



Self-Harm

Guidelines for Schools

Acknowledgements

Self-Harm: Guidelines for School Staff

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1 Introduction

It is widely recognised that self-harm among children and young people is a major public health issue, with some evidence that the rates are higher in the United Kingdom than the rest of Europe. Self-harm is often an indicator of emotional distress and can be a sign of mental health problems.

The purpose of this guidance is to provide support for staff working in schools, who may have contact with children and young people who are either self-harming or at risk of self-harm or suicide. This guidance aims to ensure a consistent, caring and appropriate response and to support school staff to feel confident, informed and able to support children and young people, and to know who to consult with and refer on to.

Aims, principles and outcomes

Aims

- To improve the quality of support, advice and guidance offered by education staff working with children and young people who may be self-harming or at risk of doing so.
- To support education staff to communicate with children and young people in a way that encourages and enables engagement with support services.
- To support education staff in assessing and minimising self-harm for children and young people they are working with, with support from specialist services.
- To support education staff and young people working towards reducing self-harming behaviours with less self-risk taking behaviours and potentially life threatening coping strategies.

Principles

- Every child or young person should be treated as an individual.
- All staff in schools have a duty of care towards the well-being of children and young people.
- It is important for children and young people to be made aware of the confidentiality policy and implications around disclosure.
- Those working with children and young people need to know and apply the school policy on self-harm
- Recognition of self-harm is a serious and sensitive issue with the focus being on working towards harm minimisation and supporting coping strategies.
- Intervention and support negotiated openly and honestly, including speaking to the child/young person, professionals, parents and carers.
- The child or young person will be supported to access specialist service(s) as appropriate, which will assist the child or young person with opportunities and strategies for minimising the risk of future self-harm and maximising the opportunity for recovery.

Outcomes

The key purpose of this guidance is to provide support for educational staff and improve the response provided to children and young people who self-harm. This will be achieved through:

- An improvement in the quality and consistency of response children and young people may receive from agencies when self-harming behaviour is disclosed.
- Improved support to children and young people in communicating their feelings and factors that have contributed to self-harming behaviour.
- Increased awareness by educational staff and understanding of self-harm including appropriate identification of risk and harm minimisation strategies.
- An understanding of the self-harm care pathway and where agencies, children/young people, parents/carers can go for support.

2 Understanding self-harm

What is self-harm and how common is it?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of a car where the intent is to harm themselves deliberately.

The factors that motivate people to self-harm include a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension or guilt, or to increase caring from others. Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the past 40 years there has been a large increase in the number of young people who deliberately harm themselves. The last national survey in 2006¹ found that self-harm rates are much higher among children and young people than adults, with the most common age of onset around 12 years. It was estimated that nationally 25,000 children and young people aged 12-25 years are admitted to hospital every year for self-harm, most as a result of overdoses or cutting.

Considering all the available research data at the time, a prevalence rate of between 1 in 12 and 1 in 15 was indicated in the 12-25 age groups. Data from practitioners currently, would suggest that this is increasing. It is probable that at least two children and young people in every secondary school classroom have self-harmed at some point. The rates are four times higher for girls than boys, but it is also a serious problem in young men and can be disguised by hitting themselves or breaking bones as though they have been involved in a fight or been attacked.

¹ *Truth Hurts: Report of the National Inquiry into Self-harm among Young People – Mental Health Foundation 2006*

Below is a non-exhaustive list of some of the behaviours people may engage in to harm themselves:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Deliberate risky behaviours, such as running into the road

Risk factors

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm:

Individual factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem or not feeling confident about themselves
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Feeling under a lot of pressure at school or at home
- Failing exams
- Persistent experiences of perceived failure
- Difficulties with sexuality

Family factors:

- Unreasonable expectations
- Being hurt by others: physically, sexually or emotionally
- Child being in residential care
- Poor familial/carer/parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family

Social factors:

- Difficulty in making relationships
- Social isolation
- Break-downs in relationships
- Persistent bullying or peer rejection
- Misuse of drugs/alcohol/medication

Trigger factors

In addition, a number of factors may trigger a self-harm incident. These include:

- Incidents in relationships with significant others, including friends, family and school staff, such as big arguments, break-up or falling out
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change e.g. parental separation/divorce
- Directly supporting a friend who self-harms

Protective factors

Everyone has a range of factors within themselves and their lives which make it easier for them to cope with difficulties, challenges and setbacks. When considering the likelihood of a child or young person resorting to self-harm to help them to cope, the protective factors that are present in their lives should be taken into account. These can also be useful when planning support for an individual as identified strengths can be built on, and 'gaps' addressed by the actions of others or organisations.

Individual factors:

- Secure early relationships
- Higher intelligence and problem solving ability
- Easy temperament
- Good communication skills
- Planner, belief in control and self-efficacy
- Religious faith or spirituality/sense of purposefulness in the world
- Capacity to reflect

Family factors:

- At least one good parent/carer-child relationship
- Affection
- Clear firm consistent discipline
- Support for education
- Supportive, long term relationships/absence of discord

Social factors:

- Wider supportive network
- Good housing
- High standard of living
- High morale school with positive policies for behaviour, attitude and anti-bullying
- Schools with strong academic and non-academic opportunities
- Range of sport/leisure opportunities

Warning signs/signs of distress

It can be difficult to tell if someone is self-harming, and in some cases there may be no warning signs at all. There may, however, be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood e.g. more aggressive than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Misusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope
- Risk taking behaviours (substance misuse, unprotected sexual acts)
- Changes in clothing or insistence in covering up parts of the body
- Changes in school attendance, including lateness

Self-harm can be transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater.

Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

What keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the student and it becomes a way of coping, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)

Cycle of self-harming/cutting

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to tolerate than the emotional/mental pain that led to the self-harm initially.

The relationship between self-harm and suicide attempts

For the majority of young people, self-harm is not the same as a suicide attempt. Young people who self-harm usually do not have a wish to die but want to escape the difficult experiences they are living with. Most often if a young person self-harms this does not mean they want to end their life. The difference between self-harm and a suicide attempt may not be apparent since the injuries caused can be the same. The difference between self-harm and suicide is about the intention. However, sometimes self-harming behaviour is a precursor to an attempt at suicide. The reaction a young person receives when they disclose their self-harm has a major impact on whether they go on to get help and seek support.

3 The Role of School Staff

Please note that this procedure needs to be viewed alongside the States of Jersey Child Protection Procedures and the States of Jersey Education Sport and Culture Department policy on Self-Harming: Early Intervention and Support in Schools.

A graduated response

When signs of distress or self-harm are noted by, or brought to the attention of, staff, it is important that action is taken. The designated person with pastoral responsibility for safeguarding must be informed of the issues and concerns and support for the child or young person initiated.

Where there is considered to be low level risk i.e. superficial, minor self-harm in a stable social context, some indicators of good emotional health, the child or young person is generally functioning well, no evidence of suicidal intent, and there are good support networks, then staff with pastoral responsibilities can provide support by:

- Promoting healthy ways of expressing emotions.
- Talking with the child or young person appropriate to their age and stage of development
- Ideally encouraging parental/carer involvement
- Providing self-help information and simple coping strategies
- Seeking consultation and support from more specialised professionals
- Monitoring and reviewing the progress and wellbeing of the child or young person

However, should there be repeated and more worrying self-harm behaviour with increased frequency or severity, there are more pervasive stressors, poorer coping strategies and fluctuating mental health/few protective factors, it is advisable to involve professionals with more knowledge and expertise in self-harm:

- Continue to support the young person and aim to involve parents/carers
- Gather information to help assess and monitor risk
- Seek additional support and input from specialist professionals, such as your educational psychologist, counsellor or a CAMHS worker
- Consult with CAMHS duty worker
- Develop and implement a support plan
- Continue monitoring and reviewing the progress and wellbeing of the child or young person

Where there is evidence of persistent and severe self-harm, more complex, frequent and high risk behaviours, concerns re isolation, substance misuse, suicidal intent, and possible mental health issues, in a context of poor support/protective factors, continue to support the child or young person and refer to CAMHS.

Responding to a self-harm incident

When you recognise signs of distress/other warning signs, you may not feel you are competent or qualified to directly intervene. If so, you have a responsibility to inform someone who can, such as the designated person for child protection or the pastoral lead.

If you decide to act yourself in the first instance, take the following into account:

- What is important for many young people is having someone to talk to who listens properly and does not judge
- Find a place where you cannot be overheard easily and a time when you know you can pay full attention to what they have to say. It can be unhelpful and potentially harmful for peers to hear the detail of another young person's self-harming behaviour. In light of this **DO NOT INCLUDE OTHER YOUNG PEOPLE IN THESE MEETINGS**
- Confidentiality is a key concern for young people, and they need to know that it may not be possible for you to offer this. If you consider that a young person is at serious risk of harming him or herself (or others) then information needs to be shared. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge. Make sure that as part of your conversation you work out together who are the best people to tell. (A tried and tested form of words to explain confidentiality is included in Appendix 3)
- If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by school policy. In the case of overdose or ingestion of substances, however small, advice must be obtained from a medical practitioner/accident and emergency department
- Resist the temptation to tell them not to do it again, or promise you that they won't do it
- It is important that all attempts of suicide or deliberate self-harm are taken seriously
- All mention of suicidal thoughts should be noticed and the young person listened to carefully
- Take a non-judgmental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to ensure that the right help is put in place
- Discuss with the young person the need for you to make a record of your conversation and inform a senior lead in school. Let them know that it is important for his or her parents/carers to know and discuss any fears he or she may have about this (be mindful, however, that the behaviour of the parents/carers may be a contributory factor to the distress being experienced, either directly through abusive behaviours or indirectly through perceived high expectations)
- Check your own feelings and thoughts before asking any questions. If your feelings or thoughts about the young person are non-positive, this will be communicated to them non-verbally when you talk to them and this could hinder the helping process

Reactions of school staff

School staff members may experience a range of feelings in response to self-harm in a young person. These may include anger, confusion, sadness, shock, disbelief, guilt, helplessness, disgust and rejection.

It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally, even though they may not have had direct involvement. The type and nature of opportunities where these issues are discussed will vary between schools. Staff members with the responsibility for supporting other staff may find it helpful to attend training, to access resources that may be available and to liaise with other professionals, such as CAMHS workers, and the school's contact educational psychologist.

Pupils may present with injuries to first-aid or reception staff, or other non-teaching adults at school. It is important that these staff are aware that an injury may be self-inflicted, and that they are aware of these guidelines and are able to pass on any concerns to meet their own responsibilities in ensuring the needs of young people are appropriately met.

4 Required responses to self-harm

Initial response if not a crisis situation

If the self-harm incident is not a crisis situation, either talk with the young person yourself or inform a member of staff who can do so as soon as possible. When considering what action and support the young person needs, continue to maintain their trust and involve them in decisions as far as possible.

If you are aware of injuries and overdoses, depending on the nature and severity of the injuries or medication taken, provide first aid in accordance with the school First Aid Policy, which might include actions such as contacting the school nurse/the child's GP, or arranging for young person to attend Accident and Emergency. **Young people who overdose on any substance to any extent should always attend the Emergency Department and parents/carers should be contacted. They should not be given anything to make them sick or otherwise flush out their system. The hospital will need details of what has been taken and when.**

Follow the school policy of informing the designated person for child protection/self-harm.

Make a record of the incident and your response (a template is included in Appendix 2).

Contact with parents

It is important to make contact with parents. As part of this school will need to agree who will:

- Discuss concerns with the young person's parents (unless to do so would place the young person at further risk - see child protection procedures and school safeguarding policies and procedures)
- Signpost parents/carers to information to help them support their child (www.gov.je/Health/Mental/SupportingYoungPeople/)
- Follow up in writing to parents/carers to briefly describe the nature of the incident/concerns, record the discussion had with their child and with themselves, to summarise the plan from this point, and to reiterate the sources of support available to them and their child

Develop a support plan

As part of a required response, school should develop a support plan, which would consider the following:

- Identify a lead person who will ensure that an action plan of ongoing monitoring and support is developed and implemented
- Discuss concerns and needs with the young person, their parents, their form tutor, head of year and any other agencies/adults who come into contact with him or her
- Identify strengths and resources and make a plan to address any vulnerabilities
- If ongoing direct support is to be provided, ensure that the individual providing this has the necessary knowledge and expertise to support young people who self-harm
- Agree the recording and review process
- If you are concerned about a young person's mental health, consult with your school nurse, the child's GP or CAMHS duty worker
- Provide the young person with useful information and contacts (www.yes.je - key word search 'Emotional Health')
- If you identify child protection concerns, follow school procedures around how to notify the Multi-Agency Safeguarding Hub (MASH) and follow the child protection procedures

Response to a crisis situation

If self-harm is seen by a staff member or witnessed by another pupil who informs a staff member and it involves a large laceration or several smaller wounds, an overdose of any sort, ingestion of a potentially harmful substance or there is any risk of immediate threat to health or life then:

- Locate the pupil and stay with them
- Send for a colleague and/or call the emergency services
- Administer what first aid you can and as required
- Keep calm and give reassurance to the pupil and those who might have been affected by the incident
- Once the situation is under control and the pupil is in the care of appropriate personnel, follow the processes for incident logging and informing the designated person
- Inform parents/carers as soon as possible (unless there is a clear reason not to do so)
- Where the pupil is not taken to hospital, refer to CAMHS for assessment
- Once the pupil returns to school, implement the support plan as above in consultation with any involved outside agencies

5 Responding to peer groups

Issues regarding peers and ‘contagion’

Social networking may be used by the person who is self-harming, for example, to reach out to others, or to seek validation. As a result there may be more awareness amongst the peer and friendship group than is immediately apparent.

It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming.

Friends can worry about betraying confidences so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both in school staff and in other young people.

Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. It is not good practice to offer regular group support for young people who self-harm.

If you have a number of young people who self-harm in your school you may consider consulting your educational psychologist and CAMHS professionals. Part of your school policy should consider how to make it possible for those affected by the self-harming behaviour of others to seek support for themselves or to find out how to help.

Parents and carers of young people with knowledge of the self-harming behaviour of others may also benefit from being signposted to helpful advice and information on supporting their own children through this. (www.gov.je/Health/Mental/SupportingYoungPeople/)

⑥ General aspects of prevention of self-harm

An important part of prevention of self-harm is having a supportive environment in the school that is focused on building self-esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. The checklist of procedures and practices in Appendix 1 can help in the management and prevention of self-harm. The school educational psychologist can help with the review and development of positive school ethos.

Appendix 1

Checklist for schools in supporting the development of effective practice around self-harm

- The school has a policy or protocol for supporting students who are self-harming or are at risk of self-harming and where pertinent, the school governors (where appropriate) have approved this.
- Relevant school staff are aware of the services which support staff dealing with young people who self-harm.
- All new members of staff receive an induction on self-harm and child-protection procedures and setting boundaries around confidentiality.
- All members of staff receive regular training on self-harm and child-protection procedures.
- The following staff groups - reception staff, first-aid staff, technicians, lunchtime supervisors - receive sufficient training and preparation for their roles.
- Staff members with pastoral roles (head of year, child protection co-coordinator, SENCO, counsellor, etc.) have access to training in identifying and supporting students who self-harm.
- The school has clear open channels of communication and effective record keeping that allow appropriate information to be passed up, down and across the system.
- All members of staff know to whom they can go if they discover a young person who is self-harming.
- The senior management team is fully aware of the contact that reception, first-aid staff, technicians and lunchtime supervisors have with young people and the types of issue they may come across.
- Time is made available to listen to and support the concerns of staff members on a regular basis.
- School members know the different agency members who visit the school, e.g. educational psychologists, CAMHS professionals, who can be consulted and give support and advice.
- Members of staff are supported in considering their responses to those whom they notice are self-harming.
- Staff members know how to access support for themselves.
- Pupils (including friends and peers of those who are self-harming, or who may be supporting a friend who self-harms) know to whom they can speak to for help and support.
- Positive school ethos actively promoted and regularly reviewed.
- The school has a culture that encourages young people to talk, and adults to listen and believe.

Appendix 2

Sample of an incident form to be used when a young person self-harms

School/College:

Young person's name:

Age: Gender: Year: Special Educational Needs:

Staff member name: Position:

Incident description (including date and time):

Action taken:

Decision made with respect to contacting parents and reasons for decision:
--

Recommendations:

Steps taken to support member of staff/other young people:
--

Follow-up when and by whom?:

Signature: Date form completed:

Appendix 3

Model Confidentiality Statement

Generally, what you discuss with me will stay confidential.

Typically, this means nothing will be said to anyone - including parents, other family members, care workers or tutors - without your permission. The only reason why we might have to consider passing on confidential information without your permission, would be to protect you or someone else from serious harm. We would always try to discuss this with you first.



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