A Pilot Evaluation of Self-Harm Kits in Cheshire & Merseyside: 2021-2022

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Executive Summary

Introduction: The intentional act of self-harm is a frequent and growing problem among individuals in the UK (Fortune et al., 2008). Children are beginning to self-harm at younger ages (Griffin et al., 2018), with the rates of self-harm highest among females aged 15-19 and males aged 20-24. A history of mental disorder is a predictor of self-harming behaviour as well as suicide in young adults (Beckman et al., 2016). Furthermore, self-harm is also a risk factor for death by suicide; children and adolescents who present at hospital following an episode of self-harm are 30 times more likely to die by suicide within a year (Witt et al., 2021). In addition, some people who do not intend to die by suicide may accidentally do so, as they may not realise the seriousness of the method they chose or because they did not get help in time.

Aims: This report examined the Self-Harm Kits distributed by Cheshire & Merseyside Health Care Partnership and CHAMPS Public Health Collaborative. 450 kits were given to nine pilot sites across Cheshire and Merseyside from September 2021 to April 2022. The study aimed to establish:

1. The usefulness of the items in the kit and ways to improve the utility of the kits for both the recipient and administrator;
2. Changes in self-harming behaviours from the recipients of the kits;
3. The appropriate settings for administering the kits.

Methods: Structured mixed-methods online surveys were sent to professionals at each of the nine sites involved in the evaluation of the self-harm kits. QR codes were also added to the kits to provide recipients with a link to the survey. The surveys consisted of both closed and open-text questions. An online focus group was also conducted with professionals from each of the pilot sites, to allow for a deeper examination of the barriers and facilitators to use.

Results: Five recipients of the kits and 10 professionals responded to the survey. Most of the recipients and all of the professionals who administered the kits generally felt they were useful but would make minor adjustments. Eleven professionals attended the focus group providing feedback on the kits. There were four themes identified: 1) early intervention, 2) working through the kit together, 3) the design of the kit, and 4) staff training and understanding.

Conclusion: This report provides detailed information about the utility and feasibility of self-harm kits given out across Cheshire and Merseyside due to the risk of increasing self-harming behaviour and the public health priority to reduce national self-harming rates. However, this data was limited in the number of responses from recipients and thus should be interpreted with caution.

Recommendations: The main recommendations from this report are as follows:

1. Administer the kit to early intervention and school services and use it as a starting point for discussions and intervention.
2. Include resources on coping strategies and signpost to further services for support.
3. Design and streamline the kit to be inclusive to anyone who uses it; remove the word ‘self-harm’ from the front of the kit to avoid stigma.
4. Include additional practical resources (stress ball, dressings, bandages) and use less paper/words on the documents.
5. Educate and train staff to feel comfortable and confident in managing mental health and self-harming behaviours.
6. Collate more feedback from recipients utilising the kits.

1. Introduction

1.1 Self-Harm

Self-harm is an intentional act of self-injury or self-poisoning inflicted on oneself, regardless of suicidal intent or motivation. It can range from self-cutting to overdosing on analgesics including paracetamol (Hawton et al., 2015). Self-harm is a frequent and growing problem among young people (ages 10-24) in the UK (Fortune et al., 2008) and is uncommon in children below the age of 12. However, the age of onset for self-harm is decreasing, whereby young people are starting to hurt themselves at earlier ages (Griffin et al., 2018). Self-harm rates are highest among females aged 15-19 and males aged 20-24. These rates increased in females aged 10-14 by 22% between 2007 and 2016 (Griffin et al., 2018) and 68% among females aged 13-16 from 2011 and 2014 (Hawton et al., 2020). Furthermore, it is estimated that 8% of the adult population in England have reported self-harming behaviours at some time in their lives (House & Owens, 2020).

1.2 Emotional Disorders

It is thought that females are more prone to self-harm due to emotional disorders including depression and anxiety, whereas alcohol consumption is related to self-harming behaviours in both sexes (Hawton et al., 2015). Beckman et al. (2016) found an increased risk of mental illness and suicide in young adults after they had self-harmed, concluding that a history of a mental disorder was an indicator of self-harming behaviour. Furthermore, it was found that young girls aged 11-13 years who self-harmed had comorbid mental disorders ranging from behavioural disorders and mood disorders (Coughlan et al., 2014). In 2017, it was reported that 13% of five- to 19-year-olds had a mental disorder (NHS Digital, 2018) which were grouped into four categories, the most prevalent being emotional disorders, with higher rates in girls (10%) than boys (6%). Mental disorders have increased from 1.5% in 1999 to 11.2% in 2017 in five- to 19-year-olds, with emotional disorders increasing another 1.5% in the same time period. Young women aged 17-19 were identified as highest risk in relation to their mental health, where rates of emotional disorders and self-harm were greater than any other groups.

1.3 Increasing Rates of Self-Harm

The rising rates of self-harm are reflected in increased hospital admissions; although only a small portion of people who self-harm present to hospitals (Doyle et al., 2015; Hawton et al., 2015). However, it has been found that individuals who present at an Emergency Department on at least one occasion following an episode of self-harm are 30 times more likely to die by suicide within a year (Witt et al., 2021; House & Owens, 2020). Some other risk factors for completed suicide in the future include being male, receiving psychiatric treatment, and repeatedly self-harming in the past (Hawton et al., 2020; Townsend, 2014). Suicide is the most common cause of death globally in individuals aged 10-44 years (Morriss & Kapur, 2013) and has been the leading cause of death in young people aged 10-19 since 2010 (Hawton et al., 2020). As these rates increase it is vital that people assessed by a clinician for self-harm are taken seriously and cared for competently and compassionately. NICE (2004) guidelines for adults who present to Emergency Departments conclude they should be assessed for needs and risk by the service user and healthcare professional. Children and young people under the age of 16 who present to Emergency Departments should be triaged, assessed,

and treated by trained children's clinicians. Furthermore, children and adults should be admitted overnight and fully assessed the following day before discharge or further treatment.

The question remains, why do people self-harm? It would seem that the obvious reason would be due to the prevalent emotional disorders; however not everyone with emotional disorders will self-harm or attempt suicide (Bailey et al., 2017). It is thought that self-harm is used as a coping mechanism for stressful life events or as an 'escape' from reality. Other theories suggest some psychological reasonings for self-harm may include lowered self-esteem, hopelessness, depression, and entrapment (Townsend, 2014). Additionally, knowing another person who has self-harmed significantly increases the risk of self-harm. Self-harm may also help an individual feel in control of their situation, relieve their tension, and can be used as a punishment for feelings of guilt or shame (Lindgren et al., 2022). Conversely, they may also wish to feel more connected or alive, or they may wish to die by suicide. The research regarding the understanding of the 'why' of self-harm is limited (Townsend, 2014).

Even if the individual does not understand the reasoning behind their self-harm, the behaviour should be taken seriously, as there remain many risks if it is not treated or managed. As mentioned, prolonged self-harm increases the risk of suicidal behaviour and attempts over time (Hawton et al., 2012; Witt et al., 2021). Furthermore, some people who do not intend to die by suicide may accidentally do so. Thus, alternative strategies for coping or access to additional resources for this behaviour are urgently needed.

1.4 Current Guidelines and Treatments

The current NICE (2011) guidelines on long-term management for self-harm indicates that all individuals should be offered a risk assessment for further episodes and their clinical, social, psychosocial, and physical needs. Along with this, it is important to build a trusting and collaborative relationship where the person who self-harmed is allowed autonomy in their care. Indeed, it seems that receiving treatment for mental health disorders is difficult for young people as, in 2017 alone, over 55,000 children were refused treatment, with one in four referrals rejected by the Children and Adolescent Mental Health Services (CAMHS; "News", 2019). Young people have indicated that they do not feel listened to, resulting in them finding it difficult to talk about their self-harming behaviours and suicidal feelings (Townsend, 2014). Experiencing negative judgement from a clinician can ruin the therapeutic relationship; evidence suggests that attitudes towards self-harm among hospital staff are negative (Saunders et al., 2012). Additionally for adults, many healthcare professionals had negative attitudes toward self-harming behaviour, believing many trying to get attention and found it difficult to be compassionate towards them (Heyward-Chaplin et al., 2018). Many frontline staff do not have appropriate training on managing self-harm effectively. This education for staff is an effective suicide prevention strategy, shown to significantly reduce the rates, suggesting that staff attitudes and knowledge affect treatment outcomes (Karman et al., 2014). Staff lacking in proper training for these complex behaviours will struggle to work with the clients and may feel ill-equipped and unsupported in caring for them (Timson et al., 2012).

Although the number of individuals engaging in self-harm continues to rise, there still remains few therapeutic interventions following hospital visits (Timson et al., 2012; Townsend, 2014; Witt et al., 2021). There remain few trials for children and adolescents who engage in these behaviours (Witt et al., 2021). One systematic review by Witt et al. (2021) found a small number of low-quality studies regarding the effective type and amount of psychotherapy for self-harm. There was some evidence

for dialectical behaviour therapy, cognitive-behaviour therapy, and mentalization-based therapy; however, it was mostly targeted toward adults. Another review found that psychological interventions, including the three previously mentioned were the most effective for self-harm, however there were few comparable studies (Ougrin et al., 2015). For adults, there is little support for self-harming behaviours and the Improving Access to Psychological Therapies services are reluctant to treat this as they see it as a suicide risk (House & Owens, 2020). Some suggest that interventions developed to support people who self-harm must allow them to maintain autonomy whilst being supported and connected with others (Hetrick et al., 2020). It was suggested that new interventions should be completed in collaboration with patients to ensure their needs are met (Hawton et al., 2015). While interventions are important, many patients do not adhere to treatment and 25-50% do not attend follow-up sessions (Hawton et al., 2015). Furthermore, psychotherapy is often not available and getting access can be difficult due to long waiting lists and declined referrals. More readily available prevention strategies are required to reduce the increasing rates of self-harm.

General Practitioners (GPs) are a primary trusted source for help-seeking in people with mental illness (Michail et al., 2020). However, GPs face challenges such as time constraints, heavy workloads, and lack of integration with mental health services, which reduce the amount of support they can offer to people at risk of suicide. Additionally, they are also not always educated in working with this population group and may not be able to manage the complex needs of people at risk of suicide. There are also many national helplines for people who feel suicidal including Childline and YoungMinds for young people and Samaritans for adults. However, most of these services refer the user back to a GP, where the cycle starts again. To prevent self-harm, Hawton et al. (2012) suggest that therapies should consider individual characteristics including bullying and sexual orientation, and should promote help-seeking behaviour, self-esteem, and resilience. Conversely, prevention strategies at schools are increasing, which include screening at-risk young people, gatekeeper training, skills training, and whole-school programmes. Schools may be a starting place for these behaviours to be recognised.

There are some online suicide and self-harm toolkits available for educators and practitioners which provide knowledge and information surrounding self-harm and signpost them to important resources for receiving help. To help combat the rising levels of self-harm and suicide, the charity Every Life Matters (2021) provided ambulances in Cumbria with practical self-harm safe kits aimed at children and young people to manage their behaviour. The kits were presented to any young person who presented with self-harm. The current report is an evaluation of adapted kits given to anyone who presented with self-harming behaviours in Cheshire & Merseyside NHS services. As the kits in Cumbria were not evaluated, this is the first evaluation of the utility of the kits. This study aimed to evaluate:

1. The usefulness of the items in the kit and ways to improve the utility of the kits for both the recipient and administrator;
2. Changes in self-harming behaviours from the recipients of the kits;
3. The appropriate settings for administering the kits.

2. Methods

2.1 Design and Setting

This was a mixed-methods evaluation of the Self-Harm kits introduced by the Cheshire and Merseyside Health Care Partnership and CHAMPS Public Health Collaborative. The self-harm kits were distributed to any recipient who presented with thoughts of self-harm at nine sites within Cheshire and Merseyside between September 2021 and March 2022, with a total of 450 kits given out across nine sites. Most sites were aimed at children and young people, although some adult and all-age sites were also included. These sites and the number of kits given out can be viewed in Table 1. A full list of items included in the kit can be found in the Appendix.

Table 1. Pilot sites and number of kits given out.

Site	Number of Kits Given Out
Knowsley CAMHS & Eating Disorders Service	50
Liverpool North West Ambulance Service	50
St Helens (School Resilience Team)	50
Liverpool Pupil Referral Units x3	50
Archbishop Beck Secondary School Liverpool	50
Liverpool Adults CMHT	50
Warrington CAMHS/Crisis Team	50
Young Persons Advisory Service (YPAS) Liverpool & Knowsley	50
A&E Departments – Aintree, Royal, Southport	50

2.2 Data Collection Materials

Online surveys were utilised to collect quantitative data from professionals who administered the self-harm kits and the recipients of the kits. The quantitative survey included two parts. Part one was a survey given to all recipients who received the kits. This survey asked questions regarding the usefulness of the items in the kit on a 5-point scale (*1 = not at all useful, 2 = neutral, 3 = a little useful, 4 = very useful, 5 = I never used it*), and other questions pertaining to controlling or stopping their self-harming behaviour or recommending the kit to a friend. Part two was a survey given to all professionals who gave the kit to recipients. This asked questions regarding their opinions on the usefulness of the kits, feedback they received, and suggestions for improving the kit. Open-text responses options were also provided on both surveys, for respondents to further explain their answers.

Qualitative data were collected via a focus group which took place in April 2022. This included 11 professionals from most sites mentioned in Table 1. This was used to further discuss the self-harm kits, their usefulness for the services, and improvements for future kits.

2.3 Participants and Procedure

The quantitative survey was provided to anyone who had either received the kits or administered the kits. A QR code was placed on the front of the kits with a link to complete the survey

for the recipients, and the professionals were given the link by the kit developers, to complete the survey after they had administered the kits. The survey was hosted by an online platform (Qualtrics). At the beginning of the survey, participants were provided with an information sheet, and were advised that completion of the survey indicated their consent to participate. Data were stored in SPSS files to conduct the analysis. In total, 5 recipients of the kits completed the survey, and 10 professionals who administered the kits completed the survey.

For the qualitative focus group, participants were provided with an information sheet prior to the focus group beginning and were asked to give verbal consent at the beginning of the session. The focus group was recorded and transcribed. In total, 11 professionals attended the focus group. Further details regarding participant demographics are presented in the results section below.

2.4 Data Analysis

The quantitative data were analysed using SPSS 26. Descriptive statistics were carried out to illustrate the socio-demographics of the sample and the usefulness of each item in the kit. The qualitative data was analysed using thematic analysis to gain a richer understanding of the professional's feelings of the usefulness of the kits and any suggestions for future improvements.

3. Quantitative Survey Results

3.1 Demographic Characteristics

3.1.1 Recipients of the kits

Table 2 shows the demographic characteristics of the recipients who completed the self-harm kits questionnaire. Forty percent of participants were aged 11-16 (2/5), 20% were aged 17-21 (1/5), and 40% were aged 22 or older (2/5). Forty percent of participants identified as female (2/5), whilst 20% of participants identified as male (1/5), 20% as non-binary or other (1/5), and 20% did not want to specify (1/5). One hundred percent of participants received a kit in Liverpool (5/5). Finally, 40% of participants received the kit in secondary school (2/5), 20% received it from the North West Ambulance Service (1/5), 20% received it from the Hospital A&E Department (1/5), and 20% received it from another service (1/5).

Table 2. Demographic characteristics of recipients of the self-harm kits.

Demographic	N (%)
Age:	
11-16	2 (40%)
17-21	1 (20%)
22+	2 (40%)
Sex:	
Female	2 (40%)
Male	1 (20%)
Non-binary/other	1 (20%)
Prefer not to say	1 (20%)
Where were you given the kit?	
Liverpool	5 (100%)
Who gave you the kit?	
Secondary School	2 (40%)
North West Ambulance Service	1 (20%)
Hospital A&E	1 (20%)
Other	1 (20%)

3.1.2 Professionals who administered the kits

Table 3 shows the demographic characteristics of the professionals who administered the kits. Thirty percent of professionals were based in Liverpool (3/10), 40% were based in St Helens (4/10), and 30% were based in Knowsley (3/10). Thirty percent of professionals worked in CAMHS (3/10), 10% worked in a secondary school (1/10), 10% worked for the North West Ambulance Service (1/10), 10% worked for the Young Person's Advisory Service (YPAS; 1/10), and 40% worked in a service marked 'other' (4/10).

Ten percent of the professionals were an advanced paramedic (1/10), 20% were a therapist (2/10), 10% was a clinical lead (1/10), 30% were counsellors (3/10), 10% were a learning mentor (1/10), and 20% were mental health practitioners (2/10). Finally, 40% administered one kit (4/10), 10% administered two kits (1/10), 20% administered three kits (2/10), 20% administered four kits (2/10), and 10% administered five or more kits (1/10).

Table 3. Demographic characteristics of professionals who administered the kits.

Demographic	N (%)
Where is your service based?	
Liverpool	3 (30%)
St Helens	4 (40%)
Knowsley	3 (30%)
Type of Service	
CAMHS	3 (30%)
Secondary School	1 (10%)
North West Ambulance Service	1 (10%)
Young Person's Advisory Service (YPAS)	1 (10%)
Other	4 (40%)
Job Title	
Advanced Paramedic	1 (10%)
Therapist	2 (20%)
Clinical Lead	1 (10%)
Counsellor	3 (30%)
Learning Mentor	1 (10%)
Mental Health Practitioner	2 (20%)
Number of Kits Distributed	
1	4 (40%)
2	1 (10%)
3	2 (20%)
4	2 (20%)
5+	1 (10%)

3.2 Recipients' Responses

3.1.1 Usefulness of the kits

The most highly regarded item of the kit was the 'local signposting to support services leaflet', which all participants found useful (100%, 5/5). Regarding the self-harm wallet, 4/5 (80%) found the 'what you need to know' very useful, 3/5 (60%) found the 'parents and carers support' very useful, whilst 3/5 (60%) found the safety plan very useful. Most recipients found the distraction ideas leaflet very useful (4/5, 80%), the first aid materials very useful (3/5, 60%), the 'I have self-harmed card' very useful (3/5, 60%), and the inside lid stickers very useful (4/5, 80%). The item which participants did not care for the most were the stickers, with participants marking it as not at all useful (20%, 1/5) or neutral (20%, 1/5). Additional results for the opinions of each item in the kit can be found in table 4.

Table 4. Opinions of items in kits.

Item in Kit	N (%)
SHWC – what do you need to know	
Neutral	1 (20%)
Very useful	4 (80%)
SHWC – parents and carers support	
Neutral	2 (40%)
Very useful	3 (60%)
SHWC – safety plan	
Neutral	1 (20%)
A little useful	1 (20%)
Very useful	3 (60%)
Local signposting to support services leaflet	
Very useful	5 (100%)
Stickers	
Not at all useful	1 (20%)
Neutral	1 (20%)
A little useful	1 (20%)
Very useful	2 (40%)
First aid materials	
Neutral	1 (20%)
A little useful	1 (20%)
Very useful	3 (60%)
Distraction ideas leaflet	
A little useful	1 (20%)
Very useful	4 (80%)
I have self-harmed card	
A little useful	2 (40%)
Very useful	3 (60%)
About this kit card	
A little useful	2 (40%)
Very useful	3 (60%)
Inside lid stickers x3	
Neutral	1 (20%)
Very useful	4 (80%)

Note. SHWC = Self-harm wallet card

3.1.2 Adding anything to the kit

Participants were asked on the questionnaire if they would add anything to the kit. Three people responded to this, saying they would add extra/better bandages or dressings, elastic bands, plasters, and information on how to deal with or cope better with self-harm.

3.1.3 Controlling self-harm thoughts or behaviours

Participants were asked whether the kit helped to control their self-harm thoughts and behaviours in a safer way. Sixty percent of participants said it did (3/5). They wrote that they felt it was safe to do, but there was information in the kit which they already knew.

3.1.4 Stop or reduce self-harm thoughts or behaviours

Participants were asked whether the kit helped to stop or reduce their self-harm thoughts and behaviours. Two participants answered this question. One answered yes and wrote that it was safer but did not reduce or increase the number of incidents. The other answered no, it did not stop or reduce incidents, but it helped to control their self-harming.

3.1.5 Recommending the kit to a friend

Participants were asked if they would recommend this kit to a friend or relative. Eighty percent said they would (4/5), while 10% said they would not (1/5).

3.1.6 Talking to a parent

Participants were asked if the kit helped them talk about their self-harm. Four participants answered this question, and all said that it helped open the conversation.

3.2 Professionals' Responses

3.2.1 Usefulness of giving kit to recipients

Professionals who administered the kit were asked if they found the kit useful to the recipient. All of the participants reported that they found the kit useful (10/10). Participants were also given the opportunity to explain which elements of the kits they found useful. The written responses included:

- *Allowed the young people to take useful information away with them*
- *Having a pre-prepared kit showed young people that self-harm is common and can be talked about without stigma*
- *Found the leaflets useful to create an action plan with the young person*
- *Having sterile patches for care of self-harm was really useful*
- *Found it helpful that there was a leaflet that young person could give to their parents that was not shaming, and how self-harming may be helping them cope*
- *I used the kits in therapy sessions and worked through the plans and information with the young person*
- *We discussed distraction techniques in a short 15 minute session. The kit was well presented and easy to look at in a short space of time with relevant topics*
- *They are useful in terms of guidance for parents and safety plan for young person*
- *The young person has not self-harmed since giving it out*
- *Useful for expanding the conversation in relation to self-harm and patient safety*
- *Good way to encourage young person to open up and start conversation with parents*
- *Great to give a resource to young person to take away and refer to it in their own time*

3.2.2 Direct feedback from recipient

Professionals were asked if they received any direct positive or negative feedback from the recipient they administered the kit to. Sixty percent received positive feedback (6/10), 10% received negative feedback (1/10), 10% received both positive and negative feedback (1/10), and 20% did not receive any feedback (2/10).

The positive written responses from the recipient feedback included:

- *The hearts*
- *Were grateful for the kit*
- *The resources*
- *Haven't self-harmed since*
- *Engaged with the resources but needed their own time to evaluate it*
- *Felt less ashamed and alone*

The negative written responses from the recipient feedback included:

- *Found it hard to open the package and would need a knife to open it, which may not be good for someone who self-harms*
- *Felt it was a lot of paper*

3.2.3 Direct feedback from the parents or carers

Professionals were asked if they received any direct positive or negative feedback from the parents or carers of the recipients. Forty percent received solely positive feedback (4/10), no one received solely negative feedback, 10% received both positive and negative feedback (1/10), and 50% did not receive any feedback (5/10).

The positive written responses from parental feedback included:

- *Good resource and useful to start a conversation about the issue of self-harm*
- *Helped them to understand support their child*

The negative written responses from parental feedback included:

- *Felt it was a lot of paper*

3.2.4 Suggestions for improving the kit

Professionals were asked if they had any specific suggestions for improving the kit.

Three participants responded saying:

- *Less paper*
- *Removing the word 'self-harm' from the outer packaging as the young person was self-conscious carrying it around school*
- *Make it easier to open*
- *The feedback QR code is not likely to be used by someone in a crisis, as the last thing they want to do is answer a questionnaire at that point in time*

4. Qualitative Focus Group Findings

4.1 Demographic Characteristics

Table 5 shows the pilot sites who attended the focus group and the number of kits they had administered at that time. There were 11 participants from 7 of the 9 pilot sites who attended the focus group. The Liverpool North West Ambulance service had administered all 50 of the kits they were given, amounting to 11% of the total number of kits given out. In total, 188 kits were given out by the time of the focus group, accounting for 42% of the kits given to all pilot sites.

Table 5. Site who attended the focus group and number of kits administered

Site	N (%)
Archbishop Beck Secondary School Liverpool	40 (8.89%)
Young Persons Advisory Service (YPAS) Liverpool & Knowsley	11 (2.44%)
Warrington CAMHS/Crisis Team	20 (4.44%)
Liverpool North West Ambulance Service	50 (11.11%)
Knowsley CAMHS & Eating Disorders Service	20 (4.44%)
St Helens (School Resilience Teams)	30 (6.67%)
Liverpool Adults CMHT	17 (3.78%)
Total	188 (41.78%)

4.2 Themes

There were four themes that were found from the focus group discussions and the feedback given by the professionals who administered the kits. The themes included: 1) early intervention, 2) working through the kit together, 3) the design of the kit, and 4) staff training and understanding. Table 6 provides an outline of the themes and associated subthemes.

Table 6. Themes and subthemes

Theme	Subthemes
Early intervention	Appropriateness for early intervention Next steps Conversation starter Equipping staff
Working through the kit together	One-to-one sessions Helping them understand
The design of the kit	Resources Look and feel Targeting the kit
Staff training and understanding	Educated to work with self-harm Different types of self-harm

4.2.1 Early intervention

The theme of using the kits as an early intervention strategy was evident amongst the professionals who administered the kits to recipients. This was characterised by four subthemes: *appropriateness for early intervention, next steps, conversation starter,* and *equipping staff.*

Appropriateness for early intervention. The professionals in the focus group reported that the kits were most appropriate for a school or in early intervention settings. One participant from the School Resilience (early intervention) Team felt the kits worked well in their service as they were given out in face-to-face therapy sessions. The kits were useful when the self-harm behaviours had been initiated and supported the recipients through their needs;

> *"I think the use of them has been when the self-harm behaviours have been initiated. It's in the very first kind of steps of that and understanding what the unmet need is behind the self-harm and they've been helpful for us to open up the conversations. We definitely wouldn't have given them out if there was you know significant or suicidal ideations. That kind of higher end we would be sort of managing that risk and passing it over to those or the services within CAMHS. I think just reiterating it is sitting better with our early intervention"* (School Resilience Team).

The participants reported the kits were a way to manage the risk of self-harm and help to start the conversations on this topic. They would not give the kits out if there was a severe case or significant suicidal ideation, but thought it was a useful way to support the recipients through the thoughts and understanding of the unmet needs behind the self-harming behaviours. One participant working for YPAS felt the kits would be a good start to the intervention to determine the next steps with the recipients. It could also be used as a step down when a young person had gone through CAMHS or had intensive/severe interventions, could be used as a de-escalation for the more severe cases, or could be used as a prevention strategy for the less severe cases. There was also a suggestion made that practitioners could use these kits as a short intervention, by discussing the kit with the recipients instead of handing it out and letting them figure it out for themselves;

> *"…we need to be looking at early intervention settings and really thinking carefully about when these are getting handed out; we are really busy and I wouldn't like to see somebody just handing one of them out instead of sitting there with someone because then that qualifies as that interventions being completed and young people need to feel held, in that they feel heard and understood, valued, respected and supported with these. So, this for me at the moment is very early intervention."* (YPAS).

The two professionals from early intervention services reported it worked well for them in very low-intensity support sessions where they were able to take time to sit down and speak to the recipients to support them through the kit. Conversely, professionals from high-intensity settings or who were working with severe cases did not feel the kit was appropriate for their services. For teams of Crisis Response, A&E, and Ambulance services, the professionals reported there was not enough time to properly go through the kit with the young person as they were too busy, or that some cases were too complex for the kit. They believed the kit should be part of an intervention for low intensity cases;

> *"…for the service users, it can be quite pressured the time that sometimes I think they may think there's a bit much information for us to try and you know sort of go through, we try and*

do it as slowly as we can. But again, obviously for the practitioners we're on a time scale of, you know, sort of having patients seen, assessment completed and out of the department…" (A&E).

"Especially paramedics and stuff, you have to juggle that as well as giving out kits and what does that mean going through stuff? I think it's just asking too much. So, we need to think of where the best place is to be doing these things. And I say in the A&E departments and hospital, I think once again it's going to be difficult to be having those type of conversations. So, I think focus probably needs to be on upscaling people in terms of the conversations rather than necessarily the kits" (Crisis Response).

Furthermore, some participants highlighted that if the kits were given to recipients in times of emotional crisis, it could lead to more intense self-harm and confusion, and thus should not used as an intervention for higher intensity cases;

"…potentially means forever exacerbating those emotional dysregulation and the triggers. I think it's sending conflicting messages at times to the individual coming out with the 136 assessments and do they return home? Did they start using the kits? And is it actually going to be safely because at times the emotional dysregulation is such that it's not the superficial cutting, it's really some of it's going really quite severe or it's leading to further overdoses and there's potential triggers more for further risk taking behaviours which could lead to serious medical complications and people getting brought into resource intubated, ICU, that kind of thing if it's not managed" (A&E).

"…that early intervention, if you've got someone who's you know self-harm on such a serious level these kits are not really worth it, I kind of see these, rightly or wrongly, I see these as someone with low level type of self-harm type presentations, not someone who's causing serious wounds to their arms and their legs and significant overdoses. For me, if you've got a young person or child, who's displaying those levels of behaviour, they should be getting that specialist input, should have specialist kind of care plans, therapies, and full MDT approach. And for me that box doesn't do that, and I think it just there's that risk that we just pass the box over and think it's part of an intervention and actually that intervention's not worth the paper that's wrote on" (North West Ambulance Services).

Next steps. The professionals reported there was a clear need for the next steps in the kit, many said they were asking "what's next?". Some reflected that further steps were needed with the kit, either signposting to other services or spending the time to go through the kit with the recipients as a short intervention. They thought the advice and guidance within the kit was limited and more information was needed for signposting to other services;

"What's the next step? What would you do on this pack? What would you do if this pak's not working? If this isn't working, take it back to the person that that gave you the pack initially … Yes, this will be the start of any intervention and use this pack to determine next steps" (YPAS).

"…it's the what's next and I think a young person may feel at times fobbed off. It's kind of 'you've got this kids now go away, leave the kit, formulate the plan, do it all yourself'. When clearly, they are struggling with thoughts, feelings, emotions and what's causing the self-harm in the first place, some of which is caused by family in the home and the situation in the home.

As I go through the self-harm kit with the family, may not necessarily help either, depending on the circumstances of why they're doing it in the first place. But for me it's the what's next and there's a big chunk missing…" (Secondary School).

Some professionals reported the kits could work well as a preventative measure in an early intervention setting rather than after self-harming where they could support the recipients with their emotions and with coping in less harmful or healthier ways;

"It's particularly for preventative as opposed to having post self-harmed and kind of dealing with the aftermath. How do I deal with these emotions, these feelings, and can I do it in a different way or a less harmful way, if you like, or having that in the kit as well?" (Secondary School).

Conversation starter. A common subtheme from the professionals was that the kits provided a good way to start the conversation of self-harm, mental health, and suicidal ideation with recipients;

"It is a starting point for that conversation and then coming back a week or two later, saying well have you gone through the plan? Have you filled that bit in? Have you showed that bit with your parents, or have your parents gone through this with you? And that generates either, you know, yes or no, or not yet and it's why if you're still continuing with these kind of feelings and still feeling the urge to self-harm, why have you not gone through the plan. That proactivity of making sure that they're doing something about it rather than just having the feelings and doing nothing" (Secondary School).

It was helpful for recipients to start conversations about self-harm with their parents;

"It was helpful for the parents to understand the specific need behind the self-harm, and I think that explained it quite clearly and some parents heard back like that was new information that previously they haven't had, to understand it will be different strategies for different needs which was really helpful just to open up that conversation with them" (School Resilience Team).

"She was going to take that home and use it to kind of have them conversations with mum, which she did. And it was just a nice opening for them to have that discussion. And then obviously I checked in with mum and had some conversations with her about support and risk advice and things. I think it just depends on the planned intervention. But it's helpful to facilitate the conversations and for parents to get that information and support the young person" (School Resilience Team)

It was also helpful for recipients to open up to other students about their feelings of self-harm;

"Independently a couple other people have been given these packs and they had them out in the dining room at lunchtime, in front of two, three, 400 people. It's that kind of, I don't know whether it's seen as a kind of a badge of honour "oh I've got one of them as well". My colleagues might give him somebody one, but I might give one to another of the of their friendship group, it potentially also opens up the conversation between each other. And I can argue positive or negative, or what do you do and how do you do it? What works for you? It

could be a positive, but it could also be a negative in terms of those risky or harmful behaviours" (Secondary School).

Equipping staff. The final subtheme was equipping staff with the required tools to enable them to support recipients with the kits. This included providing the kits to housing or accommodation providers as a means of early intervention support for recipients, to prevent them from escalating to A&E or Ambulance Services;

> *"This could be part of that de-escalation and my thought is housing providers would really benefit from having these packs, because they're the people that all these young people, parents, and carers, they're living in these houses and providers accommodations, and I know just from speaking to local housing providers and they feel in-equipped to deal with these things. I think there's a place for them within that service as well"* (YPAS).

> *"…then it is the further pressures you're putting on services to going back to supported accommodation, the supportive staff don't know what to do, aren't equipped to at times to deal with the situations, you then deal with the police and the ambulance is going back to the addresses, you're triggering 136s, you've got young people back in the department for hours on end and we're not just talking the couple of hours sometimes we were talking up to 24, 36 hours in an adult A&E department which isn't the most appropriate place for young 16, 17 year olds who's distressed"* (A&E).

Professionals in busier departments such as the Ambulance Services, A&E, and Crisis Response teams reported that there was not enough time to work through the kit or get the feedback or follow-ups that may be needed. The suggestion was having it in school settings where there may be more time and less pressure on the staff to enable them to effectively support the young person;

> *"It's best to have it potentially within sort of school type settings and that should perhaps be along growth sort of MHST type services think that's where you're going to be able to get proper feedback to see whether there's been a reduction in self-harm within those settings. Because for the likes of Crisis Response, Ambulance Services, and A&E there's no way we're going to get that…*" (Crisis Response).

4.2.2 Working through the kit together

The second theme to emerge from the focus group discussions was going through the kit with the young person. This was characterised into two subthemes: *one-to-one sessions* and *helping them understand.*

One-to-one sessions. The professionals reported the kits worked well in a one-to-one, face-to-face intervention with the recipients for safeguarding and risk management. The ones who had time to work through the kits with the recipients found the kit beneficial as they did not want to promote self-harm but provide a safe space to begin conversations and talk about it;

> *"It gave purpose to why you were actually giving it to them rather than just giving them a kit and send them home with it. And I think as well because obviously we didn't want to come across as being a service that will promote self-harm or condoning the self-harm. That's why you know we made sure that we went through it with them"* (Knowsley CAMHS).

"I think it would be absolutely necessary to work through the kit with young people, service users, families, and that would steer the initial session. A lot of it I I'm guessing we do that anyway and we have been doing it for a while but having that visual would be really helpful for some young people. And I think working on a plan can help keep sessions focused and clear on what goals you're going for, you're seeking, and it could also help flag up is there a safeguarding element to this? I think initially you would have to sit down and work through this pack with a young person family because you know, to what, there's different elements, isn't it to self-harm and different degrees of that" (YPAS).

Helping them understand. When the professionals and recipients worked through the kits together, the recipient felt understood, heard, supported, and valued by the professionals when speaking about the difficulties of self-harm. They reported that the sessions were valuable to help them with understanding their feelings;

"We would sit down because it is important for them to feel that we are listening and we're understanding what they're going through. We can't just give them a piece of information and just say "here you go, go read that" and that's it because from an A&E perspective we wouldn't see them again unless they came back into A&E. Sometimes it can be a bit much, but again it just depends on the individual that comes in as well" (A&E).

"Some of them do want us to sit down and go through everything within it and explain it all to them. And some of them engage and are quite excited about being able to read about things as well. And I think for a lot of the young people, some of them come in and they think that how they're behaving in relation to self-harm that they feel completely different. I think it's, not normalising it for them, but they have a better understanding as to why they feel this way and why they get to a point where they do self-harm" (A&E).

The kits have also been useful for helping parents, relatives, foster families, and carers understand the recipients more, when the professional had time to sit down with them together to work through it;

"I think it's really good that we've got a part for parents. It gives them some understanding because I think that's one of the difficulties that we see in the A&E department as well, it's sometimes a bit of the fractious relationships. I think it's really good that there is part there that families can understand. And again, we have sat with a couple of relatives, not just relatives, I think we have to look at, we get a lot of looked after children in the A&E department as well. And we go through this with the support workers or the foster carers or anything that come in. We sit down and we go through it all with them and they've gone away with a lot more understanding. Especially for parents, foster carers, support workers, as instead of having a panic if somebody self-harms, having a bit more of an understanding and supporting them through it, rather than straight away wanting to bring them to A&E, cause, that's what's happened initially quite a bit. There's a lot more understanding from others. We do enjoy using them in the A&E" (A&E).

4.2.3 The design of the kit

The third theme related to the kit as a useful resource and was characterised into three subthemes: *resources, look and feel,* and *targeting the kit.*

Resources. The recipients and professionals reported that there was a lot of paper in the kits and the young people *"want more things to deal with what they've done after they've self-harmed"* (Secondary School). Some parents liked the information sheet as they were able to take something away to read, whilst some professionals reported the information regarding available support for self-harm was limited and "wordy". Some found the useful parts to be writing down their thoughts and feelings. Others felt that there was too much "wordy" paper in the kits and not enough practical resources;

> *"I think they just felt that there were lots of bits of paper. And so, you know, I got asked, where's my stress ball? Where's my pen to write on the bits of paper? Where's my elastic band? Where's something practical that I can use? That's a lot of paper in a folder. And that was what the feedback that I got off both young people and some parents. And actually, the team psychologist too, about why so much paper"* (Knowsley CAMHS).

For the practical resources, they found the dressings helpful but needed more in the kit. Some also liked the hearts as they were *"a little reminder to be a little bit kinder to themselves"* (Secondary School), although others did not feel they were appropriate for teenage boys. Some enjoyed the stickers as reminders that they were not alone but were confused about where to stick them. The professionals unanimously liked the safety plan element of the kits and would go through it together;

> *"All the packs were given out in face to face sessions. I would say probably more for the year 7s to the year 10s, so more the lower end of that age and the feedback was quite helpful. We went through the safety plans together with the young people and that informed the interventions and the therapy if they pick different strategies that they thought would be helpful. We'll be checking in in future sessions with those and then maybe making some sensory kits with them and things like that"* (School Resilience Team).

Look and feel. Regarding the outside of the kit, some recipients said it was unhelpful to have the name of 'self-harm kits' on the front of the kit. Some felt the professionals may be seen to be encouraging the self-harming behaviour. Additionally, another professional thought it may be useful to design the kit in a way where the recipients know this kit is not a substitute for seeking professional help but can be used to help in the short-term. Another reported that the kits were extremely gender specific and targeted more towards young women or younger age groups, with the colours on the kit, the stickers, and the hearts. They said, *"it almost maintains that idea that it's young women who are cutting"* (Crisis Response).

Targeting the kit. The professionals reported that it may be useful to have different kits to suit needs of the recipients who are self-harming. Some suggestions included different kits for certain age groups, learning difficulties, those who self-harm more often than others, and kits for overdosing and safe medication usage, signposting to other agencies, digitising resources. With this, some professionals felt it may be complicated to have numerous packs for different things; therefore, these ones may need to be streamlined to be appropriate for people in terms of age, gender, and learning abilities;

"Tailor the content to suit older and younger. Or maybe initially it was starting down this road of dealing with their thoughts or feelings and those that are more ingrained in the system have been doing a lot longer, might need different packs group for different reasons … we have a fair amount of pupils and school with SEN needs, learning disabilities, living with ASD, who struggle a lot more in terms of the mental health or if they are 11, 12, 13, some of the content, even in the safety plan was we would have to sit down, explain the content, the wording, and they wouldn't initially maybe get their head mounts over the concepts in it. An SEN version, maybe something that's considered as well" (Secondary School).

"I'm keen to see the difference in age groups and how we can tweak these to suit different needs and learning style and you know, learning difficulties then we've got a lot of young people who wouldn't have been able to read that, who wouldn't be able to read that cause it's too difficult for them" (YPAS).

4.2.4 Staff training and understanding

The final theme included staff training and understanding and was characterised into two subthemes: *educated to work with self-harm* and *different types of self-harm.*

Educated to work with self-harm. Some of the professionals were happy about the opportunity to give something practical to the recipients who present with self-harming behaviours as they did not always feel prepared to deal with mental health otherwise;

"Having spoken with our crews who have given them out and our advance paramedic who led on it in Liverpool, they were really pleased that that kit was available. I think when we go to mental health presentations, we always feel really under equipped to deal with them because we're not specialist in the area mental health. So actually, being able to give something to a family member and to a young person and say this may be a benefit to you, it's been really helpful" (North West Ambulance Service).

Another professional in A&E said staff felt nervous when recipients presented with self-harming behaviours and thought that giving the kit to a young person may come across as them condoning the behaviour and may create further challenges on the staff. It was mentioned that staff need to feel confident and competent with training when managing self-harm behaviours. One professional from a school reported that a young person did not receive the required support as they did not ask them out right if they had self-harmed;

"…And I said have you spoken to your YPAS worker 'no, haven't told them'. Because I had asked the question bluntly and said have you self-harmed? Yes. When? Yesterday. They were with professionals but weren't actually getting that kind of support either because no one was asking the question. That comes down to your staff, whether they're prepared to ask those kind of difficult questions, down to the training that they will or won't get. I think most of the clinicians here in the ambulance service will have that kind of training. Schools are getting more and more of that kind of thing, but it's a bit more ad hoc and based on the school" (Secondary School).

Furthermore, it was suggested that staff need appropriate training to manage self-harm behaviours and to have conversations with recipients surrounding their emotional feelings. One suggestion made

was that rather than creating kits for recipients, kits should be created for professionals to learn how to manage self-harm presentations;

> *"Shift the basis of the kit so it's more for a professional working with a young person rather than for the young person. And the stuff in it they give to them which might be the cleaning stuff and maybe the safety plan, but actually it's giving that confidence to the professional over the child I think might be a better way to shift it. And that's where you could have different information, so it does prompt some of those conversations or stuff in it with where to go"* (Crisis Response).

Different types of self-harm. This subtheme included making staff knowledgeable and aware of what self-harm is and how it presents itself in recipients. Other types of self-harm can include head banging, punching doors or risky drinking, which professionals need to be made aware of so they can properly manage this behaviour;

> *"And some of the things that we see in school are related to the similar kind of things, but they're self-harm, might be banging it out on a walk or punching the door. You know, it's that kind of frustration and dealing with the emotions. They wouldn't class at the self-harm people to see it like that. They tenderly tend to think the self-harm is, you know, taking tablets overdosing, cutting and other things. But I have a lot of people, particularly males who will show anger or frustration or in other ways"* (Secondary School).

> *"…the kids who are punching walls or headbutting walls and doors. A lot of ambulance clinicians and a lot of colleagues in the police would not see that as self-harm they would see that as an angry young lad. Particularly in the police they would just see that as an angry young lad, and they'd probably want to stick a pair of cuffs on them until he calmed down. And actually, it's self-harm. So, it's around the education and equipping your staff to be able to have those conversations in the first place"* (North West Ambulance Services).

5. Conclusion

This report was an evaluation of the Cheshire & Merseyside Health Care Partnership and CHAMPS Public Health Collaborative Self-Harm Kits. The kits were piloted from September 2021 until April 2022. Results indicated mixed feelings about the kits. Participants reported that there was a lot of paper and text heavy documents; they needed more practical resources such as dressings and a stress ball and did not like the wording of "self-harm" on the front of the box. Some participants liked some resources of the kit such as the hearts, although feelings on this were mixed, while some professionals and recipients felt they were more able to speak to their parents about their behaviours. The professionals reported that the kits were useful for early intervention and in school settings where someone could work through the kit with the young person but were not always appropriate for high-intensity sessions. Positive feedback was given about the safety plans, but most professionals reported that the kits could have more information regarding further support and changes were needed to the design to be more gender neutral. The professionals reported that staff needed more education and training on self-harming behaviours.

This report provides detailed information about the pilot evaluation of self-harm kits given out due to the risk of increasing self-harming behaviour and the public health priority to reduce national

self-harming rates. However, this data was limited in the number of responses from recipients regarding their thoughts on the kits and thus needs to be interpreted with caution.

6. Recommendations

The recommendations from this report are as follows:

1. Administer the kit to early intervention and school services and use it as a starting point for discussions and intervention.
2. Include resources on coping strategies and signpost to further services for support.
3. Design and streamline the kit to be inclusive to anyone who uses it; remove the word ‘self-harm’ from the front of the kit to avoid stigma.
4. Include additional practical resources (stress ball, dressings, bandages) and use less paper/words on the documents.
5. Educate and train staff to feel comfortable and confident in managing mental health and self-harming behaviours.
6. Collate more feedback from recipients utilising the kits.

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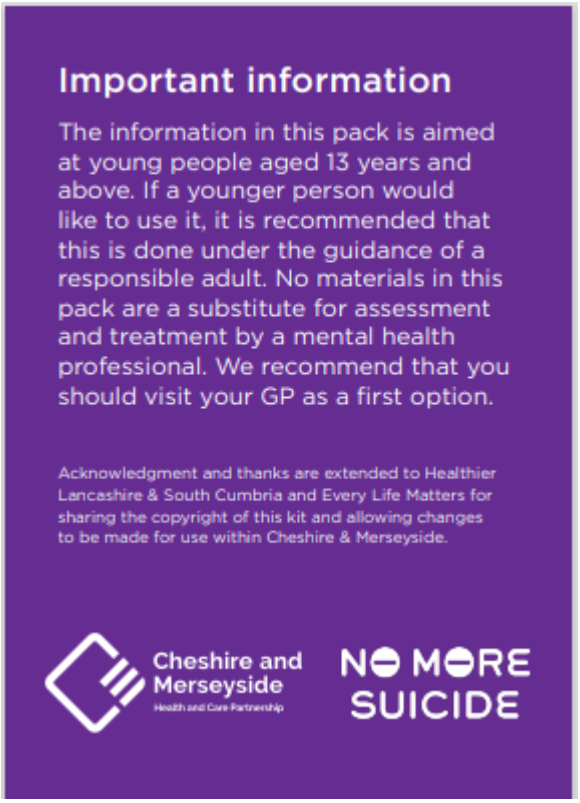
8. Appendices – Content of the Kits

8.1. About the Kit



8.2. Self-Harm Wallet Card

8.2.1 What you need to know

What is self-harm?

Self-harm is when you hurt yourself on purpose. Examples include cutting, burning, poisoning and bruising, but other forms might be more indirect such as self-neglect, excessive risk taking, sexual promiscuity, self-trolling, alcohol and substance misuse, or eating distress.

There are many reasons why someone may self-harm – it is often used as a way of coping with other problems - but it can relate to underlying issues with your mental health. Self-harm is not a positive way to deal with things and it can be difficult to stop, especially when you feel distressed or upset. If you don't feel you can stop right now, that's OK, but try to ensure you keep yourself safe.

Many people stop hurting themselves when the time is right for them. Everyone is different - try not to feel guilty – it is a way of getting through, and doing it now does NOT mean that you will have to do it forever to cope.

Why people self-harm

There is no one reason why people self-harm and it can affect anyone of any age. It can be a way of;

- Relieving overwhelming thoughts and feelings that build up inside.
- Reducing tension and stress.
- Providing a feeling of physical pain to distract from emotional pain.
- Expressing emotions such as hurt, anger or frustration.
- Regaining control over feelings or problems.

Self-harm may be a way of coping with situations such as;

- Friendship or school problems, bullying, social media pressure, peer pressure, rejection.
- Anxiety, depression, low self-esteem, poor body image, gender identity, sexuality, abuse.
- Family problems such as separation or conflict, unrealistic expectations and bereavement.

Sometimes you might not know why you hurt yourself. There might not be obvious reasons. And that's OK, you can still get help.

Thoughts of suicide

Although the majority of people use self-harm as a way of dealing with life - not as a way of wanting to end their own life – people who have self-harmed are at more risk of taking their own life.

Many people will have thoughts of suicide, and they can feel really scary - but the vast majority don't go on to take these thoughts any further. If you are struggling with thoughts of suicide – please reach out and talk – there is help and support available.

There is hope.

What can I do?

Understanding and taking control of your self-harm can be challenging. You can help by;

- Developing distraction techniques and coping mechanisms.
- Keeping a diary and look for patterns in your self-harm.
- Thinking about why you might self-harm and how it helps you cope.
- Reaching out to someone you trust, a helpline or other forum to talk things through.
- Seeking professional support.
- Caring for your injuries with first-aid and accessing medical attention when needed.

Look after yourself

If you are going to harm yourself:

- Ensure you know basic first aid so you can care for wounds to avoid infection, and to guide your decisions about when to seek medical help. Download the **Red Cross First Aid App**. **LifeSIGNS** website has information specifically on first aid for self-harm.
- Avoid using medicines as a way of self-harming. Remember there is no such thing as a safe overdose. **IF YOU HAVE TAKEN AN OVERDOSE YOU SHOULD ALWAYS SEEK MEDICAL ADVICE**.
- Make sure your tetanus vaccination is up to date
- Avoid alcohol and drugs. They can make you more likely to act impulsively or damage yourself more than you intended.
- Know where to get help if you need it. If in any doubt ring NHS Direct on 111.
- In an emergency ring 999 or go to A&E. Do not be afraid to do this – you will receive the help and support you need. Use the self-harm report card if you don't feel comfortable talking about your injuries in reception.

24/7 Support at a glance

If you need urgent mental health support please contact your local crisis helpline number listed below.

Cheshire Wirral Partnership

Cheshire East, Cheshire West & Wirral
Adults, Children & Young People
0800 145 6485
Text BLUE to 85258

Alder Hey crisis care team

Liverpool & Sefton
Children & Young People Only.
0808 196 3550
or 0151 293 3577
Text GREEN to 85258

Merseycare

Liverpool, Sefton & Kirkby
Adults & Young People (aged 16+).
0800 145 6570
Text HEAL to 85258

Halton, Knowsley, St Helens & Warrington
Adults, Children & Young People.
0800 051 1508
If you live in **Wigan**
0800 051 3253
Text REACH to 85258

8.2.2 Parents and carers support

Supporting someone who is self-harming

Friends and family can play a huge role in supporting someone who self-harms. You can help by:

- Offer a listening ear and showing you care when someone is struggling.
- Remind the person of their strengths and abilities.
- Look online together at coping strategies and ways they can manage self-harm urges. Remember what works for some may not work for others. Encourage them to try different strategies until they find one that works.
- Explore what support and services are available and offer to go with them to appointments.
- Agree with them about access to self-harm methods.
- Make sure first aid materials are available and encourage them to get medical attention when needed.
- Watch for signs of bullying, abuse or other difficult situations that may be triggering self-harm.
- Don't treat them any differently from normal in other areas of their life.

Remember, you don't need to understand why they self-harm, and you don't need to fix things. Listening and showing you care can be really powerful in itself, alongside working together to find the coping strategies and support they need.

Thoughts of suicide

The majority of people use self-harm as a way of dealing with difficulties in their life, not as a way of wanting to end their own life – but having a history of self-harm is one of the highest risk factors for suicide. Over 50% of people who die by suicide have a history of self-harm.

It you are at all worried that someone you care for is having thoughts of suicide ask them, and ask them directly. You will not put ideas in their head, research shows this. It also shows that talking directly about suicide significantly reduces the risks of it happening.

Looking after yourself

If you are supporting someone who self-harms, you can experience strong emotions and it is important that you look after yourself as well. Recovery from self-harm may be a long process.

- Try to find time for relaxation and "me time" and keep on doing the things you enjoy.
- Look after your sleep patterns, eat well and try to exercise.
- Be aware of your own feelings in response to the self-harming of the person you care for. Try not to let them spill out as anger at the person.
- It can really help to find someone to talk to, and to share your concerns, frustration and hopes.
- Make use of support groups, helplines and online information and forums.

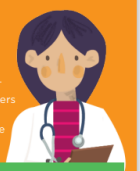
Getting professional help

If you are really concerned about someone you should seek further help, particularly if;

- The self-harm or distress is increasing in frequency or intensity.
- You notice additional problems such as anxiety, low mood or thoughts of suicide.

Sources of help include;

- Their GP is the first person to contact. They can refer a child or young person to Child and Adolescent Mental Health Services (CAMHS) for an assessment. This may result in a plan for support and treatment. Adults may be referred to one of the local Mental Health services.
- If a child or young person goes to hospital for any reason related to self-harm, they should be seen by someone who can talk to them about their self-harm. They may also arrange a mental health assessment. If it is not clear whether this has happened, ask the staff and clarify what is offered.
- There are specialist charities or counselling providers in your area who support people who self-harm. There are a range of telephone helplines and online support forums which can also provide support.



Information and support for Parents and Carers

- **Young Minds Parents Helpline**
  www.youngminds.org.uk
  08080 802 5544
  Open Monday to Friday 9.30-4.00pm
  Available to offer advice to parents and carers worried about a child or young person under 25.
- **Self-harm UK**
  https://www.selfharm.co.uk/
- **Mind**
  www.mind.org.uk
- **Papyrus**
  www.papyrus-uk.org
- **Anna Freud Centre**
  annafreud.org/on-my-mind/
- **MindEd**
  minded.org.uk
- **Stem4**
  stem4.org.uk/

What is self-harm?

Self-harm is when you hurt yourself on purpose. Examples of self-harm include cutting, burning, poisoning and bruising. Other forms of more indirect self-harm may be self-neglect or excessive risk taking behaviour.

Self-harming behaviour is relatively common - at least 10% of adolescents report having self-harmed - and it can affect anyone of any age, background or race. But it's a problem that needs to be taken seriously.

Self-harm is not a positive way to deal with difficult feelings and experiences, and over time it can become a habit that is hard to stop. That's why it's so important to spot it as soon as possible and do everything you can to help.

Why does someone self-harm?

Self-harm is a very different experience for each individual, and is usually a way of coping with difficult feelings and experiences. It can be a way for someone to feel more in control, to reduce tension, to release powerful emotions, or to punish themselves. Self-harm can develop as a coping mechanism as a result of;

- Anxiety, depression, low self-esteem, poor body image, gender identity, sexuality, abuse.
- Friendship or school problems, bullying, social media pressure, peer pressure, rejection.
- Family problems such as separation or conflict, unrealistic expectations and bereavement.

If you are worried that someone you care for may be self-harming - start the conversation.

Be honest and open with them and explain why you are concerned – re-assure them that you are there to listen, that you love them, and that will not change.

If they are unwilling to talk to you now, give them space and re-assure them you are there to listen and that there are people who are there to help.

Deep breath, don't panic!

Finding out that someone you care for is self-harming can leave you feeling a range of strong emotions such as confusion, anger, shock, guilt, worry and so on.

It's challenging, but try not to over-react.

The main reason that people find it hard to talk about their self-harming is fear of others reaction and being misunderstood.

Try to hold on to the idea that their self-harm behaviour is an expression of strong feelings and experiences that right now they can't handle any other way.

Acknowledge to them that opening up about their self-harming behaviour was a very brave thing to do and that you are grateful that they have told you.

Re-assure them there is help and support out there. They are not alone, and neither are you.

How do I know someone is self-harming?

Worried someone you care for might be self-harming? Keep an eye open for these signs:

- Unexplained cuts, burns, bite-marks, bruises or bald patches.
- Bloody tissues, bandages or wipes in waste bins.
- Keeping their body covered.
- Becoming withdrawn or isolated.
- Low mood, lack of interest in life or depression.
- Blaming themselves for problems.
- Feelings of failure, feeling useless, or hopeless.

Understanding the cycle of self-harm

Self-harm is a way to find temporary relief from emotional overload. Breaking the cycle and helping someone to find other ways they might manage these feelings is really important.

This can include distraction or stress management techniques, and thinking of alternative methods of discharging extreme emotions. Some people find that putting off harming themselves can decrease or get rid of the urge. Reducing the accessibility of objects that might be used for self-harm may also help to delay the impulse to self-harm.

The urge to self-harm is strongest for 15 minutes. Finding a way to distract yourself during this time can make all the difference.

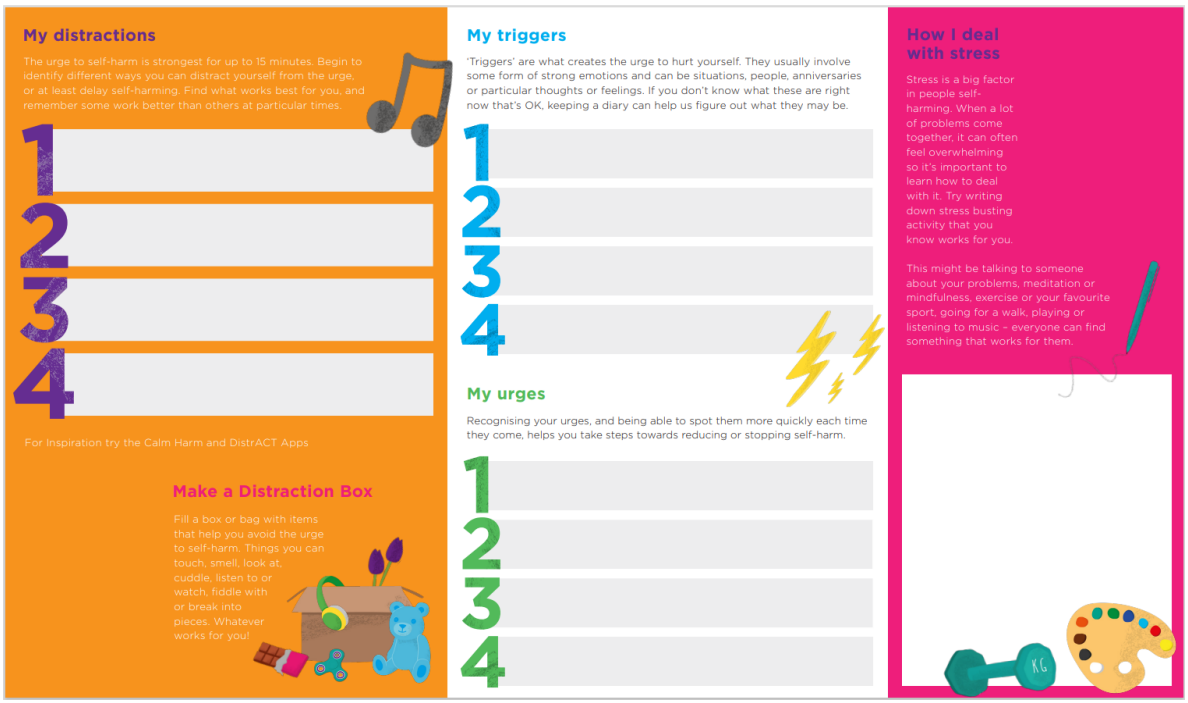
There are some excellent Apps to help people manage the urges to self-harm such as **Calm Halm** and **DistrACT**.

Alongside learning coping strategies to distract from the need to self-harm it can really help to explore the issues behind the self-harming behaviour. For some people these may be obvious and resolvable, but for many others less so.

Many people stop self-harming when the time is right for them. It's a way of coping right now, and doing it now does NOT mean that they will have to do it forever.

EMOTIONAL SUFFERING
EMOTIONAL OVERLOAD
PANIC
SELF-HARM
TEMPORARY RELIEF
SHAME/ GRIEF

8.2.3 Safety plan



My distractions

The urge to self-harm is strongest for up to 15 minutes. Begin to identify different ways you can distract yourself from the urge, or at least delay self-harming. Find what works best for you, and remember some work better than others at particular times.

1
2
3
4

For Inspiration try the Calm Harm and DistrACT Apps

Make a Distraction Box

Fill a box or bag with items that help you avoid the urge to self-harm. Things you can touch, smell, look at, cuddle, listen to or watch, fiddle with or break into pieces. Whatever works for you!

My triggers

'Triggers' are what creates the urge to hurt yourself. They usually involve some form of strong emotions and can be situations, people, anniversaries or particular thoughts or feelings. If you don't know what these are right now that's OK, keeping a diary can help us figure out what they may be.

1
2
3
4

My urges

Recognising your urges, and being able to spot them more quickly each time they come, helps you take steps towards reducing or stopping self-harm.

1
2
3
4

How I deal with stress

Stress is a big factor in people self-harming. When a lot of problems come together, it can often feel overwhelming so it's important to learn how to deal with it. Try writing down stress busting activity that you know works for you.

This might be talking to someone about your problems, meditation or mindfulness, exercise or your favourite sport, going for a walk, playing or listening to music – everyone can find something that works for them.

Keeping a self harm diary

One way to help yourself understand more about your self-harming behaviour is to keep a diary or journal over a month or two of what happens before, during and after times when you self-harm. This may help you start to see patterns. We've given an example of how you might do this below.

Writing a self-harm diary can be an upsetting thing to do, so be nice to yourself after each time you do an entry, or get some support from a trusted person to help you write and review it.

What was happening before you got the urge to self-harm? What were your triggers?
This could be about situations, people, anniversaries or particular thoughts or feelings.

What urges did you experience? For example, physical sensations like a racing heart or feeling of heaviness, strong emotions such as sadness or anger, feeling disconnected or numb, having repetitive thoughts about hurting yourself or the desire to take alcohol/drugs or work excessively.

How strong was the urge? ☐ Low ☐ Medium ☐ High

What distractions did you try?

How well did they work? ☐ Not at all ☐ Delayed me self-harming for a while ☐ Worked well

How did you harm yourself?

How severe was the harm? ☐ Slightly ☐ Moderate ☐ Severe

How did you feel afterwards?

My hopes

What is it that keeps you going and gives you hope, the people places and things you have to cherish or to look forward to.

Remember: Be nice to yourself!

Many people stop hurting themselves when the time is right for them. Everyone is different so try not to feel guilty about it. It is a way of surviving right now, and does NOT mean that you will have to do it forever to cope.

My supporters

Trusted people I can talk to or get help from when I'm having a tough time (including how to contact them).

1. ☐ I can talk to them about my self-harming
2. ☐ I can talk to them about my self-harming
3. ☐ I can talk to them about my self-harming
4. ☐ I can talk to them about my self-harming

24/7 Support at a glance

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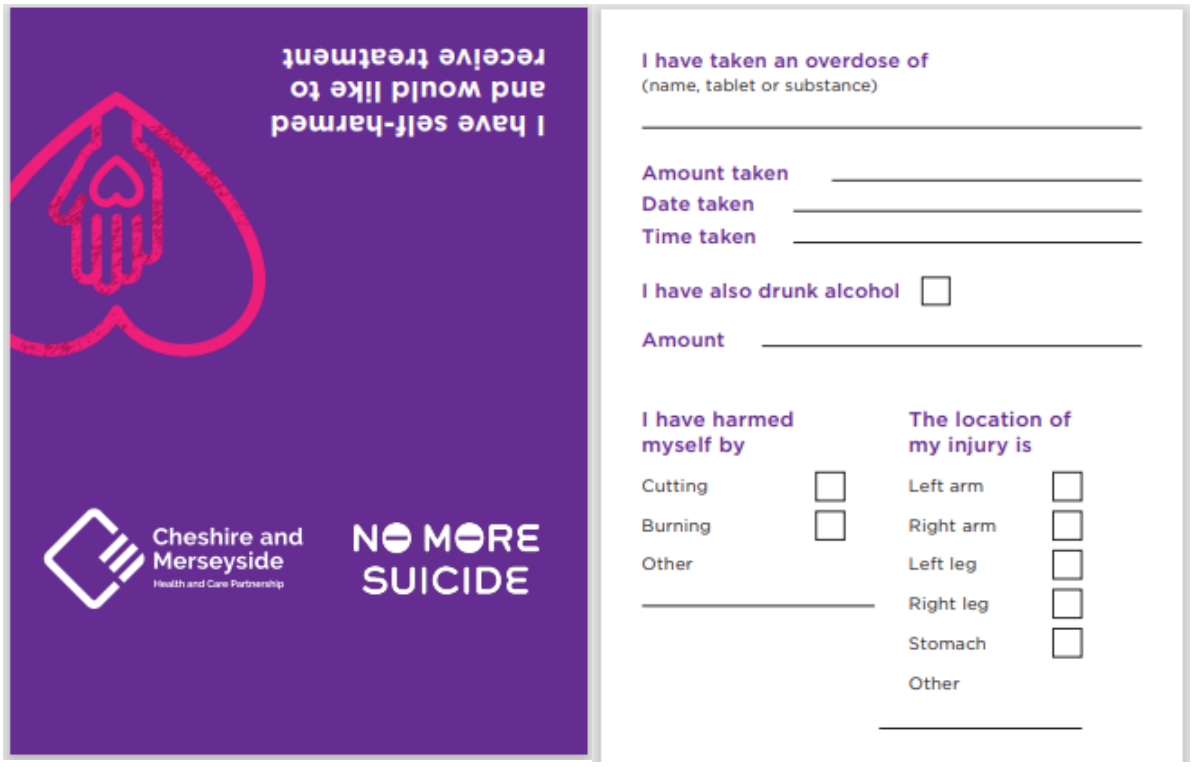
0808 196 3550
or 0151 293 3577
Text GREEN to 85258

Merseycare
Liverpool, Sefton & Kirkby
Adults & Young People (aged 16+).
0800 145 6570
Text HEAL to 85258

Halton, Knowsley, St Helens & Warrington
Adults, Children & Young People.
0800 051 1508
If you live in **Wigan**
0800 051 3253
Text REACH to 85258

8.3 I Have Self-Harmed Card



I have self-harmed and would like to receive treatment

Cheshire and Merseyside Health and Care Partnership

NO MORE SUICIDE

I have taken an overdose of
(name, tablet or substance)

_____

Amount taken _____
Date taken _____
Time taken _____

I have also drunk alcohol ☐

Amount _____

I have harmed myself by

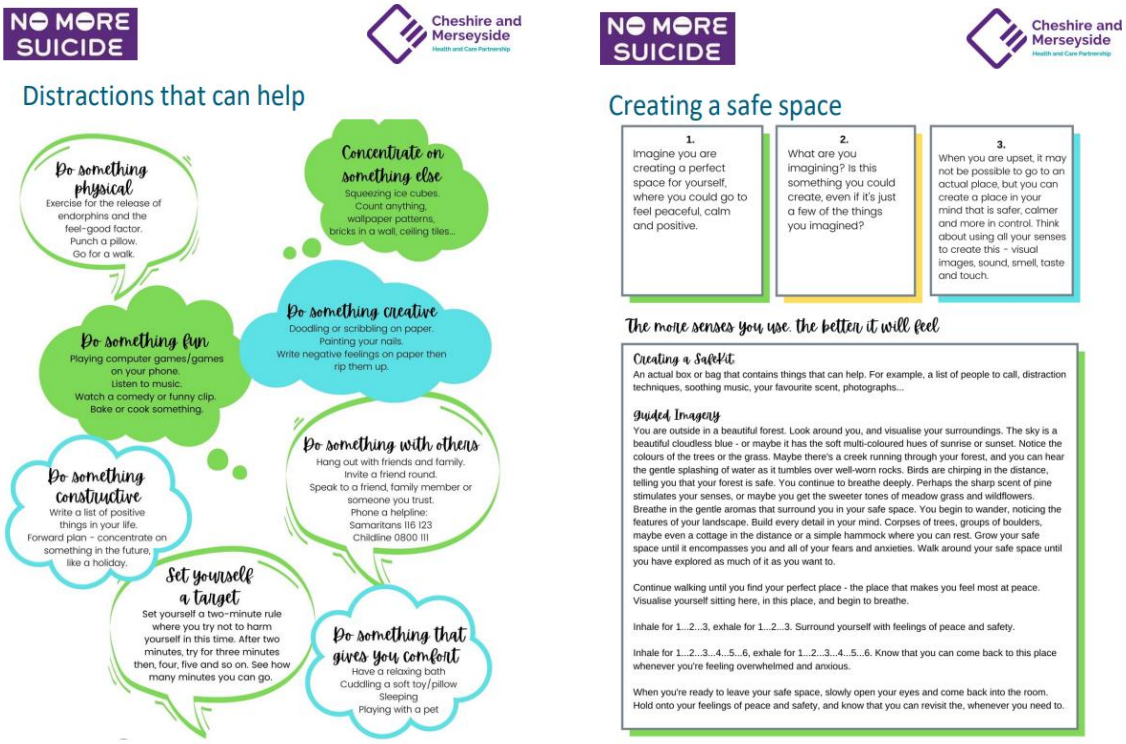
Cutting ☐
Burning ☐
Other
_____

The location of my injury is

Left arm ☐
Right arm ☐
Left leg ☐
Right leg ☐
Stomach ☐
Other
_____

8.4 Inside Lid Stickers

8.5 Distraction Ideas Leaflet



8.6 Local Signposting to Support Services Leaflet

NO MORE SUICIDE

Cheshire and Merseyside
Health and Care Partnership

Self-harm
Further advice, support and information

Cheshire & Merseyside NHS Mental Health Crisis Helplines and TEXT support

Open 24 hours a day, seven-days a week, helplines are available to people of all ages including children and young people who need **urgent** mental health support. The helplines are now the first port of call for mental health help –operated by people in your local area who will know how best to support you. If you call NHS111 you may have to wait longer for help and will be re-directed to your local service. A&E and 999 are not the best places to get help for the majority of mental health problems. However still call 999 or go to A&E if you have an immediate, life-threatening emergency requiring mental or physical health assistance.

You can also **TEXT** the identified keyword for each of the Mental Health Trusts listed below to **85258** and start a conversation with a trained volunteer who will text you back and forth, sharing only what you feel comfortable. This service is completely free, anonymous and available 24/7. Volunteers will be able to signpost you to both local and national support services.

What number should I call/text?

CHESHIRE WIRRAL PARTNERSHIP **Cheshire East, Cheshire West & Wirral** *Adults, Children and Young People.* **0800 145 6485** **Text BLUE to 85258**	ALDER HEY CRISIS CARE TEAM **Liverpool & Sefton** *Children and Young People Only.* **0808 196 3550** or **0151 293 3577** **Text GREEN to 85258**
MERSEYCARE **Liverpool, Sefton & Kirkby** *Adults and Young People (aged 16+).* **0800 145 6570** **Text HEAL to 85258**	MERSEYCARE **Halton, Knowsley, St Helens and Warrington** *Adults, Children and Young People.* **0800 051 1508** If you live in **Wigan** **0800 051 3253** **Text REACH to 85258**

NO MORE SUICIDE

Cheshire and Merseyside
Health and Care Partnership

National Helplines

Young Minds Crisis Messenger Support **Text YM to 85258**
Samaritans **116 123**
The Mix **0808 808 4994**
Childline **0800 1111**

National Information, Advice and Support

National Self-harm Network **nshn.co.uk**
Self-harm UK **selfharm.co.uk**
Self-injury Support **selfinjurysupport.org.uk**
Beat Eating Disorders **beateatingdisorders.org.uk/**
Life Signs **lifesigns.org.uk**
Young Mind **youngminds.org.uk**
Papyrus **papyrus-uk.org**
Harmless **harmless.org.uk**

Recommended Apps

NHS Recommended Apps **nhs.uk/apps-library/**
Calm Harm
DistrACT
Hub of Hope
Stay Alive

Local Support

kooth.com

www.kindto yourmind.org/support-near-me

no-more.co.uk

Ideas for Distractions

www.wellbeingandcoping.net
www.mind.org.uk/need-urgent-help/how-can-i-distract-myself
www.papyrus.org.uk
www.lifesigns.org.uk/help

Information and support for Parents and Carers

Young Minds Parents Helpline **08080 802 5544**
Anna Freud Centre **annafreud.org/on-my-mind/**
MindEd **minded.org.uk**
Stem4 **stem4.org.uk/**