Collins** Music Learning & Partnerships Manager, Brighton & Hove Music & Arts

During the spring term a music project, working with 12 students year 8 students from a local secondary school and focused on helping young people to **develop their resilience** has been piloted. The young people taking part self-harm or are considered to be at risk of self-harm. During the 10-week project the students have **singing, song-writing and music technology**. This was designed to provide a **supportive, creative space** where it is **safe** to fail, encouraging young people to work collaboratively through creative problems and challenges. By recognising the innate value of creative processes, musical engagement can help young people learn to bounce back, to develop team work and communication skills, build self-efficacy and enhance a sense of self-worth.

The project has been developed by Brighton & Hove Music & Arts and delivered in partnership with a Primary Mental Health Worker from the Community CAMHs team and pastoral staff from the school. And the young people have worked towards producing a CD of original music. It is hoped that outcomes of the project will include ongoing engagement in music and arts for some pupils, by joining existing extra-curricular groups in school and/or continuing to learn a musical instrument or to sing. The project is currently being evaluated with a view to developing a model that could be offered in other schools across the city.

## Young People and Self – Harm Training for Professionals

Brighton & Hove City Council run a one-day training course on young people and self-harm. This is aimed at Children's Services staff, school staff and Community & Voluntary Sector staff working with children who may display self-harming behaviour, and there will be a charge for private organisations, independent schools, and those working outside of Brighton & Hove. Council staff can download an application form [here](#) and external staff and Foster Carers click [here](#) to apply. Visit [www.brighton-hove.gov.uk/cypworkforce](http://www.brighton-hove.gov.uk/cypworkforce) for more information or email [coursesforcare@brighton-hove.gov.uk](mailto:coursesforcare@brighton-hove.gov.uk)

**Overview of Training:** Self harm affects at least one in fifteen young people and some evidence suggests that rates of self-harm in the UK are higher than anywhere else in Europe. Self-harm blights the lives of young people and seriously affects their relationships with families and friends. It presents a major challenge to all those in services and organisations that work with young people, from schools through to hospital accident and emergency departments. This course is an introduction to understanding self-harming behaviour, exploring the reasons why young people self-harm and practical skills and interventions that can help.

### Benefits and learning outcomes

- Describe what constitutes self-harming behaviour and why young people might display this
- Explain national policy and local guidance and procedures in responding to self-harm
- Recognise the demands and difficulties of working with young people who self-harm
- Define multi-agency responsibilities in relation to self-harm
- Demonstrate practical strategies to promote and support a reduction in self-harming behaviour

**Date: 7 October 2015**

**Trainer:** Sam Bean, CAHMS Mental Health Nurse, seconded to work with the Early Intervention in Psychosis Team and the Young Persons Substance Misuse team in Brighton RUOK? Young Person's Substance Misuse Programme. Sam is a registered mental health nurse who has worked in CAMHS, mainly with adolescents, since qualifying in 2001 and has worked in a range of settings – the adolescent inpatient unit at the Bethlem Royal Hospital, the Croydon Adolescent community mental health.

**Brighton & Hove LSCB will be developing a multi-agency self-harm training offer in 2016.**

11-21 year olds are exposed to self-harm images online in alarming numbers and causing many to consider hurting themselves, according to a poll commissioned ahead of the recent Self-Harm Awareness Day by ChildLine, YouthNet, selfharmUK & YoungMinds. 2,000 young people aged 11-21 took part in the poll which also revealed that over half of 11-14 year olds and 80% of 18-21 have either self-harmed or knows someone who has.

Self-harm is the fourth most common reason that young people contact the NSPCC's ChildLine service, and in 2012/13, there was a 41% increase in ChildLine counselling sessions relating to self-harm. More than 30% of the young people who contacted ChildLine in 2012/13 about suicidal thoughts reported having previously self-harmed.

ChildLine records show that there are many stress factors that may trigger self-harming including; **being bullied** at school, not getting on with parents, stress and worry about academic performance and not getting on with exams, parental divorce, bereavement, unwanted pregnancy, experience of abuse in earlier childhood, difficulties associated with sexuality, problems to do with **race, culture or religion**, low self-esteem and feeling rejected.

ChildLine counsellors are on-hand 24 hours a day to support young people over the phone and one-to-one online. The ChildLine website also has advice to help young people cope with the emotions that make them want to harm themselves; helping them to express those feelings without causing injury - [www.childline.org.uk/Explore/Self-harm/Pages/Self-harmcopingtechniques.aspx](http://www.childline.org.uk/Explore/Self-harm/Pages/Self-harmcopingtechniques.aspx). Children and young people can call ChildLine on 0800 1111.



In addition, the NSPCC's helpline supports and advises adults who are worried about a child struggling with mental health difficulties, including those who self-harm. The charity's website also includes advice for adults on how to spot the warning signs (both physical and emotional) and where to get help. [www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm](http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm)

## Self-Harm Literature Review

### Submitted by LSCB Lay Members – Ella & Lorna

A new Self-Harm literature review, for the Knowsley Self Harm & Suicide amongst Young People Working Group, emphasises the clear relationship with childhood abuse and bullying. A focus on strengthening safeguarding and child protection procedures to reduce level of exposure to maltreatment and measures which tackle bullying are identified as helpful strategies for reducing suicide and self-harm.

It's definition of Self-Harm is adapted from the 2004 NICE guidelines:

“An expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm vary greatly from person to person. The reason a person harms him or herself may be different on each occasion and should not be presumed to be the same.”

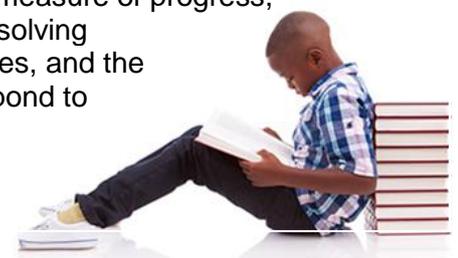
It calls for a better understanding of the **complexity** and **individuality** of self-harm and suicide; of the trend differences in urban and rural areas; of children under 12 and of boys and young men who self-harm;

The review highlights effective practice which seeks to understand the **personal function of self-harm** for a particular young person and helps to unravel the surrounding issues. It says you should always ask about intent to die, as this does not increase the risk of suicide; and espouses **listening** as a mechanism for prevention and intervention. There must be a focus on **quality therapeutic relationships, person-centred care** and establishing **trust** to be effective and suggests using a narrative approach to engage.

Cautions against a reliance on prevalence data; use of risk assessment tools to predict severity and likelihood of self-harm and suicide; and measuring outcome based on severity and frequency of Self-Harm.

**Advocates using measures formulated by the young person** as more valid measure of progress, promoting a multi-agency approach and systemic culture of reflection. Problem solving interventions should be in place alongside of a range of evidence-based therapies, and the report is mindful of the need to establish rapport in order to understand and respond to unique and subjective experiences.

Read the full report is [here](#)



## Staff knowledge and attitudes

In May 2003 a study of **Staff knowledge and attitudes towards deliberate self-harm in adolescents** was published by the Department of Child and Adolescent Psychiatry, Guy's, King's and St. Thomas' Medical School, the Institute of Psychiatry, King's College, the Lewisham Child and Family Therapy Centre, and Maudsley NHS Trust. This investigated knowledge, attitudes and training needs concerning deliberate self-harm in adolescents, amongst a variety of professionals involved in the assessment and management of adolescents who self-harm. A questionnaire survey was completed by 126 health professionals working with adolescents who harm themselves. The main outcome measures were a knowledge measure and three attitude measures, generated using factor analysis.

**Knowledge about self-harm in children and adolescence:** The mean percentage of correctly answered knowledge questions, across all professional groups, was 60%. With regard to knowledge, over three-quarters of participants were unaware that homosexual young men and those who had been sexually abused were at greater risk of deliberate self-harm.

**Attitudes to adolescents who harm themselves:** In general participants felt they were reasonably effective in managing deliberate Self Harm. 71% of participants agreed or strongly agreed with the statement "I think that the amount of effort I make when dealing with a self-harming child makes a difference to the outcome."

In response to the statement "children and adolescents who self-harm waste NHS time and resources," 98% of participants disagreed or strongly disagreed. A substantial number of participants reported worry about these patients. Twenty per cent of participants agreed or strongly agreed with the attitude statement "I am worried that I am going to be blamed for what might happen to these children."

**Knowledge and attitudes within professional groups:** There were significant group differences in total knowledge and no significant differences between psychiatric doctors and non-psychiatric doctors whilst psychiatric doctors had greater knowledge than both nurse groups and non-psychiatric doctors had greater knowledge than non-psychiatric nurses.

Scores on the personal effectiveness item were higher in psychiatric nurses than non-psychiatric doctors. Psychiatrists reported more worry than the other groups. There were no group differences for negativity.

**Negativity:** A striking finding was the apparent low level of negativity amongst staff (though there was no comparison group of non-self-harming adolescent patients). Furthermore, negativity did not relate to levels of knowledge, contact with patients who self harm or professional group. Previous studies, (Burgess, Hawton, & Loveday, 1998; Dorer, Feeham, & Vostanis, 1999) have found that adolescents who harm themselves are generally satisfied with services and feel staff have positive attitudes towards them. In these studies assessment from a member of the local child psychiatry team (not necessarily a psychiatrist) was available. Whether this plays a role in influencing negativity is unknown.

## Emotional Health & Wellbeing Services in Brighton & Hove

**Tier 2 Community Child & Adolescent Mental Health Services (CAHMS)** (including consultation service for parents, carers and professionals) is part of the CAMHS single point of access, working with tier 3 specialist service provided by Sussex Partnership Foundation Trust, at Aldrington Centre. This tier 2 team focuses on primarily supporting schools with Primary Mental Health Workers.

**Tier 3 Community Child & Adolescent Mental Health Services (CAHMS)** the overall aim of Community Tier 3 service is to provide expert case management and expertise to help children and young people (under 18 years) to achieve good mental health, emotional health and wellbeing. To develop as individuals and maximise their life chances, through an integrated, multi-disciplinary approach to mental healthcare, for a full range of mental health disorders, by managing responses to mental health needs in the community setting.

**Teenage to Adult Personal Advisors (TAPA)** - The TAPA service is provided in partnership with Sussex Central YMCA, Impact Initiatives and Allsorts to meet the mental health needs of young people (14-25 years) across the City who are `hard to reach` and disengaged from current mental health services or who find current mental health services `hard to reach`. TAPA workers provide direct mental health advice, consultation and training to professionals and young people, supporting where appropriate, mainstream mental health services.

Read Brighton & Hove Clinical Commissioning Group's Brighton & Hove [Mental Health & Wellbeing Guide – Children & Young People](#) for more information

## Local & National Support and Resources

The organisations below help to provide advice and support to those who self-harm as well as their friends, family and professionals.

The logo for 'Right Here' features the words 'RIGHT HERE' in white, bold, sans-serif capital letters. The text is arranged with 'RIGHT' on the top line and 'HERE' on the bottom line, both contained within a blue arrow shape pointing to the right.

**Right Here** Right Here volunteers are working hard to reduce the stigma attached to self harm, and to increase awareness and understanding of why people self harm, how to communicate about it, and where to go for support.

[right-here-brightonandhove.org.uk/selfharm/](http://right-here-brightonandhove.org.uk/selfharm/)



**TESS** which young women aged 24 and under can text or email:

[www.selfinjurysupport.org.uk/tess-text-and-email-support-service](http://www.selfinjurysupport.org.uk/tess-text-and-email-support-service)

**Self-Injury Support Organisation.** [www.selfinjurysupport.org.uk](http://www.selfinjurysupport.org.uk)



**selfharm.co.uk** [www.selfharm.co.uk](http://www.selfharm.co.uk) is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk and ask any questions as well as providing support. **Alumina** [alumina.selfharm.co.uk](http://alumina.selfharm.co.uk) is an online course for young people aged 14-19 years set-up by selfharm.co.uk. They provide group and individual courses for young people.

**MindEd** - [www.minded.org.uk](http://www.minded.org.uk) provides free, completely open access, online education, available on tablets, phones or computers – bite sized chunks of 'e-learning' - to help adults to support wellbeing and identify, understand and support children and young people with mental health issues.

**Mental Health First Aid England** - [mhfaengland.org/first-aid-courses/first-aid-youth](http://mhfaengland.org/first-aid-courses/first-aid-youth) is an educational course which teaches people how to identify, understand and help a person who may be developing mental health problems. They have a specific Mental Health First Aid course that focuses on young people's mental health.

**Mental Health Foundation** - [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) provide lots of useful information about mental health.

**Rethink Mental Illness** [www.rethink.org/living-with-mental-illness/young-people](http://www.rethink.org/living-with-mental-illness/young-people) produces a lot of useful information for young people about mental health, whether they are suffering themselves or worried about a friend or family member.

**Mindfull** [www.mindfull.org](http://www.mindfull.org) is a free, online service for 11-17 year olds and provides self-help, access to Mindfull mentors, and Counsellors

**Harmless** [www.harmless.org.uk](http://www.harmless.org.uk) is a user led organisation that provides a range of services about self harm including support, information, training and consultancy to people who self harm, their friends and families and professionals

**Mind** [www.mind.org.uk](http://www.mind.org.uk) provide advice & support to empower anyone experiencing a mental health problem

**The Site** [www.thesite.org](http://www.thesite.org) is aimed at young people and provides lots of useful information on a range of topics, including self harm and mental health

**YoungMinds** [www.youngminds.org.uk](http://www.youngminds.org.uk) provide information on emotional wellbeing and mental health problems for a range of audiences including young people

An extensive list of national providers that provide training and resources for schools can be viewed [here](#)

### Useful numbers:

Brighton & Hove LSCB office: 01273 292379      LSCB@brighton-hove.gov.uk

Designated Doctor Safeguarding Children: 01273 265788

Designated Nurse Safeguarding Children: 01273 574680

Brighton & Hove Police Child Protection Team: 101

Local Authority Designated Officer: 01273 295643

**If you are concerned about a child call the MASH on 01273 290400**

