

ATTENTION SEEKERS?

Bespoke self-harm awareness training

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Self-Harm Awareness Session for Parent/Carers

Thank you for attending my session on self-harm awareness! If you have any feedback, please do feel free to email it to me at satveer@attention-seekers.com. At the end of the document is a list of resources alongside more details on the sessions I can offer in schools and organisations.

Please do look at the NICE Guidelines on self-harm, they can be accessed here:

[Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#) as they provide best practice guidance on self-harm.

Quiz

1. **What percentage of the general population are estimated to have self-harmed at some point in their lives in the UK?** 6% - we know this isn't an accurate statistic as most people who self-harm don't come to the attention of services.
2. **What is the most common form of self-harm in the UK?** Overdosing (self-poisoning) as it is the most common reason people present to hospital for self-harm. However, who is counting the person who headbangs or scratches etc? Remember self-harm is a broad set of behaviours.
3. **Who self-harms more in the UK?** From research it is a ratio of 1:3 male to female, but males are less likely to disclose due to things like the male gender stereotype.
4. **What percentage of 17 year olds said they had self-harmed in the Millenium Cohort Study (2020)?** 24%, of which 7% said they had done so with suicidal intent.

What is self-harm?


"Self-harm refers to an intentional act of self-poisoning or self-injury... and is an expression of emotional distress." NICE guidance. Self-injury including cutting, burning, scratching, pinching, inserting objects, swallowing objects. Self-poisoning using medications or non-ingestants such as bleach. Remember, the vast majority of people who self-harm do not intend on taking their own lives, self-harm and suicide have different intents. It should never be assumed that someone is or isn't suicidal simply based upon what behaviour is presented with/disclosed. It is important to ask about suicidal intent and also take all suggestions of suicide seriously.

What can lead someone to self-harm? Most individuals self-harm as a response to underlying distress e.g. pressure, bullying, body image. The reasons are endless; it could be one trigger or a number of reasons, but it is not a unique set of experiences that lead to it. Remember, you should not be looking for them to justify their distress nor should you look for a bigger reason or dismiss the severity of their distress. Don't ask 'what else is happening' instead maybe say, 'if there is anything else you would like to talk about I am here.'

Functions of self-harm:

- As a coping mechanism – to manage the distress.
- Control – it's the only thing they feel they have control of in their life in that moment.

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- Relief of feelings – anything, including pain feels better than how they are feeling at that point in time.
- A Release – a way of release pain / distress/ frustration / anger etc.
- A Distraction – from the distress they are going through.
- To feel / be numb
- Self-punishment/Prevention of pain to another – they feel they deserve to hurt / it's better to hurt themselves than someone else (physically or emotionally)
- Communication of emotional pain – in the first instance to themselves and for some it may be to let others know

**Remember the bad day exercise – use it as a way of showing some understanding of self-harm behaviours, alongside relatability of managing distress with your client.

Relationship between self-harm and suicide:

- Self-harm does not necessarily lead to suicide thought statistically those who self-harm are more likely to die by suicide.
- You cannot measure risk of suicide solely based upon the method/frequency of self-harm
- Self-harm is often seen as a *coping mechanism* whereas suicide is about 'not living the life you are living'
- **Talking about suicide and suicidal thoughts is important... if you don't hold the discussion, who will?**
- Do not assume suicidal risk solely based upon presentation of behaviour, e.g. not ask someone about suicidal ideation as they scratched themselves and didn't cut deeply, or took 4 tablets and not 40.


Signs and Indicators an individual may be self-harming:

- There is no single sign or indicators however always investigate;
 - Finding implements in the individual's room e.g. broken blades, empty / excessive medication packets, blood stained clothing/bedding etc.
 - Reoccurring requests for medical support with injuries or requests for painkillers / repeat presentations to the emergency department.
 - A change in usual behaviour for the individual e.g. routine, academics, work pattern
 - Engagement in risk taking behaviours e.g. sexual, going missing, drugs, alcohol, online risk taking – these could be signs of distress.
- Any injuries/suspected injuries should be investigated under your safeguarding and duty of care
- Keep an open mind with new injuries with those with a known history of self-harm, be mindful not to become complacent and assume an injury is/isn't self-harm.

**Remember it is distress that most often leads to self-harm, so pick up on it as early as possible.

Broaching suspected self-harm:

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- Do not initiate the conversation with focus upon the suspected injuries as this may come across as aggressive and accusatory e.g.
 - “What’s that?” / “Show me your arm” / “What have you done there”
- Instead start a general conversation up and then broach it towards the end of the talk;
 - “Earlier, when you [reached for the cup/stretched your arm etc.] I noticed what appeared to be some marks on your arm, they looked sore. You don’t have to show me but if you do, I can check to see if they need medical treatment.”
- If they refuse, that is ok. Give medical advice and tell them who you will have to tell and also that they can come back to you, other appropriate staff members or signpost to ED/walk-in center/GP etc. if the injuries trouble them further.
- If they show you, then provide the necessary treatment and then focus upon what is behind the distress that led to the self-harm, also let them know of alternative ways of managing distress.

Phrases / language to be aware of:


- **‘It’s just attention seeking’** – someone is seeking attention/support, this should be provided not dismissed.
- **‘It’s just a cry for help’** – why does the individual feel that they have to hurt themselves to get support? Let’s respond and not ignore.
- **‘It’s just a phase/trend/copycat’** – we still have a duty of care and any form of self-harm should be investigated, including where groups of young people are self-harming.
- **‘It’s just superficial / not as bad as last time’** – the young person may feel they need to do it worse as they are being dismissed.
- **‘When was the last time you self-harmed?’** – the focus is on the behaviour and not the underlying distress.
- **‘Self-harmer’** – this is not their identity, it’s a behavior.
- **‘Committed suicide’** – suicide is not a crime, people die by suicide or ‘take their own lives’

How to respond to self-harm disclosures / discovery of self-harm:

Don’t:

- Ask ‘why’ – this is a really loaded question. Instead ask about what has been going on recently and/or what was happening on the day of the incident.
- Try and ‘self-harm proof’ the environment – object removal may be necessary, but is not the long term solution. Risk cannot be eliminated, only reduced.
- Ask them to ‘promise not to harm’ – this can lead to them moving the location of self-harm or changing their behaviour.
- Check their body, or ask them to ‘prove’ they haven’t harmed.
- Feel the focus should be on stopping. If object removal is carried out, this is a short term risk reduction method, not a long term solution. If objects are removed, then what alternatives are being provided.
- Be scared to talk about the subject. Even if your child is not self-harming, it is important to have conversations about mental ill health and let them know where they can go for support.
- Don’t dismiss the severity of distress based upon the level of self-harm – ‘it’s just superficial’. All self-harm is serious, only use superficial to describe the medical severity of injuries.

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Do:

- Provide appropriate first aid if required – any form of overdosing or insertion/swallowing of objects require immediate medical attention. Providing first aid is not encouraging further self-harm.
- Ask them what they would like to happen.
- Be mindful of checking/praising behaviours. Instead of ‘when was the last time you self-harmed/have you self-harmed recently’, we may say ‘when was the last time you had the urge to self-harm?’. This can give us a better idea of distress levels instead of simply focusing upon the behaviour.
- Appreciate and acknowledge what a big step the person has taken in order to disclose.
- LISTEN! Recovery for someone who self-harms is open linked to them building resilience and understanding what led to their self-harm. Being able to speak openly can really help them get thoughts out that otherwise they couldn’t due to fear of repercussions etc.
- Instead of asking ‘why are you/have you self-harmed’, instead say something like; ‘I can see you are really struggling at the moment, would you like to talk about what is bothering you?’
- Appreciate their fears e.g. consequences in disclosure, fear of disappointing you etc.
- Tell them about other ways to manage distress e.g. art, music, sport, talking, TV, video games. Plan for bad days, we all have them!
- Remember, the person may present to you with self-harm, but is not ready to talk about what is happening yet. You can still support them as you know they are in distress. The response should be in conjunction with the person and include support around harm reduction, medical support where applicable and alternative strategies.
- Suggest specific distraction techniques, even if they do an alternative once, it’s one less time they have harmed themselves. Remember the aim to replicate the functions of the behaviour (control, distraction etc.) not replicate the self-harm behaviour. Apps such as Calm Harm suggest strategies.
- Please note there are no harm reduction methods for self-poisoning. The dangers of self-poisoning should always be made clear to the individual.
- Telling someone how to reduce risk, e.g. not using dirty implements to cut, isn’t encouraging self-harm.


As a parent, we want to ‘fix’ the situation – we can’t fix, we can only support. Making a young person attend counselling isn’t conducive as they may be attending for the wrong reasons. It’s about encouraging the young person to engage with support offered, when they are ready. Where possible give them options as to where/how they can access support e.g. doctor, teacher, helpline, counselling, you! There is no reason that if a young person is self-harming now, that is going to be their future. Do not lose hope. Remember – self-harm is a symptom of underlying distress - don’t focus upon it as the ‘problem’. Work with your young person to see what the best possible course of support is.

Please email any enquires of bookings (conference, workshops, CPD half day / full day, professional, parent, young people), questions or **feedback of the session to:**

satveer@attention-seekers.com

Twitter @_satveernijjar / Instagram: @satveer_nijjar / Website: www.satveernijjar.com

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Websites and apps suitable for professionals, clients, young people and parents/carers:

- **Journals and other writing resources include**
 - 'The Happy Self Journal' click: [The HappySelf Kids' Daily Journal For Boys and Girls Aged 6 to 12 – HappySelf Journal](#)
 - 'The Positive Planner', variety of resources for all ages, predominantly late teens/adults, click: [Shop • The Positive Planner - Make the Most of Today \(thepositiveplanners.com\)](#)
- **NEW online support, self-referral: Alumina** is a free, online 7 week course for young people struggling with self-harm. Each course has up to 8 young people, all accessing the sessions from their own phones, tablets or laptops across the UK. The courses take place on different evenings of the week and are run by friendly, trained counsellors and volunteer youth workers. Click: <https://www.selfharm.co.uk>
- **Tell Mi app** – TheTell Mi app (formally MeeToo) is an award winning app that allows young people (11-25yr olds) to connect and talk anonymously but safely about difficult things with other people of a similar age or experience. You can get help with your problems or use your experiences to help others. The app is a safe space where all posts and replies are checked before going live so there is no harassment, bullying or grooming. See more at www.tellmi.help
- **Combined Minds App** – provides information and support on common mental health conditions that commonly affect young people.
- **Hub of Hope App** – free to download app that provides services local to the individual. If you are a service or know of a service that isn't represented on the app, please do submit the details via the online form. Also offers a crisis messenger service.
- **Every Mind Matters** <https://www.nhs.uk/oneyou/every-mind-matters/> A new website made by Public Health England to help people manage common mental health problems and support others.
- **Samaritans** – available 24/7 365 days a year. Free confidential support for all via text, email, letter, face to face .
- **Young Minds / Shout Crisis Messenger** – for young people who are in crisis (suicidal thoughts, bereaved, self-harm etc.), they can text 'YM' to 85258 and then receive support from a trained volunteer via text.
- **Risk assessment tool for suicidal ideation** – please note this is only a tool to give an indicator of suicidal risk, it should not be relied upon solely. All other factors should be taken into account. It should be used to help bring up the conversation of suicidal ideation and as a general measure, always seek further support and opinion. [harmLESS](#)
- **YoungMinds.org.uk** – mental health awareness for young people
- **Mind.org.uk** – general mental health awareness TheCalmZone.net – male specific support
- **Campaign Against Living Miserably** – www.thecalmzone.net – this is a website aimed at reducing male suicide and stigma of mental ill health in males. It offers a helpline service alongside webchat.
- **Papyrus** – Support for those feeling suicidal or those who have been bereaved by suicide. Also offers a helpline called the 'HopeLine'.
- **Childline.org.uk** – support for young people in emotional distress

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- **NHS MoodZone** – providing information on common mental health concerns including dealing with anger, exams etc.
- **Head Talks** - www.headtalks.com providing videos discussing all aspects of mental illness and recovery.
- **The Mix** – www.themix.org.uk – provides information on a range of issues affecting young people under 25yrs including – mental ill health, drugs, sexual health. Also offer a free helpline for young people.
- **Clear Fear App** – aimed for young people but can be for anyone. Helps individuals manage their anxiety.
- **CALM HARM App** – created by STEM4, this award-winning app is free to download and is designed to be used by young people who are self-harming. The APP is designed to reduce the level of self-harm and even prevent an episode of self-harm by providing delay tactics when the young person has the urge. Though designed for teenagers, there is no reason it can't be used by adults.
- **Stay Alive app** – provides support for those worried about someone who is suicidal alongside support for individuals who are suicidal or at risk of suicide.
- **distrACT App** – an app designed to give information, support and alternatives to self-harm behaviours.
- **More apps for mental health are recommended on the NHS digital webpage.**

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Further sessions offered:

Below is an example of all the types of sessions Satveer can offer:

In-house Professional CPD Training / Workshops / Conference Talks: Satveer is able to provide full day, half day and 2hr CPD training in-house to organisations in all sectors. She is also a workshop leader and conference speaker on the topic of self-harm. Alongside the self-harm training, Satveer is also able to provide a personal narrative on her journey of mental ill health, self-harm and suicide. The talks aims to reduce stigma of mental ill health, encourage people to seek support and support others. It is a story of emerging from difficult beginnings and not letting mental ill health be the story, but part of it.

Student sessions (School/college/university) - 4/5 PDC/PSHE sessions with students approx. 50mins to 1hr long. Ideally 30 in each session, but larger groups can be delivered too. Sessions broadly speaking cover: stigma and mental health, self-harm and suicide awareness, how to support yourself and/or a friend, how to manage distress, importance of talking, where to go for support.

In-house Education Staff CPD 1.5/2hr (3hr if on an inset) - all staff to be invited (i.e. teaching staff to admin to cleaning and dinner staff). This is a course in better understanding self-harm and covers:

This is not a substitute for a full day course but staff have consistently commented at how beneficial this course is as often it is only pastoral staff and SMT's who get to attend the full day yet they are the ones who may come across it first. It can be squeezed into 1.5hrs but this is not ideal.

Parent/carer session 1.5hr to 2hrs. This is a self-harm awareness session for parents, similar to the staff session but taking it to account the parental perspective and the emotions that can arise. Parents have consistently commented on how beneficial they found the session and how pleased they were that the school chose to tackle such a difficult, taboo and stigmatised subject. I am able to provide support to the school in promoting this session to parents.

Please email any enquires of bookings, questions or **feedback** of the session to: satveer@attention-seekers.com


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Thank you again!

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