Self Harm Policy

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Related documents:			

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Guidance

Defining Policy, Process and Procedure

For definitions for policy, process and procedure go to the policy template found here.

Background

Calls on the topic of self harm are common and can be difficult for volunteers to take due to the subject matter. This document contains all the information necessary for a volunteer to take a self harm policy, including when it might need to be escalated and linked to the suicide and third party data policies.

This example policy and procedure has been developed by the Nightline Association Policy Team to provide Nightlines with a template and guide for developing a policy and procedure.

It should be noted that this does not supersede any self harm policy that your parent body has implemented. Ensure that you have spoken to your parent body before you implement any self harm policy and that they are aware of what current policies entail.

If any policy includes reference to calling emergency services/ campus security, or otherwise breaking confidentiality it must be clearly linked to your confidentiality/ third party data policies.

Resources and Research

Documents used to draft this policy:

- Good Practice Guidelines version 4
- Liverpool Hope Nightline Self Harm Policy 2024
- Exeter Nightline Self Harm Policy 2024
- Nightline Association Suicide Policy (2022 version)

Good Practice Guidelines

The Good Practice Guidelines version 4 (GPG v4) has a section on this policy and procedure that you should read before creating your own policy. You can obtain the full document on the info site at:

https://sites.google.com/nightline.ac.uk/nlainfohub/services/quality-assurance.

The latest version of the GPGs state that:

GPGs relating to policy

Nightlines must:

• Train volunteers in suicide and self harm calls

Nightlines should:

Have a policy supporting volunteers to take calls on self harm

Definitions

Term	Definition
Self-harm call	Any call where the caller considers doing self-harm, or is already engaging in self-harm behaviour/activities
Ideation	When a caller has a conscious desire to self-harm and the resolve to engage in self-harm related behaviour. Sees self-harm as their only option
Self-harm	The act of Self-harm (SH), also referred to as self-injury (SI), self-inflicted violence (SIV), nonsuicidal self injury (NSSI) or self-injurious behavior (SIB), are different terms to ascribe behaviours where demonstrable injury is self-inflicted, without the intent of suicide.
Minor harm	Doing self-harm included but not limited to: laceration of the skin, cutting biting, burning, scratching, hair pulling, skin picking
Serious/extreme harm/injury	Doing self-harm which may result in death or serious injury (such as overdose or extreme skin cutting)
Unintentional suicide	Unintentional death by extreme cases of self-harm
Consent	Whether or not the caller agrees for Nightline to share information, usually to call emergency services on their behalf

Purpose

This guidance exists to support Nightlines in policy and procedure creation in relation to calls on the topic of self harm.

Scope

This policy applies to all listening volunteers, committee members, and anyone who uses the service.

Policy Considerations

When drafting this policy, the following factors should be considered:

- How often the policy will be reviewed and by whom.
- The position of any stakeholders, such as the Nightline's parent body.
- Who will be responsible for training volunteers to take self harm calls.

- Who will be responsible for supporting volunteers after they have taken self harm calls.
- How this policy will be linked to both suicide and third party data policies.

Roles and Responsibilities

This policy should be reviewed at least once every two years. The person reviewing it should be named by their title. For example, Coordinator or Chair.

Legal Considerations

There is no legal obligation under the [England & Wales: Mental Capacity Act 2005; Northern Ireland: Mental Capacity Act (NI) 2016; Scotland: Adults with Incapacity (Scotland) Act 2000; Ireland: Assisted Decision-Making (Capacity) Act 2015] for Nightlines to call for help on behalf of a caller.

If the caller asks for help to be called, and your Nightline follows a policy of implicit consent (if the caller gives their location but does not ask for help, it is still called) the volunteers will need to pass their information to a third party such as the emergency services or campus security. This falls under data protection legislation and requires volunteers to follow their third party data policy appropriately.

Contact

Query	NLA Contact	E-Mail Address
Any questions relating to this policy	Policy Team	policy@nightline.ac.uk
Stakeholder issues	Sustainability Team	sustainability@nightline.ac.uk
Service Level Agreement (SLA) advice	SLA Sub-Team	sla@nightline.ac.uk
IT questions and issues	IT Department	it@nightline.ac.uk
Welfare support	Welfare Team	welfare@nightline.ac.uk
Training advice	Training Team	training@nightline.ac.uk
Research carried out for this policy	Impact Team	impact@nightline.ac.uk

Self Harm Policy

Policy approved	Month YYYY [add details of relevant committee members, etc. if required]
Policy review due	Month YYYY
Any other info?	Linked policy: Suicide Policy and Third Party/ Confidentiality

Definitions

In this policy and procedure "calls" and "callers" may refer to all uses of Nightline's student support and information service whether in verbal or written communication.

Term	Definition
Self-harm call	Any call where the caller considers doing self-harm, or is already engaging in self-harm behaviour/activities
Ideation	When a caller has a conscious desire to self-harm and the resolve to engage in self-harm related behaviour. Sees self-harm as their only option
Self-harm	The act of Self-harm (SH), also referred to as self-injury (SI), self-inflicted violence (SIV), nonsuicidal self injury (NSSI) or self-injurious behavior (SIB), are different terms to ascribe behaviours where demonstrable injury is self-inflicted, without the intent of suicide.
Minor harm	Doing self-harm included but not limited to: laceration of the skin, cutting biting, burning, scratching, hair pulling, skin picking
Serious/extreme harm/injury	Doing self-harm which may result in death or serious injury (such as overdose or extreme skin cutting)
Unintentional suicide	Unintentional death by extreme cases of self-harm
Consent	Whether or not the caller agrees for Nightline to share information, usually to call emergency services on their behalf

Purpose

This policy and related procedure outline the practices [X] Nightline's volunteers must follow for callers engaging in (or wanting to engage in) self-harm, including situations where a caller's confidentiality may be broken.

Scope

This policy and procedure apply to all contacts made to [X] Nightline regardless of the method of contact.

Policy statement

Being there for individuals who may be engaging in self-harm is something which can bridge the gap between mental health calls and suicide calls. It is important to note that serious self-harm can lead to intentional or unintentional suicide. However, just because a caller is engaging in self-harm behaviours, this does not mean that there is any suicidal intent. Therefore volunteers at [X] Nightline should take care not to assume suicidal intent or action is present without clarifying.

As the vision of the Nightline movement is for fewer students to die by suicide and self-harm related behaviours, [X] Nightline will make help available to a caller if it is required to keep them safe. Nightline volunteers are encouraged to clarify if a caller is feeling suicidal where appropriate.

[X] Nightline acknowledges that not all callers will feel comfortable using the language of self harm. Volunteers will use callers language throughout calls related to self harm to support the caller to feel best heard.

Roles and Responsibilities

Edit the below as deemed necessary.

Committee member	Responsibilities
Coordinator	 Ensuring this policy and procedure are being effectively implemented; Liaising with stakeholders about any changes to practices and ensuring this policy aligns with the institutions safeguarding procedures Reviewing and monitoring the effectiveness of the policy and its implementation as part of a (minimum) 3-yearly cycle of policy review.
Training Officer	 Carrying out and maintaining training of all Nightline volunteers, especially providing volunteers tools to implement this policy and procedure.
Welfare Officer	Ensuring the welfare of all volunteers is supported according to this policy and Liverpool Hope's Nightline's welfare provision.
Volunteers	Playing an active role in implementing this policy and developing their skills on this topic.

Legal considerations

There is no legal obligation under the [England & Wales: Mental Capacity Act 2005; Northern Ireland: Mental Capacity Act (NI) 2016; Scotland: Adults with Incapacity (Scotland)

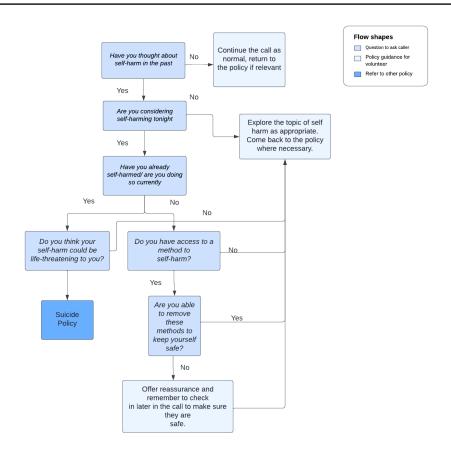
Act 2000; Ireland: Assisted Decision-Making (Capacity) Act 2015] for Nightlines to call for help on behalf of a caller. As Nightline volunteers are not qualified mental health practitioners, they should not make any assessment of a caller's mental capacity, nor should they make any decisions about keeping the caller safe based on their capacity or incapacity.

Reviews and amendments

List any changes to this policy that need to be recorded for historical purposes.

E.g. May 2021: changed wording on ____, updated definitions

Self Harm Procedure



Procedural Steps

Note on language: remember that though this procedure uses the language of 'self harm' callers might not use this themselves or identify with it. Always prioritise adapting phrases to use the caller's language. Ie "Have you cut yourself tonight".

If a volunteer believes that the caller they are speaking to may be engaging in self-harm behaviour or is thinking about it they can ask:

"Have you thought about self-harm in the past"

If the caller answers no the volunteer should continue the call as usual if they answer yes the volunteer can clarify:

"Are you considering self-harming tonight"

If the caller answers no the volunteer should explore the topic of self-harm and restart the policy from a relevant point if this position changes. If they answer yes the volunteer can clarify:

"Have you already self-harmed/ are you doing so currently"

If the caller answers yes the volunteer should ask:

"Do you think your self harm could be life threatening to you"

If the caller answers yes the volunteer should refer to their suicide policy, at the point at which the caller has confirmed that they have taken suicidal action and follow from there.

If the caller answers no the volunteer should explore the topic of self-harm and restart the policy from a relevant point if this position changes.

If the caller had answered no to having taken action of a self harming nature the volunteer should ask:

"Do you you have access to a method to self harm"

If the caller answers no the volunteer should explore the topic of self-harm and restart the policy from a relevant point if this position changes.

If the caller answers yes the volunteer should ask:

"Are you able to remove these methods to keep yourself safe?"

If the caller says yes the volunteer should explore the topic of self-harm and restart the policy from a relevant point if this position changes.

If the caller says no the volunteer should offer reassurance and remember to check in later in the call to check the caller is safe. They should then explore the topic of self-harm and restart the policy from a relevant point if this position changes.

Appendix 1: Example phrases and questions

[You might find this useful for putting up in the office as a supplement to your procedure, or adding some select phrases to your procedure documentation.]

Discussing self harm:

- "How strong do you find these thoughts?"
- "Have you thought about how you might hurt yourself?"
- "When did you begin considering self harm?"
- "Have you ever hurt yourself before?"
- "How do you feel when you hurt yourself?"
- "How do you feel after you have hurt yourself?"
- "Have you felt like this before?"

Establishing connection and empathy:

- "You are not alone in this, I'm here with you."
- "I may not be able to understand exactly how you feel, but I care about you and want to help."
- "It can be really difficult to talk about this, I'm glad you've reached out."
- "How can I best support you right now?"
- "How do you find talking about this makes you feel?"
- "How does it feel to be speaking [about this / to me] right now?"
- "Can I ask what made you decide to talk about these feelings tonight?"

Exploring coping mechanisms:

- "What has made you feel better in the past?"
- "What's kept you going in the past when you've had these thoughts?"
- "How have you coped with this situation up to now?"
- "Is there anything that helps relieve the [way/pain] you're feeling?"
- "Is there anything you could do to distract yourself right now?"
- "What things could help you with these thoughts?"
- "Are there times you don't feel this way?"
- "Is there anything you think might help right now?"
- "What would you like to happen?"