



‘Managing self harm is a team effort’

June 22nd 2021

Dr Niki Cooper

What will I cover?



- Place2Be's Whole School approach
- Self Harm in our Schools
- How we are addressing it
- What we do when a CYP discloses self harm
- Communication and confidentiality
- Assessing risk and managing safety
- The influence of social media
- Contagion
- Creating a supportive school culture

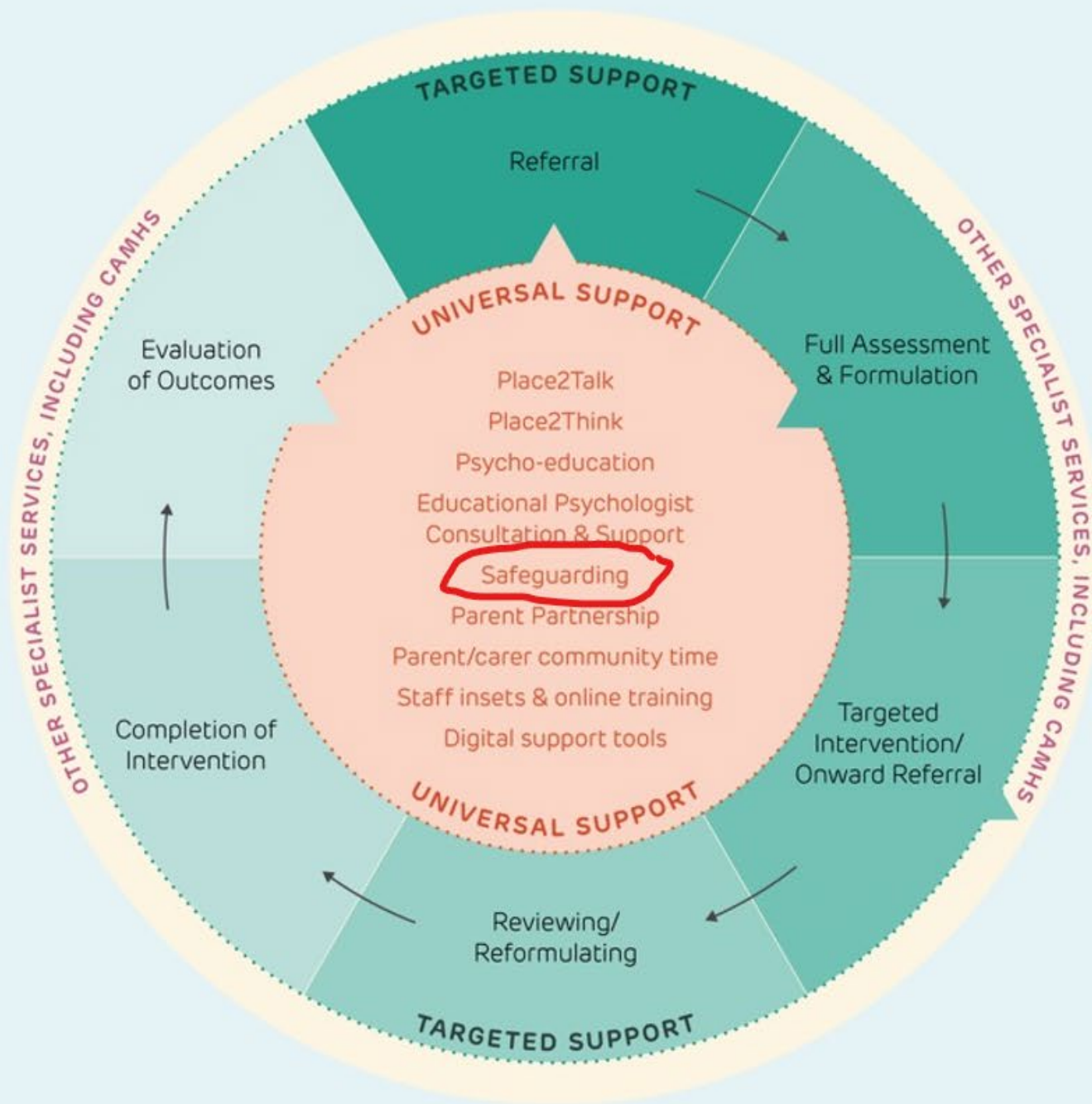
Place2Be in schools

- In the last financial year, Place2Be worked with over 639 schools
- Supporting a school population of over 350,000 children and young people
- A total of 390 schools nationally had an embedded Place2Be service delivered in their school

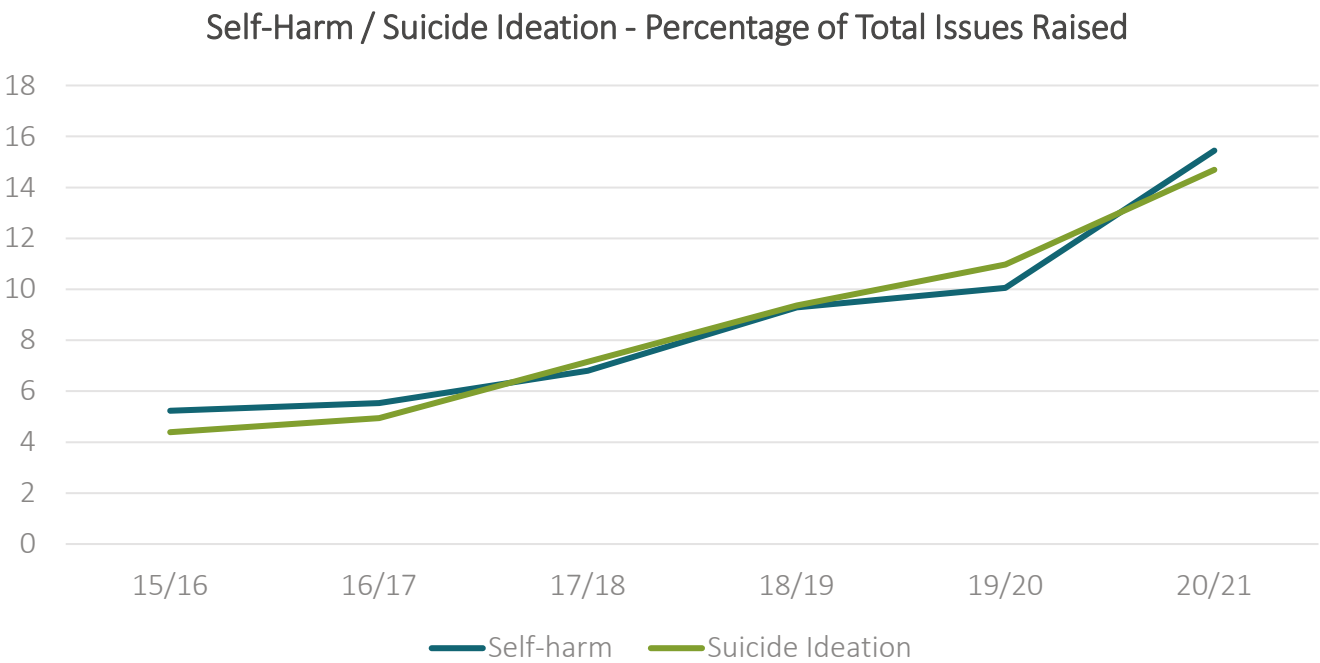


Our whole school approach to mental health support

At Place2Be, children and families are always held within our whole-school mental health support framework. Here, a series of **universal support** services forms the core of our offer, with **targeted support** provided by our team of specialist clinicians, or **external services** when necessary.



What is happening in schools?

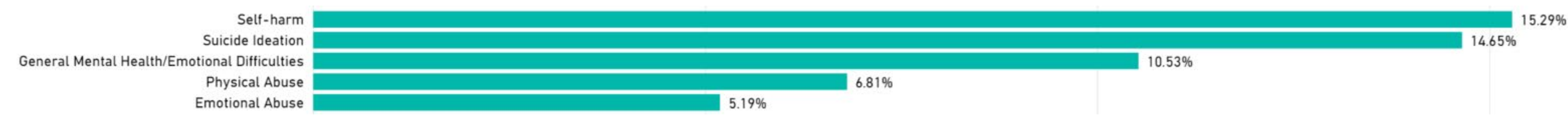


All schools	17/18	18/19	19/20	20/21
Unique Children Who Raised Concerns	734	1014	1029	1285
Unique Children Who Accessed P2B	41596	40887	33326	26594
Percentage	1.8	2.5	3.1	4.8
Primary				
Unique Children Who Raised Concerns	320	365	379	361
Unique Children Who Accessed P2B	35706	33550	26473	19662
Percentage	0.9	1.1	1.4	1.8
Secondary / All-Through				
Unique Children Who Raised Concerns	415	648	650	924
Unique Children Who Accessed P2B	5890	7326	6845	6932
Percentage	7.0	8.8	9.5	13.3

- In academic year 20/21 so far, self-harm and suicide ideation issues raised account for approx **30%** of all issues raised within Place2Be settings. Up from 10% in 15/16
- As a percentage of unique CYP accessing Place2Be, the number of unique CYP disclosing self-harm and suicide ideation has risen from **1.8% to 4.8%** so far. In secondary schools, there has been a rise from **7% to 13.3%**.



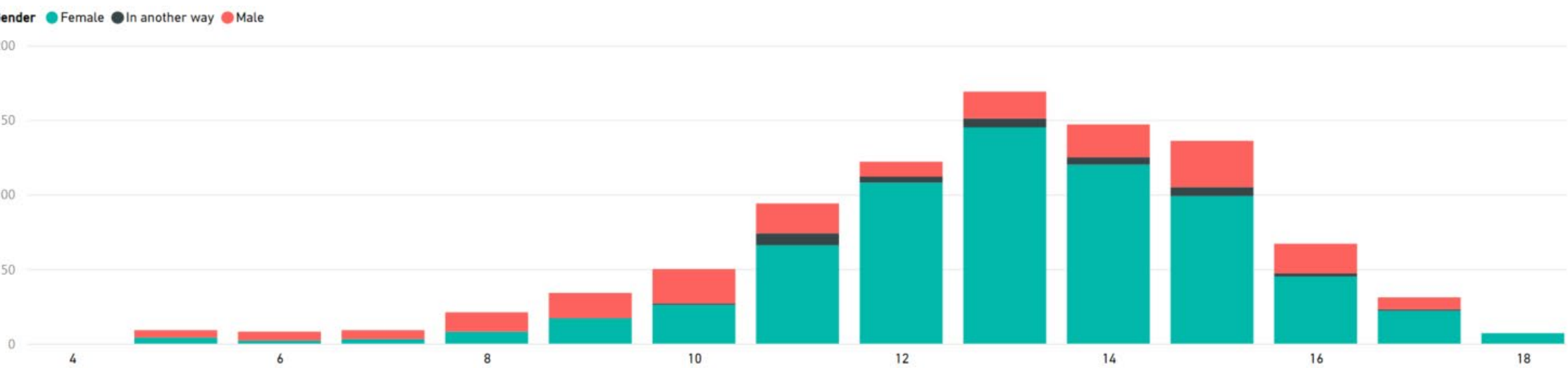
20/21 – Top 5 Issues (%) – All Schools (Child & Adult)



20/21 – Top 5 Issues (%) – Secondary / All-Through (Child & Adult)



20/21 – Breakdown of self-harm issues raised by age / gender from individuals ages 4-18



Mental Health or Crisis Management Service?

- Keeping the balance
- Protecting staff and promoting self care
- Supporting schools
- Clear boundaries needed around role of DSL and role of School Mental Health service
- CAMHS thresholds and other barriers
- Challenge of CYP coming from multiple boroughs



Place2Be Principles and Approach

The Place2Be guidance highlights the importance of:

- Recognising the importance of **empowering children** and young people with support to make positive changes
- Placing **the views of the child or young person at the centre** of all of our work with them
- Recognising that children and young people want to be heard and understood and treated as individuals
- Acknowledging that **everyone can do something** to help young people who self-harm or those who at risk of suicide
- Recognising that **being clear about confidentiality** and informed consent is very important to children and young people
- A **non-judgemental, non-blaming, competent, calm and trustworthy** approach from practitioners offering support is highly valued by young people
- All Place2Be staff will have an **awareness of the wider impact** of self-harm and suicide on the young person's family and friends.
- All Place2Be staff working with young people at risk of self-harm and suicide need **support, supervision, guidance and training**
- Place2Be staff can help young people to work towards **minimising harm and finding alternative coping strategies**.
- The aim of helping children and young people who self-harm is to keep them safe, to maximise their health and wellbeing and to support the development of their resilience.



How are we approaching it?

- Providing support and discussion at regional Secondary School meetings for School-based clinicians and their supervisors and managers
- Redesigning our Risk Assessment (RA) and Safety Planning (SP) with a working party of school based staff
- Amending our guidance and referral pathways around this
- Providing additional training to support school-based staff to use the RA and SP
- Exploring possible digital options to support CYP who are self harming



Resources and external training for the teams

Papyrus –Suicide Prevention Charity. SP-EAK training will be on our staff training programme from June 2021

Harmless – CPD Level 3 accredited training self harm training delivered by experts in self harm. Available to staff from July 2021.

**With all the partnerships the training will be a permanent feature on the staff training programme with 4 training being offered per year.*

Place2Be Learning Hub (all staff) - has resource cards on Suicidal Ideation, Eating Disorders and Self harm. These are there for quick assess for staff and provide resources, support and guidance.



What happens when a CYP discloses in Place2Be?

One-to-one

With the CYP's consent, complete the P2B Risk Assessment with them and make sure they are also given a copy in their preferred mode (e.g. printed copy, photo). Agree a date with the young person when you will review the risk assessment.

Share the content of the risk assessment with the school and decide who is best placed to share with the parent / carer / CAMHS (if applicable) by the end of the day along with appropriate safety advice. Make sure agreed actions (refer to [Expected Responses](#)) and a summary of the risk assessment and safety plan are added to SSS by the end of the school day.

Store a copy of the risk assessment in your Place2Be OneDrive or in secure location if using a paper copy.

Speak to the school as soon as possible to clarify whether all appropriate actions have been taken (e.g. YP has consulted with GP, referral made to CAMHS)

Review the risk assessment at the time previously agreed and update as needed. Continue monitoring via sessions until the HT safeguarding concern is closed.

Ensure that any relevant actions / updates / changes in level of risk are added to SSS.

Place2Talk

Discuss with school who is best placed to complete a Risk Assessment. If P2B SBS completes a risk assessment, ensure the content of the assessment / safety plan is passed over to the school and they take responsibility for reviewing and amending the risk assessment as required. Please also ensure the school take responsibility for any immediate action needed (refer to [Expected Responses](#))

Make sure agreed actions e.g. contact with caregivers, referring to CAMHS, are added to SSS by the end of the school day.

Speak to the school as soon as possible to clarify whether all appropriate actions have been taken (e.g. YP has consulted with GP, referral made to CAMHS)

Consider offering the CYP a follow-up Place2Talk session to ensure they feel supported.

Ensure that any relevant actions / updates / changes in level of risk are added to SSS.



Communication and Confidentiality

- What is the worst that could happen?
- Contracting with schools and CYP
- Share with DSL
- School to decide how to share with parents (or other responsible adult)
- Over 18s, school still notified
- Exceptions, where danger to CYP is increased
- Activating the protective factors
- Not colluding with the unsurvivability or the shame
- Promoting alternative sources of support for those not willing to disclose (SHOUT and KOOTH)

Assessing Risk and Managing Safety

- Initial resistance/wariness especially with regard to language
- Champions recognizing both therapeutic and procedural benefits
- Schools adopting the Place2Be RA and SP
- Lengthy process and unwieldy systems
- Senior clinical and operational leads forming working party with Champions
- Streamlined form and storage system
- Clear straightforward language: naming and normalizing



Draft Risk Assessment (Primary)

Self-harm

SSS No:

Date of Risk Assessment:

Persons present:

Dealing with big feelings can sometimes become really hard. Sometimes it leads people to do things to themselves to help cope with the feelings. Today we'll look at what it's like for you.

Do you ever hurt yourself to cope with how you are feeling?
(If yes, please proceed to ask other questions in this section)

Yes/No

Sometimes I hurt
myself to cope
with big feelings

What I do:

I haven't hurt
myself, but
sometimes I think
about it

On a scale of 0-10 where are you now?

0 = I never think of hurting myself

5 = I sometimes hurt myself

10 = I badly hurt myself a lot of the time



Draft Risk Assessment (Primary)

Suicide Ideation

SSS No:
Date of Risk Assessment:
Persons present:

Dealing with big feelings can sometimes become really difficult and feel too much. Sometimes this means people having thoughts of not wanting to be alive any more.

Do you ever have thoughts of not wanting to be alive anymore? Yes / No
(If yes, please proceed to ask other questions in this section)

Sometimes I feel like I don't want to be alive any more

The last time I had these thoughts was:

What was happening around me when I had these thoughts? (These are sometimes called "triggers"):

Other situations that make me not want to be alive:

The plan I have thought about is:

I am thinking about acting on my plan (yes/no):

I have a plan for how to end my life
(Yes / No)

On a scale of 0 – 10, where are you now?

0 = I never think about wanting to be dead
5 = I sometimes wish I wasn't alive and think of suicide
10 = I intend to kill myself and I have a plan



Safety Plan

My plan



Triggers

Helping myself

Who can help?

Who knows?

Text P2B to 85258
for free, confidential support, 24/7

Managing the risk and supporting the CYP

- Working with CAMHS
- Counselling:
- **Consistent time**
- **Confidentiality**
- **Regular reviews**
- **Ownership and Sensitive use of safety plan**
- **Supervision**
- **Working with the system**
- **Partnership with parents**

Influence of Social Media

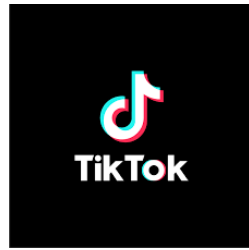
Positive and potentially negative

School-based staff broadly positive

Peer support

Often part of safety plan

No reports of being inspired to self harm



Contagion

- Pockets of activity: CYP not always connected or in same friendship group
- Different presentations: public and private
- Communicating distress/ trying to manage distress
- Bringing underground activity into the open
- Psychoeducational groups
- We are perhaps 'De-stigmatising mental health but pathologising emotion'
- 'Balance between not triggering or getting hysterical and being open and unafraid to name things'



Creating a supportive school culture

Supporting parents and carers

- Parent partnership
- Signposting and multi-agency working
- Parenting skills



Integrated approach

- Care pathways with CAMHS and specialist agencies
- Clinical supervision
- Extensive training for staff and counsellors on placement
- Evaluation to assess impact and regular reporting on outcomes



Supporting children and young people

- Place2Talk sessions open to all pupils
- Referral and assessment
- One-to-one counselling
- Therapeutic group work
- Whole-class work



Focus areas

- Safeguarding
- SEN and disability
- Hidden harms (domestic violence, addiction & family mental health)



Supporting school staff

- Training for teachers and school staff
- Expert advice and consultation
- Working with school leadership
- Working with governors



Team work

Secondary School-based clinician team meetings, support and sharing good practice

School based clinicians not isolated as part of wider Place2Be regional teams

Risk Assessment and Safety Planning working party

Senior Clinical Team

Practice and Quality Committee

Risk Committee and Board of Trustees

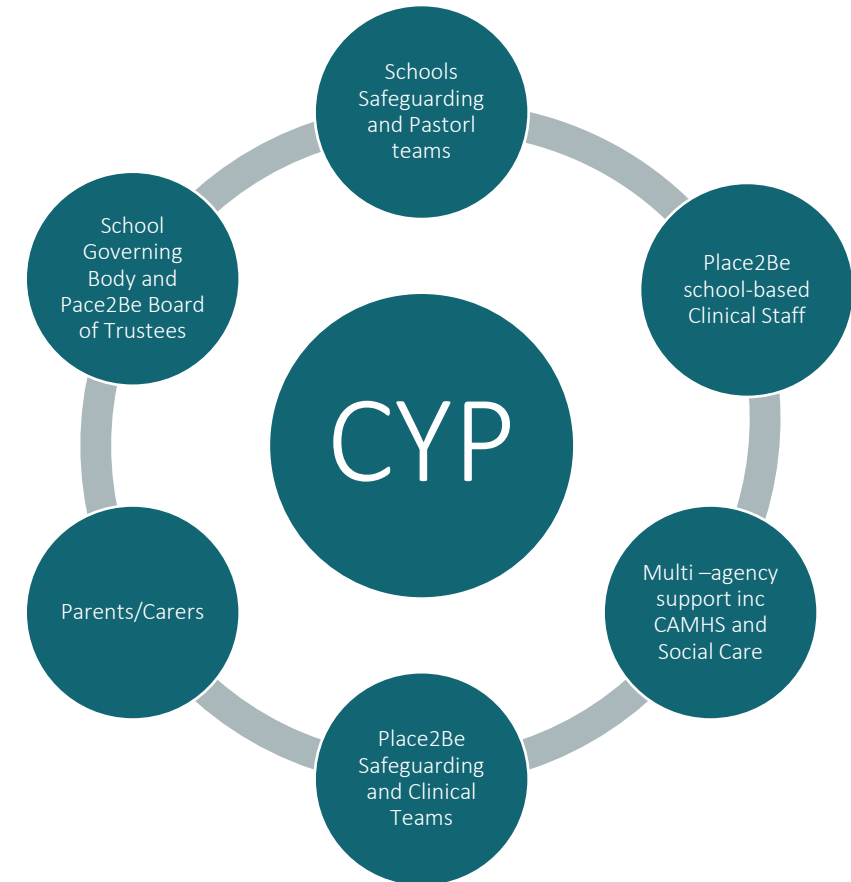
Safeguarding Teams in schools and Place2Be working together

Schools working with parents/carers

Activating the systems around the child.

Protective factors that may not have been activated before.

Not necessarily parents. Could be other family members



Contact information

Niki Cooper

Place2Be Clinical Director

Email: Niki.Cooper@place2be.org

