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Responding to issues of self-harm and thoughts of suicide in young people

Guidance for teachers, professionals, volunteers and youth services

Guidance document no: 249/2019
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Responding to issues of self-harm and thoughts of suicide in young people

Guidance for teachers, professionals, volunteers and youth services

Audience

School staff and governors, youth services workers, social workers, health professionals, and voluntary organisations involving children.

Overview

This guidance provides information for adults who work with children and young people regarding how to respond to issues of suicide and self-harm. It addresses how to ask questions of children and young people who may have suicidal feelings or be self-harming, and how to respond to disclosure of these feelings and behaviours. It provides guidance on confidentiality, safeguarding and routes of escalation.

Action required

All schools should have regard to this guidance when considering their health and well-being policies, and should ensure that it is accessible to all school staff.

Further information

Enquiries about this document should be directed to:
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Facebook/EducationWales

Additional copies

This document can be accessed from the Welsh Government's website at gov.wales/education-skills

Related documents

Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015-2020 (2015); *Talk to me 2: Suicide and Self Harm Prevention Action Plan for Wales 2015-2020* (2015); *Statutory guidance to Welsh local authorities on the provision of independent counselling services* (2013); *Collaborative working between CAMHS and the Counselling Service* (2016); *Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales* (2012)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Ministerial foreword

This guidance has been produced to support teachers, and other professionals who regularly come into contact with children and young people, in dealing with issues of suicide and self-harm as they arise. It supports early intervention and prevention and the safe management of self-harm and suicidal thoughts in young people when they present. It is not meant to supplant specialist training, rather it provides a quick and accessible source of reference to the general principles of best practice and signposts to other sources of support and advice.

Contrary to what we hear in the media, suicide is not a common occurrence among children and young people. Suicide is a rare event, the latest Office for National Statistics (ONS) data[1] shows there were 20 registered deaths in Wales in 2017 among those aged 15 to 19. ONS data for 10 to14-year-olds, also shows there are generally no such deaths or one such death in any given year. However any suicide is one too many, a tragedy that touches family, friends and the whole community. Self-harm is more common, with around one in ten adolescents reporting having self-harmed, though most young people who self-harm stop before adulthood.[2]

So while not as common as some may think, we can say that children do experience suicidal thoughts and self-harm. That sentence alone is enough to induce concern and anxiety in most adults. Concern that we may do or say something which could exacerbate the situation, and anxiety that our actions, or indeed lack of appropriate action, may lead the young person to do serious harm to themselves.

For professionals who regularly work with children, such as teachers and youth workers, the chances of encountering a child self-harming or expressing thoughts of suicide are increased purely by virtue of the number of young people they have contact with. When a child confides that they may have suicidal thoughts or are self-harming it is important to know what can be done and where to turn for advice and support.

In recent years, under the auspices of our *Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015-2020* (2015) and *Talk to me 2: Suicide and Self Harm Prevention Action Plan for Wales 2015-2020* (2015)[3], we have made great progress, working with our partners, to address the issue of suicide and self-harm. Talk to me 2 seeks to identify risk and protective factors, and engage individuals and organisations to support those who have been affected.

1 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations#suicides-by-country

2 Paul Moran, Carolyn Coffey, Helena Romaniuk, Craig Olsson, Rohan Borschmann, John B Carlin, George C Patton (2012) *The natural history of self-harm from adolescence to young adulthood: a population-based cohort study*. Lancet; 379: 236–43

3 gweddill.gov.wales/topics/health/publications/health/reports/talk2/?lang=en

In February 2019 we announced funding of £500,000 per year to support national and regional approaches to tackle the problem. This complements existing activity, such as the provision of school counselling, which is available to all young people aged 11 to 18, and learners in Year 6 of primary school. Data from the latest bulletin (2017–18)[4] shows that of the 11,365 young people who received counselling in that year, 6.1 per cent received support related to self-harm and 2.7 per cent in relation to suicide. This guidance now adds a valuable new resource to the support already available to professionals.

We would like to place on record our thanks to Professor Ann John, Dr Dave Williams and Joe Poulson, co-authors of this guidance; Professor John's team at Swansea University; members of the National Advisory Group for Suicide and Self-Harm Prevention; and other colleagues who contributed to this guidance, for their dedication, hard work and continued commitment to raise awareness and support activity in this important area.

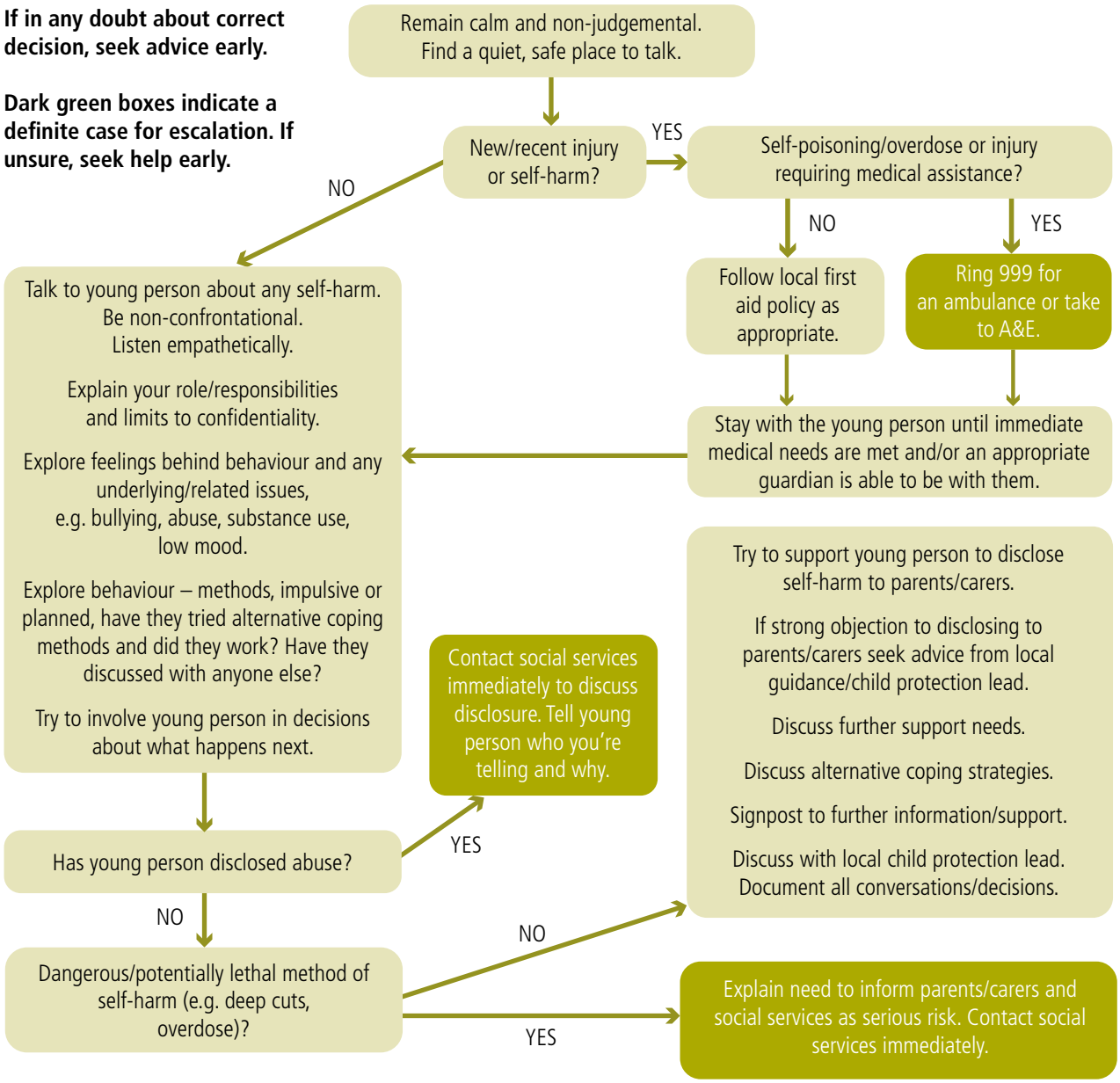
Kirsty Williams AM
Minister for Education

Vaughan Gething AM
Minister for Health and Social Services

4 statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Counselling-for-Children-and-Young-People/predominantissuesforchildrenandyoungpeoplewhoreceivedcounselling-by-predominantissues-year

Quick guide flowchart: Self-harm

This flowchart provides summary guidance on responding to disclosure of self-harm. For more detailed information about self-harm and how to respond, see pages 12–26.

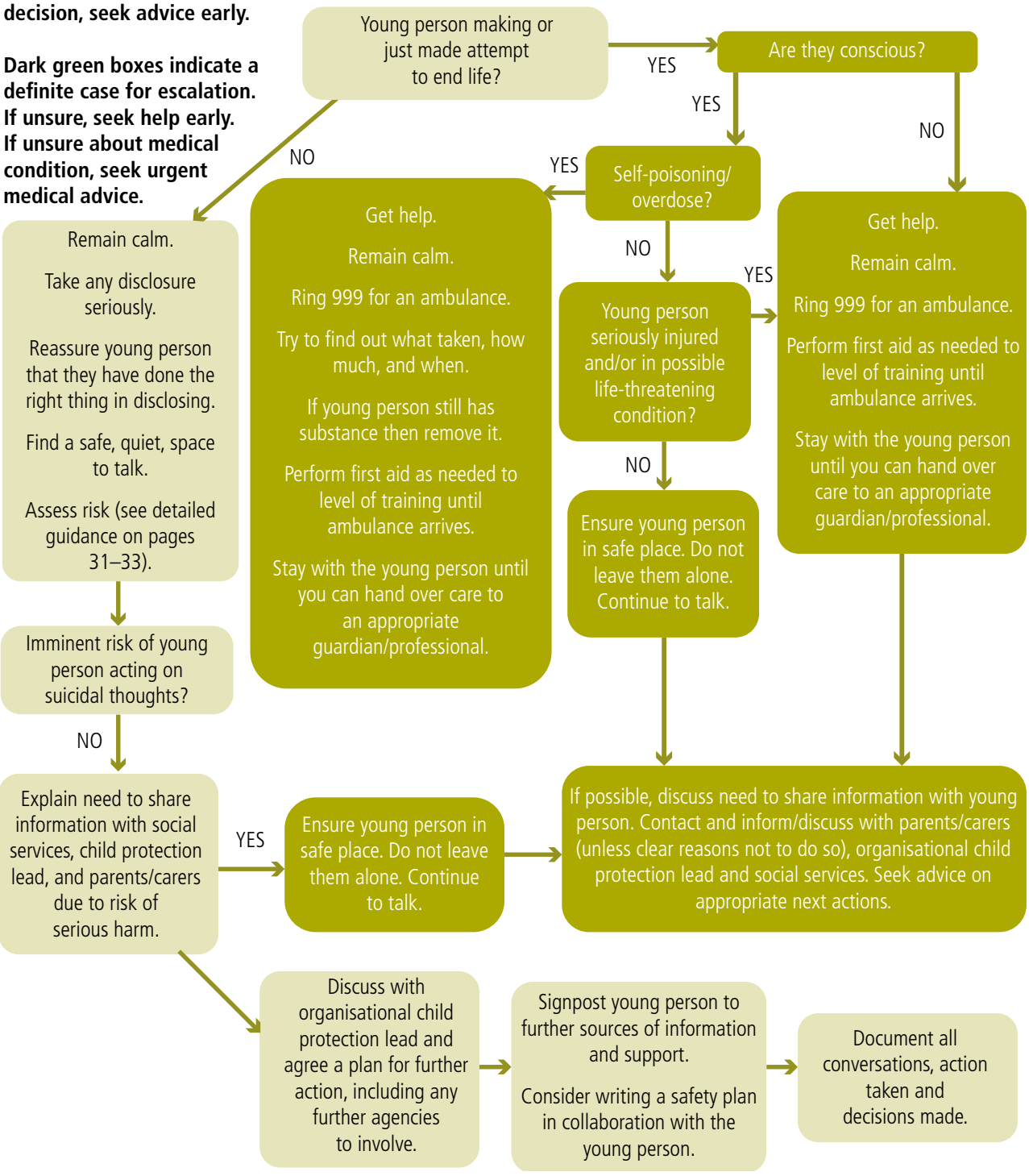


Quick guide flowchart: Suicidal thoughts/behaviour

This flowchart provides summary guidance on responding to disclosure of suicidal thoughts and behaviour. For more detailed information about suicidal thoughts/behaviour and how to respond, see page 27–33.

If in any doubt about correct decision, seek advice early.

Dark green boxes indicate a definite case for escalation. If unsure, seek help early. If unsure about medical condition, seek urgent medical advice.



Introduction

Who is this guidance for?

This guidance is intended for anybody who works with young people. It is aimed at professionals in schools. However, it will also be of use in other community settings, as well as to professionals and volunteers in a variety of sectors, e.g. teachers, emergency services, social workers, third sector workers and people working in youth services. This broad target audience includes people with a wide range of skills and experience levels; not everything in this guidance will apply in specific situations or to certain professional groups.

It is designed to support early and effective intervention in the quest to support children and young people who are self-harming and to prevent self-harm and suicide in this age group.

Aims of this guidance

This guidance aims to provide a quick and practical guide to safely managing self-harm and suicidal thoughts/behaviour in young people. Ideally, practitioners working, or likely to be working, with young people who self-harm or have suicidal thoughts should receive specific training in the management of these issues. This guidance is intended to be used as a supplement to local and organisation-specific guidance and training, rather than to supersede it. It can be used as a fast and accessible aide-memoire to the general principles of best practice. In this guidance, we explore some of the key communication and relational issues that must be closely attended to in order to be effective in helping children and young people found to be self-harming.

Attitudes and values

If a young person approaches you and talks about self-harm, it will have taken them a considerable amount of courage to do so, and they are putting a great deal of trust in you. It's important that you respond to them appropriately. While you may not be able to solve all their problems in one conversation, non-judgmental listening can pave the way to future help-seeking.

At times, it has unfortunately been the experience of some people who have sought help for self-harming behaviour and/or thoughts of suicide that some professionals, services and other avenues of assistance that they have come into contact with have treated them in a way that makes them feel embarrassed, guilty, frightened and stigmatised. Being made to feel like this could prevent a young person from engaging with services, or even from seeking help at all in the future.

When dealing with a young person who has self-harmed or has suicidal thoughts try and remember the following.

- Stay non-judgemental. Don't make the young person feel 'bad'.
- Use neutral terms like 'trying to end your life' rather than 'commit suicide', which implies an offence.
- Treat the young person with respect – don't 'talk down' to them.
- Be patient and give the young person time. Don't pressure them.
- Listen to what they have to say.
- Don't try to use authority to force them to stop any self-harm. Don't threaten or try to coerce them.
- Be aware of body language – eye rolls, folded arms, a cross look, sighs can make a young person seeking help feel like they are wasting your time.
- Be aware of any preconceptions and prejudices you may hold about self-harm and/or suicidal thoughts.
- Don't make assumptions about the young person based on any disclosure. Even if the young person has disclosed self-harm and/or suicidal thoughts before, their reasons and motivation may be different.
- Be honest with the young person about your role and the limits of confidentiality.
- Don't dismiss 'minor wounds' or non-lethal attempts to end life as unimportant. The severity of injury has no relation to the degree of distress that led to it.
- Use a safe place to discuss self-harm and suicidal thoughts – somewhere private, calm and quiet, where you are unlikely to be interrupted
- Try to make sure you have enough time for a conversation.

Information sharing and confidentiality

It is very helpful and desirable for all schools to have very well-publicised, printed, confidentiality notices on the walls, intranet, etc. with statements written in plain English for all learners to be able to read, at any time.

If a young person approaches you and talks about self-harm, they are putting a great deal of trust in you. In this situation confidentiality will be very important to them but it's important to remember that you cannot promise total confidentiality. Staff need to act in line with their institution's safeguarding policy. This means sharing the disclosure with your school's designated safeguarding lead. You may also need to seek advice from other colleagues. It is better to be open with a young person about this acknowledging that their health, safety and welfare is paramount, and that you are obliged to share information. Let them know who you are telling and what you are sharing. Otherwise they often feel their trust has been betrayed. Trust is hard to win, easily lost, and takes a much longer to rebuild.

Gain consent if possible, but you must share the information even if this is refused in line with safeguarding policies

This information is also usually shared with parents/carers too and it is good practice to discuss this with the young person and gain consent if possible – a good conversation will often encourage a young person to accept this but it is very important to address any fears they may have about this.

If letting parents/carers know poses a risk of harm to the young person, for example where abuse is suspected, a decision should be made in line with safeguarding policies and not individually by staff.

Young people should be informed of who is being told in school and what is being shared.

A recent consensus statement on information sharing has been issued on adults in England can be viewed online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/271792/Consensus_statement_on_information_sharing.pdf.

Best practice principles

If you need to share confidential information about a young person then apply the following best practice principles as far as possible.

- If your organisation has a named person responsible for child protection and/or safeguarding then seek advice where possible. Cases may be discussed anonymously for the purpose of seeking advice.
- If the information that needs to be disclosed came from the young person, try to support them to share the information themselves.
- Explain the need to share the information, the reasons it needs to be shared and the people who need to know, and try to gain consent to the disclosure. Do not do this, however, if asking for consent would seriously increase the risk to the young person, or if danger is imminent and there is no time for delay.
- If the young person does not have capacity to give consent to the disclosure then seek consent from a guardian, unless doing this would seriously increase the risk to the young person, or if danger is imminent and there is no time for delay.
- If you cannot seek consent for the above reasons, or if consent is refused, you can still share the information if doing so will prevent serious harm to the young person or to others.
- Only share information that is relevant to the concern/risk.

When parents/carers are contacted

It may be useful to invite parent/carers and the learner to a joint meeting to discuss the way forward and how best to support the young person. There are sources of advice and support that should be given to parents/carers to help their understanding and signpost them to available resources for their child and themselves.

If a parent/carer has informed the school that their child is self-harming it is important to discuss with them who it is appropriate to inform and the way forward.

Self-harm

The term 'self-harm' refers to any intentional self-poisoning or self-injury that does not result in death, regardless of motive or the degree of suicidal intent. The most common form of self-harm is cutting but it could also include burning, hitting the head or limbs against objects or walls, scratching, interfering with existing wounds, pulling out hair, breaking bones, or self-poisoning with medications or other substances.

Why do young people self-harm?

Self-harm is not a mental illness, but a behaviour. The reasons for self-harm are individual, varied, and often complex. For some young people, self-harm is a response to emotional distress; they may find the physical pain of injury a distraction that is easier to deal with than the mental pain that they are suffering, or use pain to 'wake themselves up' from feeling numb and 'unreal'. For others, self-harm can be a form of self-punishment in response to feelings of self-loathing or perceived guilt. A few young people self-harm as a way of bringing attention to emotional suffering that is difficult to express in words. We all have coping mechanisms – it is just that some of them are harmful.

Self-harm in young people is relatively common. One in ten adolescents report having self-harmed. That's three young people in every class of 30. It is more common in girls than boys. Most young people who self-harm will stop before adulthood but for around one in ten it will continue into their adult lives (Moran et al., 2012). This resolution does not mean self-harm is not important, it is. It is almost always a sign of distress and is associated with various emotional, personal or lifestyle circumstances such as symptoms of depression and anxiety, adverse childhood experiences, anti-social behaviour, high-risk alcohol use, and smoking cannabis and tobacco. A swift and appropriate response can make all the difference.

The majority of young people do not self-harm in an attempt to end their lives but sometimes it can be a suicide attempt. Research shows an association between self-harm and an increased risk of suicide but it's important to remember suicide in young people is relatively rare. There is a risk of accidental death or serious injury from many forms of self-harm.

Case study: Rhiannon's story

I started self-harming when I was about 13. It started small – I'd scratch myself with my nails, enough to make myself bleed. Later, it moved to cutting with blades I'd take out of pencil sharpeners, always in places I could keep hidden – my thighs mostly.

I'm not sure why I started at first. My mum and dad didn't get on that well, and there was always shouting going on at home. School wasn't much better – I didn't have many close friends, and I got picked on a lot. One day my best friend Lucy started hanging out with a different group of girls, who used to bully me. She started joining in – calling me names. I think that was the first time I used a blade. I went home, locked myself in the toilet and cut myself. I guess I wanted to distract myself, and the scratching wasn't enough – the pain I was feeling inside was too much, and I sort of felt out of control. Whatever the reason was, it worked. I got a sort of relief. It was strange – it almost didn't hurt. I cut a lot more from then on.

Myths about self-harm

There are many commonly held misconceptions and prejudices about self-harming behaviour, even among professionals. When managing self-harm, it can help to examine any preconceived ideas or worries you might have. Some common myths are detailed here.

Myth 1: Young people who self-harm are 'attention seeking'.

Self-harm is often a deeply private behaviour, and young people may go to great lengths to hide it. Some young people may be feeling deep shame, ambivalence or distress. If a young person approaches you and talks about self-harm, it may have taken them a considerable amount of courage to do so, and they are putting a great deal of trust in you. This is still the case if they approach you in anger or seem to self-harm to bring about a desired outcome, e.g. resolve a relationship breakdown.

Some young people do reveal self-harm as a means of seeking support, because they may find it difficult to express what they are feeling verbally. This is not 'attention-seeking' behaviour so much as a communication of a need for help. The young person may well need attention, but the right attention, in the right way, which in turn may tend to decrease subsequent motivation to self-harm. Your response is so important in setting the tone for the future – this is all about early intervention.

Myth 2: All people who self-harm are trying to end their lives.

Some self-harm behaviours may be related to suicidal thoughts and plans. However, for many people, self-harm is a coping mechanism. Rather than trying to end their lives, young people may be using self-harm to manage their distress and carry on.

There is a relationship between self-harm and suicide but while self-harm in young people is common suicide is rare. You may well have heard that suicide is the 'biggest killer' of young people. This is because young people rarely die of other causes unlike older age groups.

It's most helpful to try and understand the reasons and circumstances why a young person is self-harming, while also accepting that these motivations and factors may change. This will help you decide the appropriate action.

Myth 3: Self-harm is something that happens in certain groups, subcultures, genders or ethnicities.

Although self-harm is more likely to occur in some groups of young people, it is not exclusive to any of them. Self-harm can and does occur in all ages, abilities, sexes, genders, cultures, and ethnicities.

Myth 4: Self-harm means cutting.

Many people do use cutting as a method of self-harm, and this is probably the most visible form. Unexplained cuts, burns or bruises may be signs of self-harm in a young person. However, there are other methods.

Myth 5: People who self-harm will 'just grow out of it'.

The majority of young people who self-harm stop as they grow but some people use self-harm as a coping mechanism later in their lives too. Some may stop for periods of time and start again later. Some people find self-harm to be habit-forming and find it difficult to avoid. Whatever the case, telling someone who is self-harming that they just need to 'stop it' is never helpful, may destroy your chance to engage with them and may avoid them seeking help from another trusted person. It's really important to know that you can have a huge impact – getting appropriate help early may change the trajectories of young people's lives.

Myth 6: If you are self-harming, then you are mentally ill.

There is an association between mental illness such as depression, anxiety and trauma disorders and self-harm. However, self-harm is a behaviour, often a coping mechanism signalling distress, not a mental illness. Young people who are not mentally ill may nevertheless be using self-harm to cope with emotional distress.

Myth 7: Self-harm is very rare.

It is difficult to know the real numbers of young people who self-harm. The private nature of the behaviour and the stigma associated with it mean that it is likely that many young people who self-harm do not seek help or if they do, not from health services. One in ten adolescents report having self-harmed. That's three young people in every class of 30.

Myth 8: Asking a young person about self-harm makes them more likely to do it.

There is no evidence that a conversation with a young person where you try to understand their reasons and circumstances for self-harming makes them more likely to self-harm again or puts the idea into their head. In fact non-judgmental conversations may encourage them to seek help in the future.

Who is at risk of self-harming?

Anybody can self-harm; do not make assumptions about behaviour based on a young person's gender, age, ethnicity, sexuality or background. However, research suggests that the following factors are associated with risk of self-harm.

- Living in a residential institution, e.g. boarding schools, the armed forces, prisons.
- There is some evidence that adolescent Asian females are at a higher risk of self-harming.
- Substance misuse.
- Alcohol misuse.
- Being lesbian, gay, bisexual or transgender.
- Bullying including online bullying.
- Socio-economic deprivation.
- High pressure at home or school.
- Learning disability.*
- Social isolation.
- Self-harm in peers or friends.
- Females are about four times more likely to self-harm than males. (Males are more likely however to use more violent methods of self-harm that can carry a greater risk of serious injury or death.)
- Existing or emerging mental health problems, e.g. depression, attention deficit hyperactivity disorder (ADHD), eating disorders.
- History of physical or sexual abuse.
- Significant adverse life events, e.g. academic failure, bereavement, relationship breakup.
- Family factors, e.g. mental health difficulties in parents/carers, parental conflict, drug and alcohol problems in parents/carers, family history of self-harm.

** There is evidence that young people with learning disabilities may be at a greater risk of self-harm. However, people with severe learning disabilities and impaired communication may sometimes display what appears to be self-harming behaviour, for example hitting or biting themselves, for other reasons. If the individual cannot communicate their intention and you are unsure, seek professional advice.*

Signs that a young person may be self-harming

Self-harm is often a secret, private behaviour, and there may not be obvious warning signs. However, you may notice the following, especially if they are uncharacteristic.

- Cuts, burns, bruises or scratches that do not seem accidental.*
- Withdrawal and spending more time alone.
- Spending more time in the bathroom.
- Frequently appearing bandaged, particularly arms/wrists.*
- Low self-esteem and/or feelings of low worth.
- Substance misuse.
- Wearing long sleeves/trousers/skirts at all times, even in hot weather.
- Avoidance of activities that require changing clothes, e.g. gym, swimming.
- Frequent accidents resulting in injury.*
- Pulling out hair can result in bald patches.
- Low mood, hopelessness, lack of motivation, tearfulness.
- Anger or irritability.

** Keep in mind the possibility that injuries may not be self-inflicted; consider the possibility of abuse.*

You may be the first person to notice these signs of possible self-harming behaviour. You may worry about what to do or about having a conversation with the young person when you don't know for sure. However it's important not to ignore these signs.

If you have any concerns about self-harm in a young person let them know in private that you have noticed a change in them and be open about your concerns in a calm, caring, non-judgemental way. Some young people who have self-harmed often wonder why nobody ever asked them about bandages poking out from under long-sleeved jumpers or how they withdrew from their friends.

The internet, social media, online bullying and self-harm

Concern regarding the influence of the internet, social media and electronic communication on self-harm and suicidal behaviours has grown in recent years alongside their increased use, particularly in young people.

It is challenging for research in this area to keep pace with the changing digital landscape and usage trends, which makes the impact on emotionally vulnerable young people hard to gauge. However, in relation to self-harm and suicidal thoughts, the current view is that the internet has both positive and negative influences. For example while images of self-harm may maintain periods of unhelpful thoughts, isolated young people can also find supportive contacts.

Systematic research reviews (Marchant et al., 2017) have identified significant potential for harm from online activity in relation to suicidal behaviours (normalisation, triggering, competition, online bullying) but also the potential to exploit its benefits (crisis support, reduction of social isolation, delivery of therapy, outreach to isolated groups).

Victims of online bullying are more than twice as likely to self-harm and enact suicidal behaviours (John et al., 2018). Perpetrators of online bullying are also more likely to experience suicidal thoughts and behaviours, although to a lesser extent. In fact there is a link between engaging in online bullying and being a victim of it with at least one in twenty young people involved in both. This is where restorative practices become important and recognising these are all vulnerable children rather than either victims or perpetrators. Outside school exclusion may exacerbate vulnerabilities.

Prevention of online bullying should be included in whole-school approach anti-bullying policies, alongside broader concepts such as digital citizenship, online peer support for victims, how an electronic bystander might appropriately intervene, and more specific interventions such as how to contact mobile phone companies and internet service providers to block, educate, or identify users.

Young people increasingly use social media to express distress which is an opportunity to help. It is always worth asking about internet and social media use, digital life, and experiences when talking to a young person who has self-harmed.

When engaging with young people, it is important to maintain a balanced view about the internet and social media, to be aware of positive sources of information and support, to encourage online safety generally, as well as to support parents/carers to build their own understanding of cyber use.

What you can do

Step-by-step guidance on managing self-harm in young people is given below. Keep the following general principles in mind.

- Discovering that a young person that you are working with is self-harming may affect you emotionally. It is important to recognise this, and while maintaining your own emotional well-being is important (see page 34), do not to let your own feelings compromise your response. Try to present yourself as calm and in control.
- Respect your limits – both of your ability to deal most appropriately with a situation and of your level of responsibility. If you are in any doubt about what to do, seek help and talk to the most appropriate person – this could be a superior, a named child protection officer or social services.
- If your organisation has a named individual responsible for child protection, then you should discuss the situation with them. You may also have local self-harm and/or suicidal behaviour guidelines within your workplace or organisation which you should follow if available.
- Try not to make any assumptions about the young person or their behaviour. Remain calm and non-judgemental, and listen empathetically.
- Self-harm is often a very private behaviour and it may be very difficult for the young person to talk about.
- If the young person has not approached you, but you suspect that they are self-harming, then talk to them about your concerns in a safe, appropriate, and private setting. Give them a chance to open up, and be patient. Give them time to talk.
- If they have approached you themselves about self-harm, it will have taken great courage to reach out to you. This may be the first time they have told anybody about their self-harm, and so your response will affect their willingness to seek any further help.
- Remember that the apparent seriousness of any self-harm injury does not reflect the degree of emotional pain leading to it. Some groups of professionals working with young people may have experience in dealing with very serious injuries. However, even if a wound seems minor, comments like 'it's not that bad' or 'it's only a scratch' may be perceived as dismissive and make the young person unwilling to engage further.
- Be honest from the beginning about the limits of confidentiality (see page 10).
- Don't tell them that they must stop self-harming or make threats.
- Don't make any promises you can't keep, but be willing to talk.
- Ask them what they want to do, and try to plan the next steps together.

All self-harm in young people is concerning. It is good practice to try and understand the circumstances, motives and reasons for the young person's self-harm in order to decide the best way forward. These factors will be different for each young person and there are no tick boxes. If in doubt seek help and advice from appropriate colleagues and mental health professionals.

Higher levels of concern

Some things, as noted below, may indicate higher levels of concern.

- Having suicidal thoughts or feelings such as 'I want to die', 'I don't want to be here anymore', 'I don't care if I live or die'. It is ok to ask directly about suicide. This does not put the idea into people's heads.
- Previous episodes of self-harm – always ask about this in a sensitive non-judgmental way.
- Low mood or any change in mood.
- Hopelessness such as not seeing a way forward or a future for themselves.
- Changes in behaviour such as withdrawing or becoming disruptive.
- Self-loathing or low self-worth such as saying they are useless or everybody hates them.
- Lack of family support – it is always worth asking about who is at home.
- Previous abuse or exploitation (always follow safeguarding policies).
- Bullying including online bullying.
- Issues around gender or sexual identity.
- Alcohol or substance abuse.
- Self-harm or suicide in close family or friends.
- Bereavement.

Listen to your 'gut' feelings, if in doubt speak to someone about your concerns – this can escalate from your safeguarding/well-being lead to Child and Adolescent Mental Health Services (CAMHS). CAMHS vary locally and it is useful to know local practices. The young person's GP may also be a source of support and gateway to other services. Let the young person know you are doing this and that it is because you are concerned for them.

What you can do

- Work with the learner to find ways they can be supported in school.
- Explore with them the reasons and motives for their self-harm and the emotions they were experiencing before they self-harmed, e.g. anger, sadness, unreal.
- Explore their vulnerabilities.
- Discuss any triggers for their self-harm and whether they can be avoided or minimised.
- Explore any alternative coping strategies that they may have tried in the past and whether these helped.
- Find out if anybody else is aware of the young person's self-harm.
- If the young person has disclosed that the self-harm is the result of abuse, then follow safeguarding procedures and contact your safeguarding lead immediately. They will be able to advise you of the next steps you should take.
- If parents/carers are not aware of the self-harm, then try to encourage and support the young person to disclose this to them.
- Arrange a meeting with parents/carers and the young person once they have been informed. Explain who else you will need to tell and what you will share with them.
- Explore/discuss any other support that you or the young person feel may be helpful, and signpost them to sources of information and help.
- Consider discussing possible distraction techniques and alternatives to self-harm.
- This is a lot to cover in one conversation so ongoing support, contact and conversations will be required. This may be with you or the young person's care may be handed over to another person, such as a counsellor or school mental health worker. It is important to discuss this with the young person.
- Make sure you look after your own well-being.
- Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Step-by-step guidance for managing self-harm in young people

Immediate assistance – current injury

If you know or suspect that a young person has self-harmed and has a new or untreated injury, and/or you know or suspect that a young person has self-poisoned/taken an overdose the following steps will help you deal with the situation.

1. Stay calm.
2. Take the young person somewhere safe and quiet, with privacy.
3. If you suspect self-harm but the young person has not disclosed it, then explain your concerns to them.
4. Explain that it is important that you know about any injuries or overdose so that you can make sure they are safe. Be calm, non-confrontational, non-judgemental, and patient. Try to avoid making the young person feel ashamed, attacked or 'in trouble'.
5. If the young person has self-poisoned/taken an overdose, then ring 999 or take them to the nearest A&E department. There is no 'safe' level of overdose. Do not panic. Calmly explain that you need to seek medical help. Try to find out exactly what has been taken, how much of it, and when.
6. If the young person has an injury, then assess it if competent to do so. If in doubt, seek help.
7. If the injury is minor, then follow local first aid policy for minor wounds. Avoid seeming dismissive – the severity of the injury has no relation to the degree of emotional pain that led to it.
8. If the young person has a serious or life-threatening injury, then ring 999 or take them to the nearest A&E department. Do not panic, but calmly explain that you need to seek medical help.
9. If the young person needs to attend hospital for medical assistance, then stay with them. Keep talking to them and actively listening.
10. If the young person discloses that self-harm is the result of abuse, then contact social services immediately. They will be able to advise you of the next steps you should take.
11. Contact the young person's parents/carers (unless the young person has disclosed that they are the source of any abuse) at the appropriate stage, in line with your local first aid procedures.

12. Make sure that the young person is safe until an appropriate person (usually a parent/carer but note point 11 above) is with them.
13. Plan your next actions with the person responsible for child protection in your organisation, in line with your local child protection policy. As a minimum, meet with the young person when they return to your setting and explore/discuss any support needs. Try to involve the young person in any decisions, and signpost them towards sources of information and help (see Appendix A).
14. Make sure you look after your own well-being (see page 34). You may find formal/informal debriefing or supervision with a colleague to be helpful.
15. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.
16. Think about the young person's peer group. They may need support too.

Step-by-step guidance for managing self-harm in young people

Immediate assistance – no current injury

If you know or suspect that a young person is actively self-harming, but there is no current injury requiring medical attention and no self-poisoning/overdose the following will help you deal with the situation.

1. Stay calm. Take the young person somewhere safe and quiet, with privacy.
2. If you suspect that the young person is self-harming but they have not disclosed it, then explain your concerns to them. Explain that it is important that they let you or another appropriate person know about any injuries or overdose so that you can make sure they are safe.
3. Be calm, non-confrontational, non-judgemental, and patient. Try to avoid making the young person feel ashamed, attacked, or 'in trouble'.
4. Try to find out the motives behind the self-harm. Most people who self-harm are not trying to die. If the young person does disclose that they are suicidal, then refer to the guidance on pages 29–33.
5. Find out what methods the young person uses to self-harm, and if it was impulsive or planned. Discuss any triggers for self-harm, and whether they can be avoided or minimised.
6. Explore the young person's vulnerability – some possible risk factors are mentioned on pages 15–16.
7. Explore any alternative coping strategies that they may have tried, and whether these have been helpful.
8. Find out if anybody else is aware of the young person's self-harm.
9. If the young person has disclosed that the self-harm is the result of abuse, then contact social services immediately. They will be able to advise you of the next steps you should take.
10. If parents/carers are not aware of the self-harm, then try to encourage and support them to disclose this to them (if appropriate – see point 13).
11. If your organisation has a person who is responsible for child protection, then they should be involved. Make sure that you tell the young person this, and explain that you need to do so to make sure that you are helping in the best way.

12. If more dangerous methods of self-harm (e.g. deep cutting, overdose) mean that there is an ongoing risk of serious harm, then you must inform parents/carers if appropriate (see point 13), and relevant professionals. Explain to the young person that you are obligated to share information to prevent serious harm, and let them know who you are telling and what you are sharing. Gain consent if possible, but you must share the information even if this is refused. For further guidance on who to share information with, consult local child protection guidelines, the person responsible for child protection in your organisation and/or social services. General guidance on information sharing and confidentiality is found on page 10.
13. If you do not feel that there is an ongoing risk of serious harm, and the young person strongly disagrees with informing their parents/carers, then follow local guidance on competence to refuse consent and confidentiality. Seek further advice from the person responsible for child protection in your organisation and from social services.
14. Explore/discuss any other support that you or the young person feel may be helpful, and signpost them to sources of information and help (see Appendix A). Consider discussing possible distraction techniques and alternatives to self-harm.
15. Make sure you look after your own well-being. You may find formal/informal debriefing or supervision with a colleague to be helpful (see page 34).
16. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Alternative strategies to self-harm

Some young people find that they can distract themselves from or delay an urge to engage in self-harm using other coping methods and distraction techniques. Some suggestions are detailed here, and there are links to more resources on possible coping strategies in Appendix A. The ideas below are suggestions from young people who have used them to help avoid self-harm and based on research. Any method might not work for a given individual and may take time to work. Try discussing some ideas and encourage the young person to find an alternative that suits them.

Distraction activities

- Going for a walk or other forms of exercise.
- Listening to music or making a play list.
- Reading.
- Wordsearches or crosswords.
- Self-soothing activities such as having a bath or making slime.

Building support networks

- Helping the young person identify people who they can talk to and knowing how to get in touch with them – this can be friends, family, a teacher.
- Having a crisis line the young person feels comfortable contacting – this can form part of a written safety plan (see Appendix B) which includes those to contact in times of crisis.

Coping mechanisms and alternatives

- Squeezing an ice cube in their hand or running it along the arm until it melts.
- Hitting a soft object.
- Breathing exercises, e.g. breathe in for a count of four then breathe out for a count of four being aware of stomach moving out as breathe in.
- Counting, e.g. count 10 songs/singers/films/animals.
- Stress ball.
- Writing a letter to the person they are angry with expressing their feelings (but don't send it).
- Keeping a diary.

It's important to encourage the young person to remove razors, medication and other means of self-harm from their room.

Suicide and suicidal behaviour

The term 'suicide' refers to death resulting from a self-inflicted act which had the intention to end life. Suicidal behaviour is self-harming behaviour which has the intended end effect of death. Suicide and suicidal behaviour can involve actions seen in other forms of self-harm such as cutting and self-poisoning. The only difference is in the motive behind the action. As our motives are not always clear even to ourselves, it can be very difficult for an outside observer to distinguish between self-harm intended as a coping strategy, and behaviour intended to result in death. To complicate things further, self-harm without suicidal intent is still associated with a higher risk of suicide at a later time.

Warning signs that a young person may be suicidal

It can be extremely difficult to tell if a person is suicidal unless they disclose it. Disclosure is the single most important warning sign for suicidal intent. If a young person tells you that they are suicidal, always take it seriously. You may or may not also notice the following.

- Giving things away, including things that they were reluctant to part with in the past.
- Voicing morbid thoughts.
- A fixation with death.
- Hopelessness.
- A lack of planning or concern for the future.
- Hints that they will soon be gone, e.g. 'I won't cause you trouble for much longer'.
- Disclosure of suicidal thoughts/intention/plans.
- Evidence of planning, e.g. collecting medication, buying rope, writing letters or notes.
- Low mood.
- Changes to sleep/appetite.
- Increased alcohol or substance use.

Case study: David's story

I'd been in a pretty bad place for a while. I just felt sort of empty all the time. I don't know if I remember feeling sad exactly, but I did get angry a lot. I had a lot of arguments with my parents, and I lost a few friends as well.

I was smoking a lot of weed at the time – I suppose that was a way of trying to cope. But I wasn't coping. I wasn't sleeping much, even though I felt tired all the time. I was hardly eating. I couldn't see the point in anything.

I sometimes used to burn my arm after smoking, to see if I could still feel anything I think. People noticed that, but I think they just thought I was being emo – looking for attention you know? But it was when I stopped turning up for school that anyone really took notice. I had a huge row about my 'attitude', and that was when I think I decided to finish it.

I'd worked out how I was going to do it. Part of me didn't want to exactly, but it was the only way I could think of to escape the mess I thought my life was. I did tell someone at one point, but they told me to stop being 'dramatic' – that emo reputation again.

I was almost ready. I was giving some things away – to people I thought would have a use for them – the people who were still friends. I think one of them might have guessed what was happening. She got me to talk to someone, and I'm glad now I did. I might not be here otherwise.

What you can do

Step-by-step guidance on managing suicidal thoughts and behaviour in young people is given below. Keep the following general principles in mind.

- Suicide and suicidal thoughts can be very distressing to deal with, and may affect you emotionally. It is important to recognise this, and while maintaining your own emotional well-being is important (see page 34), do not to let your own feelings compromise your response. Try to present yourself as calm and in control.
- If your organisation has a named individual responsible for child protection, then you should discuss the situation with them. You may also have local self-harm and/or suicidal behaviour guidelines within your workplace or organisation which you should follow if available.
- It is important to take any disclosure of suicidal thoughts seriously. Try not to make any assumptions about the young person or their behaviour. Remain calm and non-judgemental, and listen empathetically.
- When talking to young people about suicidal feelings, use a safe, appropriate, and private setting. Give them a chance to open up, and be patient. Give them time to talk.
- If they have approached you themselves about suicidal thoughts, it will have taken great courage to reach out to you. This may be the first time they have told anybody. Your response will affect their willingness to seek any further help.
- Be honest from the beginning about the limits of confidentiality (see page 10).
- Don't make any promises you can't keep, but be willing to talk.
- Try to involve the young person in any decisions as far as is possible while minimising risk.

Step-by-step guidance for managing suicidal thoughts and behaviour in young people

Immediate assistance – suicidal behaviour

If you know or suspect that a young person has just made or is currently making an attempt to end their life the following will help you deal with the situation.

1. Remain calm. Talk to the young person if they are conscious and try to calm them down. If they are unconscious then ring 999 immediately for an ambulance. Shout for help, and perform first aid in line with your level of training until the ambulance arrives.
2. If the young person has taken an overdose then ring 999 immediately for an ambulance. Try to find out what they have taken, when it was taken and how much. If they still have the substance on their person, then remove it.
3. If the person is seriously injured or in a life-threatening condition as a result of a suicide attempt, then ring 999 immediately for an ambulance. Get help, and perform first aid in line with your level of training until the ambulance arrives.
4. If the young person requires urgent medical assistance but refuses to be taken to hospital, then try to calmly persuade them. If you cannot persuade them, and the young person is at risk of immediate harm, then consider contacting the police for assistance.
5. If there is no immediate risk to the young person, do not leave them alone. Make sure they are in a safe place, and keep talking to them.
6. Once the young person is receiving qualified medical help, or is otherwise safe, then contact the person in your organisation with responsibility for child protection to make them aware.
7. Unless there is a clear reason not to (such as known or alleged abuse), contact the young person's parents/carers to inform them about the situation.
8. Immediately contact social services, as this is a child protection issue. They will be able to advise you about appropriate next steps.
9. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Step-by-step guidance for managing suicidal thoughts and behaviour in young people

Immediate assistance – suicidal thoughts

If a young person discloses suicidal thoughts the following will help you deal with the situation.

1. Remain calm. Take any disclosure seriously. Reassure the young person that they have done the right thing in telling you.
2. Take the young person somewhere safe and quiet, with privacy.
3. Ask questions to try to assess the risk of the young person acting on any suicidal thoughts. Do not interrogate them, but be patient and give them time to talk. Important questions to ask include the following.
   - Are they saying that they have a desire to end their life?
   - How often do they feel like this? Is it constant, frequent, occasional or rare?
   - Are they talking about wanting to end their life now?
   - Have they thought about how they intend to attempt suicide?
   - Have they made definite plans? If so, have they already started preparing (e.g. writing a note, gathering medication, etc.)? The greater the evidence of planning for a suicide attempt, the greater the risk of the young person acting on their thoughts.
   - Have they already taken an overdose or other steps to end their life? (If they disclose that they have then refer to the step-by-step guidance on page 30.)
   - Have they made any attempts in the past? Was there something that helped to keep them safe?
   - Are there any protective factors which can help to keep the young person safe? (Protective factors are very varied and specific to the individual, but could include family, friends, pets, a sense of responsibility, religious/spiritual beliefs, etc.)
   - Do they have any plans for the future? How far into the future? For example, are they thinking about a holiday planned for next year, an event in a few months (a birthday or festival, etc.) or is there no evidence that they plan to be around for future events?
   - Are they alone or is there someone protective (e.g. a parent/carer) with them?
4. The answers to these questions can help to give some idea of risk. Generally speaking, higher risk correlates with greater frequency of suicidal thoughts, greater evidence of planning and preparation for suicide, less evidence of future plans, and less access to support and protective factors.

Step-by-step guidance for managing suicidal thoughts and behaviour in young people

Imminent risk of acting on suicidal thoughts

1. Keep talking to the young person calmly. Make sure that they are in a safe place, and do not leave them alone.
2. If at any point it becomes clear that the young person has already taken an overdose or other steps to end their life, then refer to the step-by-step guidance on page 30.
3. Contact the person in your organisation with responsibility for child protection to make them aware, discuss the case, and agree a plan for further action, including agencies to involve.
4. Unless there is a clear reason not to (such as known or alleged abuse), contact the young person's parents/carers to inform them about the situation. Do not let the young person leave alone.
5. Contact social services, as this is a child protection issue.
6. Seek advice from the person in your organisation with responsibility for child protection, local policy/guidelines and social services about appropriate next steps and referral. Agencies and professionals that may be appropriate to refer to include the young person's GP (or the out of hours GP if outside working hours), A&E and CAMHS.
7. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Step-by-step guidance for managing suicidal thoughts and behaviour in young people

Non-imminent risk of acting on suicidal thoughts

1. Keep talking to the young person. Make sure that they know that you are available to talk in future if they need to.
2. Signpost the young person to sources of information, support and help (see Appendix A).
3. Discuss the importance of sharing the information with the designated person in your organisation with responsibility for child protection, and with the young person's parents/carers (unless there is a clear reason not to, such as known or alleged abuse). The information needs to be shared because there is a risk of harm to the young person.
4. If possible, try to support the young person to share information with their parents/carers themselves.
5. Contact the person in your organisation with responsibility for child protection to make them aware, discuss the case, and agree a plan for further action, including any agencies to involve.
6. Make a plan with the young person about actions to take if suicidal feelings recur or persist. It can be helpful to write this down and to give a copy to the young person to use as a 'safety plan' that they can refer to if needed. An example template for this sort of plan is found in Appendix B.
7. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Self-care and supervision

Working with a young person who is self-harming and/or having suicidal thoughts can be difficult, exhausting and distressing. It is important to look after yourself. Remember, if you don't, you will be less able to help the young people, as well as putting yourself at risk of stress and burnout.

Some kind of formal supervision can be helpful in managing the demands of working with distressed young people and their potentially upsetting circumstances. Even if formal supervision is not available in your school, informal support can still be useful. Take time to reflect on your own feelings, the actions that were taken and the outcomes, and talk through the process with a trusted colleague or line manager. This will not only assist in processing any difficult emotions, but will also help you and your organisation to continually improve practice.

Monitor your own emotional and mental well-being. Be aware of any distress, and seek help when and if you need to. Be honest with yourself about your emotions.

Other things that some people find helpful when managing stress include:

- getting regular exercise
- trying yoga, meditation, mindfulness (see the MindEd for Families session on mindfulness available online at https://mindedforfamilies.org.uk/Content/mindfulness/#/id/5a54ca222467748f64fe5c12) or other relaxation techniques
- talking to someone you trust while maintaining confidentiality and anonymity – a partner or a friend – about how you're feeling but do not share any person-identifiable details
- accessing external support such as counselling.

Frequently asked questions

Does that first conversation count?

If a young person approaches you and talks about self-harm, it will have taken them courage to do so, and they are putting their trust in you. It's important to respond to them appropriately. While you may not be able to solve all their problems in one conversation, non-judgmental calm listening can pave the way to future help-seeking.

Are they attention seeking?

Some young people do reveal self-harm as a means of seeking support, often because they find it difficult to express themselves verbally. This is not 'attention-seeking' behaviour so much as a communication of a need for help. The young person may well need attention, but the right attention, in the right way, which in turn may tend to decrease subsequent motivation to self-harm. Your response is so important in setting the tone for the future – this is all about early intervention.

Will they kill themselves?

Some self-harm behaviours may be related to suicidal thoughts and plans. However, for many people, self-harm is a coping mechanism. Rather than trying to end their lives, young people may be using self-harm to manage their distress and carry on.

There is a relationship between self-harm and suicide but while self-harm in young people is common, suicide is rare. You may well have heard that suicide is the 'biggest killer' of young people. This is because young people rarely die of other causes unlike older age groups. Check out the things which may lead to higher levels of concern on page 20.

Can I tell their parents/carers?

Confidentiality is very important to young people. It is better to be open with a young person about this acknowledging that their health, safety and welfare is paramount and that you are obliged to share information. Let them know who you are telling and what you are sharing. Otherwise they often feel their trust has been betrayed. Trust is hard to win, easily lost, and takes a much longer to rebuild. Gain consent if possible, but you must share the information even if this is refused in line with safeguarding policies.

If letting parents/carers know poses a risk of harm to the young person, for example where abuse is suspected, a decision should be made in line with safeguarding policies and not individually by staff. If appropriate do share information with parents/carers. Discuss this with the young person and gain their consent if possible.

Can I tell them to stop self-harming and set some targets for behaviour?

Don't tell them that they must stop self-harming or make threats. Try to avoid making them feel ashamed or attacked or 'in trouble'. Self-harm can be difficult to manage in schools. It's scary and there may be worries about the effects on other learners. It is worth thinking carefully before setting boundaries around these behaviours as justification for exclusion. Remember, that excluding a learner in distress may contribute further to any feelings of isolation and impacts on young people's attainment which further affects their trajectories.

If I talk to them about self-harm are they more likely to do it?

There is no evidence that a conversation with a young person where you try to understand their reasons and circumstances for self-harming makes them more likely to self-harm again or puts the idea into their head. In fact non-judgmental conversations may encourage them to seek help in the future.

Glossary

Self-harm: *Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015-2020* defines self-harm as any intentional self-poisoning or self-injury that does not result in death, regardless of motive or the degree of suicidal intent. This definition is intentionally broad, as motives for self-harm are complex and varied (see page 12), and may change in an individual over time.

Suicidal behaviour: Self-harming behaviour which has the intended end effect of death.

Suicide: An intentional, non-accidental act that results in death.

Young people: For the purpose of this guidance, young people are defined as children and adolescents aged 18 and under. It is important to note, however, that local agencies and services for young people may have differing age criteria in some cases.

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Appendix A: Additional resources, sources of support and contact details

National Advisory Group for Suicide and Self-harm Prevention

The National Advisory Group for Suicide and Self-harm Prevention brings together key stakeholders to advise the Welsh Government on key issues in relation to the reduction of suicide in Wales.

Website: www.talktometoo.wales/about-us/nag

Samaritans

A totally confidential, twenty-four hour support service for anyone experiencing emotional distress and/or suicidal thoughts.

24-hour national support line: 116 123

e-mail support: jo@samaritans.org

Welsh Language support line (variable hours): 0808 164 0123

www.samaritans.org/wales/how-we-can-help/contact-samaritan/welsh-language-phone-line

Website: www.samaritans.org

Cruse Bereavement Care

For anybody needing support after the death of a loved one.

Support line (09:00–17:30): 0808 808 1677

Website: www.cruse.org.uk

Papyrus

A service for young people who are thinking about suicide, or for anyone worried that a young person may be contemplating suicide.

Support line (10:00–22:00 weekdays/14:00–22:00 weekends): 0800 068 41 41

Text support: 07786 209697

e-mail: pat@papyrus-uk.org

Website: www.papyrus-uk.org

Childline

National helpline for anybody under the age of 19, offering advice and support on a range of issues including self-harm and suicidal thoughts.

Support line (24hr): 0800 11 11

e-mail: Available via registration on the website

Website: www.childline.org.uk

YoungMinds

Charity dedicated to improving mental health of children and young people.

Website: https://youngminds.org.uk

MIND Cymru

Welsh arm of the national mental health charity that provides information and support on mental health and related issues (including self-harm).

Information line: 0300 123 3393

e-mail: info@mind.org.uk

Website: www.mind.org.uk/about-us/mind-cymru

Children in Wales

Umbrella organisation for groups working with children in Wales that provides training courses on child protection, self-harm and safeguarding.

Website: www.childreninwales.org.uk

Meic

Confidential, anonymous helpline offering support and advocacy for people aged up to 25 living in Wales.

Support line (0800-0000): 0808 80 23456

Text support: 84001

Website: www.meiccymru.org

Charlie Waller Memorial Trust

Foundation dedicated to raising awareness of depression and suicide that provides resources for schools and parents/carers.

Resource for schools

https://docs.wixstatic.com/ugd/b5791d_b3807e6a2cd643ed8b29456602afcc01.pdf

Resource for parents and carers

https://docs.wixstatic.com/ugd/b5791d_7d13f090db464315b2f76a6f614cfffb.pdf

National Collaborating Centre for Mental Health (NCCMH)

Collaboration between Royal College of Psychiatrists and University College London who develop evidence-based guidance and reviews to support the delivery of high-quality mental health care.

Website: www.rcpsych.ac.uk/improving-care/nccmh

Anna Freud Centre

A research and policy centre focused on developing, disseminating and delivering evidence-based policy and mental health support for children and young people throughout the UK.

Website: www.annafreud.org/on-my-mind/youth-wellbeing

Royal College of Psychiatrists

The Royal College of Psychiatrists provides practical and up-to-date information about the emotional and psychiatric disorders for young people as well as teachers and parents/carers.

Website: www.rcpsych.ac.uk/mental-health/parents-and-young-people

Heads above the Waves

A not-for-profit organisation that raises awareness of depression and self-harm in young people.

Website: http://hatw.co.uk

Apps

Calm Harm

Private, password-protected app that gives tasks which help distract from thoughts of self-harm.

Website: www.stem4.org.uk/calmharm

Stay Alive

An app that provides help and support to people with suicidal thoughts, or people worried about someone else.

Website: www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

Headspace

Meditation and mindfulness app.

Website: www.headspace.com

BeyondNow

Free safety planning app.

Website: www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

Appendix B: Safety plan

My safety plan

If you've had thoughts about ending your life, this plan can help you when you're having upsetting thoughts and feelings. It works best if you write it with someone else you trust, like a teacher, your parents/carers or your doctor. Sometimes when people are in a crisis, it's hard to think clearly. With a safety plan, you've got everything written out ready so it's to hand when you need it.

1. Warning signs

These are the changes in how you feel and the way you act that you can watch out for, to know that you might be at risk of a crisis.

2. Things that I want to live for

These are all the things that are important to you. Sometimes when people are in crisis it can be hard to remember all the reasons that you have to stay alive. If you write down everything – big and small – that you care about, it can help to remind you when they're hard to remember.

3. Things I can do to make myself safer

Things that you can do or change, either now or if you think you're at risk of a crisis, to make your environment and surroundings less of a risk.

4. Things that can distract me

Activities and ideas that you can use if your distressing thoughts are hard to ignore.

5. Things I enjoy

It can help to have some ideas about places you can go, people you can see and things you can do to improve your mood.

6. People I can talk to

Family, friends and other people you trust that you can talk to if you need to get things off your chest. You could also put contact details for support lines here.

7. Services that can help me

Details of services or professionals that you've had contact with who can help you if you need them. Remember, if you don't feel that you can keep safe, you can go to your GP, to an out of hours GP or to A&E for help.