

Self-harm in school aged children and young people, is often misunderstood but is a very real issue that all schools need to take seriously.

What is Self-harm?

Self-harm is a way of expressing very deep distress, which sufferers struggle to put into words. It is a coping mechanism but doesn't last long because nothing has been done to resolve the original problem so the self-harm is repeated, thus creating a vicious circle. It is often habitual, chronic and repetitive and tends to affect young people for months or even years. It can include burns, cuts, bruising, head banging, biting, hair pulling and deliberate ingestion of obnoxious substance, anorexia and bulimia, deliberate withdrawal of medication and risk taking behaviours. In extreme cases it can also include eye gouging, use of ligatures and mutilation of genitals.

Aims

- Recognising the warning signs that a pupil may be self-harming.
- Broaching the subject of self-harm to a pupil you suspect of deliberately harming themselves.
- How to react positively if a pupil comes to you wishing to discuss their self-harm.
- Short-term plan of action for the care and management of the pupil which includes assessing the pupil's unique and individual needs.
- Long-term plan of action for the continued support, assistance and monitoring of the pupil.
- How best to assist in building the confidence, self-esteem and emotional wellbeing of the pupil.
- Practical and emotional support for staff members who are dealing with a self-harming pupil/s.
- Provision of clear and standard guidelines for all staff in contact with the pupil self-harming.
- Implement a 'harm-minimisation approach' to prevent the spreading of a self-harm culture within the school.
- Training and education surrounding the issue of self-harm for all staff on an annual basis during safeguarding training.
- Education and awareness campaigns for pupils implemented through PSHE lessons.

Trigger Factors

They are not clearly known in young people, however self-harm seems to be associated with:-

- Low self-esteem.
- Perfectionism.
- Mental health issues such as depression and anxiety.
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder.
- Problems at home, school and relationship difficulties.
- All forms of abuse (physical, emotional, sexual and neglect).
- Victim of bullying.
- A sense of 'not belonging'.
- Exam stress.

Warning signs that may be associated with self-harm

- Drug or alcohol misuse or risk taking behaviour including promiscuity.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other pupils or a victim of bullying.
- A sudden change in friends or withdrawal from a group.
- Physical signs that self-harm may be occurring such as cuts, scratches, bruising or burns that do not appear to be of an accidental nature, plus old scarring.
- Regularly bandaged/covered arms and or wrists.
- Reluctance to take part in physical exercise or other activities that require a change of clothes.
- Wearing long sleeves and trouser even during warm weather.
- Apparent weight loss/gain with notable deviances from normal eating habits and symptoms associated with eating disorders such as vomiting, feeling cold, bloating, poor hair skin and nails and the absence of periods in girls.

Roles and responsibilities

- Heads of Year will manage responsibility for self-harming within their year with support from various staff (school nurse etc)
- The person with overall responsibility will be the child protection officer (Mrs Lisa Easton) *please also refer to Child Protection policy*
- Parents may be invited to learn more about self-harm for themselves.
- Pupils who self-harm may be given time out passes to be out of classrooms during emotional distress, permission to wear long sleeves for sports and grant leniency with school work load.
- Staff cannot and should not guarantee confidentiality.
- All incidents of self-harm will be logged on the 'Blue Self-Harm form which is kept in the Pastoral Office' and parents contacted. They will be advised to make an appointment with their GP who will advise/make appointment with CAMHS in line with Local Authority guidelines. If there are immediate concerns for their child's emotional and mental wellbeing, the parents will be advised to take their child, immediately, to an Accident & Emergency Unit.
- The student will automatically be discussed and support mechanism implemented during the 1:1 meetings which take place between Heads of Year and the Assistant Headteacher – Ethos & Wellbeing. Where necessary, teachers of the child in question will be notified via staff briefings, bulletins.
- They will be monitored (at least) once every two weeks at these meetings with information circulated to all key staff.

Helping a pupil who is self-harming

- Young people who self-harm need emotional and sometimes medical support (to ensure wounds are kept clean with access to dressing/bandages etc and to have access to facilities for disposing soiled clinical waste).

- Simply having designated staff available, whenever possible, to talk to a child who self-harms can make all the difference, as feelings of isolation are often part of the problem. Learning Coaches will be utilised where appropriate.
- Remain calm and non-judgmental at all times and avoid dismissing reasons for distress as invalid or trivial.
- Reassure that self-harm is very common and that individuals who do it are by no means alone.
- Do not guarantee confidentiality if significant harm is suspected or there is a potential risk of further significant harm. Explain there may be a need to share concerns but reassure sensitively the need for sharing is for their own safety and wellbeing.
- Do not chastise after an episode of self-harm is suspected or the pupil volunteers for examination.
- Seek support and guidance from other external agencies such as Mental Health Practitioners with CAMHs, Alcohol and Drug Advisors, Sexual Health Counsellors, Dieticians and Youth Counsellors etc without making a referral. Also visit their web sites if available.
- Consider making referrals to Drug/Alcohol/Sexual Health Counsellors, Dieticians, Youth Counsellors, GP's School Medical Officers, Social Services and Cognitive Behaviour Therapists where appropriate. Referrals should only be made by members of the safeguarding team in relation to self-harm.
- Identify 'triggers' and ask what specific significant changes can be made in their lives to prevent further episodes of self-harm. Empower the person to make those changes.
- Have special allowances in place such as time out of the classroom during emotional distress, permission to wear long sleeves and leniency re school work load.
- Monitor, review and suggest realistic targets to be met in order to make small positive steps. If the urge cannot be stopped, the aim should be to minimise the harm done.
- Record very clear and concise written notes with user's name and date documents.

Preventative measures to prevent acts of self-harm when urges become strong

- Flicking a rubber band against wrists.
- Writing down anger/frustrations in an on-going diary.
- Phoning/texting/emailing/social networking with friend.
- Putting some music on and dancing vigorously for 10-15 mins.
- Using a pillow/cushion as a punch bag.
- Applying plasters to the skin short term to areas wanting to harm.
- Dipping fingers in ice or even rubbing ice to the areas wanting to warm.
- Marking skin with a red, water-soluble pen which may resemble drawing blood.
- Thinking about and looking forward to something that gives pleasure such as planned holiday, social event, day out etc.
- Participate in vigorous exercise (endorphins make you feel 'good').
- Move to somewhere safe.

Useful tips for the young person who is self-harming

- Keep cutting equipment clean and have easy access to cleansing and first aid materials with means of safe disposal of soiled clinical waste.
- If there is more than one method of self-harming being used be realistic and try to deal with only one issue at a time.

- Accept that decreasing the urge to self-harm is a very gradual process and it does not stop over-night.
- Use products such as Bio-oil or Vitamin E moisturisers to minimise long term skin scarring.
- Try to love a healthy lifestyle in order to minimise health issues such as eating healthily, drinking plenty of water, have a good bedtime routine, take walks in day light, participate in exercise and attempt activities you have previously enjoyed. This will stimulate serotonin and endorphins which give 'feel good factors'.
- Substitute addictive substances (such as drugs/alcohol) for less addictive substances (such as caffeine in tea, coffee & cola, Chocolate & confectionaries – all regarded with 'moderation' and advise not to drink caffeine beverages after 6pm to prevent sleep deprivation).

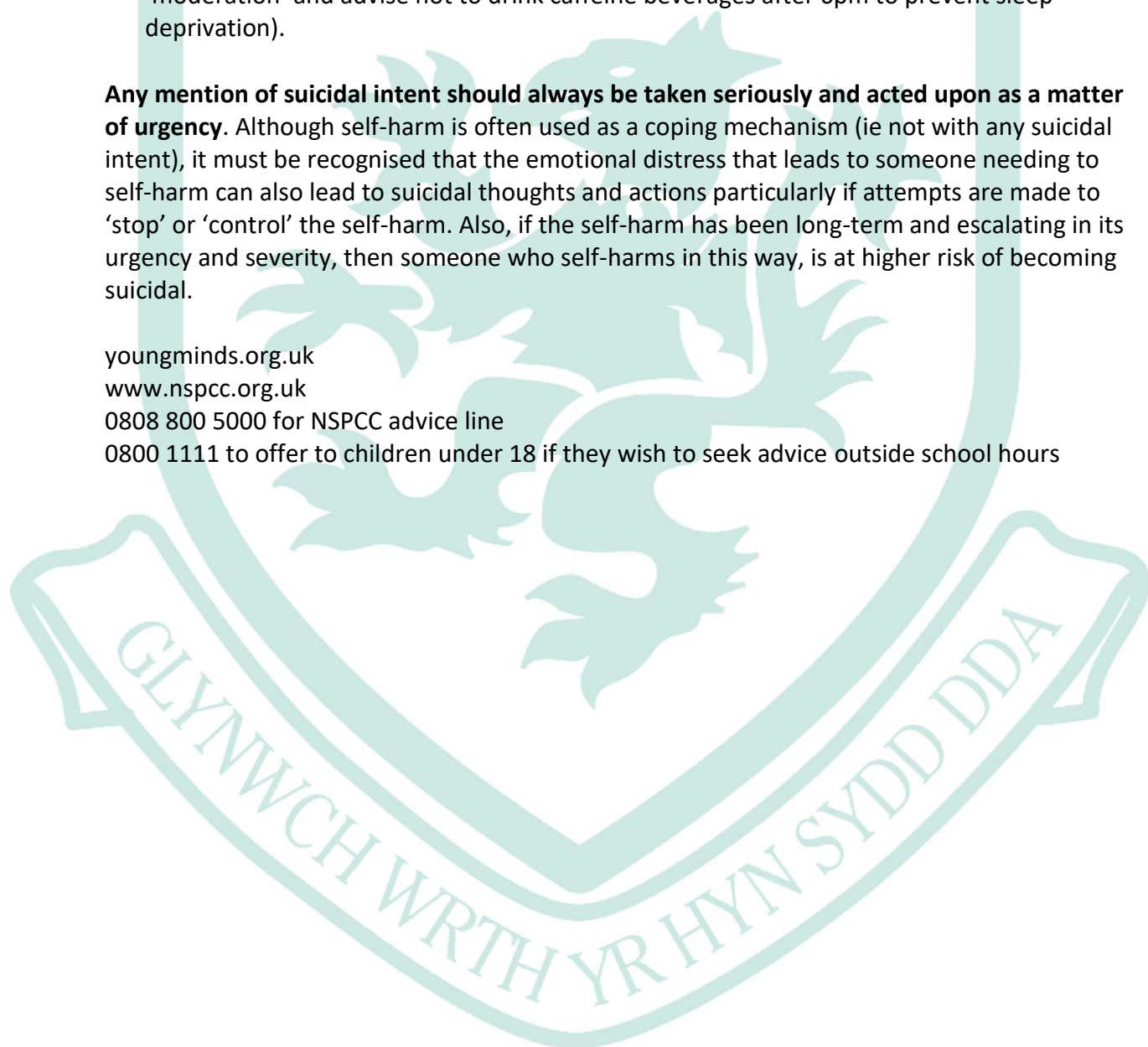
Any mention of suicidal intent should always be taken seriously and acted upon as a matter of urgency. Although self-harm is often used as a coping mechanism (ie not with any suicidal intent), it must be recognised that the emotional distress that leads to someone needing to self-harm can also lead to suicidal thoughts and actions particularly if attempts are made to 'stop' or 'control' the self-harm. Also, if the self-harm has been long-term and escalating in its urgency and severity, then someone who self-harms in this way, is at higher risk of becoming suicidal.

youngminds.org.uk

www.nspcc.org.uk

0808 800 5000 for NSPCC advice line

0800 1111 to offer to children under 18 if they wish to seek advice outside school hours



SELF-HARM PATHWAY FOR DARLAND

What should you do if you discover a young person is self-harming?

