How to Support Children & Young People Experiencing

SELF-HARM

Guidance for Professionals Working with Children & Young People in Cheshire & Merseyside

www.cheshireandmerseyside.nhs.uk/cypselfharm

beyond

Children and Young People's Transformation Programme

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Introduction

Self-harm is a sensitive, highly emotional topic that is often misunderstood. When trying to help a child or young person who is self-harming, the adults in their lives might:

- Find it difficult to understand why.
- Feel upset, frustrated or helpless.
- Feel unsure about what to say or how to help.

We created this guide to give adults the knowledge, resources and confidence to help children and young people navigate this difficult issue.

The guide aims to:

- Make it easier to talk about tough feelings.
- Help professionals to have open, non-judgemental conversations with children and young people.
- Remove the shame and secrecy around self-harm.
- Make sure children and young people can get help when they need it.

Created by a team of professionals, the guide has been reviewed by children and young people, who shared their thoughts and experiences to make sure the guide is as helpful to them as possible.

This guide is designed for any adult who works or has regular contact with children and young people.

These might include:

- Education staff, e.g. school teachers, teaching assistants.
- Health professionals, e.g. A&E staff, nurses, GPs, primary care staff.
- Counsellors and support/youth workers.
- Volunteers.
- Public service providers, e.g. transport, police, ambulance service.
- Social workers.
- Family support workers.

Background

In Cheshire and Merseyside:

- Self-harm is more common in young people than any other age group.[1]
- Nearly half of 17–19-year-olds with a diagnosable mental health difficulty have self-harmed or attempted suicide at some point, rising to 52.7% for young women.[1]
- In 2022/23, there were 434.5 hospital admissions per 100,000 (aged 10-24), as a result of self-harm. This is 30% higher than the England rate.[1]

It's also important to note that many children and young people who self-harm do not attend hospital. This means the number of those who self-harm is likely to be even higher.

This touches on an important point: self-harm doesn't always mean that a child or young person has suicidal thoughts, or even that they want to seriously hurt themselves. However, self-harm behaviours can be more dangerous than they might realise, and self-harm is linked to a **higher risk of suicide**.

Addressing self-harm in children and young people is therefore a key priority in both **local** and **national guidance**. This guide has been created in alignment with the **Cheshire & Merseyside Children & Young People's Mental Health Plan**, which is all about helping children and young people feel happier, healthier, and better supported by:

- Raising awareness of self-harm.
- Focusing on prevention.
- Ensuring timely access to early, appropriate support.
- Providing consistent, high-quality care.



1 Cheshire & Merseyside Children & Young People's Mental Health Plan 2024-26

What is self-harm?

Self-harm is when a child or young person hurts themselves or puts themselves in danger because they're trying to deal with difficult or overwhelming feelings.

Lots of children and young people experience self-harm, and it can affect anyone regardless of age, background, race, ethnicity, culture, socioeconomic background or personality type. Those with certain risk factors can be even more vulnerable to self-harm. These risk factors include:

- Chronic physical or psychological conditions.
- Neurodiversity.
- Uncertainty around sexuality or gender identity.

A child or young person might self-harm in different ways, such as:

- Cutting, scratching, stabbing, burning, hitting or biting themselves.
- Pulling their hair.
- Picking at their skin.
- Tying things very tightly around the neck, fingers, wrists, etc.
- Punching things, e.g. walls, doors.
- Banging their head.
- Throwing themselves onto hard surfaces.
- Holding their breath.
- Choking themselves
- Starting fights.

Older children and teenagers might also show the following self-harm behaviours:

- Overdosing on medication.
- Using drugs or alcohol, especially in high quantities.
- Taking serious risks, e.g. meeting strangers, having unsafe sex.
- Disordered eating.

Note that these behaviours are not exclusive to older children and teenagers, but they tend to be more common in these age groups than in younger children.

What are the signs of self-harm?

The following signs might suggest that a child or young person is self-harming:

- Unexplained or frequent injuries, e.g. cuts, bruises, burns.
- Bald patches of hair.
- Sores, scratches or scabs on their skin.
- Acting defensive or secretive when asked about injuries.
- Wearing clothes that cover their arms and legs, even in warm weather.
- Refusing to get changed in front of other people, e.g. for PE or swimming.
- Complaining of physical illness, potentially to get access to medication.
- Viewing self-harm-related content online.
- Talking about hurting themselves or not wanting to live.
- Experimenting with drugs, alcohol or other risky behaviours.
- Undereating, overeating, or exercising excessively.

The following signs also suggest that a child or young person is struggling with their emotional or mental health, whether or not they're self-harming:

- Difficulty concentrating or paying attention.
- Withdrawing, isolating themselves, or wanting to be alone.
- Seeming tired or falling asleep throughout the day.
- Seeming unmotivated or uninterested in their usual daily activities.
- Seeming anxious, restless, agitated or irritable.
- Becoming easily upset or tearful.
- Finding it difficult to calm down or regulate their emotions.
- Having intense emotional outbursts.
- Being aggressive towards others.
- Being unusually clingy towards caregivers or other adults.
- Spending excessive time online or on social media.
- Being secretive or defensive about online activity or social media use.

!! IMPORTANT !!

- Self-harm is not always obvious or easy to see.
- It can be hidden or mistaken for something else.
- It can happen at any time.

Why do some children and young people self-harm?

Self-harm is essentially a coping mechanism.

A child or young person might turn to self-harm:

- Because of an underlying mental health issue.
- To cope with overwhelming emotions.
- To release emotional stress or tension.
- To cope with difficult or traumatic experiences, e.g. abuse, bullying.
- To cope with feelings of emptiness, numbness, shame, anger or self-hatred.
- To feel a sense of control or power over their situation.
- Because of peer influence or pressure (e.g. friends also self-harming).
- Because of self-harm content they've seen on social media.

Self-harm and neurodiversity

Daily life can be more challenging for neurodiverse children and young people. They may:

- Experience difficulties with communication, social situations, and relationships.
- Face rejection, isolation and loneliness.
- Struggle to recognise or regulate their emotions.
- Find it harder to access certain spaces (e.g. school, healthcare settings) due to sensory difficulties.
- Have a higher risk of co-occurring mental health conditions.

As a result, neurodiverse children and young people are more likely to experience self-harm. They may harm themselves as a way to:

- Regulate their emotions.
- Manage sensory sensitivity and overload.
- Achieve sensory stimulation.
- Cope with distress, anxiety, frustration, change or uncertainty.

“They’re just doing it for attention”

It’s important to know that self-harm is not an “attention-seeking” behaviour. In fact, many children and young people who self-harm do not want their injuries or other self-harm behaviours to be seen by others and might go to great lengths to hide them.

Some children and young people do self-harm as a way to show their distress “on the outside.” However, this is often because they find it difficult to express in words how much they’re struggling or ask for the help they need. It should never be assumed that self-harm is simply being used as a way to seek attention or manipulate others.

How to talk to children and young people about self-harm

Children and young people might struggle to start a conversation about self-harm themselves. If you have any concerns, it's important that you don't wait for them to ask for support.

In this section, you'll find advice to help you to talk to children and young people about self-harm in a sensitive, supportive and helpful way.

What to keep in mind before starting the conversation

As a professional responding to self-harm, it's important to:

- Check if the child or young person is working with any other professionals and whether the parents/carers are aware.
- Consider if any other professionals need to be involved in the conversation, e.g. safeguarding lead.
- Know your local safeguarding policy and be prepared to act on any safeguarding concerns accordingly.
- Recognise that self-harm behaviour is an indicator of distress.
- Consider the whole context, e.g. health, home life, family dynamics, social life.
- Be mindful of the limits of information sharing with regards to confidentiality; communicate concerns only as required.
- Keep clear, accurate and timely records.

Be upfront about confidentiality

- ✓ Discuss confidentiality from the start and be clear about who you will need to share information with, when, and why.
- ✗ Never make promises about confidentiality that you can't keep. This can damage trust and encourage secrecy.

Create a safe, judgement-free space

- ✓ Be mindful of their privacy, e.g. find a quiet space to talk.
- ✗ Take care not to minimise, belittle, make light of, or make assumptions about their feelings or experiences.
- ✗ Avoid language or responses that may cause guilt or shame, e.g. "attention-seeking" or "negative coping strategy." This overlooks the fact that self-harm may be the only strategy they have.
- ✓ Focus on the person rather than defining or labelling them by their behaviour, e.g. "self-harmer" or "cutter."
- ✗ Don't draw attention to scars/wounds or ask to see them, as this may make them feel self-conscious or ashamed.
- ✗ Don't instruct them to stop the behaviour. This overlooks the lack of control and distress many young people feel around self-harm.

Maintain professional curiosity

- ✓ Listen carefully, ask thoughtful and open questions, and allow plenty of space for them to reflect on their answers.
- ✓ Give your full attention. Multitasking, interrupting or talking over them can feel like you're not listening or taking them seriously.
- ✓ Remember that everyone responds to difficult experiences or circumstances differently. Be open and honest if you don't fully understand what they're going through or why they self-harm.

Remain calm and neutral

- Asking about self-harm too abruptly can feel confrontational and scary. Approach the topic in a gentle, curious manner, e.g.:

  "How are you finding things at the moment? Have you been having a difficult time?"

- Respond to them in a calm, composed and supportive way – never with shock, judgement, disgust or hostility. For example:

  "Thank you for sharing with me. I'm glad you reached out and I'm going to do my best to support you."

Adapt your approach as needed

- If they find it hard to share their feelings out loud, suggest alternatives like writing you a note.
- Don't insist that they communicate or express themselves in a certain way if it feels difficult for them.
- 'Why' questions can feel overwhelming or difficult to answer. Instead, you can gently support them to explore their feelings, triggers and patterns with questions like:

  "What was going on for you at the time?" or "How do you usually feel when that happens?"

Offer reassurance

- Recognise that talking about their experience takes courage and reassure them they're taking a positive step.
- Don't ask why they didn't seek help sooner.
- Let them know that struggling to cope with difficult feelings is not something to be ashamed of.
- Remind them that they're not alone and you are here to help.

Help them to feel in control

- ✓ Let them share at their own pace, on their own terms.
- ✗ If you sense that they're unwilling or uncomfortable sharing information, don't rush or pressure them.
- ✓ Ask them how you can best continue to support them, rather than making decisions for them. They might not have an answer, but simply asking the question lets them know that their feelings and thoughts are important.
- ✓ Give them choices wherever possible, as this can help them feel in control. For example:

  "These are some things we could do next – how do those sound to you?"
- ✗ Don't remove items they may use to harm themselves unless there is a clear, immediate risk to their safety, or they ask you to.

Discuss safety strategies and support

- ✓ Ask about their support network (family, friends, trusted adults).
- ✗ Don't assume they'll get support elsewhere.
- ✓ Talk about **coping strategies** and offer to help them **create a safety plan**.
- ✓ Encourage basic self-care and safety, including **first aid** and cleanliness, to reduce the risk of infection.

Next steps

1. Signpost them to **online resources or support services**.
2. Keep any commitments you've made and don't forget to follow up with them.
3. Contact local services, e.g. CYPMHS, for further advice.

How to talk to parents, carers and families about self-harm

It can be very painful to hear that your child has been hurting themselves, and breaking this difficult news to families can feel very daunting for professionals.

In this section, you'll find some advice and considerations to help you plan for an effective, supportive and productive conversation.

Before the conversation

Consult your local policies

Before taking any action, consult your local policies to understand guidelines for handling disclosure, when and how escalation is needed, and what further services or pathways are available.

Involve the appropriate parties

Confirm that you're the most appropriate staff member to lead the conversation and consider who else needs to be involved, e.g. designated safeguarding lead.

Establish any immediate safeguarding risks

Before contacting parents or carers, check if there any safeguarding concerns at home, e.g. abuse, neglect, exploitation, honour-based abuse, coercion, family conflict. If there are concerns that involving parents will increase risk, seek safeguarding advice first.

Discuss it with the child or young person first

Even in safe circumstances, parental involvement might trigger fear and anxiety. When appropriate, involve the young person in the decision and plan the conversation together. Be clear about the limits of confidentiality, i.e., you will not disclose without their consent unless it's necessary, but there are some situations where you will need to do so.

Having the conversation

Create a calm setting

Choose a quiet, private environment where you won't be overheard or disturbed. Choose a quieter time of day if possible and allow plenty of time so that nobody feels rushed.

Address accessibility needs

Consider any disability, culture or language needs and make reasonable adjustments where necessary, e.g. a translator, an accessible room.

Use factual but compassionate language

Focus on what you've observed (e.g. low mood or withdrawal) and keep your concerns centred on the child's wellbeing and safety. Avoid:

- Dramatic or alarmist language.
- Expressions of shock or disgust.
- Implying the behaviour is manipulative or attention-seeking.
- Minimising self-harm.
- Making assumptions about family dynamics or assigning blame.

Validate their emotions

Self-harm disclosure can trigger strong emotions in parents and carers. They may also seek to blame others as they try to make sense of the situation. Acknowledge their distress without escalating it, keep a calm, non-defensive tone, and bring the focus back to the child's safety. E.g.:

"I know this is difficult news to hear. Many parents feel overwhelmed at first. But there's lots we can do together to help them feel safe and supported."

Stay impartial

The professional's role is not to assign blame, investigate parenting, or mediate disputes. Always remain non-judgemental towards both the young person and their family.

Discuss practical safety

Where appropriate, discuss how to manage risk, e.g. reducing access to dangerous items, proportionate supervision, and **safety planning**. Ensure parents/carers are aware of **crisis services** and emergency pathways.

Key messages to share

- Self-harm is usually a sign of distress, not attention-seeking or manipulation.
- Not all self-harm means that a young person is suicidal but should still be taken seriously.
- Shame and punishment can encourage more secrecy.
- Calm, consistent support can make a significant difference.
- Self-harm can affect any family and it is not a sign of failure.
- Parents/carers are not expected to manage self-harm alone.

After the conversation

Share external resources

Direct them to **Self-Harm Resources, Advice & Guidance for Parents, Carers & Families** for additional resources on understanding and managing self-harm.

Document clearly

Clearly document what was discussed, how the parents responded, and any safeguarding considerations that were raised. Consent, agreed actions, referrals and **safety planning** should also be recorded.

Share information as required

Ensure that information about the disclosure is shared with any relevant services or professionals.

How to conduct a self-harm risk assessment

A risk assessment can help professionals to identify, understand and evaluate a child or young person's potential risk of self-harm. It supports safeguarding, mental health assessment and care planning.

What does a risk assessment involve?

A risk assessment collects information about a child or young person's thoughts, behaviours, triggers and circumstances to determine the likelihood of self-harm, and what level of support is needed. These can include:

- Description of self-harm behaviours.
- Risk factors like trauma, neurodiversity or health conditions.
- Behavioural risks like suicidal thoughts, previous attempts or substance abuse.
- Times, places or situations where the risk of self-harm increases.
- Triggers or distressing circumstances surrounding self-harm.
- Relationships with family, peers and professionals.
- Other key professionals or services involved in their care, e.g. local authority.
- Any protective factors like trusted adults, supportive friends or positive interests.
- Warning signs that their risk of self-harming might be increasing.
- Strategies that can help to keep them safe.

How to complete a risk assessment

A risk assessment should be completed collaboratively with the child or young person when this is appropriate. On the following pages, you can view an example of a risk assessment and the information it includes. You can also download an editable template at: www.cheshireandmerseyside.nhs.uk/cypselfharm/riskassessment

Child/Young Person Details

Name	
Date of birth/age	
Date of assessment	
Assessor (name and role)	
Service/setting	

Nature of Self-Harm (Current Presentation)

What has led to this assessment today?	
Description of self-harm behaviour (if any)	
Frequency, duration and pattern	
Most recent incident	
Medical treatment required? (Yes/No)	
Young person's description of feelings before and after self-harm	

Individual Risk Factors (Behaviour/Additional Needs inc. SEND)

Emotional wellbeing (mood, anxiety, distress)	
Trauma or adverse experiences (where known)	
Neurodevelopmental needs/SEND	
Communication or cognitive difficulties	
Physical health, sleep or sensory factors	
What the young person finds hardest to cope with	

Behaviour-Related Risks

Self-harm function (what it does for the young person)	
Suicidal thoughts (passive or active)	
Plans, intent or preparation	
Previous suicide attempts	
Aggression towards others	
Risk-taking behaviours	
Substance or alcohol use	

Situational Risks (Context/Environment/Peers)

Home or placement factors	
Supervision and safety	
Peer relationships and bullying	
Exposure to self-harm in peers	
Online/social media risks	
Times or situations when risk increases	

System/Organisational Risks

Current services involved	
Engagement with professionals	
Communication or information-sharing issues	
Missed appointments or gaps in support	
Lead professional identified (Yes/No)	
Legal or care status (LAC, CIN, CP, MHA, DoLS, court orders)	

Protective Factors (Strengths and Supports)

Trusted adults	
Positive peer relationships	
Coping strategies currently used	
Interests, goals or future hopes	
Engagement with support services	
What has helped reduce risk in the past?	

Risk Summary and Professional Judgement

Overall risk level	
Key factors increasing risk	
Key factors reducing risk	
Professional analysis/rationale	

Immediate Safety Plan (Co-Produced with Young Person)

Early warning signs	
Strategies to try instead of self-harm	
People the young person can talk to	
Professional support and crisis contacts	
Actions to reduce access to means	

Review and Follow-Up

Review date	
Responsible professional	
Family/carer involvement	
Escalation actions if risk increases	

How to create a safety plan with children and young people

Making safe decisions in a crisis can be difficult and overwhelming. A safety plan is a practical, personalised plan that helps a child or young person to stay safe when they're experiencing the urge to self-harm. It means they don't have to think about what to do in the moment, and it can help them feel in control during a scary time.

A safety plan covers areas like:

- How to recognise triggers and warning signs.
- Helpful **coping strategies and distraction techniques** they can use when they start to feel distressed.
- Safe alternatives to self-harm.
- Safe, trusted people they can talk to about their feelings.
- **Support services** where they can ask for help.
- **Harm minimisation** strategies if they do self-harm.

How to make a safety plan

A safety plan can be completed by the child or young person alone or with a trusted adult (parent, teacher, mental health support worker, etc). You can use the following resources and templates below for ideas to support safety planning.

Safety planning resources*

- **Safety Planning Resources** | CAMHS | Information, guidance and templates for professionals.
- **My Safety Plan** | Grassroots Suicide Prevention | A downloadable safety plan template to help manage and de-escalate a potential suicidal crisis.
- **Mental Health First Aid Kit** | Childline | A guide to help young people build a set of strategies they can turn to during challenging times.
- **Creating a Safety Plan** | Samaritans | Editable and printable templates.
- **Autism Adapted Safety Plan** | Autistica | An adapted plan to help young people with autism plan for difficult times.

*Viewing this document in print? You can find the full web addresses for these links at: www.cheshireandmerseyside.nhs.uk/cypselfharm/safetyplan

Distraction techniques and coping strategies for self-harm

The urge to self-harm can feel intense and all-consuming for a child or young person in distress. However, these urges are often temporary and will rise, peak and pass. Distraction techniques put a pause between the feelings and the action, helping them to "ride the wave" without acting on the urges.

Examples of distraction techniques

Distraction techniques can be very simple but effective. It helps if there is a physical or sensory element, such as:

- Screaming into a pillow.
- Listening to loud, upbeat music.
- Eating sour sweets.
- Squeezing a stress ball.

Below are some resources you can share with children and young people to help them build their own toolkit of coping strategies.

Coping strategies resources*

- **Digital Mental Health Workbooks** | Mersey Care | A collection of workbooks and webinars on managing mental health for children, young people and families.
- **Calm Zone** | Childline | Activities, exercises, games and other tools from Childline to help children and young people regulate during times of stress or anxiety.
- **Self-Harm Alternatives** | Dr Pooky Knightsmith | Over 130 ideas for use in recovery suggested by young people.
- **Coping Kit** | Childline | A collection of distraction techniques, sensory exercises and other strategies to help young people cope with difficult emotions.
- **Eating Disorder Distraction Techniques** | BEAT Eating Disorders | A collection of techniques for distracting from disordered eating urges, grouped by emotions.

*Viewing this document in print? You can find the full web addresses for these links at: www.cheshireandmerseyside.nhs.uk/cypselfharm/coping

Harm minimisation techniques

Harm minimisation refers to maximising safety in the event of self-harm – essentially "safer" self-harm. Harm minimisation strategies aim to reduce the risk of injury or serious harm for children and young people who may be self-harming, particularly when they are not yet ready or able to stop.

The goal isn't to encourage self-harm, but to keep the child or young person as safe as possible while working towards longer-term change. This should always be done within a wider framework of safety planning, support and ongoing risk assessment.

Examples of harm minimisation techniques

Harm minimisation might include:

- **Wound care awareness.** A child or young person should understand basic wound care and cleanliness to reduce the risk of infections or complications. They should also know the signs that they need medical attention, e.g. heavy or uncontrollable bleeding.
- **Reducing isolation.** The child or young person should be encouraged to stay connected to others during high-risk times, even if they're not ready or able to talk about their feelings.
- **Delay and distraction techniques.** Distraction techniques can help the child or young person to delay the act of self-harm until the urge to hurt themselves gets less intense.
- **Access to support.** The child or young person should know who they can contact in a crisis or an emergency, including trusted adults and crisis services.

!! IMPORTANT !!

Harm minimisation is not permitted under some professional codes. Always consult your relevant code of conduct/practice before discussing harm minimisation to ensure compliance.

Looking after yourself as a professional

Supporting a child or young person who is self-harming can be emotionally demanding and upsetting. As a professional, it's important you recognise the impact this work can have and take active steps to look after your own wellbeing. This is not only beneficial for you, but also helps you to provide consistent and effective support to children and young people in your care.

Ways to support your own wellbeing

Use supervision and peer support

Regular supervision provides a safe space to reflect, share concerns and seek guidance. Talking with trusted colleagues can also reduce feelings of isolation and help you process difficult experiences.

Maintain professional boundaries

Being clear about your role and limits helps prevent emotional overload and burnout. There can sometimes be a very strong pull to "rescue" a child or young person in distress, but it's important not to carry sole responsibility for their safety.

Acknowledge emotional impact

Feelings such as worry, frustration or helplessness are common. Recognising these responses, rather than ignoring them, can help you manage them more effectively.

Practice self-care

Engage in activities outside of work that help you relax and recharge, whether that's exercise, hobbies, time with others, or simply rest.

Access additional support if needed

If the work begins to affect your own mental health, seek support through workplace resources or external services.

How to support a child or young person in crisis

If you need urgent mental health support for a child or young person in crisis:

- **Dial NHS 111**
- **Choose option 2 (for mental health)**

You can use this option wherever you are located and you will be connected with appropriate support in your area.

! IMPORTANT !

If you believe a child or young person has seriously hurt themselves, call 999 or advise them to go to A&E immediately.

Other 24/7 crisis support*

- Childline | 0800 1111 | 1-2-1 Counsellor Chat | Free, 24/7 helpline for children and young people.
- Samaritans | 116 123 | jo@samaritans.org | Free, 24/7 advice and support line for anyone experiencing suicidal thoughts or struggling with mental health.

*Viewing this document in print? You can find the full web addresses for these links at: www.cheshireandmerseyside.nhs.uk/cypselfharm/crisissupport

First aid for self-harm injuries

Wounds (cuts)

What do to:

- Press firmly on the wound with a clean cloth or gauze until bleeding stops.
- Raise the injured area if possible.
- If the person feels faint, lie them down and raise their legs.
- Clean the wound and the skin around it under running water.
- Dry the wound gently with a clean cloth.
- Cover it with a clean dressing or bandage.
- Keep the dressing clean and change it if it gets wet or dirty.
- Monitor for signs of infection (redness, swelling, warmth or pus).

Seek medical advice from a GP, walk-in centre or urgent treatment centre if:

- The wound is gaping or the edges won't close.
- Bleeding does not stop after 10-15 minutes of pressure.
- There is debris stuck in the wound.
- There are multiple wounds.
- There are signs of infection.
- You're unsure how serious the wound is.

Call 999 or go to A&E if:

- The wound is very large or deep, e.g. you can see fat, muscle or bone.
- There is heavy or uncontrollable bleeding, e.g. blood is gushing or is quickly soaking through the dressings.
- There is loss of feeling or movement near the wound.
- The person is having trouble breathing or chest pain.
- There are signs of shock (pale, clammy, dizzy, faint).
- The person is confused, drowsy or unconscious.
- The person has also taken an overdose or harmful substance.
- The person has tried to take their own life.

First aid for self-harm injuries

Burns

What do to:

- Immediately put the burn under cool running water for 20 minutes.
- Do not put ice, creams or oils on the burn.
- Do not try to remove any clothing or jewellery that is stuck to the skin.
- Do not burst any blisters.
- When the burn is cool, cover it with a clean dressing.
- Monitor for signs of infection (redness, swelling, warmth or pus).

Seek medical advice from a GP, walk-in centre or urgent treatment centre if:

- The burn is bigger than your palm.
- The skin is blistered, broken or weeping.
- The burn is on the face, hands, feet or genitals.
- There are signs of infection.
- You're unsure how serious the burn is.

Call 999 or go to A&E if:

- The burn looks white, waxy or charred (this is a deep burn).
- The burn is very large or covers multiple areas.
- The burn is chemical or electric.
- The burn is affecting the young person's breathing.
- There are signs of shock (pale, clammy, dizzy, faint).
- The person is confused, drowsy or unconscious.
- The person has also taken an overdose or harmful substance.
- The person has tried to take their own life.

Self-harm resources

The Cheshire and Merseyside online self-harm information portal features a selection of information, tools, guidance and other resources on self-harm. These can can be shared with children and young people at risk of self-harm, their families, or the professionals supporting them.

Click the relevant links below to visit the website and find the resources you need. Viewing this document in print? You can find the resources at www.cheshireandmerseyside.nhs.uk/cypselfharm/resources

Children and young people

CLICK HERE

Parents and carers

CLICK HERE

Professionals

CLICK HERE

In their own words: Young people share their experiences of self-harm

The following are some poems and stories about self-harm written by children and young people in Cheshire and Merseyside.

Poem written by a young person

You need to move on
That's what everyone says
You can't hold on to the past forever
But the marks from the past leave stains
Stains that go so deep into my flesh
But still I am told I need to start fresh
But they don't know what my past holds
How could they know if they were never told
But still they say I need to move on
But how can I get over something if the feeling is not gone

These Are Passing Clouds by Tseni Penney

They always want me to describe my feelings.
The problem is I can't feel a thing.
My mind is steel wool,
my vision distorted in grey clouds.
If anything manages to infiltrate the numbness,
it's an abrasive thought
scratching the surface of my brain.
I don't even feel the pain, just more sadness.

Recovery Will Come by Emily Jane

There is a young girl too afraid to breathe.
She is soft with a range of rough edges she wishes she could smooth out.
The world has instilled an idea of perfection into her mind.
Chiselled an acidic thought into her alkali mind.
She is stunning, breath taking.
Every time someone dares mention her beauty she blurts out utterances of flaws. Hundreds of poisonous lies spew from her mouth.
Have you ever watched a rose shudder at the mere thought that it could be beautiful?
I have.
Each time she traces a delicate hand over her figure while her mistaken eyes burn into the mirror, she wishes it would set alight.
There was a time, it felt like an age, when she refused to allow any trace of food to pass her lips.
She locked herself away with merely a lighter and the suffocating abyss of black.
I watched as she decayed, my voice drowned out in the ocean of wicked words that
overwhelmed her.
She was destroying herself. Did she know?
Every day felt like a year.
One day I remember looking up.
I saw her.
She seemed different.
She was smiling, genuinely smiling.
I gazed after her as she hugged her friends tight and allowed a smile to light her features.
She was recovering.
Though I will never understand how she picked herself up whilst completely alone,
I am proud of the person that I never knew but always understood.
She finally chose to live.
She knows she is worth this life.

Extract from novel writing with Kirkby High

We both stop and look up into the bare, black branches and in a quiet voice I tell him, “It’s a robin” and together we listen to its song. “Did you know,” I say, “that robins eat fish?”
Austin bursts out laughing, loudly.
“It is true!” I protest and then I’m giggling too because it does sound a bit nuts and Austin laughing makes me laugh more.
“Where do robins get fish round here?” He asks.
“Ponds, rivers, The ASDA. I dunno!!” The robin has stopped singing.
“Will it sing again?” He asks.
“If you shut up he might.” I whisper.
“But how do you it’s a ‘he?’”
“I just do.”
Dad taught me all the different songs and calls the male and female birds make. And then the robin sings! And we look at each other with such excitement. A little bit of magic on this grey, Kirkby, horrid pancake breakfast, freezing morning.
“I can’t see him.” Austin is looking up into the tree.
“There he is.” I whisper as I point up into the branches, hanging over us.
“Oh wow!” Says Austin but then his tone changes from wonder to concern as he spots the scratches and cuts on my arms as the sleeves of my coat rise up.
“You OK?“ He asks.
I pull my sleeve down.
“Yes.” I reply, sharply.
“What were they?” He asks
“You loving my gorgeous, gold nails?” I say all dramatically, displaying my pretty nails and desperately trying to change the subject.
“Them scratches. The marks.”
I shove my hands in my pockets.
“Nottin Austin. Just leave it please.”
“Then why you hiding your arm? If it’s nottin.”
“Shut up Austin” I snap.
“No need to be so rude Autumn.”
“I’m not being rude.” And I notice I have gone from whispering to shouting in a matter of seconds. The robin flies off. I walk away from Austin and this conversation because I don’t want to keep being horrible to him.
God, I’m feeling all guilty for shouting at him, so I turn around, try to be all upbeat and say, “Come on then soft lad.” He catches up with me and we walk in silence for a few minutes and turn into Morston Avenue.
“Just couldn’t help but see them.” says Austin
“I scratched myself on all the brambles and thorns in Spinney Woods alright?” I lie.
“What you doin up there like?”
“Can’t you just leave it?” I shout and I really am quite shocked at how angry I’ve become and so quickly.

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