NOTTINGHAM CITY SECONDARY SCHOOL SELF-HARM GUIDANCE

Our thanks go to the Trinity Catholic School, Nottingham and the Tier 3 CAMHS Self-harm team who have worked with us in developing this guidance.

Approved by the OMG on 28thApril 2015

Review date   May 2016

Developed by SHARP (Self-Harm Awareness and Resource Project)

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THE PURPOSE OF SCHOOL SELF-HARM GUIDANCE

This guidance is for use in relation to secondary school aged students and aims to ensure that there are robust, clear guidelines for all secondary school staff in managing issues related to self-harm and suicidal behaviours.

School have a duty of care towards their students, referred to in Common Law as 'loco parentis'. Therefore the same reasonable care should be taken of the student as a parent would give which includesdoing what is reasonable in the circumstances forthe purpose of safeguarding or promoting the welfare of the child(Children Act 1989 Section 3 (5)). As students spend a significant amount of their time in school, learning in a supportive and open environment is key in ensuring that students reach their potential in every area of their lives; physical,social, emotional and spiritual. Therefore it is essential that school create and maintain a culture where professionals can intervene and manage young people who present with self-harm and suicidal behaviours effectively. Measures to address issues arising due to student self-harm need to be supportive, and not inadvertently punish the behaviour or compound the issues leading to the self-harm behaviour. Teachers should take into account the needs and wishes of the student as an individual as well as considering their age, understanding andany risk of harm(NUT 2013-14).

The Truth Hurts inquiry (MHF 2010) found that schools based work seems to be one of the most promising areas where the issue can be tackled. **Many young people want someone who will listen to them about their everyday worries and troubles and felt that if they had had this support they may not have gone on to self-harm.** The inquiry also found that school strategies tended to be more successful where they were implemented in the context of a whole school approach to promote positive mental health for all school members.

SCHOOL CHECKLIST FOR EMBEDDING THE SELF-HARM GUIDANCE

The school self-harm guidance is accessible for all staff includingnon-teaching staff so that they can provide appropriate and sensitive support to students

School promotes a culture of openness where students know they will be listened to and not judged

All new and current members of staff receive regular self-harm training at least every three years

Within school there is appropriate support for staff that are impacted by self-harm incidents

Information about emotional well-being support services is widely available and visible within school for staff and students

The self-harm and attempted suicide treatment pathway (appendix 1) is consistently applied when dealing with self-harm incidents

Students are actively engaged and given a voice when talking about self-harm. This needs to include discussion about next steps that will be taken, how further support will be accessed and how and when relevant people will be informed. Confidentiality will be clearly explained to students at all times

Alongside the self-harm behaviour, school consider the students wider needs and facilitate support for these

School have a robust Individual Disaster Recovery Plan that addresses how significant events which affect the school community are effectively managed

STAFF TRAINING

It is vital that regular self-harm training is available to all members of staff in order to ensure the needs of students can be identified and met. This should enable them to recognise the signs of self-harming behaviour, be aware of the differences between self-harm and suicidal thoughts and ideation, and be clear about what actions they need to take to support the student. The Child and Adolescent Mental

Health Service (CAMHS) Self-harm Awareness and Resource Project (SHARP) currently offer training in this area and can be contacted for further information on 0115 8764000.Bite-size awareness sessions can be provided to school staff providing an understanding of self-harm, warning signs and how schools can support students and respond well. MindEd also provide an e-learning module for Universal professionals 'Self-harm and risky behaviour' which can be accessed via:https://www.minded.org.uk/course/view.php?id=89

WHAT IS SELF-HARM?

Self-harm is defined as:

"Self-poisoning or injury, irrespective of the apparent purpose of the act"(NICE 2011).

If a student self-harms, they do not automatically have a diagnosable mental health disorder as self-harm is not recognised as a discrete category under the Diagnostic Statistical Manual V (2013). In some cases there may be underlying mental health issues alongside self-harming behaviour, for example low mood or anxiety, and it can occur co-morbidly with other mental health disorders which are usually but not always diagnosed in later life.

Self-harm behaviour takes manyforms. It serves a variety of purposes and often helps people cope with emotions or situations that they are finding difficult.

Self-harm may help a person by:

- Providing relief from being emotionally overwhelmed and distressed

- Reducing tension

- Distractionfrom current difficulties

- Escaping from the situation

- Feeling something

- Feeling in control

- Punishing themselves

- So that they can take care of themselves afterwards

Self-harm can sometimes be thought of negatively as "attention-seeking behaviour". **However, ifthe best a student can do is deal with their experiences by hurting themselves, whether or not this is visible, it suggests that they need positive and affirming attention as well as support for the underlying issues.**Self-harm needs to be respected as the best way of coping that the student knows

about at the current time soit is vital that students are not given punitive sanctions in relation to self-harm but are provided with support. However, it is not a healthy way of coping and therefore messages may be given to students to prevent others frombeing encouraged to engage in this behaviour. Self-harm can occur when young people are going through difficult experiences for a variety of reasons which are often complex. Being aware of this and offering a listening ear can help a student to get the support they need. It is helpful to understand the young person as being 'distressed' and therefore to offer compassion and support to address their distress.

HOW COMMON IS IT?

There are limitations with research about the prevalence of self-harm. Some of the reasons for this include differing data collection methods, as well as young people not wanting to come forward in addition to the stigma and shame attached to mental health. However, current NHS figures show a 20% increase in 10-19 year olds presenting at hospital due to self-harm across England, Wales and Northern Ireland (BBC 2015). Research also shows that 1 in 12 children have self-harmed which equates to two to three young people in every class (Kings College 2011). The age at which most people start is 12, but some children as young as 7 have been known to self-harm.Currently an average of 24young people are assessedby CAMHS self-harm team on a monthly basis(shared with kind permission Tier 3 CAMHSSelf-Harm team).It is clear that self-harm is a common issue for young people.

THE LINK BETWEEN SELF-HARM AND SUICIDE

Self-harm behaviour is usually aimed at coping with life rather than ending it. However, there is an increased risk of suicide if someone already self-harms (NICE 2011). Therefore it is essential that each incident of self-harm and any concerns regarding suicidality are responded to appropriately and taken seriously.

Suicidality has a number of components:

Some young people may say things like, 'I wish I was not here' or 'I wish I was dead' however this does not always mean they want to take their own life.

Intent: Whether there is a desire to end life, or whether this desire is a way of feeling able to cope

Ideation: Thoughts or considerations about ending life, can be fleeting or involve detailed planning

Preparation: There is strong intent to end life and a plan of how to do it

Behaviour: Acting out a plan with intent to complete suicide e.g. Collecting pills, researched methods of lethality, gave away valuable, wrote a suicide note

Suicidal gesture/attempt: A non-fatal self-directed potentially injurious behaviour, with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury

Completed suicide: The act of intentionally taking one's own life

If you have concerns about a student and suicidality you can contact CAMHS services for support. See 'Self-harm and suicidality treatment pathway' Appendix 1.

WARNING SIGNS OF SELF-HARM

School staff may become aware of warning signs which indicate a studentis experiencing difficulties that may lead to thoughts of self-harm orsuicide. These warning signs should **always** be taken seriously and staffobserving any of these warning signs should seek further advice from oneof the designated teachers for safeguarding children.

Possible warning signs include:

• Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest
• Signs they have been pulling out their hair
• Talking or joking about self-harm or suicide
• Expressing feelings of failure, uselessness or loss of hope
• Signs of low self-esteem, such as blaming themselves for problems or thinking that they are not good enough
• Signs of depression, such as low mood, tearfulness or a lack of motivation
• Increased isolation from friends or family, becoming sociallywithdrawn and not talking to others
• Changes in clothing including keeping themselves covered even in hot weather
• Changes in eating / sleeping habits (e.g. student may appear overlytired if not sleeping well, may be secretive about eating or may rapidly lose or gain weight)
• Changes in activity and mood e.g. more aggressive or introvertedthan usual
• Lowering of academic achievement
• Abusing drugs or alcohol

The Royal College of Paediatrics and Child Health spokesperson (BBC 2015) has explained that there are links between young people experiencing a lot of pressures, becoming isolated and then finding that there is a lack of services to support them with self-harm which can perpetuate the issue.

THE INFLUENCE OF DIGITAL CULTURE AND SOCIAL MEDIA

'WWW' (the World Wide Web) is like a neighbourhoodused by most young people for a variety of purposes; research, music, social, education, knowledge, shopping and business and is an integral part

of their life. Like any neighbourhood 'WWW' has some great places to visit with lots of benefits and it is really safe, however, some sites can be negative and dangerous.

Young people use various social media platforms to build entire communities based around dangerous behaviours such as self-harm. Anyone searching words like "cut", "cutting" or "suicidal" can locate dozens of photos, sometimes including graphic language across the image. Cyberbullying and pro-self-harm sites pose a danger to the emotional well-being of young people. It is possible that internet forum discussions among people who self-harm may encourage the behaviour. They may also spread knowledge of different self-harming techniques. It is also easy to access sites which give specific details of suicide methods.In their latest annual report, ChildLine(2013) highlighted the potential negative consequences of digital integration into young people's lives. In the past year there was an 87 per cent increase in the number of children contacting ChildLine about online bullying.

Schools have a crucial role to play in raising awareness around internet safety and can make use of good resources available:

https://www.thinkuknow.co.uk/Teachers/ CEOP link for teachers to support around online safety, with a focus on sexual exploitation, but also relevant to general online safety

http://www.internetmatters.org/educate/schools/secondary.htmlE-Safety for education

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RESPONDING TO SELF-HARM IN INDIVIDUAL STUDENTS

Every school needs to have a robust and clear process in place for dealing withself-harm. The **'Self-harm and attempted suicide treatment pathway'**should be referred to alongside the below actions and considerations. It is important to remember that individuals may have spiritual or cultural beliefs that shape them and their families' views about self-harm. Enquire about these rather than making assumptions, so that these can be accounted for when supporting students.

CONSENT, COMPETENCE AND CONFIDENTIALITY

"Taking into account age and understanding, workers should always involve children and young people in discussion and decision making about their treatment and care. Similarly there should be clear explanation about what is going to happen and the choice and rationale for certain treatments. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. Younger children who fully understand what is involved and can weigh up theinformation needed to

make a decision can also give consent to their own treatment, although their parents will usually and ideally be involved. In other cases, someone with parental responsibility must give consent on the child's behalf. Information may be required from parents and carers or friends but in most cases the young person's agreement would be required before information is shared. Information would only be shared without consent when:

- They are at risk of harm from other people
- They require urgent medical treatment
- They present a risk of harm to others
- They are at risk of serious injury to themselves

Further advice and support can be obtained from individuals with a designated safeguarding and/or with reference to organisational protocols." (NCSB and NSCB March 2014 'Children and Young People who Self-harm: Interagency guidance')

The **initial person** who becomes aware of the self-harm needs to:

- Remind the student of Confidentiality as well as considering their consent and competence in relation to information sharing in the context of Safeguarding procedures

- Remain calm

- Acknowledge what the student has shared or done

- Let them knowthey are not alone and there is help available

- Students will not always know the underlying reasons that lead them to self-harm so instead of asking "why?" which can appear judgemental or interrogatory, you could say something like "are there things you are finding hard to cope with at the moment?"

- Take the student to a safe calm space and liaise with the Designated Person/Safeguarding Officer so that the 'self-harm and attempted suicide treatment pathway' can be followed. Explain and involve the student in the next steps to empower them and encourage their autonomy

- Ensure that the initial person accesses the support they may need following the support they have offered to the student

- Consider and action any safeguarding issues or disclosures that are made

The **designated person**

School need to identify who will fulfil this role and as far as practically possible ensure consistency to maintain effective support for students and staff. Examples could include the Safeguarding Officer, a mentor or a Head of Year**.**

Once the designated person has been informed of any self-harm or concerns about suicidality:

- Support the initial member of staff in establishing whether any immediate medical attention is needed, and facilitate actionning this

- Liaise with the Safeguarding Officer, parents/carers and CAMHS staff as necessary to ensure the student is fully supported

- Ensure that incidents and events are recorded

- Consider and action any safeguarding issues or disclosures that are made

Involve parents/carers by:

- Complying with Safeguarding policies and procedures and assessing the appropriateness of parental involvement

- Discussing with the student how the parent will be informed

- Informing the parents/carers and acknowledge their initial responses, which may not always be positive. They may be shocked and may not have any understanding of self-harm.

- Provide them with key messages that self-harm is usually a way of coping and that there is support available for the student

- Inform parents/carers to store medicines/chemicals securely

- Inform parents/carers to encourage their child to spend time with them and take part in positive activities

- Inform them of any additional safety measures agreed as part of the student's safety plan

SUPPORT FOR STUDENTS WHO SELF-HARM

School **can:**

- Ensure the student knows when and where they can see the **School Nurse/First Aiders** if they have future concerns (notices with relevant staff names and availability are a useful measure)

- Offer for a member of staff (significant adult) to have a **regular check-in and check-out** with the student at a frequency that will meet their needs. The purpose of these is for the student to have contact with an adult at the school, who can show that they are concerned about the student and provide containment to the student by asking a few simple questions. For example, "Hello, how are you? What are you looking forward to..?" "How have things been today?"

- Offer a **Time Out card** to the student with a **designated safe space**, where a staff member is available, for the student to go to deal with how they are feeling. The exact circumstances for use can be negotiated with the student

- Activate a **'Wellbeing card'** / daily report card for a student. This needs to be separate from reports for other school purposes such as managing disruptive behaviour, and focus on positive aspects about a student or what they have achieved. School staff can write a comment on this from their contact with the student, who can then take it home for parents to sign it before it is returned to school. In this way, students gain positive social reinforcement which may build their self-esteem

- Many schools have **counsellors or mentors** and this support can be offered to students

- Consider supportive arrangements to **promote participation in school activities** which account for the self-harm. For example, making arrangements so that appropriate clothing can be made so that wounds are not on display particularly in Physical Education lessons.

- Provide the student with **information** about support services / resources including the 'Me-Source' booklet for young people available from the SHARP team

- Consider **further support**by using a Common Assessment Framework (CAF), referring to other services for example, CAMHS,make a referral to the School CAMHS drop-in or the school SHARP clinic.

PARENTS AND CARERS

Helpful messages you can communicate to parents and carers:

It can be upsetting to find out that someone you care about is harming themselves. You may worry that it is your fault, or think that you should have noticed something is wrong, or find it hard to understand.

These are normal reactions to have and it is important to think about who can support you so that you can support your child.

What your child needs from you is:

Acceptance – they are doing the best they can right now

Keeping an open mind

Making time to listen to them and trying to understand their point of view – you may not agree with it but you can acknowledge it

Encouragement to find other more positive ways of coping with difficulties and involving them in family life

Young people can recover from self-harm and need acceptance and support to find more positive ways of coping. Not all young people will stop straight away, and a small number may never stop. However there is always help available for them.

FRIENDS

If another student has shared information that has alerted school staff a student is self-harming or there are concerns about suicidality, it may help for them to hear the following messages:

It can be upsetting to find out that someone you care about is harming themselves. You may worry that it is your fault, or think that you should have noticed something is wrong, or find it hard to understand.

You have done the right thing by letting (staff member) know as this will mean your friend can get the help they need. They might not be happy with you to start with, but this doesn't change the fact that you havedone the right thing.

Because self-harm and suicidality are complex issues, it will be best for professionals to support your friend. It's not up to you to fix things for them, however, you can carry on being a good friend to them. If you have any more worries you can talk to (staff member).

Provide friend with useful agencies and resources as well and consider whether they need further support in their own right.

STRATEGIES FOR MANAGING AND PREVENTING CONTAGION OF SELF-HARM

Contagion refers to occasions where groups of students known to each other may consciously or not, encourage others to self-harm. Competitive elements can exist with the risk that other students are encouraged to continue or escalate this behaviour. Whilst individual students need support, as self-harm is not a healthy coping strategy it is important that students do not encourage each other to behave in this way. To address concerns about actual or possible contagion, the following steps can be taken:

1. Designated person/staff leadership teams to identify the high risk students who may be involved in this behaviour

2. High risk students to be given the opportunity to share what they feel they need and are not getting so that this can be addressed

3. Designated person to explain to students that they are hurting their peers by communicating about self-harm to others. Encourage the student not to talk to peers about their self-harm but to talk with the key person, teachers, professionals and family

4. Students could be asked not to appear in school with visible wounds or scars as these visible reminders may also trigger their peers to start self-harming

5. In rare cases, students may have to be dealt with through a discipline procedure if providing self-harm tools to another student

Refer to Appendix 1 – 3 (pg 15-17) to support the student. Further support can be accessed from Tier 2 CAMHS if there are concerns around contagion.

ACTS OF SIGNIFICANT SELF-HARM RESULTING IN DEATH

Schools will need to refer to their internal Individual Disaster Recovery Plans alongside the guidance below.

Clear communication across school is paramount so that students, staff and affected families are effectively supported. It is important that families' wishes are respected and they are included in relevant decisions about responses to the death. Bear in mind that it can take many months for inquests into death to occur, and therefore the school may need to clarify that the death is being *treated as a suicide* prior to the inquest finding. Factual but limited information about what has happened could be shared as appropriate to age and stages of development including additional needs. The school need to bear in mind that contagion often occurs following a death being treated as a suicide and implement appropriate measures to manage this.
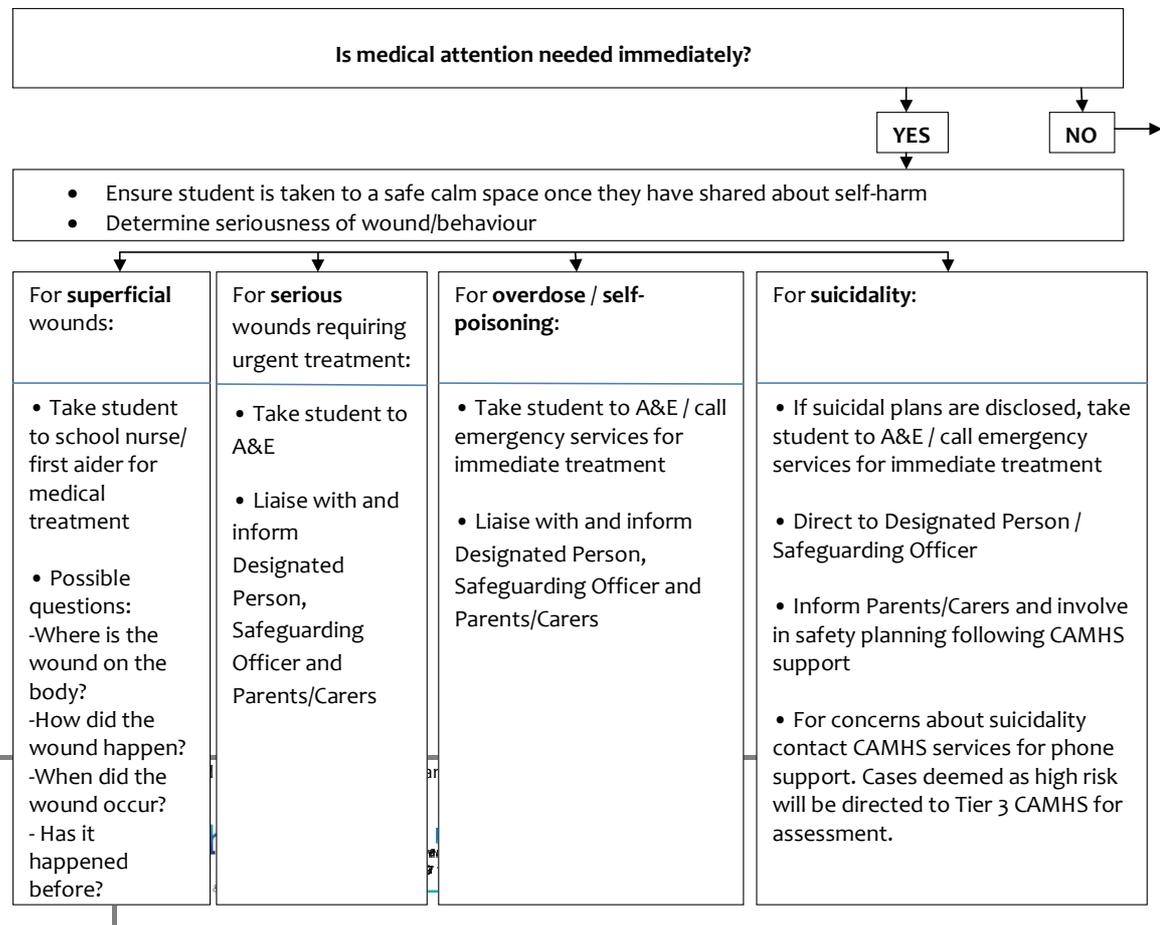
Helpful communication points

- Provide and reinforce facts rather than rumours and speculation. It is not useful to include details of the death itself, or details of any suicide notes as suicide is a complex issue. Additionally, speculating about the motives for the death can be unhelpful.

- It is important to use terms such as death / dying, rather than euphemisms which could be confusing for students.

- Provide an understanding that death is a permanent state and that different religious and cultural views shape understandings of any afterlife

- Using open questions when first responding to people's responses can enable them to explore how the death has impacted them, which is likely to be complex. Eg. When did you…? Where did that happen? What did you…? How did that feel…?

- The question Why? can be loaded and appear critical leading to defensive responses so is not always helpful. Reframing the question such as What led to you…? Can be more helpful

- Provide an exploration of normal and varying responses to death

- Provide information regarding access to support both within and outside the school community

- Missing You- Helping Children and Young People see beyond bereavement' can be referred to for guidance
  http://www.nottinghamhealthyschools.org.uk/downloads/resources/missing_you[1].pdf

Staff well-being point

Staff involved in this work are advised to clear their diaries for up to 2 days and to make sure they have a colleague/ partner they can talk to about their day as well as the manager. This work is intensive and emotionally challenging and therefore the well-being of staff is important.

Appendix 1 – Self-harm and attempted suicide treatment pathway

This is for guidance purposes and must be used in conjunction with professional judgement and decision making at each point. At all levels of risk ensure compliance with Safeguarding procedures and consider the appropriateness of parental involvement. Ensure that incidents and events are recorded.

Is medical attention needed immediately?

YES | **NO**

- Ensure student is taken to a safe calm space once they have shared about self-harm
- Determine seriousness of wound/behaviour

For **superficial** wounds:	For **serious** wounds requiring urgent treatment:	For **overdose / self-poisoning**:	For **suicidality**:
• Take student to school nurse/ first aider for medical treatment • Possible questions: -Where is the wound on the body? -How did the wound happen? -When did the wound occur? - Has it happened before?	• Take student to A&E • Liaise with and inform Designated Person, Safeguarding Officer and Parents/Carers	• Take student to A&E / call emergency services for immediate treatment • Liaise with and inform Designated Person, Safeguarding Officer and Parents/Carers	• If suicidal plans are disclosed, take student to A&E / call emergency services for immediate treatment • Direct to Designated Person / Safeguarding Officer • Inform Parents/Carers and involve in safety planning following CAMHS support • For concerns about suicidality contact CAMHS services for phone support. Cases deemed as high risk will be directed to Tier 3 CAMHS for assessment.

←

see also 'Strategies to support the student'

DOB and age:	Staff member & role:
Gender (female, male or transgender):	Date and time of incident / sharing about self-harm / suicidal concerns:
Sexual Orientation (straight, gay or bisexual):	
Ethnic Origin:	
Disabilities / additional needs:	

Action taken by school staff:

Decision and reasons about whether to contact parents or not:

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Further Recommendations:

Follow-up work done:

Appendix 3

AGENCIES and USEFUL RESOURCES

To be advertised in school for students, parents and staff

ChildLine – helpline 0800 11 11 (free, 24 hour access) www.childline.org.uk	**The Site** web:www.thesite.org Online guide to life for 16-25 year olds. Straight-talking emotional support is available 24 hours a day. Chat about any issue on our moderated discussion boards and live chat room
Get connected – helpline 0808 808 4994 www.getconnected.org.uk	**Youth Access** tel. 020 8772 9900(from 9.30 to 1, and 2 to 5.30) web: www.youthaccess.org.uk Information on youth counseling
NSPCC – helpline: adults 0800 800 5000 Children and young people 0800 11 11 www.nspcc.org.uk	**Young Minds**- parents helpline: 0800 802 5544 (Monday to Friday 9.30am-4pm on free for mobiles and landlines) www.youngminds.org.uk National charity committed to improving the mental health of all babies, children and young people. Provides information for both parents and young people
Samaritans – helpline 08457 90 90 90 (24 hour access) www.samaritans.org	**Mood Juice** http://www.moodjuice.scot.nhs.uk/ The Moodjuice website comprises detailed self-help guides on emotional health problems
Free therapy worksheets and Cognitive	**Family Lives**

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|	
Behavioural Tools www.getselfhelp.co.uk	Support to families through helpline, website, email and live chat services, befriending services, and parenting/relationship support groups www.familylives.org.uk 0808 800 2222
Kooth – free online and face-to-face counselling www.kooth.com	www.lifesigns.org.uk
PAPYRUSwww.papyrus-org.uk and HOPELineUK –0800 0684141	CAMHS SHARP Telephone consultations for professionals: Every Tuesday 9-11am or Face-to-face consultations for professionals on Fridays 10-11am. Ring on 8764000 to book.
www.harmless.org.uk	

Appendix 4

Distraction and Coping Strategies

Here are some ideas for you to try. Remember it will take time to find what works for you!

- Ice Cubes – hold onto small pieces by themselves to change your body temperature which can also change your emotional state

- 5 minute rule – give yourself a time target to delay the act of self-harm and make sure you use a distraction strategy in this time. Over time you can build up more control – promote ability to cope by length of gap between self-harm giving more time to manage distress by being creative

Alternative therapies: massage, reiki, meditation, acupuncture, aromatherapy
Bake or cook something tasty
Clean (and won't your folks/housemates be pleased!)
Craftwork: make things, draw or paint
Dance your socks off
Eat sweets or chocolate for an instant sugar rush (but be careful of the dip in your mood once it's over)
Exercise for a release of endorphins and that feel-good factor
Forward plan - concentrate onsomething in the future that you're looking forward to like seeing a friend or going on a holiday
Go for a walk (preferably further than the local pub)
Go online and look at websites that offer you advice and information
Hang out with friends and family
Have a bubble bath with lots of bath bombs fizzing around you
Have a good cry
Hug a soft toy
Invite a friend round
Join a gym or a club
Knit (it's not just for old people)
Listen to music
Moisturise
Music: singing, playing instruments, listening to (basically making as much noise as you can)
Open up to a friend or family member about how you are feeling
Pop bubble wrap
Phone a helpline or a friend
Play computer games
Play with a stress ball or make one yourself
Read a book
Rip up a phone directory (does anyone actually use them these days?)
Scream into an empty room
Shop 'til you drop

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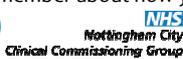
RELATIONSHIP TO OTHER POLICIES

This guidance should be read in conjunction with other relevant policies which include but are not limited to:

Safeguarding policies and procedures

Anti-bullying policies

Health and Safety

Nottingham City and Nottinghamshire Safeguarding Children Board (updated March 2014) 'Children and Young People who Self-harm: Interagency guidance'

Special Educational Needs

REFERENCES AND FURTHER READING

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ChildLine(2012) 'Saying the unsayable'NSPCC: London

Childrens Act 1989 [online] [03.09.14] http://www.legislation.gov.uk/ukpga/1989/41/contents

Childrens Act 2006 [online] [03.09.14] http://www.legislation.gov.uk/ukpga/2006/20/contents

Kings College London [online][2011] 'Study finds 1 in 12 teenagers self-harm but most stop by their twenties'http://www.kcl.ac.uk/ioppn/news/records/2011/November2011/Selfharm.aspx

Mental Health Foundation (2006) 'The truth about self-harm for young people and their friends and families': London   http://www.mentalhealth.org.uk/content/assets/PDF/publications/truth_about_self-harm_NEW_BRAND.pdf?view=Standard

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National Institute of Clinical Excellence (2011) 'The short-term physical and psychologicalmanagement and secondary prevention of self-harm in primary and secondary care'www.nice.org.uk/cg16
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Royal College of Psychiatrists (unknown) 'Self-harm policy: A model policy for use in schools / colleges' http://www.rcpsych.ac.uk/pdf/Knightsmith%20Jodi%20-%20Self-Harm%20Policy.pdf

Further reading:

HM government: Mental Health and Disability Division (2012) 'Preventing suicide in England: a cross-government outcomes strategy to save lives'. London

McDougall T., Armstrong M.&Trainor G., (2010) 'Helping children and young people who self-harm'. Routledge: Oxon

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