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<p>Contents</p> <p>Definition of self-harm..... 2</p> <p>Risk Factors..... 2</p> <p> 9. Individual Factors: 3</p> <p> 10. Family Factors 3</p> <p> 11. Social Factors..... 3</p> <p>Warning Signs 3</p> <p>Staff Responsibilities 4</p> <p> 17. Key responsibilities for staff:..... 4</p> <p>Guidance for staff 5</p> <p> 19. Further Considerations 5</p> <p> 20. Healthy coping strategies: 5</p> <p>Responding to self-harm ‘fads’ 6</p> <p>Appendix 1 – Understanding why people self-harm 7</p> <p>Appendix 2 – Changing self-harming behaviours 9</p> <p>Appendix 3 - What to do if a young person tells you they are feeling suicidal. 11</p> <p>Appendix 4 – Useful sources of support 13</p> <p>Resources: 13</p>	

Date ratified by Governors:

Signed:

Mary Hare School policy

1. All incidents of self-harm are taken seriously, investigated sensitively and the most appropriate emotional support provided. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.
2. This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching and governors.
3. While for some young people self-harm is a very private act, in line with our general practice, parents should be informed if their child self-harms, just as they would be if their child came to harm in any other way. However, if staff feel that special circumstances might make it inappropriate to inform a parent, this must be discussed with the Designated Safeguarding Lead (DSL)

Definition of self-harm

4. Self-harm can be regarded as a coping mechanism for young people attempting to deal with high levels of distress and emotional pain. It is defined as any deliberate, non-suicidal behaviour which causes physical pain and/or injury and is aimed at reducing the emotional pain and distress of the individual concerned.
5. This behaviour may include:
 - Cutting, scratching, scraping or picking skin.
 - Swallowing inedible objects.
 - Bruising, banging or hitting the head or other parts of the body.
 - Swallowing hazardous materials or substances.
 - Burning or scalding.
 - Hair or eyelash pulling.
 - Grazing skin.
 - Deliberate bone breaking.
 - Non-suicidal overdosing.
6. Other behaviour may include risk taking behaviour, including those involving sexual or psychological risks.

Risk Factors

7. Self-harm is usually conducted at times of anger, distress, fear, emotional worry or low mood in order to manage negative feelings. To gain an understanding of why people self-harm, see *Appendix 1*.

8. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm. Deaf children are four times as likely to suffer from some form of mental health difficulty ¹:

9. Individual Factors:

- Depression/anxiety.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Hopelessness.
- Impulsivity.
- Drug or alcohol abuse.

10. Family Factors

- Unreasonable or unsustainable expectations of self or from parents.
- Neglect, physical, sexual or emotional abuse.
- Poor relationship with parents.
- Depression, self-harm or suicide in the family.
- Being a currently or previously looked after child.
- Being a young carer.

11. Social Factors

- Difficulty in making relationships/loneliness.
- Being bullied or previous bullying, teased or rejected by peers.

Warning Signs

12. School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead or Wellbeing Co-ordinator.

13. The following are possible warning signs:

- Risk taking behaviour (alcohol or drug misuse, sexual).
- Low self-esteem.
- Bullying of others.
- Social withdrawal.
- Changes in eating/sleeping habits.
- Lowering of academic achievement.
- Significant change of friendships.
- Expressing feelings of failure, uselessness or loss of hope.
- Regularly bandaged wrists or arms.
- Obvious cuts, scratches or burns.
- A reluctance to change clothes or take part in PE.
- Frequent accidents that cause physical injuries.

¹ NDCS training. Healthy minds (08/14).

- Wearing long sleeved tops, even in warm weather.

Staff Responsibilities

14. Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude - a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.
15. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.
16. **Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Wellbeing Co-ordinator or Designated Safeguarding Lead.**
17. **Key responsibilities for staff:**
 - To recognise warning signs that a pupil may be engaging in self-harming behaviour.
 - To understand the risk factors associated with this behaviour including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home/school problems, social isolation, emotional, physical or sexual abuse.
 - To be pro-active in discussing this topic with students believed to be deliberately self-harming.
 - To make sure pupils know who they can talk to if they feel distressed or at risk (care staff, teachers, School Nurse, parents, independent listener, Wellbeing Co-ordinator).
 - To know how to respond to pupils who wish to discuss this behaviour and take them seriously at all times.
 - To encourage pupils to alert a member of staff if they are at all concerned about a friend or peer who may be at risk of engaging in self-harming behaviour.
 - To be able to produce short and long term individual pupil risk assessments, in conjunction with parents and/or external agencies where necessary.
 - To liaise with parents and carers to promote the safety and wellbeing of pupils.
 - To provide an appropriate level of emotional and practical support for staff dealing with this issue, ensuring training and education are available.
 - To ensure that incidents are appropriately recorded and kept up to date.

- To manage the feelings of other young people affected by this behaviour.

Guidance for staff

18. The following guidance is to help support the appropriate action when a student has confided in a member of staff:

- Ensure that any wounds are dealt with appropriately and that the involvement of the School Nurse is encouraged. **If a student has self-harmed in school, first aid issues should be addressed as a priority.**
- Respond with a supportive and open attitude, focusing on the likely causes of self-harm and not the harm itself.
- Make a note of the date, time and any injuries or contributing factors, for record keeping.
- Consult with the Wellbeing Co-ordinator or Designated Safeguarding Lead. Following this he or she will decide on the appropriate course of action. This may include:
 - Contacting parents / carers.
 - Arranging professional assistance e.g. School Nurse, doctor, social services or a counsellor.
 - Arranging an appointment with the school Wellbeing Co-ordinator.
 - Immediately removing the student from a lesson if their remaining in class is likely to cause further distress to themselves or their peers.
 - Arranging for a period at home if their remaining at school compromises their safety or the safety of others.
 - A re-admittance meeting.

19. Further Considerations

- Try to ensure that the young person does not engage in 'sensationalised' conversations with peers or staff, encourage other young people to experiment with self-harm nor talk about the methods they use to other students.
- Encourage pupils to find something positive and fun in each day and have things to look forward to.
- Produce short and long term individual pupil risk assessments, in conjunction with parents and/or external agencies where necessary.
- Ensure pupils understand that self-injury in front of others is not acceptable behaviour, nor is attempting to manipulate others with the threat of self-harm.
- Encourage pupils to cover up bodily areas that have been harmed.
- Help pupils be aware of 'healthy' coping strategies.
- Staff must report to the Head of Care/DSL any concerns about the effects of a young person's self-harm on their peers, in order to manage the response appropriately.

20. Healthy coping strategies:

- Slow breathing methods (five counts in, ten counts out). Continue until the emotion reduces to a manageable level.

- Self-soothing. Using your senses to draw attention away from the intense emotion, this can be something unpleasant such as: holding ice cubes in the hand or eating very spicy food, or something pleasant like looking at a photo of something that makes you feel good, favourite song on an mp3 player, or hand lotion with a nice smell.
- Mantra – have a phrase or sentence that can be repeated over and over until the urge to self-harm passes.
- Crisis card – this can be carried on the person. Fold an index card in half, use one section to write each of the following: 5 reasons it would be better not to harm, five positive statements about yourself, ways you can reward yourself if you don't self-harm, a list of at least 5 people or places you can go to for help. For further coping strategies please see *Appendices 2 and 3*.

Responding to self-harm 'fads'

21. Schools are increasingly reporting low level self-harm 'fads' sweeping through the school. This can take many different forms including:
 - Superficial cutting.
 - Superficial burning.
 - Scratching.
 - Aerosol burns.
22. This form of self-harm is usually superficial and is a behavioural issue rather than a coping mechanism for individuals.
23. A zero-tolerance policy should be implemented with the school behaviour policy being consistently followed. The following rules should be enforced:
 - Injuries must be covered.
 - Long sleeves in PE if necessary.
 - Self-harm on school premises is punishable in accordance with the school's behaviour policy.
 - Self-harm incidents should be responded to dispassionately and practically.
24. In addition to addressing the group, it is important to talk privately with each individual as a minority may turn to self-harm as a coping mechanism even once their friends have stopped. Individuals should also be followed up some months later, as any pupil who has self-harmed once is more likely than their peers to turn to secretly self-harming in the future as a means of coping with difficult situations.

Appendix 1 – Understanding why people self-harm

There are a wide range of reasons why people turn to self-harm and every single case is different but there are certain themes that recur time and time again. Here are some quotes from young people who have self-harmed to illustrate some of the most common reasons given in order to help you understand some of the reasons young people turn to this unhealthy coping mechanism.

Control

During adolescence, a time when young people are keen to assert their independence, they can begin to feel very out of control of their own lives. This can be for a number of reasons; perhaps their life is in chaos with difficult relationships at home or school, or perhaps they feel like they're being told what to do every minute of the day and don't have the freedom they'd like from parents or teachers. When you can't control anything else in your life, you can completely control your own body.

*"I know it's a really negative kind of control but when your whole life is complete s**t you take what you can, y'know? And as I burnt myself I would feel in control for a while. I guess I was on self-destruct and that was bad but at least it was me driving this."*

"The day I realised that nobody could take control of my body but me, I felt really powerful. In the past I'd been weak and other people had controlled my body but now it's mine. I can care for it if I want to care for it and I can hurt it I want to hurt it. It's MINE."

"I'm 16. Every day of my life I've been told what to do from the moment I wake up to the moment I go to sleep. I'm sick of it. This is just my secret way of asserting a bit of control in my life."

Release and communication of feelings

For people who struggle to communicate or express their feelings in another way, self-harm can feel like the only way to communicate and release those feelings.

"I'm not good with words. I'm good at cutting. When there are more cuts it means I need more help."

"Sometimes I'd have so many different feelings inside me I thought I was going to explode. Then I'd cut myself and I'd instantly feel a bit better, like releasing a valve."

"It gave me a buzz. Like a drug. It didn't last long and soon I'd be back to square one, but for a few blissful moments I'd be free from all my problems."

Physical rather than emotional pain

For some people, physical pain can be a way of communicating emotional pain which is too hard to talk about. Or it can provide a more manageable form of pain that they can tend to

rather than facing up to the emotional and psychological injuries they may be suffering from e.g. as a result of abuse.

*"I was proper f****d up and I didn't know how to make it go away, but some days I felt like maybe I could physically cut away the pain."*

"It was a physical expression of the emotional pain I was feeling but couldn't begin to explain."

"Cutting was something I could talk about and ask for support with unlike the other things that were going on."

Punishment

Some people talk about using self-harm as a way of punishing themselves when they don't live up to expectations – this tends to either be young people who are perfectionist in nature, or those with a history of systematic abuse who have learned that they deserve to be punished.

"If I didn't do as well as I'd hoped I would then I'd take a load of pills and go to sleep. It made me numb. Kind of like a mini coma. It was the only way I could stop thinking about how I'd let myself down."

"I was always punished as a kid. If I was late, if I did something stupid, if I didn't do well enough at school. My Dad used to punish me physically. Once I went into care I guess I kind of took over the punishment myself. People would tell me that it was okay to make mistakes and I shouldn't punish myself but it made me feel better."

Nowhere else to turn

Some young people talk about not being aware of a better way to deal with their problems.

"Some people drink, some people take drugs, some people paint pictures, I burn myself. It's not really that big a deal, it's just the way I deal with things."

"It's the only thing that makes me feel better. Nothing else I've tried gets through."

Appendix 2 – Changing self-harming behaviours

Here are some simple ideas that you can use to support someone who is trying to reduce how much they self-harm. Be realistic in your expectations and be sure to celebrate progress, no matter how minimal.

Time and Place

People who frequently self-harm will often do so in the same place and at similar times each day. Talk to them about whether it's possible to try to disrupt this routine. Can you work with them to think of an alternative activity they might be able to do at their trigger time, or is there somewhere different they could go? As a minimum perhaps you can think with them about how to ensure they are not alone at the times when they are most vulnerable from self-harm. If it's not possible for them to be physically accompanied, you might suggest they phone a helpline such as Childline or the Samaritans so they feel less alone.

Means for self-harm

Some people will always use the same implement to self-harm with. If they are ready, they might think about throwing away this implement. Doing so prematurely may leave them feeling very desperate and vulnerable so this needs to be carefully considered. If they are not yet ready to dispose of their implement then they might consider locking it away, either in a safety deposit box or even simply in a shoebox wrapped up with tape or ribbon. Making their preferred implement less available will provide valuable thinking time and remove some of the impulsivity from the act of self-harming, making it a little more likely they'll be able to think of an alternative coping mechanism.

Another helpful approach is to encourage them to reduce their easy access to items that might be used for self-harming. This might mean locking away or removing things like blades, knives and medicines where they cannot be so easily accessed.

Try to break rituals

Self-harming activities can become highly ritualised, adding a feeling of control to the process and providing a sense of relief and release to the person harming. Trying to remove some of the more ritualised or repeated parts of their self-harming behaviours can reduce the reinforcement that young people feel from the activity. It also makes it harder for them to self-harm on auto pilot which, again, reduces the likelihood of them going through with an act of self-harm.

If a young person feels comfortable enough to talk to you about their self-harm rituals, take a real interest and try to understand their motivations behind each part of the process. Question why they do each thing and where possible make suggestions for alternative behaviours. Occasionally your words and questions will have an impact on the sufferer and play back to them during a self-harm act and empower them to stop.

Challenge thoughts

A more general approach to challenging self-harming behaviours is to challenge the thoughts and feelings that surround and trigger those behaviours. Often there are a whole host of negative thoughts that surround each act of self-harm which the sufferer never thinks to challenge. Explore these thoughts and actively challenge them, providing evidence to back up your viewpoint where you can; for example, you might challenge the thought 'I'm a complete failure' with 'Do you think perhaps that your standards are unrealistic? Other people would be happy to get 60% on a test but you are upset because you got 80%. Why is 80% not good enough?' Or 'Would you consider your friend Daniel a failure if he'd scored 80% on that test? Why not...' Over time, you can encourage the sufferer to challenge their thoughts in the same way, but it is likely to take quite some time.

Appendix 3 - What to do if a young person tells you they are feeling suicidal.

This is a guide of what to do if a young person tells you they are **feeling** suicidal.

If they have actually tried suicide or have harmed themselves administer first aid and seek medical support, this may include calling 999.

This is not necessarily a step by step guide; use the pointers in the order that is suitable for the situation:

- **Ensure your own personal safety.**
 - Do not get involved physically if the young person is distressed or aggressive. Unless you feel confident and are trained in de-escalation and physical intervention.
 - Do not handle this on your own, work with colleagues to support you.

- **Stay with the young person and move other young people away.**
 - Refer to their risk assessment (if there is one in place).
 - Ask if the young person has self-harmed, administer first aid/ inform the nurse.
 - Speak to the Wellbeing Coordinator (07464545250) or the School Nurse (299 or on-call number).
 - Alert a member of the Senior Management Team and/ or your Team Leader.

- **Encourage the young person to talk and give reassurance.**
 - Listen without judgement and do not try to give advice but reassure.
 - Give small amounts of information so they know what is happening.
 - If **possible** find out:
 - If the young person has a current plan to harm themselves? Have they made preparations to do so? If so what is this?
 - Have they attempted suicide before?
 - Is there a trigger that has made them feel this way?
 - If possible ask them to rate the following from 1-10, 1 being low (not at all) 10 meaning high (a lot) – explain the scale to the young person.
 - How strong are your suicidal thoughts?
 - How strong is your intention? (Wanting to do it)

- **Seek help immediately**
 - Ring CAMHS Common Point of Entry **0300 365 0300**, out of hours you will be forwarded to the adult service.
 - **Try to arrange an emergency GP appointment at Eastfield House for a Mental Health Assessment.** 01635 41495. You will need the young person's D.o.B.

- If both these options are not possible take the young person to **Reading A&E** for a mental health assessment.
- Inform parents and keep them updated, arrange for them to meet you at the hospital.
- Follow advice given by professionals.

➤ **After the event**

- Support is available and accessed by speaking to your Line Manager, Wellbeing Coordinator, Nurse or HR.
- Record information, such as time, date, any triggers, what pupil said, the professional's guidance, what happened, any bedroom checks undertaken, etc.

A review of any risk assessments will need to take place. If no assessment exists, one will need to be completed within a week of the event (depending on professional advice). This is normal conducted by the Wellbeing Co-ordinator.

Appendix 4 – Useful sources of support

www.youngminds.org.uk - Young Minds are committed to supporting the emotional wellbeing of all pupils. This website has lots of resources and advice for teachers on a range of mental health issues.

www.selfharm.co.uk - support for young people impacted by self-harm

Samaritans - The Samaritans helpline is available 24 hours a day 365 days a year and their trained advisers are a great source of support if you need to talk to someone.

Helpline: 08457 90 90 90 | **Email:** Jo@Samaritans.org |

Website: www.samaritans.org/

Papyrus - Papyrus is aimed specifically at preventing suicide in young people. They have a free UK helpline which provides support and advice for young people at risk or those who care about them.

Helpline: 0800 068 41 41 | **Email:** pat@papyrus-uk.org |

Website: www.papyrus-uk.org/

www.inourhands.com - Training, workshops and resources from Dr Pooky Knightsmith.

Resources:

Knightsmith, P. (n.d) *Model self-harm policy*. [online] Available at: www.inourhands.com [Accessed 6th May 2015]

West Berkshire Council, LSCB. (2011) *Self-Harm; Guidelines for School Staff* [online leaflet] Available at: www.westberkslscb.org.uk [Accessed 6th May 2015]
