



**CHILDREN AND YOUNG PEOPLE
INVOLVED IN SERIOUS INCIDENTS
OF SELF HARM**

Practice Guidance

October 2006

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1. INTRODUCTION

This inter-agency guidance was written by a working group comprising representatives from Social Work, Health, Notre Dame Centre, The Big Step SIP, Quarriers Reach Out Project, Say Women and Includem. The group was commissioned by the Vulnerable Children and Young People sub-group of Glasgow Child Protection Committee with the remit:-

- To gather information on issues surrounding self harm and young people including responses and resources
- To produce inter-agency practice guidance which reflected the local situation within Glasgow.

Young people involved in serious or escalating incidents of self-harm' are one of the vulnerability groups identified within the Glasgow Child Protection Committee Inter-Agency Notification Procedures in relation to vulnerable children and young people at risk of significant harm.

This guidance is for all agencies and professionals who work with children/young people where there are concerns that they are involved in self harming behaviours. It sets out an inter-agency approach, developed within the framework of Glasgow's Children and Young Inter-Agency Notification Procedures.

Reference has been made to existing research and practice. In particular the Group paid cognisance to the ongoing National Inquiry 'Young People and Self Harm'. The final report is due for publication in the near future.

The Working Group considered all of the above to be important and helpful in their task, but aimed to develop guidance that reflected the current concerns of all agencies within Glasgow.

2. SCOPE AND PURPOSE OF THE GUIDANCE

Working with young people who have self-harmed is a complex area and no single policy or procedure can be expected to cover all eventualities. For this reason it is very important that discussion occurs between professionals regarding young people who are considered to be at risk. The purpose of this guidance is to present a strategic inter-agency framework to respond sensitively and effectively to the needs of children and young people in Glasgow who are involved in self-harming behaviours.

Aims

- To raise awareness of self- harming behaviours
- To facilitate a consistent response and approach to children and young people involved in self-harming behaviours
- To support and encourage staff from all agencies in Glasgow to work collaboratively with each other in developing and delivering appropriate and effective services to individual children and young people involved in self-harming behaviours
- To provide an update of relevant local resources and useful materials

3. DEFINITION

The Child

For the purposes of this Guidance 'child' means a person under the age of 16 years or under 18 years if remaining looked after or accommodated by the local authority as stated in the Children (Scotland) Act 1995 (section 93 (2) (b)).

The UN Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child states that

- Children have the right to life and must have the best possible chance to develop fully
- Children and young people have the right to express a view about things that affect them
- Children have the right to their own space and privacy
- Children must be kept safe from harm and given proper care by those looking after them
- Children have the right to be as healthy as possible
- Children have the right to be protected from all sorts of exploitation which can damage their welfare

(The UN Convention on the Rights of the Child. Scottish Office Document)

Defining Deliberate Self -Harm

Defining deliberate self- harm is not a simple task. There is often confusion between self-harm and suicide or attempted suicide. It is

useful to consider the definitions of each from the Scottish Executive 'Choose Life' National Strategy.

Deliberate Self-Harm - an act which is intended to cause deliberate self-harm but which does not result in death. The person committing an act of deliberate self-harm may or may not, have intent to take their own life.

Suicide - an act of deliberate self-harm which results in death.

The relationship between self-harm and suicide is complex and the overlap between the two needs to be acknowledged as for some people who deliberately self-harm, there will be an increased risk of subsequent completed suicide. However it would not be appropriate to regard all deliberate self-harming behaviour as suicidal behaviour. Rather that any intent to die deliberate self-harm may be seen as a coping mechanism used for example to release tension, to feel some control, to communicate distress or to overcome emotional numbness.

The Basement Project provide a useful definition of *Self Injury (non-lethal deliberate self harm)* as 'any act which involves deliberately inflicting pain and/or injury to one's own body, but without suicidal intent. It is usually an attempt to stay alive in the face of great emotional pain'.

The National Inquiry 'Young People and Self-Harm' refers to self-harm in its broadest sense as a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging. The particular focus of the National Inquiry is

- cutting behaviours
- other forms of self harm eg. burning, banging, hair pulling
- self poisoning

Self-harm rates in the UK have increased over the past decade and are amongst the highest in Europe (NICE 2002)¹

Research carried out by the Samaritans suggest that 1 in 10 teenagers self-harm.² There are various statistics available on self-harm but it is important to note that much self-harming behaviour is never reported.

Deliberate self-harming behaviour may include

- Scratching
- Cutting
- Burning, scalding

¹ Self-Harm Scope Document .NICE 2002

² The Samaritans Research, carried out by the Centre for Suicide Research, University of Oxford 2002
Youth and Self Harm; Perspectives

- Severe bruising or breaking bones by inflicting blows to the body
- Pulling out hair
- Head banging
- Inserting objects into the body
- Ingesting harmful substances
- Swallowing objects
- Using ligatures
- Asphyxiation/suffocation

Other behaviours which could also be perceived as potentially harmful include

- Under and over eating
- Over exercising
- Overwork/study
- Excessive washing, scrubbing
- Drug misuse
- Alcohol misuse
- Risky sexual behaviours
- Risk taking behaviours eg. joy riding
- Fighting

The above are just some example of potentially harmful behaviours and the list is by no means exhaustive. It is worth noting that these behaviours could be indicators of other underlying social, emotional or mental health problems and may require further consultation/discussion with colleagues/other disciplines.

4. SELF-HARM WHAT'S BEHIND IT?

It is important to recognise that most of us have various strategies to help us cope with life. For some this means engagement in potentially harmful behaviours, whether that is smoking, overworking or combinations of other behaviours as previously outlined.

Young people may begin deliberately self-harming for a number of reasons. Research has shown that there are often traumatic life experiences that may have contributed towards the development of deliberate self-harm as a way of coping and expressing inner pain. However this is not always the case, nor is it automatic that all those who have experienced trauma will go on to self-harm.

A Glasgow Perspective

Approximately 1000 young people have been seen and assessed by the Adolescent Deliberate Self Harm Service, over 700 of these young

people in the three years that the service has been city wide. Statistical analysis of 950 cases has recorded the following -

- 84% of all referrals were female
- 96% recorded as being of white, European ethnicity
- 60% were referred by District General Hospitals, 20% by GPs, 8% from A&E Departments and 12% from other sources
- 22% were previously known to mental health services and 3.5% were re-referrals to the service
- 60% of referrals were following overdose, 30% following self injury by cutting, 12% had overdosed and cut themselves, 8% was recorded as other means including attempted hanging, asphyxiation and suffocation. 12% were under the influence of alcohol at the time of the incident.
- Main precipitating factors/problems recorded in order from most to least reported - family, school, boy/girlfriend, friends, bullying, psychiatric problems.
- On first presentation 9.5% disclosed a history of physical abuse, 16% a history of emotional abuse and 6.5% a history of sexual abuse.
- To date 31 young people have been admitted to hospital (3.1%) with 96.9% being offered therapeutic intervention within a community setting

In the Bristol Crisis Service's Research³ with women who deliberately self injured the following issues were identified from childhood: -

- Sexual abuse
- Neglect
- Emotional Abuse
- Extreme lack of communication
- Physical Abuse
- Loss/Separation
- Parental Illness/Substance Misuse
- Others identified:- witnessing family violence, excessively high expectations, bullying and rejection by peers, racism and fear/shame about puberty/sexual orientation

The Samaritans have also carried out research looking at young people who self-harm.⁴ The results vary slightly from the above and include additional issues particular to young people. As well as sexual and physical abuse young people cited -

- Family/friend's death/illness
- Parents divorce

³ Lois Arnold. Women and Self-Injury, BCSW 1995

⁴ The Samaritans Research, carried out by the Centre for Suicide Research, University of Oxford 2001 Youth and Self Harm; Perspectives

- Family/friend's suicide
- Sexuality
- Bullying
- In trouble with the Police
- Making friends
- Family/friend's deliberate self-harm
- Parents fighting
- Fights with parents/friends
- Boy/girlfriend problems
- Schoolwork.

Additional vulnerabilities have also been indicated for those in local authority care. In a recent, major study focusing on the mental health needs of young people who are looked after by their local authority in Scotland,⁵ it was found that 22% of young people looked after, rising to 39% of young people in residential care report having tried to 'harm, hurt or kill themselves'. This finding mirrors an earlier piece of Glasgow based research in which 45% of young people, predominantly with a history of residential care reported having 'deliberately self harmed at some point in their life'⁶

These figures should be set in the context of incidences of self-harm amongst the general population e.g. The Samaritans Research, which found that 13% of adolescents from a general population aged 15-16 had self-harmed.⁴ Of 5000 young people who participated in the study 650 indicated that they had self-harmed. It is worth noting that of these young people only 84 had presented at local Accident and Emergency services.

There are gender differences in the numbers and methods of young people who self harm. In the Samaritans study, which looked specifically at self-injury and self-poisoning, there were far more females than males in the younger adolescents, but the gender ratio declined with increasing age. Thus the ratio of females to males in 12 year olds was 8 to 1, but by 18 the ratio was 2 to 1.

There are also cultural differences which has been highlighted by research, such as

'Suicide Patterns & Trends in People of Indian Subcontinent & Caribbean origin in England & Wales (Soni Raleigh 1996), which suggests that 'Asian women aged between 15-35 are 2-3 times more vulnerable to suicide and self harm than their non Asian counterparts.

It is also important to have a clear understanding of the current feelings that trigger an act of self harm and the function it serves. This will

⁵ A study of the Health needs of being in care in Glasgow for the Big Step. Scottish Health Feedback 2001.

⁶ One in Two. The Big Step. 2001 Report

assist in determining how you can best work the young person and their self-harming behaviour.

The Bristol Research found the following:-

Reasons for Self Injury - Precipitating Feelings¹

- **Emotional Pain**
(sadness, grief, hopelessness, desperation)
- **Self Hatred**
(shame, guilt, dirtiness)
- **Anger**
(frustration, powerlessness)
- **Anxiety**
(fear, tension, panic)
- **Neediness**
(unsupported, unheard)
- **Unreality**
(numbness, deadness)

Reasons for Self Injury - Functions Served

- **Relief of Feelings**
(expressing, externalising, distracting, numbing, calming)
- **Self Punishment**
(atonement, washing/cutting out 'badness' or dirtiness')
- **Control**
(over own life/self, own anger, make unattractive to abuser)
- **Communication**
(to self or others, feelings or problems)
- **Comfort, Nurture**
(by self or others)
- **Feel real or alive**
- **Stop flashbacks**
- **Minimise/ reduce suicidal thoughts*** (not included in Bristol research)

Findings from the Deliberate Self Harm Team in Glasgow highlight that the following 'Protective Factors' are key features in effecting and maintaining a reduction in incidents of deliberate self harm

- Positive family support
- Positive peer support
- Good integration within school
- Ability to talk about personal issues
- Availability of responsible adults to provide support
- Strategies to cope with stressful situations.

5. ISSUES FOR STAFF

Working with young people who are involved in self-harming behaviours can be personally and professionally challenging as it inevitably raises many difficult feelings. Arnold and Magill (1996) have identified these as follows -

- **Shock, Horror and Disgust**

Workers often feel shocked and disturbed when first encountering someone who has self-harmed. It can be traumatic to see or hear about a young person's wounds or scars. These feelings may be experienced every time a worker encounters a new incident of self-injury

- **Incomprehension**

Workers may find it difficult to understand why someone could hurt themselves. They might try to find some explanation that could help them understand and cope with something so unsettling.

- **Fear and Anxiety**

It is natural to react with alarm on seeing or hearing about injury and blood. Staff may worry about the wounds themselves and also about the knowledge that a young person can do such things to themselves. Workers may also fear what the person may do next eg. will they harm themselves more seriously or even kill themselves?

- **Distress and Sadness**

Working with a young person who self-injures may be very upsetting. 'Self-injury cannot easily be ignored, it shouts to us of someone's distress. It may also remind us uncomfortably of some of our own pain and sadness, the hurts in our own lives'.

- **Anger and Frustration**

Workers may feel angry and frustrated when working with a young person who self-injures; particularly if they feel they have put a lot of time and care into working with them. Workers have indicated that this can result in their minimising the self-harm or indeed viewing the young person as being manipulating or attention seeking. It can be hard to admit these feelings but anger can be a response to the

feelings of shock, fear and upset discussed above. Workers might also feel angry towards the people in the young person's life who have caused the underlying distress.

- **Powerlessness and Inadequacy**

Working with young people who self-injure can evoke feelings of powerlessness and inadequacy as staff might feel their input and efforts appear to have little effect. They might begin to believe that the person cannot be helped or that they themselves do not have the skills or knowledge to do so. Workers may also experience pressure from the expectations of service users' families and other professionals that they should be able to stop someone from injuring themselves.

In fact a young person might have made significant improvements in their life but continue to hurt themselves. This means that 'helpers' could be doing really good work with the young person, but that this might not be acknowledged in the face of the continued self-injury. This can lead workers to lose confidence and/or to avoid working with these issues or individual young people.

6. STAFF SUPPORT

There are a number of important things that agencies can provide which will help staff to work effectively with young people who self-harm and reduce the risk of workers themselves becoming overburdened or distressed

- Policies, procedures and guidelines
- Training
- Back – up
- Supervision and Support

Staff need support and supervision to work confidently, professionally and effectively with young people who self-harm. The safety and well being of service users and members of staff are paramount. It is recognised that unresolved issues and concerns experienced by workers due to lack of support or opportunities for debriefing may affect the worker's ability/effectiveness in responding to subsequent incidents of self-harm by young people. The levels of support required will vary according to the individual worker's particular circumstances e.g. role, experience. In addition to formal supervision and training workers may find some or all of the following helpful.

- **Contact with Other Workers**
Workers need opportunities to meet with others who undertake similar work
- **Offloading**
Opportunities to 'let off steam' and discuss the difficult issues and feelings around working with self-injury
- **Recognition**
Acknowledgement and appreciation for the challenges of this work and for efforts and progress made
- **Sharing ideas**
The chance to discuss the work with others, sharing ideas and gaining insights
- **Support in the Work Itself**
At times young people require an intensive level of contact. It is helpful if colleagues can 'share the load'.

(Arnold and Magill 1996)

7. KEY FACTORS IN INTERVENING

Staff may be unsure how to respond 'appropriately' when a young person with whom they work harms themselves, or if staff suspect that a young person is self harming. In this respect, it is important that staff are given the support they require in order to work effectively with young people around self-harm issues.

It should be recognised that work around self harm issues cannot be carried out entirely effectively if it is confined to an issue dealt with only by only mental health professionals. As noted in the Scottish Needs Assessment Report on Child & Adolescent Mental Health (2003), 'Mental Health is not a discrete entity which can be meaningfully considered in isolation from the rest of life....it is important to offer help in a way that connects with the contexts of that child or young person's life'.

Furthermore, as noted in the 'One in Two Report: a qualitative study of self harm and support in residential care' (the big step/Scottish Health Feedback 2001), 'Supports identified by young people and care staff.....were often reflective of need for emotional containment within a supportive, caring and trusted relationship.

In this respect, in working with a young person who self harms, workers should be reassured that, regardless of their background or professional discipline, they can provide an effective conduit for carrying out positive work with them.

A number of reports, protocols and policies were reviewed in order to highlight some key factors around working positively and constructively with a young person who self harms for the purpose of these guidelines

- Staff should ensure that a young person who has harmed themselves is treated with respect and dignity and is given the opportunity to discuss their feelings.
- If staff suspect that a young person may have harmed themselves they should approach the young person in a non – confrontational manner.
- Staff should understand that self harming behaviour is often used as a coping mechanism for a young person who is experiencing distress and that this behaviour may continue over the long term.
- Staff should explore, and where possible, negotiate with the young person alternative coping strategies to self-harm. It is key, however, that any strategy agreed is non-punitive.
- If an incident of self-harm takes place in front of other young people, their needs should also be taken into account and, they, similarly should be given the opportunity to discuss their feelings.
- Risk assessments should be made by staff when aware of an instance of self-harm. In particular, any risk assessment should examine the vulnerability of the young person to suicide. Brief guidance is included (section 8), which covers the key factors to be taken into consideration in carrying out an effective post incident risk assessment.
- Following suitable risk assessment, it may be appropriate to offer harm reduction advice to a young person engaged in particularly risky or dangerous self harming activities. Harm reduction information, which could be made available to a young person includes; advice on avoiding infection, dressing wounds effectively, recognising signs of nerve damage etc.
- If a member of staff witnesses a young person engaged in self harming activity, it is important that the worker endeavours to stay calm, keep safe and, wherever possible, inform another member of staff.

- Team leaders/Managers/Supervisors should ensure that staff teams have a consistent approach across teams in working with any young person who has harmed themselves.
- Staff should ensure that they document all instances of self-harm, of which they become aware, in a standard way.
- Documented incidents of self harm should be reviewed regularly, paying particular attention to - the nature of the incidents, patterns of behaviours, seriousness of incidents, level of self-awareness of the young person, likelihood of repeated action, an increase in occurrence or severity of incidents etc.

'Young people involved in serious or escalating incidents of self-harm' are one of the vulnerability groups identified within the Glasgow Child Protection Committee Inter-Agency Notification Procedures and as such a Vulnerable Young Person's Meeting should be considered, in discussion with Social Work Area Services.

- Staff should have easy access to information on local and specialist services which support young people who self harm.
- Staff should deal with any injuries sustained by a young person through self harm as they would deal with injuries sustained through any other means. In this way, it may be appropriate for a designated first-aider to deal with certain types of injury. When in doubt, however, medical advice/assistance should be sought.
- If the injury is considered serious enough to require emergency medical treatment it is recommended that, wherever possible, the young person should be accompanied and supported by a staff member to present at A & E Services.
- Young people have reported feeling uncomfortable speaking to A & E Reception staff about the reason for their presentation due to a perceived lack of privacy. In these circumstances the Medical Assistance Card (see Appendix 1) may prove helpful. This can be filled in and handed in at A & E Reception so reducing the need to verbalise personal information at that stage.

8. AREAS TO CONSIDER WHEN CONDUCTING A POST INCIDENT RISK ASSESSMENT

The degree of risk can be determined by various factors. Below is only a guidance of what to take into consideration following an episode of deliberate self-harm -

- Identify circumstances surrounding the episode of deliberate self-harm and the chain of events.
- What were the events leading to, during and following the act?
- What were the young person's thoughts and feelings before, during and after the episode?
- What was the event that triggered the act? Were there any other precipitants?
- How impulsive was the act? How long was it thought of or planned before hand?
- How available was the method used? Did the young person have to go out of their way to access the means or was it readily available?
- What was the intention of the young person engaging in the act? Was it an attempt to end their life or an act of self injury?
- Establish lethality of method. What was the young person's knowledge of the means used? What did they think it would do to them?
- Did the young person engage in any final act preparation? Did they write a suicide note, give away any possessions?
- What was the likelihood of discovery? Who was about at the time of the episode? Did the young person inform someone of their act, or were they discovered? How long after the episode did this occur?
- Was any substance (alcohol/drugs) used that influenced their actions?
- It is important to establish how the young person is feeling and what their thoughts are after the episode. What did the act mean to them, are they planning more acts?
- Establish how often the behaviour has occurred and in what context.

- If the young person is still expressing suicidal thoughts, what assistance is available to maintain their safety?
- Does the young person want help or are they resisting help?

This list is not exhaustive and is intended as a guide only to post incident risk assessment.

9. CONFIDENTIALITY

The sharing of information and concerns is essential to a collaborative approach and the protection of children. Glasgow's Inter-Agency Child Protection Guidance states that:

'inter agency work in child protection raises complex issues about consent and confidentiality ... (and) ... emphasises the importance of considering the child's welfare as paramount ... (however recognises) ... the child's interests will over-ride the general rule of professional confidentiality'.

Best practice should ensure that children have a right to privacy and confidentiality, unless the information suggests that a child may be at risk.

Self-harm raises issues about confidentiality and about reporting and recording. Each agency working with children and young people in Glasgow will have established policies and working practices. Children and young people who are involved in self-harming behaviours should expect the same level of confidentiality expected by other service users. However it is important that the degree of confidentiality, which can be maintained, will be governed by the need to protect the child or young person.

It is crucial that young people are aware that certain information will require, at times, to be shared with relevant key individuals/agencies. Wherever possible the child/young person should be encouraged to be involved in this sharing of information. The child/young person should always be made aware when information is being/ has been shared.

The vulnerability of the child/young person must be taken into account when deciding whether a child/young person has the capacity to decide who should 'share' their personal information.

It is important that staff do not make assumptions about injuries ie. that the injuries may not always be self-inflicted. Staff should refer to relevant child protection policies and procedures when dealing with a child/young person who presents with an injury.

Information given in confidence should not be disclosed for any other purpose without consulting with the person who provided it. (Glasgow Inter-Agency Child Protection Guidance, 2000). Disclosure of information should be justifiable, according to the particular facts of the case and legal advice should be sought in cases of any doubt.

REFERENCES

- Arnold L (1995) Women and Self-Injury. BCSW
- Arnold L & Magill A (1996) Working with Self-Injury. A Practical Guide. The Basement Project. Bristol
- Adolescent Deliberate Self-Harm Service Statistics (February 2005)
- Children (Scotland) Act 1995
- Glasgow Child Protection Committee. (2000) Inter-Agency Child Protection Guidance.
- Glasgow Child Protection Committee (2000) Inter-Agency Notification Procedures in relation to Vulnerable Children and Young People.
- Ridley S (2001) The Health of Young People in Care and Leaving Care in Glasgow. The Big Step Research Report. Scottish Health Feedback
- Samaritans. (2002) Youth and Self Harm. Centre for Suicide Research, University of Oxford.
- Scottish Executive (2002) Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland
- Self-Harm Scope Document. NICE 2002
- The Big Step (2001) One in Two. A Qualitative Study of Self-Harm and Support in Residential Care. Glasgow
- United Nations Convention on the Rights of the Child (1989)

MEDICAL ASSISTANCE CARD

Appendix 1

Medical Assistance Card

Name _____

Date of Birth _____

Address _____

GP _____

Emergency Contact _____
/Next of KinNature of Injuries _____

_____Additional Notes _____

I have self harmed. I would prefer to talk about this in a private place.

Thank you for you consideration.

Appendix 2

SELF-HARM: THE FACTS

(From “What’s the Harm”? A book for Young People who Self-Harm or Self-Injure. Basement Project, 1997. p1-2)

Appendix 2

FACT: Self-harm isn’t necessarily about suicide.

Sometimes people harm themselves because they want to die. But often it’s more about staying alive. People may hurt themselves to help them get through a bad time. It’s a way to cope.

FACT: It’s not “just attention seeking”

People self-harm because they are in pain and trying to cope. They could also be trying to show that something is wrong. They need to be taken seriously

FACT: People self-harm in different ways

Some cut their arms or legs; others bang or bruise their bodies. Self-harm also includes burning, scratching, hair pulling, scrubbing, or anything that causes injury to the body. Some people take tablets, perhaps not a big overdose, but enough to blot things out for a while.

FACT: It can happen once, or many times

Some people attempt suicide or hurt themselves just once or twice. Other people use self-harm to cope over a long time. They might hurt themselves quite often during a bad patch.

FACT: It doesn’t mean you’re off your head

All sorts of people self-harm. Even people in high-powered jobs. It’s a sign that something is bothering and upsetting the person, not that they are mad.

FACT: People do stop self-harming

Many people stop self-harming – when they’re ready. They sort their problems out and find other ways of dealing with their feelings. It might take a long time and they might need help. But things can get better.

FACT: Lots of people self-harm

You may not have met anyone else who self-harms. There’s a lot of secrecy about self-harm. But many thousands of people cope in this way for a while.

FACT: other things can be “self-harm” too.

Things like starving, overeating, drinking too much, risk-taking, smoking and many others are also types of “self-harm”. Some coping methods (like burying yourself in work) may be more acceptable, but can still be harmful.

_Appendix 3**USEFUL CONTACTS**

ORGANISATION	PHONE NO	ADDRESS
Glasgow Association for Mental Health GAMH	0141 552 5592	33 Turnbull Street,G1 5PR
Scottish Association for Mental Health SAMH	0141 568 7000	Cumrae House, 15 Carlton Court,G5 9JP
Penumbra	0131 475 2380	Norton Park, 57 Albion Road, Edinburgh, EH7 5QY
Depression Alliance Scotland	0131 467 3050	3 Grosvenor Gardens, Edinburgh, EH12 5JU
The Mental Health Foundation	0141 572 0125	5th Floor, Merchants House, 30 George Square, G2 1EG
COPE	0141 944 5490	20 Drumchapel Road, G15 6QE
the Big Step SIP	0141 572 1541	93 Candleriggs, 3rd Floor,
Leaving Care Services	0141 558 1285	115 Wellington Street, G2 2XT
Aberlour Child Care Trust	0141 554 5055	The Schoolhouse, 217/229 Orr Street, G40
ChildLine	0800 44 11 11	
Notre Dame Centre	0141 334 6131	1 Dundonald Road,G12 9LJ
Barnardos Scotland	0141 222 4700	Skypark Business Centre. 45 Finnieston Street, 5 th Floor, Glasgow G3 8JU
Breakthrough Youth Project	0131 331 0110	292 Maryhill Road, G20 8PT
Glasgow Asylum Seeker Support Project(GASSP)	0141 222 7300	145 Kelvinhaugh Street, Glasgow
The Sandyford Initiative	0141 211 6700	2-6Sandyford Place, Sauchiehall Street, G3 7NB

Cruse Bereavement Care Scotland	0141 248 2199	74 Miller Street, Glasgow G1
The Compassionate Friends (TCF)		
Anti Bullying Network	0800 44 11 11	Moray House School of Education, University of Edinburgh
Samaritans	08457 90 90 90	210 West George Street, G2 2DQ
Breathing Space	0800 838 587	
Deliberate Self Harm Team	0141 232 9217	12 Sandy Rd, Partick, Glasgow, G11 6HA
The Young Women's Project	0141 556 6392	The School House 229 Orr Street, Glasgow G40 2BN
SAY Women	0141 552 5803	30 Bell Street, 3rd Floor, Glasgow, G1 1LG
Life Link	0141 548 1515	Millburn Centre, 221 Millburn St, Roystonhill

Websites

www.gamh.org.uk

www.samh.org.uk

www.penumbra.org.uk

www.depressionalliance.org.uk

www.mentalhealth.org.uk

www.thebigstep.org.uk

www.aberlour.org.uk

www.childline.org.uk

www.notredamecentre.org.uk

www.barnardosscotland.smarchange.org

www.barnardosscotland.smarchange.org

www.sandyford.org

www.crusescotland.org.uk

www.nightline.niss.ac.uk

www.studenthealth.co.uk

www.samaritans.org.uk

www.breathingspacescotland.co.uk

www.antibullying.net

www.lifelink.org.uk

www.tcf.org.uk

Appendix 4

USEFUL FURTHER READING

AUTHOR	TITLE	PUBLISHER
Arnold L & Magill A	Making Sense of Self-Harm	The Basement Project
Arnold L & Magill A	What's the Harm?	The Basement Project
Arnold L & Magill A	Working with Self-Injury A practical Guide	The Basement Project
Babiker & Arnold	The Language of Injury	British Psychological Society
Carr A	Depression and Attempted Suicide in Adolescents	BPS Blackwell
Fox Claudine (Ed) Hawton K	Deliberate Self-Harm in Adolescence	Jessica Kingsley
Graham P & Hughes C	So Young So Sad So Listen	Royal College of Psychiatrists
Hawton et al	The International Handbook of Suicide and Attempted Suicide.	Wiley:Chichester
Lester D (Ed)	Katie's Diary: Unlocking the Mystery of a Suicide	Brunner-Routledge
Lucas C	The Rainbow Journal for Young People who Self Injure	Bristol Crisis Service for Women
O'Hanlon B (Foreward)	Living on the Razor's Edge:Solution- oriented Brief Therapy	WW Norton & Co Ltd
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Spandler H	Who's Hurting Who?	42nd Street
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	Choose Life - A National Strategy and Action Plan	Scottish Executive
	Safety First	Scottish Executive
	Deliberate self-harm in young people fact sheet	Royal College of Psychiatrists
	Self -Harm scope document	NICE
	Looking beyond the scars	NCH
	Young People and Self Harm a National Inquiry	www.selfharmuk.org
	National Children's Bureau	www.selfharm.org.uk
	National Self-Harm Network	www.nshn.co.uk
	Self Harm Alliance (SHA)	www.selfharmalliance.org