



Self-Harm

and PSHE Education

Professionals' Pack

2024

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Introduction

This pack aims to support education providers to deliver quality PSHE education around self-harm through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Children and young people need to be taught to manage risks, make safer choices and recognise when pressure from others threatens their personal safety and wellbeing.



Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



No. 01 – Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



No. 02 – Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



No. 03 – Staff Confidence

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



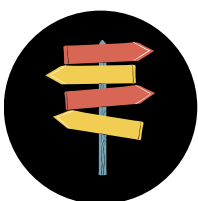
No. 04 Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



No. 05 – Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 – Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Best Practice Principles

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.

The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices."

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

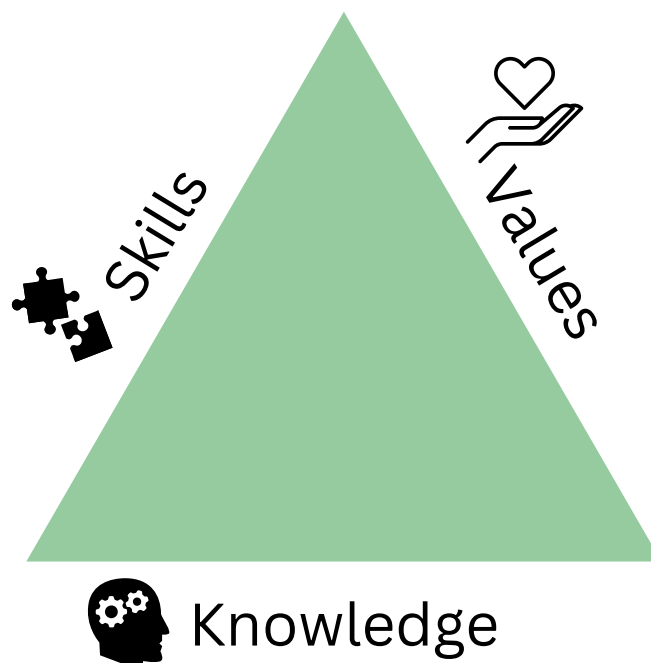
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic

Skills: gaining new skills on a topic

Values: reflecting on, and potentially altering, your own values in relation to a topic



Trauma Informed Approach

Being Trauma-Informed

It is important to be aware of the risks of educative interventions, if not delivered carefully. PSHE resources – when used with children and young people who have been affected by the topic being covered – can re-traumatise children and young people or induce vicarious trauma – this is defined as the feelings of trauma experienced by a third party when witnessing or engaging with the harm or trauma of another (Eaton, 2017).



The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course [here](#) – you will need to create a Youth Work One account to be able to access the course.

Top Tips

- Do not use resources that include graphic images, victim blaming or scenes of abuse.
- Ensure that the work is part of a planned, sequential curriculum that builds on prior knowledge.
- Work with your pastoral team to understand if there is anyone who could be affected by this scheme of work. Ask the individuals if they want to be included in the class or if they would prefer to do some other work - explain there will be no explanation given to their absence.
- Use resources only within class-sized groups and not within assemblies.
- Ensure that a trigger/content warning is given beforehand.
- Ensure there is plenty of time for class-based discussions and signposting and that children/young people do not move onto a different topic/lesson before having time to debrief.
- When exploring themes with the participants do not ask “what could x have done to not be a victim of...” or “what signs should they have spotted” this encourages victim-blaming and abuse is never the fault of the child or young person.
- Use distancing techniques - Avoid questions or activities which encourage students to consider their personal experiences, or ask them to put themselves in a particular situation. It is more appropriate to ask “how do you think x is feeling?” or “how would you feel if x was your friend?”. This helps to develop skills of emotional literacy and empathy. You could also ask young people to imagine the response of “a young person, about your age who goes to school around here”
- How can you make it easy for participants to leave the room and communicate this in advance?
- How will you ensure parents/carers have information about this scheme of work to support it within the home?
- You might want to consider a Disassociation Game to close the session. This is a quick, light-hearted, unrelated activity following the plenary on learning from the session. The purpose of this is to help students emotionally detach themselves from the content of the session before they leave.

Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on communicating with people with learning difficulties.

The National Autistic Society has also published tips to communicate more effectively with an autistic person.



The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to self-harm.

Secondary

PSHE Association

Key Stage 3

H11	the causes and triggers for unhealthy coping strategies, such as self-harm and eating disorders, and the need to seek help for themselves or others as soon as possible
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Key Stage 4

H11	the causes and triggers for unhealthy coping strategies, such as self-harm and eating disorders, and the need to seek help for themselves or others as soon as possible
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SEND

Key Stage 3-4

HL2 Mental Wellbeing

Encountering	<ul style="list-style-type: none">Respond to stimuli about things we like to do which make us feel calm and relaxed.
Foundation	<ul style="list-style-type: none">Identify things we can do to help ourselves when we feel worried or stressed.
Core	<ul style="list-style-type: none">Recognise what mental health and emotional wellbeing are.Suggest some simple ways to maintain our emotional wellbeing (e.g. relaxing, being with friends/family, listening to music).

Development	<ul style="list-style-type: none"> • Explain the link between physical health and mental wellbeing. • Recognise when we need help with mental health or emotional wellbeing and whom we can speak to. • Explain why it is important to seek help for ourselves or others if we are worried about unhealthy coping behaviours (e.g. self-harm or disordered eating).
Enrichment	<ul style="list-style-type: none"> • Describe some healthy coping strategies that can help if we are struggling to maintain our emotional wellbeing. • Describe how we can help friends or family who might be feeling stressed or unhappy. • Identify things that can prevent people from seeking help with mental health issues (e.g. stigma).
Enhancement	<ul style="list-style-type: none"> • Identify reliable sources of advice and support for mental health and emotional wellbeing. • Identify some strategies for challenging stereotypes and stigma relating to mental health.

DfE Statutory Guidance:

By the end of Secondary pupils will know:

M3	how to recognise the early signs of mental wellbeing concerns.
M4	common types of mental ill health (e.g. anxiety and depression).

Key Stage 5

H5	to recognise common mental health issues such as anxiety, depression, eating disorders, self-harm and compulsive behaviours
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NYA Youth Work Curriculum:

HW1	Promoting the positive physical, social, emotional and mental health of young people
HW4	Making appropriate support and services accessible when necessary
HW5	Providing appropriate, accurate information and guidance

Useful Resources

Please check all resources are suitable for your settings and children before use

Self-Harm

Videos:

- [BBC Teach - KS3 - India's Story](#)

An animated documentary relating the story of India, a young woman who began self-harming as a response to anxiety caused by being bullied and low self-esteem.

- [BBC Teach - KS3 - Coping with self-harm](#)

A teenage girl called Zoe is interviewed by BBC radio presenter Aled Haydn Jones. She describes her experiences of self-harm and how she overcame it. The radio show is fictional but the caller and her experiences are real.

Lesson Plans:

- [PSHE Association - KS1-2 - Mental health and emotional wellbeing pack](#)

These lesson plans cover relevant content from the government's statutory RSHE guidance.

- [PSHE Association - KS3-4 - Mental health and emotional wellbeing pack](#)

Full lesson plans and resources, with detailed teacher guidance. These lesson plans cover relevant content from the government's statutory Health Education and RSE (RSHE) guidance.

DEVELOPING SUBJECT KNOWLEDGE



SELF-HARM

with thanks to...

Staffordshire County Council Educational Psychology
North Staffordshire & Stoke-on-Trent Mental Health Support Team

Definitions

Self-harm describes any way in which a young person might harm themselves or put themselves at risk in order to cope with difficult thoughts, feelings or experiences.

Examples include:

- Self-cutting
- Taking an overdose
- Swallowing objects or poisons
- Hitting or bruising
- Self-strangulation with ligatures
- Burning



It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for students who are more vulnerable (e.g. personal accounts of weight change).]

Mind highlight that some people have described self-harm as a way to:

- express something that is hard to put into words
- turn invisible thoughts or feelings into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts
- have a sense of being in control
- escape traumatic memories
- have something in life that they can rely on
- punish themselves for their feelings and experiences
- stop feeling numb, disconnected or dissociated
- create a reason to physically care for themselves
- express suicidal feelings and thoughts without taking their own life.

Why do people self-harm?

There are no fixed rules about why people self-harm.

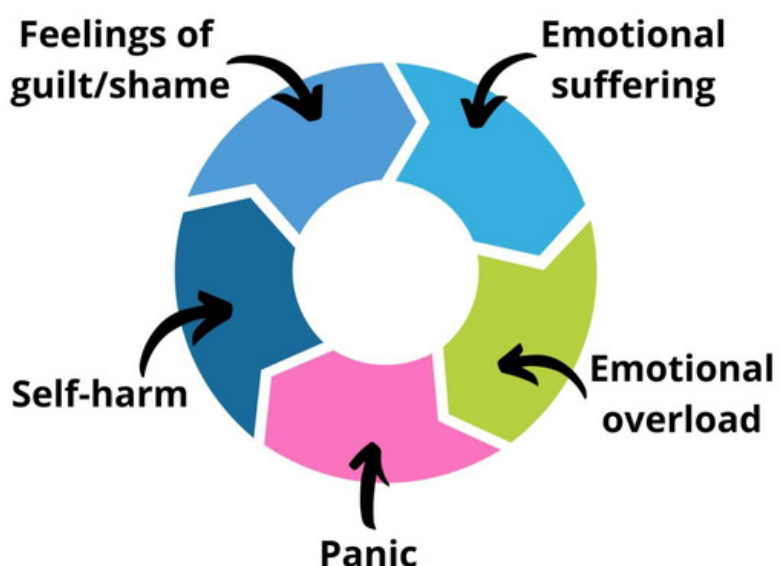
For some people, self-harm is linked to specific experiences and is a way of dealing with something that's either happening at the moment or which happened in the past. For others, the reasons are less clear and can be harder to make sense of.

Children and young people might not know why they hurt themselves, it's important to provide reassurance, and remind children and young people that they are not alone and help is available.

Any difficult experience can cause someone to self-harm. Common reasons include:

- pressures at school or work
- bullying
- money worries
- sexual, physical or emotional abuse
- bereavement
- homophobia, biphobia and transphobia
- breakdown of a relationship
- loss of a job
- an illness or health problem
- low self-esteem
- an increase in stress
- difficult feelings, such as depression, anxiety, anger or numbness.

Self-harm cycle



Self-harm can provide temporary relief to distressing thoughts, feelings and experiences, but the act of self-harm can add to their guilt, shame and distress which, after the temporary relief has passed often means their problems feel bigger, not better. If they have no other ways of seeking this relief, they may turn again to self-harm. We can also intervene at any point of the cycle. It is important to stress talking about self-harm does not make someone more likely to engage in these behaviours.

Warning Signs

There are many signs you can look out for which indicate a young person is in distress and may be harming themselves, or at risk of self-harm. Signs of self-harm may be similar to signs of physical or other abuse.

The most obvious are physical injuries which:

you observe on more than one occasion

appear too neat or ordered to be accidental

do not appear consistent with how the young person says they were sustained

are on areas of the body that can be easily concealed with clothing (arms, top of legs etc.)

Other warning signs may include:

secrecy or disappearing at times of high emotion

long or baggy clothing covering arms or legs even in warm weather

increasing isolation or unwillingness to engage

avoiding changing in front of others (may avoid PE, shopping, sleepovers)

absence or lateness

general low mood or irritability

negative self-talk – feeling worthless, hopeless or aimless

Vulnerabilities

There are some factors that contribute to young people becoming particularly vulnerable to self-harm.

INDIVIDUAL

- History of depression or anxiety
- Low self-esteem
- A sense of hopelessness
- Poor problem-solving skills
- Impulsive behaviour
- Substance misuse
- Neurodiversity
- Having an eating disorder
- Previous history of using self-harm
- Previous suicidal ideation or suicide attempt

FAMILY

- Mental health difficulties in parents/carers
- Poor parental relationship
- Conflict with parents
- Substance misuse within the family
- Abuse or neglect
- Family history of self-harm and suicide

SOCIAL

- Difficult peer relationships
- Peer rejection
- Bullying (including cyberbullying)
- Having friends who self-harm
- Easy access to means of self-harm
- Influenced by websites or social media that encourage self-harm
- Media influence

Trauma

Some people self-harm particular areas of their body that are linked to an earlier trauma.

Trauma is when we experience very stressful, frightening or distressing events that are difficult to cope with or out of our control. It could be one incident, or an ongoing event that happens over a long period of time.

Most of us will experience an event in our lives that could be considered traumatic. But we won't all be affected the same way. Trauma can happen at any age. And it can affect us at any time, including a long time after the event has happened.

See [Pages 7-8](#) for more information about a Trauma-Informed approach.

Mind provide [information and advice about coping with the effects of trauma](#).

Substances & Self-Harm

Self-harm and substance misuse can often be connected.

People with mental health conditions including depression, anxiety and eating disorders and people who have experienced problematic life events like trauma, abuse and neglect are at a higher risk of self-harm. These same people are at higher risk of regular substance use and substance use disorders.

Substance use can lead to self-harm. As intoxication increases, people may lose self-control, which results in higher rates of self-harm. Being under the influence of substance can also lead to self-injury being more severe than intended.

Alcohol and Self-Harm

Alcohol and self-harm are linked. As alcohol abuse increases, so does the risk of self-harm. Alcohol use may also cause a number of dangerous behaviors, including:

- Aggression
- Mood instability
- Poor judgment

These effects of alcohol intoxication lay a strong foundation for self-harm. If someone is prone to self-harm and alcohol consumption, experiencing increased aggression, mood changes and impaired judgment from alcohol use can diminish their ability to employ healthy coping skills.

Stimulants & Self-Harm

Use of stimulant substances like cocaine, methamphetamine and prescription medications for attention-deficit hyperactivity disorder are linked to self-harm as well, but the mechanism might be different from those misusing alcohol.

Stimulants can encourage self-harm during and after use. During intoxication, stimulants can produce hallucinations, delusional thinking and paranoia.

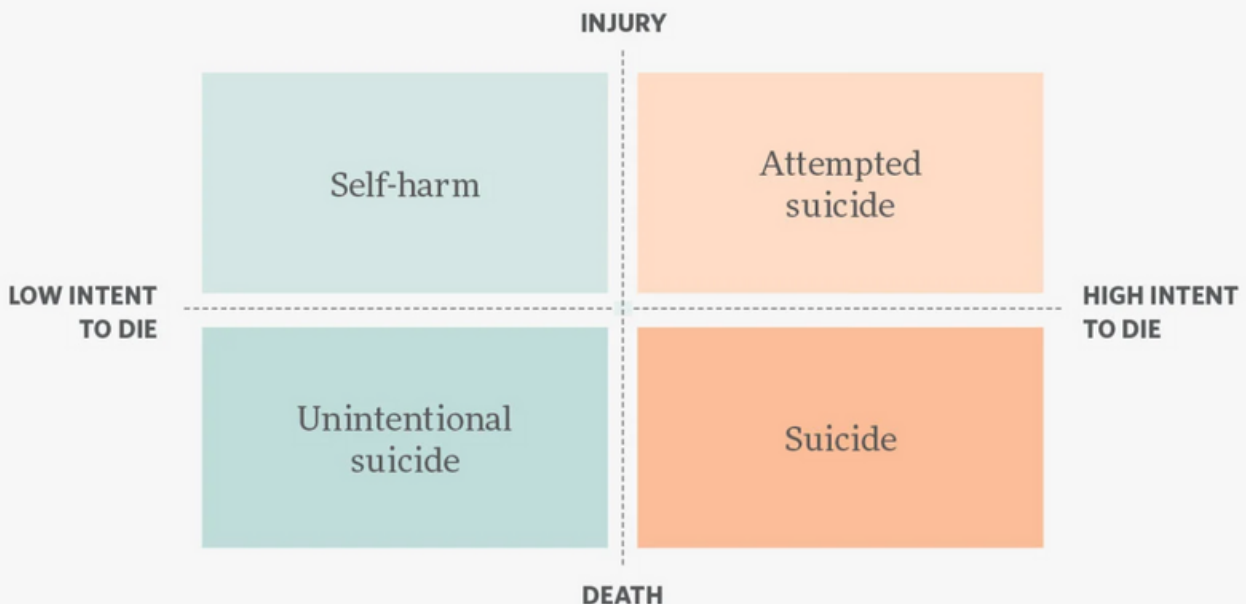
These symptoms result in a dangerous separation from reality. When use ends, the following crash may lead to extreme depression and hopelessness, which can spark suicidal thoughts and a desire for self-injury.

Self-Harm & Suicide

Most attempts at suicide are linked to the pain of living – many people when asked about it never actually had a true death wish. During a suicide assessment the question is asked very specifically in order to understand what part of a person's life might be causing them so much pain that death feels like the only answer.

It is important to note that Self-Harm is not Suicide, but it may become Suicide.

Asking about suicide does not put the thought into anyone's head, rather asking the question can help that person open up about how they are feeling.



(Centre for Suicide Prevention (CSP), 2016)

Self-harm can also lead to suicide when:

- Self-harm is no longer an effective coping method. It ceases to offset the feelings caused by stress or trauma (Whitlock & Knox, 2007)
- In a crisis situation, individuals who self-harm, who have become desensitised and habituated to pain through repeat harming episodes, may view a suicide attempt as less frightening (Stewart, 2014)

Papyrus share a [Building Suicide-Safer Schools and Colleges guide for teachers and staff](#) which includes information about; Creating a Suicide-Safer Community in your School or College, Helpful and unhelpful language when talking about suicide with children and young people.

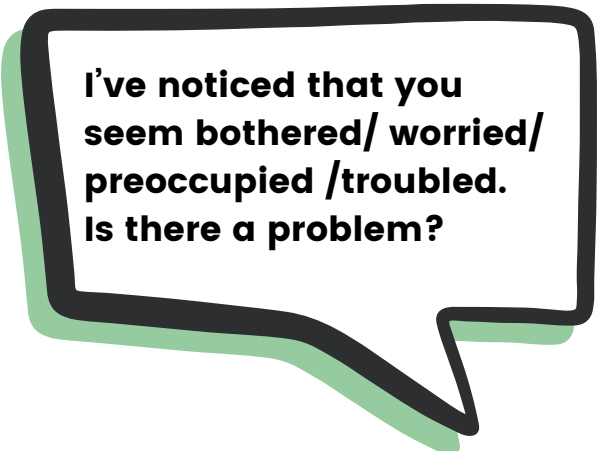
Responding to Self-Harm

Thousands of children and young people in the UK self-harm, and the problem spans the divides of gender, class, age and ethnicity.

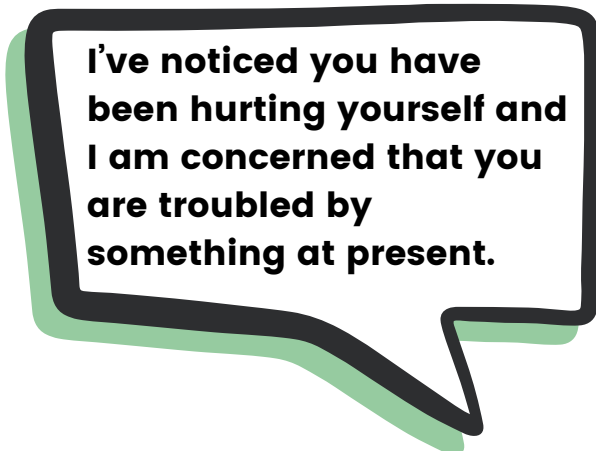
As such, many people find themselves in the position of wanting to support a young person who is self-harming. This can be difficult due to lack of confidence or uncertainty about what to say or do.

Young Minds have provided simple guidance for taking those first steps – your support can be life-changing.

When adults are concerned that a young person is self-harming, they often worry about saying the wrong thing and making the issue worse. The following approaches may help alleviate some of this concern:

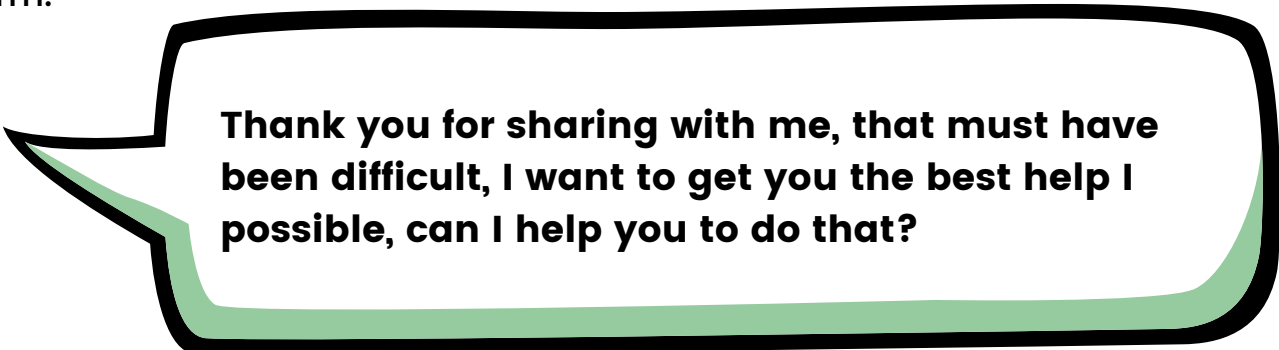
A speech bubble with a black outline and a light green shadow, containing text.

I've noticed that you seem bothered/ worried/ preoccupied /troubled. Is there a problem?

A speech bubble with a black outline and a light green shadow, containing text.

I've noticed you have been hurting yourself and I am concerned that you are troubled by something at present.

We know that when young people are bothered/troubled by things, they cope in different ways and self-harm is one of those ways. Those who do this need confidential support from someone who understands issues in relation to self-harm.

A large speech bubble with a black outline and a light green shadow, containing text.

Thank you for sharing with me, that must have been difficult, I want to get you the best help I possible, can I help you to do that?

Click here for further support with Self-Harm conversation prompts.

Positive Coping Strategies

Through PSHE education, or when directly supporting a child or young person who has self-harmed, it is appropriate to talk about positive coping strategies that can be used to cope with difficult or different feelings or experiences. Some examples could be;

- Draw, paint, or sketch out thoughts and feelings
- Listen to uplifting music
- Write out thoughts or feelings in a journal
- Carry a safe object i.e. a precious stone or stress ball to rub or squeeze when feeling anxious or low
- Don't keep your feelings to yourself - reach out to someone you trust
Don't do anything right now - pledge not to do anything within the next 2-4 hours, re-evaluate your feelings once the time has elapsed
- Regularly check in with a trusted adult at school
- Write down a list of your strengths or talents - aim to spend more time on these so that attention can be gained for positive achievements
- Wear an elastic band round your wrist and ping it against the skin
- Draw on yourself with a red marker pen
- Call or arrange to meet up with a friend in person
- Take up an new hobby or interest
- Create a bucket list with a close friend of positive things you want to do or achieve in the next year or before you finish high school
- Get a massage or give yourself a manicure
- Spend time with people who love and value you
- Write down negative feelings that you have towards yourself and then rip up the paper
- Create a memory box which contains a list of the good things in your life, achievements and photographs of happy times - look through this when you are feeling down.

Statistics

36.8%

of young people have tried to harm themselves (NHS Digital, 2023)



On average two teenagers in every secondary school classroom will have hurt themselves in response to the pressure of growing up in an increasingly complex and challenging world.

YoungMinds share the following data:

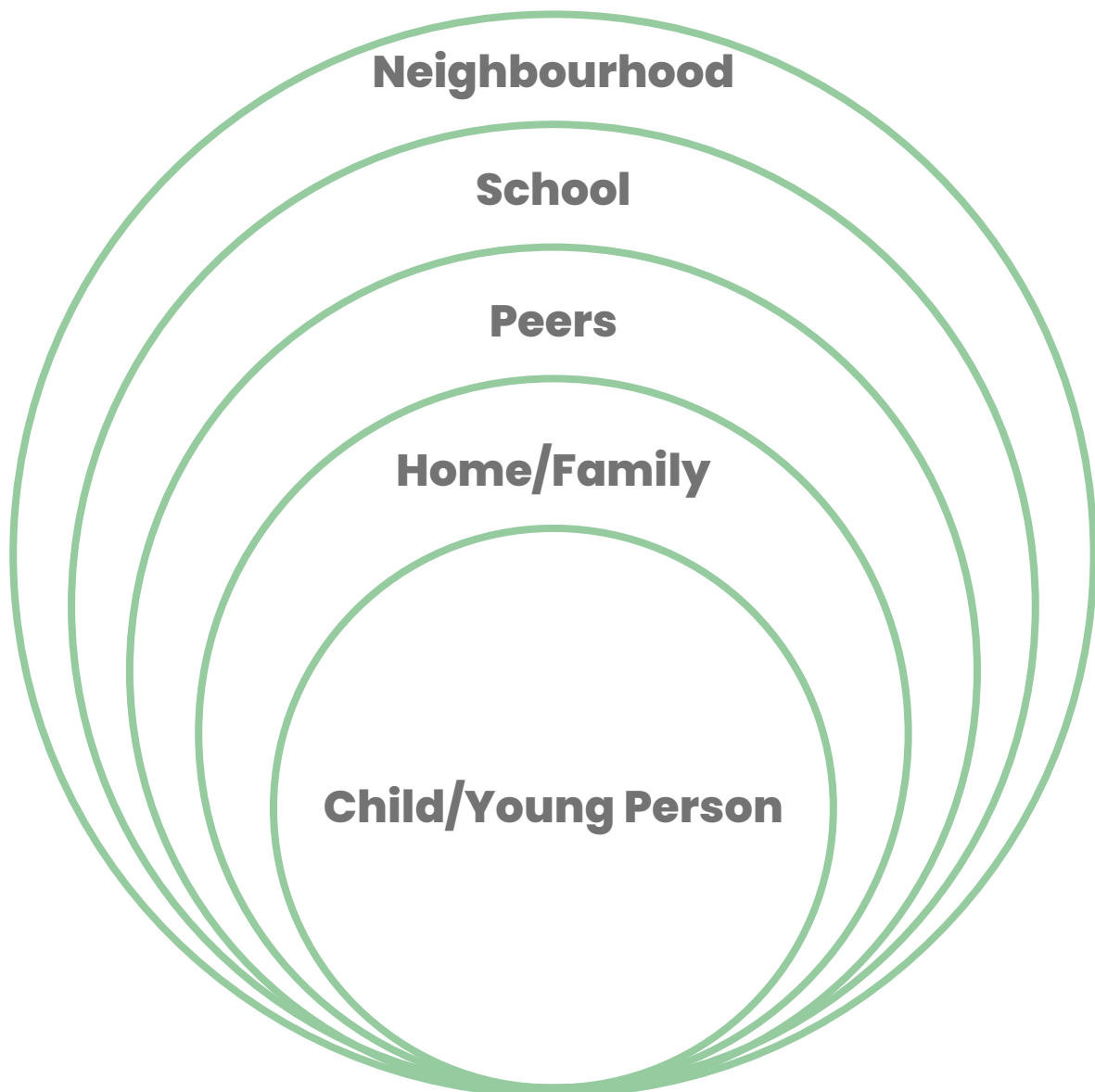
- One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom.
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.
- Suicide was the leading cause of death for males and females aged between five to 34 in 2019.
- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.

Contextual Safeguarding

Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people.

Using Contextual safeguarding can enable professionals to build a holistic picture of the child or young person's individual factors and also identify where and by whom interventions can occur

More information on contextual safeguarding can be found [here](#)



YoungMinds: Understanding Self-Harm

This course helps practitioners working with young people to increase their understanding of why young people self-harm, and how best to support them.

Costs applied.

[More information here.](#)

Self Harm Training & Suicide Awareness & Prevention

This qualification is aimed at anyone seeking to improve their understanding and awareness of suicide and self-harm. A level 2 certificate is awarded on successful completion.

[More information here.](#)

Self Harm Awareness

To provide an update on the NICE guidelines, to raise awareness around self harm.

FREE funded by the Staffordshire Training Hub.

[More information here.](#)

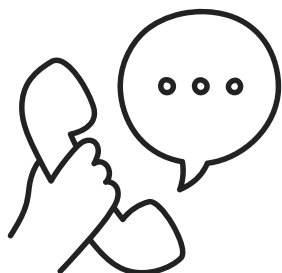
Support Services

A key principle of PSHE education, is that children and young people can identify where they can go to for further help, advice and support.

The following services can be shared, in addition to safeguarding details unique for your setting;

Organisation	Service	Contact
Childline	Free and Confidential Help for Young People – available 24 hours a day.	0800 1111 www.childline.co.uk
YoungMinds	YoungMinds, offer information to children & young people about mental health and emotional wellbeing. YoungMinds also provides information and advice to parents & carers about young people’s mental health & wellbeing.	0808 802 5544 (Parents Helpline) Monday to Friday 9.30am–4pm parents@youngminds.org.uk www.edva.org
Child and Adolescent Mental Health Service (CAMHS)	We are a team of specially trained workers whose job it is to improve the mental health of children and young people by helping them with the things that make them worried, upset or angry. CAMHS Teams provide a multi-disciplinary outpatient service for children and young people who have moderate and severe mental health problems. We see children, young people and their parents from age 5 or sometimes younger up to the age of 18.	Referrals to CAMHS via your GP, School Nurse or Health Professional
Harmless	A user led organisation that provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends and families, and professionals.	www.harmless.org.uk

Useful Contacts:



If you would like more information or support about Self-Harm please contact:

North Staffordshire & Stoke-on-Trent

- Mental Health Support Team (MHST)

Online referral form (ages 4 - 18).

- Child and Adolescent Mental Health Services (CAMHS) North Staffs
0800 0 328 728 (option 1)

Child and Adolescent Mental Health Services (CAMHS)

Stafford

01785 221665

Tamworth

01827 51183

Cannock

01543 479099

Burton

01283 505820

Lichfield

01543 442012

If a referral to Children's Social Care is required, please contact:

Staffordshire:

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

Stoke:

CHAD - 01782 235 100

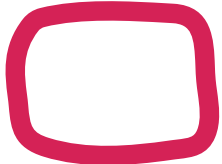
Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 01782 234 234

Further Reading:



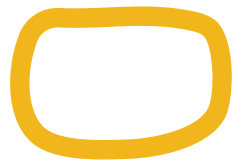
Papyrus: Building Suicide-Safer Schools and Colleges: A Guide for Teachers and Staff



YoungMinds: No Harm Done - Recognising and responding to self-harm



Mind - Coping with Trauma



Royal College of Psychiatrists: Young people who self-harm A Guide for School Staff



Royal College of Psychiatrists: Self-harm for parents and carers



PSHE
Education
STOKE-ON-TRENT
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