Self-Harm Toolkit

A practice resource for education and social care professionals supporting people who have self-harmed in Enfield.

Revision: April 2024

Immediate Actions Card – PAGE 6

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Document control

Disclaimer

This toolkit has been produced by Enfield Council to provide an easily accessible resource for individuals in educational, social care, and other non-clinical settings who support individuals who have self-harmed. It is provided as guidance material and staff must also refer to any local policies relating to self-harm behaviour and the response by employees. This guidance must not be used in place of clinical assessment and advice where this is necessary.

Revision

April 2024 – Initial Release

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How to use this document

To help you find the right information quickly, this documented has been separated into colour coded sections based on urgency/risk:

- **Preface and references**
- **Information for High Risk situations or immediate assessments**
- **Information for Moderate Risk situations or detailed assessments**
- **Information for Low Risk situations or background knowledge**
- **Information relating to special considerations**
- **Case study and other resources**

Contents

Purpose

This is a resource designed to assist professionals in effectively addressing and responding to self-harming behaviours. It aims to equip professionals with the knowledge needed to navigate the complexities of self-harm by offering a framework for recognising the signs, assessing risk, and implementing appropriate interventions.

This toolkit…

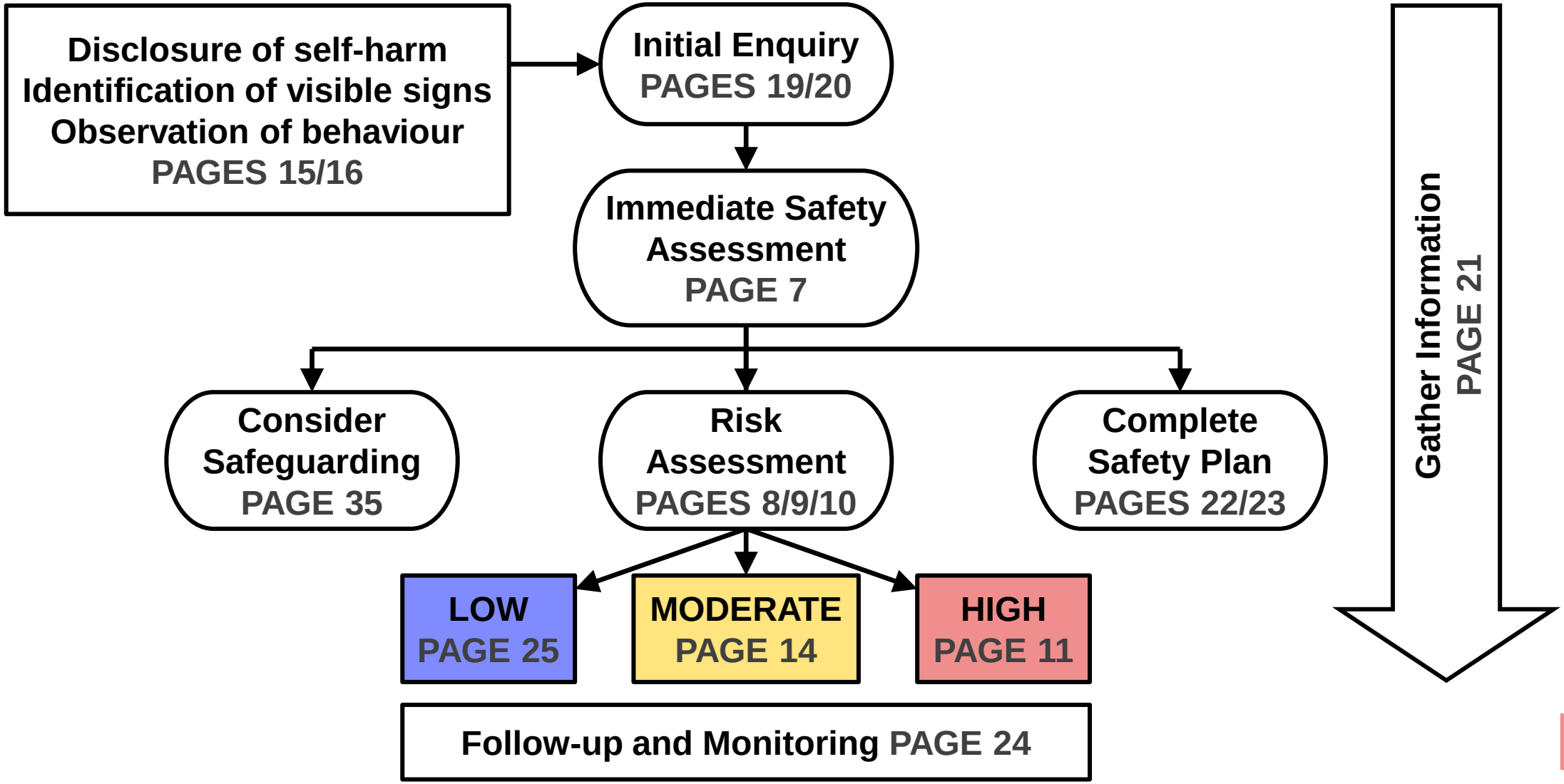
…delves into the multifaceted aspects of self-harm, exploring its underlying causes, risk factors, and potential triggers. It offers evidence-based strategies for assessment, communication and intervention.

…emphasises the importance of creating a safe and non-judgmental environment, encouraging open dialogue, and fostering a sense of trust between professionals and individuals engaging in self-harm behaviours.

…does **not** replace the need for extensive training, clinical judgment, and ongoing professional development. Self-harm is a complex and deeply personal issue, and this toolkit should be utilised in conjunction with the expertise of qualified professionals in mental health

…does **not** replace the role of emergency services in acute situations. Professionals are encouraged to follow established protocols and guidelines for immediate crisis response, ensuring the safety and well-being of individuals in distress.

Self-harm Immediate Actions Card



Immediate safety assessment

1. With consent, observe for signs of physical harm – note these may not always be obvious and may be purposefully obscured.
2. Be aware that the effects of self-poisoning may not manifest immediately – if there is any suggestion the individual has ingested a foreign substance then medical support should be sought as soon as possible.
3. Give first aid – it is important to provide first aid for the physical injury as well as emotional support.
4. Is there acute mental distress? Is there imminent threat of danger?

If it is felt that the individual's physical injuries and/or acute mental state pose a significant and immediate risk, go to the nearest emergency department as soon as possible or call an ambulance.

If you think the individual is at imminent risk of suicide, call the police.

If the individual does not require a physical health assessment and they require urgent mental health care but are able to be supported safely in the community pending this, follow the guidance on PAGE 11.

Conducting a risk assessment

Conducting thorough risk assessments is crucial when self-harm is identified. Professionals need to assess the severity, frequency, and intent of self-harming behaviours to determine the level of risk. Assessments should encompass a holistic view, considering factors such as mental health history, psychosocial stressors, access to means, and current emotional state.

Low Risk: The individual demonstrates factors indicating a lower likelihood of immediate self-harm.

Example: Service user denies any recent self-harm and discusses positive coping strategies they have used successfully. They have a strong support network and demonstrate active involvement in therapy, managing stressors effectively.

Moderate Risk: The individual exhibits some risk factors or warning signs, requiring careful monitoring and intervention.

Example: Service user reports a history of self-harm, although not in the recent past. They describe mood fluctuations and admit to occasional difficulty managing stress. A support system is present but may not always be accessible.

High Risk: The individual presents with immediate or imminent risk factors, requiring urgent intervention and a heightened level of support.

Example: Service user reports recent self-harm incidents, indicating a current crisis. They describe intense emotional distress, struggle with coping, and express a lack of available support. The risk level is high, requiring immediate intervention.

Risk indicators

LOW RISK	MODERATE RISK	HIGH RISK
No recent self-harm incidents	History of self-harm	Recent self-harm incidents
Effective coping skills	Limited coping skills	Inability to cope effectively
Strong support system	Moderate support	Limited or no support
Engagement with treatment	Identifiable stressors	Intense emotional distress
Stable mental health	Mood fluctuations	Active crisis

LOW RISK	MODERATE RISK	HIGH RISK
Monitor situation and review safety plan	**Engage healthcare professionals and ensure information sharing**	**Seek emergency care and support as soon as possible**
PAGE 24	**PAGES 13/14**	**PAGES 7 and 11**

Considerations for risk categorisation

1. **Dynamic Assessment:** Recognise that risk levels can change, and ongoing assessment is crucial.
2. **Collaboration:** Involve the individual in the assessment process, seeking their input on their current mental state and risk factors.
3. **Cultural Sensitivity:** Consider cultural factors that may influence the perception and expression of distress.
4. **Professional Judgment:** Where you feel appropriate, use your expertise and knowledge of the individual to integrate various pieces of information and make a comprehensive assessment.
5. **Documentation:** Clearly document the factors contributing to the assigned risk level and any interventions implemented.

Supporting people at High Risk

Comfort, Acknowledge, Reassure, Respond.

- If necessary, locate the individual – call the police if there is any concern about the individuals safety and they cannot be located **and/or** if there is an imminent risk of suicide.
- If necessary, administer first aid and arrange for review in the nearest emergency department – for example, for a physical injury that is more than minor, if there is any suggestion of self-poisoning, or if the individual's mental state posses an immediate risk to their safety.

Consider confidentiality and safeguarding requirements – PAGES 20 and 35.

1. Inform the designated safeguarding lead and consider the need for a referral.
2. Inform a parent/guardian/carer as appropriate **unless** you believe it places the person at further risk.
3. Contact the relevant mental health crisis team for urgent review:
    - If the person is known to services try to use their emergency contact number
    - Alternatively, call the NCL All Ages Mental Health Crisis Line (available 24/7): **0800 151 0023**
4. Consider the environment and whether those around you require support.
5. Consider longer term safety plan and ensure there is a trusted contact for the individual.
6. Document and debrief – ensure staff members are supported and supervised.

Looking after yourself and others

When presented with the situation of another person having self-harmed it is common to experience a range of emotions including shock, anger, sadness, disbelief, guilt, helplessness and rejection. In the moment it is vital to check these emotions and not express them to the person – this can only make them feel worse and risk further episodes of self-harm or a loss of trust.

However, after the event, it is equally important to acknowledge your emotions through a safe and healthy process. Do not think you need to handle this alone.

Your employer should ensure that any staff member supporting people who self-harm has access to appropriate resources to support their own wellbeing. This might include:

- Opportunities for teams to debrief following an episode of self-harm – this should include a reflection on emotions, identifying what went well in providing support, and reviewing guidance for things that didn't go as well.
- Dedicated training for staff who are expected to provide longer term support.
- Clear guidance about expectations of individual's roles and the limits of what is expected of them.
- Clear guidance and support for escalating concerns.

If emergency care is not required

1. Engage with a multidisciplinary team, including mental health professionals, general practitioners, educators, family members, and (where appropriate) social care professionals.

2. With consent, share relevant information for a comprehensive understanding across the multidisciplinary team.

3. Maintain confidentiality within ethical and legal boundaries.

4. Document assessment findings, including risk level, warning signs and protective factors, and intervention plans.

Supporting people at Moderate Risk

Comfort, Acknowledge, Reassure, Respond.

1. Ensure you have explained confidentiality and consent – PAGE 20.
2. Create/review safety plan.
3. Offer supportive strategies.
4. Encourage the individual to link with sources of support.
5. Consider the need to:
    - Inform a parent/guardian/carer – at moderate risk this should *ideally* be with consent and only if it does not place the individual at further harm.
    - Obtain medical or mental health support – you should *ideally* speak with the person's GP and/or mental health team if they are known to services.
    - Implement safeguarding if there are any safeguarding concerns.
6. Ensure there is a plan in place and a trusted contact for the individual.
7. Consider the environment and whether those around you require support.
8. Document and debrief – ensure staff members are supported and supervised.

Warning signs

These signs should be considered collectively, and any concerns about self-harm should be addressed promptly by mental health professionals or relevant support systems. Early intervention and compassionate support are essential for individuals struggling with self-harm.

Physical signs

- Look for wounds like cuts, bruises, burns, or scars, especially on areas that are often hidden. Individuals may try to conceal these injuries with clothing.
- Frequent visits to healthcare providers for injuries that are not easily explained may indicate a pattern of self-harm.

Behavioural changes

- Isolation: Individuals who self-harm may withdraw from social activities, friends, or family to hide their behaviour or due to feelings of shame.
- Changes in routine: Disruptions in daily routines, such as alterations in eating or sleeping patterns, may signal emotional distress.

Substance abuse

- Increased substance use: Individuals may resort to alcohol or drugs to cope with emotional pain, and this can contribute to self-harm risk.

Warning signs

Emotional and psychological signs

- Expressing pain or hopelessness: Verbal or written expressions of emotional pain, hopelessness, or a desire to escape may be evident in conversations, writings, or art.
- Mood swings: Sudden and extreme changes in mood, especially if accompanied by signs of distress, may indicate underlying emotional struggles.

Unexplained objects or tools

- Presence of sharp objects: Finding items like razors, knives, or other sharp objects that could be used for self-harm.
- Burning implements: The presence of matches, lighters, or other objects that could indicate burning as a self-harm method.

Monitoring online activity

- Social media posts: Individuals may share posts that allude to self-harm, depression, or feelings of worthlessness.
- Online communities: Involvement in online communities that promote self-harm or provide strategies for engaging in such behaviours.

Talking about self-harm – Building a relationship

Establish trust and rapport

Establishing trust is foundational in the therapeutic relationship. It begins with genuine and empathetic interactions, acknowledging the individual's experiences without judgment. Creating a safe and (where appropriate – PAGES 20 and 35) confidential space encourages open dialogue and collaboration in developing strategies for self-harm prevention

Use effective communication strategies

Clear and open communication is vital when addressing self-harm. Professionals should employ active listening, asking open-ended questions, and validate the individual's emotions. This facilitates a shared understanding and helps identify triggers and underlying issues contributing to self-harming behaviours

Be empathetic with a non-judgmental attitude

Empathy is a key component in connecting with individuals engaging in self-harm. Professionals should demonstrate a genuine understanding of their struggles, expressing compassion and validating their emotions. A non-judgmental attitude fosters an environment where individuals feel safe to disclose their experiences and work towards healing

Talking about self-harm – Dos and Don'ts

DO	DON'T
Listen and care. This is the most important thing you can do to support an individual.	Tell them off or punish them in any way. This will only make the person feel even worse.
Accept mixed feelings. The person might hate their self-harm but at the same time think they need to do it.	Jump in with assumptions. Different people self-harm for different reasons, let them tell you why as and when they can.
Help them find further support. You aren't expected to manage this alone.	Blame them for **your** shock or upset. These are normal feelings but expressing them can lead to guilt and further self-harm.
Show concern for the injury/injuries but don't over-react. Treat an injury the same way you would an accident.	Treat them as 'mad' or incapable. This takes away an individual's self-respect and ignores their strengths.
Voice any concerns you have. Listen to their feelings. Work together to make a plan.	Try to force them to stop self-harming or ask them to promise not to self-harm.
Recognise how hard it may be for them to talk to you. Be gentle and patient, it may take a lot of courage for them to talk to you.	Panic or over-react. This will frighten them and you. Stay calm and try to focus on what the person wants.
Help them find alternatives to self-harm.	Avoid talking about self-harm.

Conversation starters – Initial enquiry

Remember to approach the conversation with genuine concern, active listening, and a willingness to support the individual in seeking professional help if needed. If the person is in immediate danger, it's essential to involve emergency services or a mental health professional.

Use open-ended questions

"I've noticed that things seem challenging for you lately. Would you like to talk about what's been going on?"

"How have you been feeling recently? Is there anything you want to share?"

"Can you tell me more about what led you to this point?"

Express concern

"I've noticed some signs that you may be struggling. I'm here to listen and support you. Can we talk about it?"

"It seems like something is bothering you. I'm here to help. What's been going on?"

Conversation starters – Confidentiality

People who have self-harmed often are concerned that about losing control of issues they have disclosed – in particular they will be concerned about disclosures of sensitive personal information. Often this manifests as a request for confidentiality.

It is important to have a discussion at the earliest possible moment about when information may need to be shared without their consent and with whom. It should be explained in terms of:

- Your requirement to seek help and support from relevant agencies or professionals.
- Ensuring that professionals who provide medical or mental health care are kept up-to-date – this helps them to be understanding and as supportive as possible.
- Whether information needs to be shared with a parent/guardian/carer.

Starting a discussion on confidentiality

"I appreciate that you may tell me this in confidence, but it's important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what's going on, but I will always have that discussion with you before and let you know what the options are so that we can make these decisions together."

Conversation starters – Gathering information

Ask about feelings

"How do you usually cope with stress or difficult emotions?"

"What emotions were you experiencing when you self-harmed? It's okay to share your feelings with me."

"Can you describe what you were going through when you felt the need to self-harm?"

Encourage communication

"If you're comfortable, I'd like to understand more about what's happening. It's important for us to work together on finding healthier coping mechanisms."

"Is there someone else you feel comfortable talking to about your feelings and experiences?"

"Let's work together to find ways to support you during difficult times. What strategies have helped you in the past?"

Explore alternatives

"Have you ever tried other coping strategies when you're feeling overwhelmed? What has worked for you in the past?"

"Can we brainstorm together some alternative ways to manage stress or emotional pain that might be healthier for you?"

Safety plans

It can be helpful for people who self-harm, their friends and families, and the professionals supporting them to have a safety plan. This is a personalised intervention plan that describes the person's successful therapeutic approaches, support systems and coping strategies.

Always collaborate with the individual in creating a safety plan – a plan should include:

Personal Emergency Contacts

Professional Contacts: Mental health professionals they are known to and any crisis numbers

Coping Strategies: A list of healthy coping mechanisms that the person finds work for them (examples might include deep breathing, mindfulness exercises, engaging in hobbies)

Triggers and Warning Signs: Personal triggers that may lead to self-harm alongside early warning signs indicating increased risk.

Steps to Take During Crisis:

It can be helpful to use a de-escalating approach:

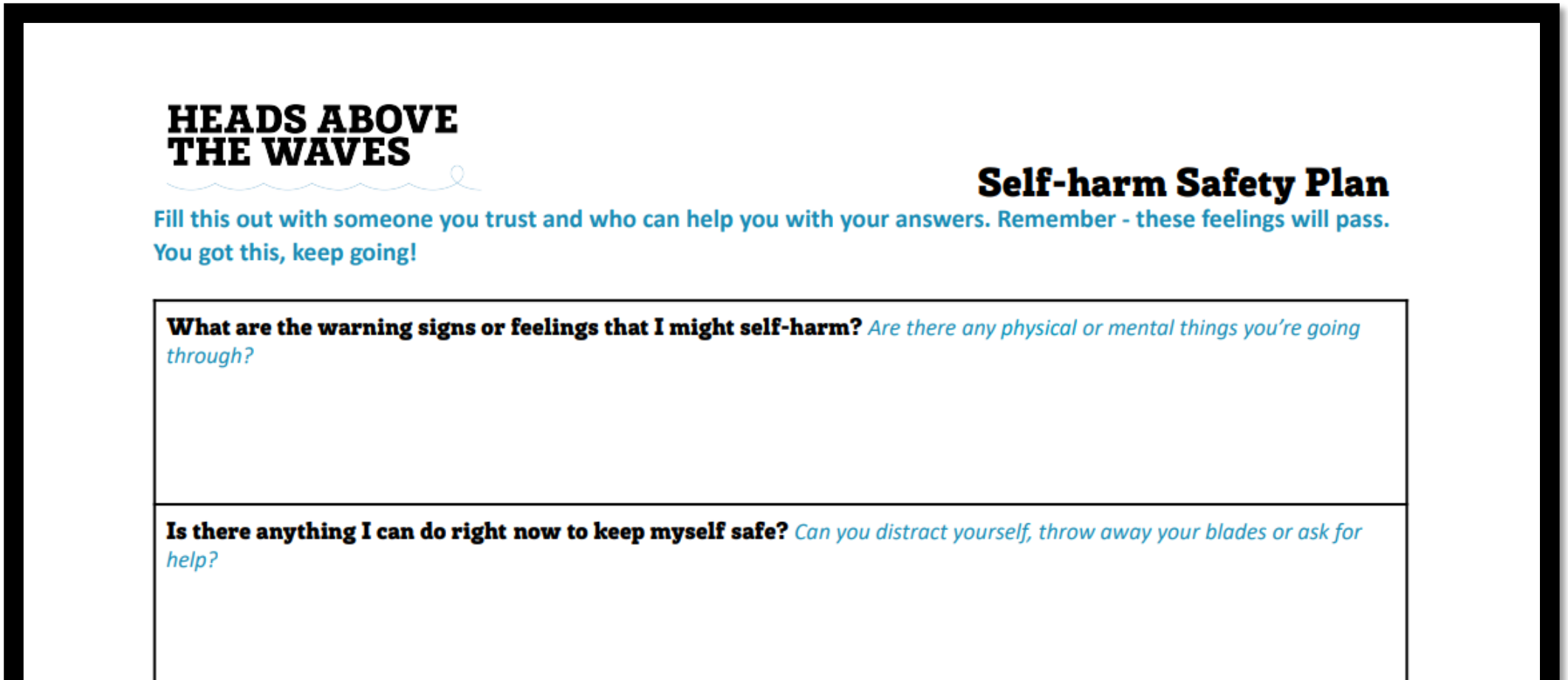
1. Immediate Action:
   Contact emergency support if necessary.
2. Reach Out For Support:
   Call a trusted friend or family member.
3. Implement Coping Strategies:
   Engage in identified coping mechanisms.
4. Delay Action:
   Agree to delay self-harm for a specific period.

Review and Update Date:

Set a date to review and update as part of follow-up and monitoring.

Safety plan template

Your organisation may already have a safety plan template – if so, then this should be used.
If you don't have access to an existing template then click on the image below to link to a free template from *Heads Above The Waves,* a not-for-profit community interest company.



HEADS ABOVE THE WAVES

Self-harm Safety Plan

Fill this out with someone you trust and who can help you with your answers. Remember - these feelings will pass. You got this, keep going!

What are the warning signs or feelings that I might self-harm? *Are there any physical or mental things you're going through?*

Is there anything I can do right now to keep myself safe? *Can you distract yourself, throw away your blades or ask for help?*

Follow-up and monitoring

Establish a follow-up schedule to monitor progress and reassess risk over time.

Seek advice and support from your line manager, safeguarding lead, or an appropriate professional (GP, mental health specialist).

Adjust intervention strategies as needed.
Ensure the Safety Plan is kept up-to-date.

Referral to specialised services:

If necessary, refer the individual to specialised mental health services for ongoing support and treatment.

Always be mindful of safeguarding and whether you need to make a mandatory disclosure.

Supporting people at Low Risk

Comfort, Acknowledge, Reassure, Respond.

1. Ensure you have explained confidentiality and consent – PAGE 20.
2. Create/review safety plan.
3. Offer supportive strategies.
4. Encourage the individual to link with sources of support.
5. Consider the need to inform a parent/guardian/carer – at low risk this should be with consent and only if it does not place the individual at further harm.
6. Discuss the plan with the individual – do you need to consider extra help?
   - Do you need to support the person with obtaining medical or mental health support?
   - Implement safeguarding if there are any safeguarding concerns.
7. Ensure there is a plan in place and a trusted contact for the individual.
8. Consider the environment and whether those around you require support.
9. Document and debrief – ensure staff members are supported and supervised.

What is self-harm?

Self-harm, also known as self-injury or self-mutilation, refers to intentional, direct, and deliberate injury inflicted upon oneself, often without suicidal intent. This behaviour is recognised as a significant mental health concern that healthcare professionals encounter across various populations

Understanding self-harm involves considering its multifaceted nature, including reasons, risk factors, protective factors, warning signs, and potential complications.

Tackling misconceptions

Contrary to common misconceptions, self-harm is not solely attention-seeking behaviour, nor is it an indication of personal failure. It often serves as a coping mechanism for emotional distress, providing a temporary release or distraction from overwhelming emotions.

The intimate relationship between self-harm and mental health cannot be overstated. Individuals struggling with self-harm often face internal struggles that extend beyond visible wounds. Understanding self-harm as a symptom of underlying mental health challenges highlights the importance of a holistic approach to intervention, incorporating psychological, social, and emotional support

How common is self-harm?

The proportion of people self-harming is increasing - this is true for both men and women and across all age groups. In 2000, 2.4% of people in the 16-74 years age group reported self-harming behaviour. This figure rose to 6.4% in 2014.

More than a quarter of 16 to 24-year-old women reported self-harm as compared to 9.7% of men in this age group. There is research to show that those who begin self-harming behaviour in their youth are more likely adopt it as a long-term coping strategy.

How common is self-harm in Enfield?

Nearly 1 in 5 Enfield residents aged 16+ (19.2% - 49,261 people) are estimated to have a common mental health disorder such as depression, panic disorders, anxiety or OCD. This is higher than the national average (16.9%).

In schools, 2.75% of school pupils in Enfield had social, emotional and mental health needs in 2020. This compares to 2.49% across the London region and 2.70% across England. Finally, the rate of emergency hospital admission for intentional self-harm is 66.5 episodes per 100,000 people in Enfield.

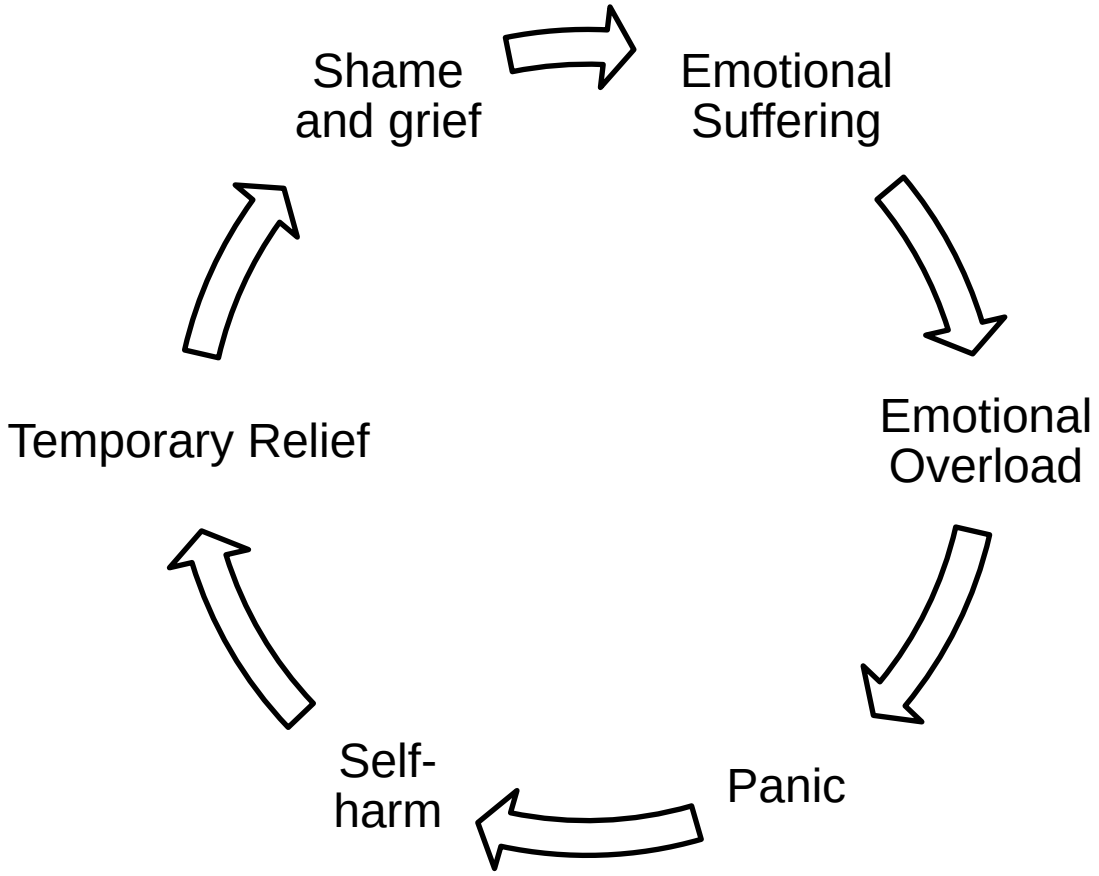
Why do people self-harm?

Emotional Regulation: Individuals may engage in self-harm as a coping mechanism to manage overwhelming emotions, such as sadness, anger, frustration, or anxiety.

Communication: Some individuals use self-harm to express emotional pain or communicate their distress when they find it challenging to verbalise their feelings

Sense of Control: Self-harm may provide a perceived sense of control over one's body and emotions in situations where the individual feels powerless.

The cycle of self-harm



What are some of the risk factors?

Existing mental ill health: Conditions such as depression, anxiety, borderline personality disorder, or eating disorders are associated with a higher risk of self-harm.

History of trauma: Individuals with a history of abuse, neglect, or other traumatic experiences may be at an increased risk.

Substance abuse: Substance abuse, including alcohol and drugs, can elevate the risk of self-harm

Impulsivity: High levels of impulsivity or difficulty in impulse control are significant risk factors.

What are some of the protective factors?

Social support: Having strong social connections and supportive relationships can act as protective factors.

Effective coping skills: Developing healthy coping mechanisms and problem-solving skills can mitigate the risk of self-harm.

Access to mental health care: Timely access to mental health resources and interventions can be protective.

Cultural and religious beliefs: Can encourage help-seeking, discourage suicidal behaviour or create a strong sense of purpose or self-esteem.

What psychosocial factors are relevant?

When conducting an assessment it is important to explore:

- The person's values, wishes and what matters to them.
- Any historic factors; changeable and current factors; future factors, including specific upcoming events or circumstance; protective or mitigating factors.
- The need for psychological interventions, social care and support, or occupation or vocational rehabilitation.
- The person's treatment preferences.
- Whether it is appropriate to involve their family or carers.

Special psychosocial considerations

Children and young people

Assessments of children and young people should pay special attention to:

- Their social environment, peer group, education and home situation.
- Any caring responsibilities they have.
- Use of social media and the internet to connect with others, and the effects of these on mental health and wellbeing (positive or negative).
- Any child protection or safeguarding issues.

Older people

- Pay attention to the potential presence of depression, cognitive impairment, physical ill health and frailty.
- Include an assessment of their social and home situation including any role they have as a carer.
- Recognise the increased potential for loneliness and isolation.
- Recognise the higher rates of suicide after an episode of self-harm for older people.

What treatments can health professionals provide?

A holistic approach to self-harm treatment involves a combination of psychotherapeutic interventions, medication where indicated, supportive care, family involvement, and educational initiatives. Tailoring interventions to the individual's needs and addressing underlying factors contributes to more effective outcomes in the management of self-harm.

Psychotherapy

Cognitive-Behavioural Therapy (CBT) is a widely used therapeutic approach for self-harm, focusing on identifying and changing negative thought patterns, enhancing problem-solving skills, and developing healthier coping mechanisms

Dialectical Behaviour Therapy (DBT): Developed specifically for individuals with self-harm tendencies. DBT integrates cognitive-behavioural techniques with mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skills.

Use of medication

In some cases, medication may be prescribed to address underlying mental health conditions contributing to self-harm behaviours. Antidepressants, mood stabilizers, or antipsychotic medications may be considered on an individual basis.

What is the relevant legal framework?

Mental Health Act 1983 (England and Wales) provides the legal framework for the detention and treatment of individuals with mental disorders. It includes provisions for the assessment and treatment of individuals who may be at risk of self-harm or harm to others.

Human Rights Act 1998 incorporates the European Convention on Human Rights into UK law. It is relevant to cases involving self-harm as it outlines individual's rights, including the right to respect for private and family life.

Children Act 1989 and 2004 outline the legal framework for the protection and welfare of children in England, Wales, and Northern Ireland. They are relevant to cases involving self-harm in children and adolescents.

Special considerations

Confidentiality

Professionals must navigate the legal framework surrounding confidentiality. While confidentiality is a fundamental principle, there are exceptions, such as when there is a risk of harm to the individual or others

Striking a balance between maintaining trust and safeguarding individuals may involve sharing information with other professionals or support networks when deemed necessary for the safety of the individual. Professionals must navigate the delicate balance between maintaining confidentiality and fulfilling their duty to protect vulnerable individuals, ensuring that appropriate authorities are informed in cases of potential harm.

Safeguarding

Professionals have a legal duty to report concerns about the welfare of children or vulnerable adults. This duty overrides confidentiality, and failure to report may result in legal consequences. Professionals must adhere to local safeguarding policies and procedures

Special considerations: Vulnerable groups

Addressing self-harm within various populations requires a nuanced understanding of specific challenges and considerations. While it is essential to recognise each individual is unique, here are some special considerations for especially vulnerable groups that one should be aware of.

People with physical disabilities

Access: Individuals with physical disabilities may face challenges in accessing self-harm prevention resources due to limited mobility. Ensuring accessibility via mobility aids and adaptive technologies

Chronic pain: People with chronic pain conditions may be more susceptible to self-harm as a way to cope. Comprehensive pain management strategies should be integrated into mental health care.

Special considerations: Vulnerable groups

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People with neurodevelopmental needs or learning disabilities

Limited communication abilities may make it challenging for some individuals to express emotional distress verbally. Alternative communication methods, such as visual aids should be explored.

Tailor interventions to accommodate diverse learning styles and preferences.

Individuals with neurodevelopmental disorders may be more susceptible to bullying and social isolation, contributing to higher risk for self-harm.

Special considerations: Vulnerable groups

Addressing self-harm within various populations requires a nuanced understanding of specific challenges and considerations. While it is essential to recognise each individual is unique, here are some special considerations for especially vulnerable groups that one should be aware of.

People from ethnic minority backgrounds

Cultural competence: Cultural competence is essential in addressing self-harm, considering the diverse cultural backgrounds of individuals. Recognising cultural nuances, beliefs, and practices enhances the therapeutic relationship. Cultural sensitivity ensures interventions are tailored to the individual's unique context, promoting inclusivity and reducing stigma.

Language accessibility: Ensure language appropriate mental health services and resources to overcome language barriers.

Special considerations: Vulnerable groups

Addressing self-harm within various populations requires a nuanced understanding of specific challenges and considerations. While it is essential to recognise each individual is unique, here are some special considerations for especially vulnerable groups that one should be aware of.

LGBTQ+ people

LGBTQ+ individuals may experience discrimination and bullying, contributing to higher rates of mental health challenges and self-harm.

Supportive environments that accept and affirm diverse gender identities and sexual orientations can be protective against self-harm.

Case study

Classmates of a fifteen-year-old schoolgirl inform her form tutor that she has cuts on her right forearm. She is a high achiever and looks to have a good circle of friends. She has never been in trouble at school before and her family is not known to social services. How do you proceed?

Immediate assessment – Is the child in danger? Does she require urgent medical attention?

She does not appear distressed. She acknowledges self-harm but denies any thoughts to self-harm at present. Her physical wounds do not require any immediate intervention. Presentation at A&E is not indicated. Appropriate follow-up at this stage would be to book an appointment to see her GP within the next week.

Next steps and organising follow-up

1. Seek advice from your line manager and/or safeguarding lead.
2. Consider the need for a MASH and/or CAMHS referral.
3. Contact the child's parents unless there is a risk to doing so.

The child is co-operative and engaging with the process. She states this was her first episode of self-harm and at no point has she felt suicidal. She regrets the episode but feels pressure due to her looming exams. She has supportive parents but has not confided in them.

Other resources

NCL All Ages Mental Health Crisis Line (available 24/7): 0800 151 0023

For children and young people

Childline

0800 1111

Kooth www.kooth.com

Kooth provides free, confidential online support including 1-to-1 therapy sessions for children and young people

Young Minds Parent Helpline

0808 802 5544

Shout

Text SHOUT to 85258 (available 24/7)

Papyrus

Call 0800 068 41 41 or Text 07860 039967

For all ages

Samaritans

116 123 (available 24/7)

Good Thinking www.good-thinking.uk

Good Thinking provides free online support for people living in London for a range of common mental health and wellbeing problems.

Mind Sanctuary and Crisis Hub

020 8906 7509

For people aged 18+ the Mind Sanctuary and Crisis Hub provides a safe alternative to ED with trained mental health professionals available to provide immediate support and crisis de-escalation.

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