Self Harm

Swindon Multi Agency Guidelines for Professionals Working with Children and Young People Who Self Harm

It’s like a control thing. How deep, how often, where I cut – it’s all down to me. It’s my body I’ll decide what to do with it.

I’ve always had to do what suited other people – different foster parents, children’s homes, schools. Nobody ever asked me what I wanted.

I get mad about things, it all knots up inside me and I just want to scratch myself and slash at myself.

Sometimes I feel like I’m going to die from all the sadness inside me. When I cut it’s like my body is crying for me letting out some of the agony.

I hit myself because I’m so angry with myself for – being so stupid and pathetic, for being the sort of person bad things happen to.

If I’ve got a burn on my arm, it takes the focus off what I am feeling. It hurts but it lets me stop feeling the hurt inside me, which is worse.

When I feel empty it’s like there is nothing inside me. I’d do anything to fill that gaping hole. I used to stuff myself with food but it was never enough. But when I cut it just goes.

The badness I feel becomes unbearable. I can’t take it anymore so I cut. The relief is instant. It’s like I’ve got what I deserve. The badness just drains away.

The badness I feel becomes unbearable. I can’t take it anymore so I cut. The relief is instant. It’s like I’ve got what I deserve. The badness just drains away.
These guidelines are a framework for use by all agencies in Swindon who work with children and young people, in order to promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves. The guidelines are intended for use for children and young people up to the age of 18 years and do not supersede safeguarding procedures. For agencies that work with young people aged 18 years and over please refer to adult or relevant agency guidelines. They have been developed by a multidisciplinary group, whose membership included representatives from the following agencies:

- Great Western Hospitals NHS Foundation Trust
- NHS Swindon Public Health
- Oxford Health NHS Foundation Trust:
  - Swindon Community CAMHS
- Swindon Borough Council
  - Targeted Mental Health Service
  - Educational Psychology Service
  - Children’s Services – Referral Team

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What is Self Harm?

Self harm, as defined in the National Institute of Clinical Excellence guidelines (2004), is an “expression of personal distress, usually made in private, by an individual who hurts him or herself”. The nature and meaning of self harm, however, varies greatly from person to person and the reason or trigger for each action may differ on each occasion. Essentially though, self harm is any behaviour where the intent is to cause harm to oneself.

Self harm is a relatively common problem that is frequently misunderstood and kept hidden. Therefore it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self harm is an ‘attention seeking behaviour’. Given that most self harm is carried out in private and over a long period before help is sought, it is hard to give credence to this perception. Another belief is that self harm is something that groups of young people do together. Whilst it is important to be aware that within friendship groups, some individuals may self harm, it is rare that young people self harm in front of others.

Self harm is a term that is used to describe a range of actions and behaviour. It is important to be aware of signs that a young person is self-harming. Below is a non-exhaustive list of some of the behaviours that some people might consider to be self harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

Trends

- Average age to start self-harming is 13
- Ratio of male:female self harm is approximately 1:4 (Hawton et al, 2002))
- 10.6% of secondary school pupils self harm (Office of National Stats 2000)
- In England in 2009:
  - 310 male 15-24 year olds died as a consequence of intentional self harm and an event of undetermined intent
  - 143 female 15-24 year olds died as a consequence of intentional self harm and an event of undetermined intent
- In the UK, suicide is the second most common cause of death for 15-24 year olds, after road traffic accidents
- Only 1:5 16 – 24 year old with suicidal thoughts would seek help from a GP (Samaritans 2003)
- 1 in 3 adolescents who die by suicide are under the influence of alcohol at the time of death
- 40-60% of suicides have at least one previous episode of deliberate self harm (Hawton, 2004)
A PERSONAL EXPERIENCE OF SELF HARM

Stopping the Pain For Me ...

Self harm is, ironically, about stopping the pain. Sometimes my emotional pain is so strong that I don’t feel I can take it and that it’s going to destroy me. I just know I need to stop it. Cutting my arms seems to help me do that. The physical sensation grounds me somehow; it brings me back to reality away from the overwhelming feelings.

The actual act of cutting is a practical and physical thing to do to make me feel better. Strangely, after hurting myself, I can care for and bandage the wounds and therefore feel justified in looking after myself.

Cutting is a physical expression of the extent of the pain, mainly to myself I think. Only through seeing the drastic, physical expression of my emotions did I admit to myself that I needed to address a number of issues in my life. I think that the main reason why I cut though is that when feeling the physical hurt that it causes, I am numb to the emotional pain which is a million times worse and so much harder and scarier to deal with.

I see self harm as similar to any other addiction. It is a way of coping with problems. Unfortunately, cutting just numbs me to the problems, it doesn’t make them disappear. I haven’t cut myself for a number of months now but still self harm in other ways such as intentionally eating food that I’m allergic to. It see this as the lesser of two evils. It’s a way of minimising and changing my habits. I am also trying to cry, to let it out or write or talk about how I feel. It doesn’t work and these options always seem so much harder than cutting.

(Taken from “Self-harm – Young People Speaking Out”. Trust for the Study of Adolescence)

Why do people self harm?

During adolescence, young people may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result they experience feelings of helplessness and hopelessness, which can lead them to self harm or attempt suicide.

Some of the more common explanations from young people about why they self harm are:

- That physical pain is easier to control than emotional pain
- It is a form of relief and release or distraction
- It can be a form of self-punishment
- It is a way of letting people know how difficult and distressing life feels
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group

Some young people may only self harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

It may be helpful to understand that when a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self harm difficult to stop.

Young people who self harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self harm initially.

The following is an illustration of the cyclical nature of self harm and demonstrates how such behaviour may become addictive.
As most self harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

Self harm occurs more frequently in young people with learning disabilities. In those with severe learning disabilities, self harm can form part of the young person’s profile of behaviour (for example, a young person with autism biting their arms repeatedly). Any change in the frequency, severity or site of self harm in these young people is a cause for concern. Self harm may be the only way a young person with communication difficulties can display their emotional distress.

Self harm in younger children is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self grazing/scratching may be signs of self harm.

Some of the factors that young people identify as contributing or triggering self harm include:

- Being bullied
- Stress and worry about school work and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- Difficulties in peer relationships, including the break up of a relationship
- Not getting on with parents or other family members
- Family relationship difficulties, including parents separating or divorcing
- Bereavement
- Past experience of abuse (physical, sexual or emotional)
- Current experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self harm or suicide of someone close to them
- Confusion about sexuality
- Feeling isolated, rejected or bullied due to race, culture or religion
- Low self-esteem
- Feelings of rejection socially or within their families

The pressures for some groups of young people and in some specific settings may increase the risk of self harm:

- Young people in residential settings (e.g. inpatient units, prison, sheltered housing or hostels or boarding schools)
- Young people with mental health difficulties
- Young people with sexual identity issues.
What can help?

**Suicidal Thoughts and Self Harm**

Self harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation (a term often used by mental health practitioners) is a thought or belief that one might be better off dead. This can be because a young person has a serious depression with low self esteem, low mood, inability to see that their situation could improve, nothing to live for and no chance of ever being happy.

However suicidal ideation is quite common in the general adolescent population, about 25 – 30% of adolescents report having fleeting ideas of suicide e.g. what’s the purpose of life? Is there life after death?

Frequent suicidal ideation with or without self harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

**Self harm and social media**

The increase in accessibility to the internet and online forums has given everyone opportunities to discover information and communicate with others in a much more immediate way than ever before. Many young people are likely to turn to the internet and chat rooms for support and information about self harm and for the majority this provides much needed support to them. However, it is sometimes difficult to determine the accuracy and appropriateness of such websites and chat rooms and in rare circumstances, young people may access sites that are not helpful or accurate in their advice and information. If you suspect that a young person has access to an inappropriate site you can find further information on what to do from Swindon Local Safeguarding Children’s Board at http://www.swindonlscb.org.uk.

There are some recommended websites at the end of this booklet for young people, parents and professionals.

Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness. It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear.

**Confidentiality**

Confidentiality is a key concern for young people; however, they need to know that it is not possible to offer unconditional confidentiality. If you consider that a young person is at risk of seriously harming him/herself or others then confidentiality cannot be kept. It is helpful to check out the Swindon Local Safeguarding Children’s Board’s information and guidance by accessing http://www.swindonlscb.org.uk. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to divulge. It may be helpful to explore with the young person what led to the self harm- the feelings, thoughts and behaviour involved.

This can help the young person make sense of the Self harm and develop alternative ways of coping. The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

- Let the young person know you care and that they are not alone.
- Help the young person get their thoughts out into the open.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the young person’s facial expression and the posture that accompanies the words they are speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the young person – imagine walking in their shoes.
- Be positive about what the young person is saying without being dismissive.
- Know when to listen and when to talk.
- Do not try to solve the problem for them or say “the right” thing.
- Don’t give advice too quickly or evaluate how the young person is feeling and defining their experience for them.
Develop an action plan together

It is important that young people feel that their concerns are being taken seriously and that they have an element of control over the process. A jointly negotiated action plan is a useful way of providing this. Action plans need to have achievable targets and agreements about whom to involve and other possible next steps. Young people may benefit from being encouraged to establish more positive daily routines (eating, sleeping etc) or may need to establish a greater social network, for example, by taking on a new activity.

Distraction activities

Replacing the cutting or other forms of self harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self harm. Activities that involve the emotions intensely can be helpful.

Examples:

- Contacting a friend, family member or helpline.
- Going for a walk/run or other forms of physical exercise.
- Getting out of the house and going to a public place e.g. a cinema.
- Reading a book.
- Keeping a diary.
- Looking after an animal.
- Watching TV.
- Listening to music or singing along.
- Going shopping.
- Cooking/eating your favourite meal.

Coping with distress using self soothing

- Using stress management techniques such as relaxation or massage.
- Having a bubble bath.
- Stroking a cat or other animal.
- Going to the park and looking at the things around you (birds, flowers, trees).
- Listening to the sounds as you walk.
- Listening to soothing music.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self harm:

- Clenching ice cubes in the hand until they melt.
- Writing, drawing and talking about feelings.
- Writing a letter expressing feelings, which need not be sent.
- Going into a field and “screaming”.
- Hitting a pillow /soft object.
- Listening to loud music.
- Physical exercise.

An important part of prevention of self harm is having a supportive environment which is focused on building self esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. It is helpful to identify the support people in a young person’s life and how to get in touch with them.

Examples are friends, family, school teacher, counsellor. Knowing how to access a crisis line is also important.

In the longer term a young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Support from family members or carers are likely to be an important part of this. It may also help if the young person joins a group activity such as a youth club, a keep fit class or a school based club, which will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.
When and where to access further support
Flow chart for helping young people who self harm

**What to do if:**

A young person discloses thoughts of self harm and/or superficial injury

- Treat injury
- Explain confidentiality (see paragraph on confidentiality)
- Inform parents/carers unless clear reason not too.

Consult with colleagues, young person and parents regarding what support might be helpful. Have contact numbers and information for help-lines available

Support young person to make plan for support and set review. Contact local TaMHS for advice or referral if appropriate. (see TaMHS/CAMHS criteria)

**Some General Points:**

- Keep calm, give reassurance and follow agreed first aid procedures if necessary
- Focus on the young person, not the behaviour or reasons for it and remember the young person maybe reluctant to talk about self harm
- Inform senior colleagues and implement own procedures for incident reporting and support
- Debrief with senior colleagues and consult with relevant health/social care practitioners if necessary

**What to do if:**

A young person engages in serious self harm with/without suicidal ideation, requiring medical treatment. e.g. injury or overdose (however small)

- Call for help from colleague/Emergency Services/GP
- Administer First aid
- Inform parents/carers unless clear reasons not to.
- Explain Confidentiality (see paragraph on Confidentiality)
- Follow Safeguarding procedures if required

If young person is taken to hospital, emergency protocols for treatment and care will be implemented

If young person is in hospital - a CAMHS Referral will be activated by the hospital and the School Nurse will be informed
## Appendix A
### Self Harm Guidelines - Checklist for schools: Supporting the development of effective practice

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Status</th>
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<tbody>
<tr>
<td>The school has a policy or protocol approved by the governing body</td>
<td>☐</td>
</tr>
<tr>
<td>concerning self-harming</td>
<td></td>
</tr>
<tr>
<td>ALL new members of staff receive an induction on self harm procedures and</td>
<td>☐</td>
</tr>
<tr>
<td>confidentiality</td>
<td></td>
</tr>
<tr>
<td>ALL members of staff (teaching and non-teaching) receive regular training</td>
<td>☐</td>
</tr>
<tr>
<td>on child protection procedures</td>
<td></td>
</tr>
<tr>
<td>The school has clear channels of communication that apply to this issue</td>
<td>☐</td>
</tr>
<tr>
<td>All members of staff know who to go to if they know a young person is</td>
<td>☐</td>
</tr>
<tr>
<td>self-harming</td>
<td></td>
</tr>
<tr>
<td>Staff are supported throughout all processes concerned with this issue</td>
<td>☐</td>
</tr>
<tr>
<td>Staff know how to access support for themselves and students</td>
<td>☐</td>
</tr>
<tr>
<td>Students know who to go to for help</td>
<td>☐</td>
</tr>
<tr>
<td>The school has a culture that encourages young people to talk and adults</td>
<td>☐</td>
</tr>
<tr>
<td>to listen and believe</td>
<td></td>
</tr>
<tr>
<td>The school has a system for how self-harm incidents are recorded and how</td>
<td>☐</td>
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<tr>
<td>parents/carers and professionals have been involved as appropriate</td>
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## Appendix B

### Sample of an incident form to be used when a young person self-harms

<table>
<thead>
<tr>
<th>Young person's name</th>
<th>Date of report</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Professional's name</td>
<td>Job title</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
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<tr>
<td>School /College attended</td>
<td>Year</td>
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</table>

**Incident**

**Date and time of occurrence**

**Action taken by professional**

**Decision made with respect to contacting parents (reasons for decision)**

**Recommendations**

**Follow up**

**Signed: Young Person**

**Copies to:**
Appendix C
Fact sheet for parents/carers on self harm

It can be difficult to find out that someone you care about is harming him or herself. As a parent/carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self harm?
Self harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

How common is self harm?
Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Is it just attention seeking?
Some people who self harm have a desire to kill themselves. However, there are many other factors which lead people to self harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?
All sorts of upsetting events can trigger self harm. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?
Try to:
- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:
- Your family doctor
- School Health Nurse/Health Visitor
- Young Minds Parents Information Service
  Tel: 0808 802 5544
- Papyrus HOPElineUK
  Tel: 0800 0684141
- The Samaritans
  Tel: 08457 90 90 90
- MIND Information line
  Tel: 0845 766 0163
- Youth Access
  Tel: 0208 772 9900
Appendix D

Information sheet for young people on self harm

What is self harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose. It can also include less obvious physical signs, like not letting wounds (not necessarily self inflicted) heal or not eating.

How many young people self harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

Why do young people self harm?

Self-harm is often a way of trying to cope with painful and confusing feelings by concentrating on physical pain rather than emotional pain. It can also represent on the outside, the hurt being felt on the inside. Sometimes young people say they self harm to punish themselves and it can also feel like an emotional release.

Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone’s life, it can trigger self harm.

Upsetting events that might lead to self harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore.

Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

How can you cope with self harm?

Replacing the self harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film
**Getting help**

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school - school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP - you can talk to your GP about your difficulties and he/she can make a referral for counselling

**Useful help lines and websites include:**

- **Childline**
  - Tel: 0800 1111
  - [www.childline.org.uk](http://www.childline.org.uk)

- **MIND Info line**
  - Tel: 0845 766 0163

- **National Self Harm Network**
  - PO Box 16190
  - London NW1 3WW
  - [www.nshn.co.uk](http://www.nshn.co.uk)

- **Papyrus HOPELineUK**
  - Tel: 0800 068 414
  - [www.papyrus-uk.org](http://www.papyrus-uk.org)

- **P.A.S.H (Preservation Around Self Harm)**
  - Tel: 01793 649510
  - [pash@swads.org.uk](mailto:pash@swads.org.uk)
  - 07796 196459

- **The Samaritans**
  - Tel: 0845 790 90 90
  - [jo@samaritans.org.uk](mailto:jo@samaritans.org.uk)

- **Youth Access**
  - Tel: 0208 772 990

- **Young Minds**
  - Tel: 0808 802 5544
  - [www.youngminds.org.uk](http://www.youngminds.org.uk)

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**My friend has a problem - How can I help?**

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.
Appendix E
Useful Contact Numbers and Websites

Support Groups/Help Lines

Bristol Crisis Service for Women 0117 925 1119
PO BOX 654
Bristol, Avon BS99 1XH
Website: www.users.zetnet.co.uk/bcsw/

CALM 0800 58 58 58
(Campaign Against Living Miserably)
Helpline for 15 – 24 year old males
Website: www.thecalmzone.net

Childline 24 hr helpline 0800 1111
Website: www.childline.org.uk

Health and Wellbeing/Mental Health
Website: www.thesite.org/healthandwellbeing

LifeSigns Website: www.lifesigns.org.uk

National Children’s Bureau Email: selfharm@ncb.org.uk
Website: www.selfharm.org.uk/database

National Self Harm Network
PO BOX 16190 London NW1 3WW
Website: www.nshn.co.uk

Papyrus HOPELineUK 0800 068 414
www.papyrus-uk.org

P.A.S.H (Preservation Around Self Harm)
14 Milton Road, Swindon, Wilts SN1 5JE.
Tel: 01793 649510 07796 196459
Email: pash@swads.org.uk

Samaritans 24 hour helpline 08457 90 90 90
Website: www.samaritans.org.uk

Young MINDS 020 7336 8445
102 – 108 Clerkenwell Road
London EC1M 5SA
E-mail: Youngminds@Ukonline.co.uk
Website: www.youngminds.org.uk

Young MINDS Parents Information Service 0808 802 5544

Appendix F
Child and Adolescent Mental Health Services in Swindon

Children and Young Peoples Mental Health services in Swindon are provided by the Targeted Mental Health Service (TAMHS) at Tier 2 and Child and Adolescent Mental Health Service (CAMHS) at Tier 3.

Access to both services for routine and non urgent referrals is via The Targeted Mental health service (TAMHS) who can be contacted through:-

Professional Lead
Targeted Mental Health Service
Greendown
Grange Park Way
Swindon
Wiltshire
SN5 6HN

Tel: 01793 465626

Swindon CAMHS is based at Marlborough House in Swindon, but we see children, young people and families in a variety of settings.

Emergency and urgent referrals should be routed through to the Swindon CAMHS Team via a phone consultation in the first instance.

How to contact us:
Swindon Child and Adolescent Mental Health Service
Okus Road, Swindon, SN1 4JS
Tel: 01793 294646
Fax: 01793 294650

Trust website: www.oxfordhealth.nhs.uk

Contact details for other locality CAMH services:

Sailsbury CAMHS 01722 336262 Ext 2779

Melksham CAMHS 01225 905050

BaNES CAMHS 01173 604040

Marlborough CAMHS 01672 517517
Referral criteria for Swindon CAMHS community services

Summary

This document provides an overview of the referral criteria for the child and adolescent mental service that will be screened through the single point of access in Swindon. These include:

• Targeted Mental Health Service (TaMHS)

• Specialist CAMHS Community Service

• Outreach Service for Children and Adolescents (OSCA)

• Community Learning Disability CAMHS

Referral criteria for:

Targeted Mental Health Service (TaMHS)

These teams will offer an intervention to any child that has an identified emotional, mental health or behavioural concern and:

• there is evidence that first line early interventions (ie parenting program) have been put in place

• and there is not the experience/relevant expertise or skills to pick this up by those services who currently know the child

• and it is not appropriate to signpost on the case to other local services

• and the team considers it can make a positive impact with a short term intervention

• Help support cases that do not meet the criteria within universal services

• Advise referrers on the most appropriate service for the child/young person
The core business of Specialist CAMHS is:
The specialist assessment and treatment of serious mental health disturbances and associated risks in young people under the age of 18 years.

Access
Access to this service will require completion of a comprehensive CAMHS referral form and co-ordinated by either TaMHS or PMHWS. Emergency referrals will need to be immediately routed through to this Specialist CAMHS team via a phone consultation in the first instance.

Emergency criteria
To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 24 hours.

- Presentation of symptoms of severe depression with suicidal ideation
- Presentation of severe psychotic symptoms
- Presentation of anorexia with severe physical signs (e.g. BMI below 15)
- Significant risk of harm to self or others

Urgent criteria
To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 7 days.

- Severe symptoms of depression with or without suicidal ideation
- Symptoms of anorexia with a BMI of 18 or below and/or low physical observations
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.
- Assessment following deliberate self harm and presentation at accident and emergency services

The referrer needs to identify the level of urgency of the case. If in doubt the referrer should contact the Specialist CAMHS Duty Clinician.

Standard criteria
There will be an emphasis on the need for assessment to ascertain presence or not of severe mental ill health and Specialist CAMHS contribution to management of complex cases. Factors to consider include: severity, complexity, enduring difficulties over time, difficulties in one or more domain, impairment of function at home, school or socially.

Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder
- For initial assessment and diagnosis, follow the local multi-agency protocol
- Complex ADHD cases with co-morbidity should be referred to Specialist CAMHS

Eating Disorders
- Anorexia – At least 10-15% deficit from ideal weight
- Bulimia – Engaging in binge and purge behaviour
- Eating Disorders Not Otherwise Specified (EDNOS)

Psychotic Illness
- Positive symptoms – Paranoia, delusional beliefs, abnormal perceptions (hallucinations on all sensory modalities)
- Negative, symptoms – deterioration in self care and daily personal, social and family functioning
- Disinhibited behaviour, overactivity, risk taking, with pressure of speech and agitation
- Severe depression with psychomotor retardation, social withdrawal, suicidal ideation

Anxiety Disorders
- Anxiety panic attacks
- Separation anxiety
- Phobias including phobic anxiety related to school

Depression
- Physical symptoms – poor sleep/appetite/libido
- Cognitive symptoms – negative thoughts about self/others/world
- Suicidal ideation – level of intent, current thought, etc
- Co-morbidity – depression often occurs concurrently with other presenting mental health problems

Post traumatic Stress Disorder
- Symptoms occurring more than 3 months after a recognised traumatic event
- Intrusion and avoidance of thoughts and memories about the trauma
- Hyper-vigilance, hyper-arousal and emotional numbing

Obsessive Compulsive Disorder & Tourettes
- Obsessions and/or compulsions with functional impairment
- Tourettes Syndrome with complex motor and vocal tics, particularly with co-morbidity with OCD and rage

Deliberate Self Harm
- If accompanied by significant suicidal ideation
- If presenting with a pattern of emotional disregulation, interpersonal difficulty and maladaptive coping strategies

Attachment Disorders
- If presenting with a persistent pattern of abnormal functioning in interpersonal relationships

Specialist CAMHS will also see individuals with the following presentations if there is evidence of co-morbidity with a serious mental health condition
- Drug and alcohol problems
- Conduct disorder
- Children with learning disabilities
- Obesity
- Enuresis/Encopresis
- Chronic fatigue/somatisation syndrome
Overview

The primary role of OSCA is to work intensively with children and young people experiencing a complex range of behavioural, emotional and mental health needs to prevent escalation of at risk behaviours, and to work towards recovery. The key objectives are to:

- Support children/young people in stable placements, either at home or in care
- Reduce the numbers of children requiring to be accommodated by the local authority
- Reduce the need for out of county placements

OSCA will deliver a number of therapeutic interventions ranging from high intensity DBT, family work, CBT, solution focused therapy, parenting support, engagement work etc., to the following groups of children:

Specialist CAMHS: children and young people with a clear mental health diagnosis

OSCA will offer care to children and young people who have already met specialist CAMHS criteria, (i.e. have been diagnosed with a serious mental health disorder) where:

- The child/ young person is at risk of placement breakdown and failed to engage with or disengaged from specialist CAMHS services
- Where the intensity of an intervention required to support a child in placement is greater than the resources available within specialist CAMHS, and there is a history of the child and young person failing to engage with these services

Where a mental health diagnosis is less clear

OSCA will care coordinate complex cases that meets at least one of the following criteria:

- The child/ young person is looked after, adopted or under a child protection plan
- The young person is significantly involved in the criminal justice system/ or has major substance misuse issues
- The young person is statemented, and educated within specialist educational provision

And where:

- Significant emotional, behavioural, or mental health concerns that have been identified through the CAF, YOT Asset assessment, school statement, or DOH Framework for Assessment

And where a minimum of two of the following criteria apply:

- The child or young person is at risk of placement breakdown (either home or a care placement)
- The child and young person’s needs cannot be met by the range of professionals currently involved with the case
- A standard primary mental health intervention is CLEARLY not sufficient to meet the child’s needs
- A range of other primary mental health interventions have already been tried and have proved unsuccessful/ or there is a history of failure to engage

Inappropriate referrals

Referrals for the following presentations are not usually appropriate for OSCA where there is a primary diagnosis of:

- Significant learning disabilities and an absence of mental illness
- Primary social/housing needs
- Uncontainable risks/risk management in the community

Consultation and support to frontline professionals

OSCA will provide named workers to support the following agencies:

- Looked after children’s services
- Youth offending and substance misuse services
- Special schools for children with emotional difficulties

OSCA will provide support, advice and consultation to frontline children services to ensure that children and young people are:

- Appropriately supported at the right level of care
- Ensure timely access into additional services when required

How to access OSCA

Direct through consultation (LAC and other specialist teams)

- Specialist teams including looked after teams, YOT and substance misuse will be able to access services delivered by OSCA directly through consultation

TaMHS and Primary Mental Health Worker Service access to OSCA

- Referrals through the Comprehensive CAMHS Referral form and via the single referral point
- Expectation that all cases have had a prior assessment, either a CAF, Asset, Substance Misuse, Initial or Core Assessment, or Looked after Children’s Plan

Specialist CAMHS access to OSCA

- Cases will be negotiated directly between team managers/clinical team leaders. Specialist CAMHS will need to provide a clear rationale for OSCA involvement
Referral criteria for: Community Learning Disability CAMHS

The team has two roles

- Providing a specialist mental health service to children and young people with a learning disability
- Providing a specialist community nursing and school nursing service around health needs associated with a more complex learning disability

Access

Access for Swindon Community Learning Disability CAMHS will require completion of a comprehensive CAMHS referral form. This may then be co-ordinated by the Primary Mental Health Worker Service or sent directly to the Team Manager at Salt Way.

Referral Criteria

We will offer a service to children and young people with a learning disability who fulfil the following criteria

- Has an emotional or mental health difficulty
- Has an significant impairment in social functioning, behaviour and / or health that is having a negative impact on their daily living
- Has complex and enduring difficulties which mainstream services have not been able to effect sufficient positive change to bring about improved outcomes for the child or young person

Consultation and support to frontline professionals

Children with a learning disability often present mental health difficulties differently from other children. Swindon Community Learning Disability CAMHS team will therefore offer the following types of support to other agencies:

- Consultation
- Joint assessments
- Joint working
- Training

How do I refer?

Complete a Request for Service Form.
Useful References


http://guidance.nice.org.uk

http://guidance.nice.org.uk

Mental Health Foundation/Camelot Foundation (2006) the Truth about Self Harm ... for Young People and their Friends and Families.


It's like a control thing. How deep, how often, where I cut – it's all down to me. It's my body I'll decide what to do with it.

I get mad about things, it all knots up inside me and I just want to scratch myself and slash at myself.

I've always had to do what suited other people – different foster parents, children's homes, schools. Nobody ever asked me what I wanted.

Sometimes I feel like I'm going to die from all the sadness inside me. When I cut it's like my body is crying for me letting out some of the agony.

I hit myself because I'm so angry with myself for – being so stupid and pathetic, for being the sort of person bad things happen to.

If I've got a burn on my arm, it takes the focus off what I am feeling. It hurts but it lets me stop feeling the hurt inside me, which is worse.

If I've got a burn on my arm, it takes the focus off what I am feeling. It hurts but it lets me stop feeling the hurt inside me, which is worse.

The badness I feel becomes unbearable. I can't take it anymore so I cut. The relief is instant. It's like I've got what I deserve. The badness just drains away.

When I feel empty it's like there is nothing inside me. I'd do anything to fill that gaping hole. I used to stuff myself with food but it was never enough. But when I cut it just goes.

I've hit myself because I'm so angry with myself for – being so stupid and pathetic, for being the sort of person bad things happen to.

The badness I feel becomes unbearable. I can't take it anymore so I cut. The relief is instant. It's like I've got what I deserve. The badness just drains away.