

# Self-Harm

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## INTRODUCTION

Foundation staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils who self-harm or are recovering from self-harm.

“Every encounter with a young person who self-harms, for whatever reason, is an opportunity to intervene to reduce their distress and, potentially, to save a life... Young people benefit from a person who is able to listen to them non-judgementally, foster a good relationship, and encourage them to get help.”

Royal College of Psychiatrists (2014)

## SCOPE

This document describes the Foundation's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

## AIMS

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with pupils who self-harm
- To provide support to pupils currently suffering from or recovering from self-harm and their peers and parents/carers.

## KEY FACTS ABOUT SELF-HARM AND SUICIDE IN CHILDREN AND YOUNG PEOPLE

**Self-harm refers to any act of intentional self-poisoning or self-injury, irrespective of motivation or intent.** It can be considered as a spectrum of behaviours ranging from occasional self-scratching, to cutting, pulling of hair, head banging, taking an overdose with intent to die, or completed suicide.

**Reasons for self-harming behaviour vary greatly from person to person.** For some young people there is strong suicidal intent, but often there is no intent to die. Often, preceding the act of self-injury is a psychological experience of increasing anger, tension, anxiety, dysphoria and general distress or depersonalisation, which the person feels they cannot escape from or control. Engaging in self-harm provides a temporary release from these distressing emotions. Other reasons include: self-punishment, to draw attention so that

other people can see their distress; to make other people feel guilty and change their behaviour; and to tie in socially with peers who self-harm. An immediate feeling of relief, gratification and/or release from depersonalisation follows the act of self-harm. However, despite this transient response, self-harm leads to longer-term negative consequences. Emotionally, it can evoke abiding complex feelings of guilt and shame towards the self.

**Self-harm is common.** About 17% of girls and 5% of boys will have self-harmed by the time they leave school. Self-harm rates increase from the age of twelve years and are highest in the late teens for females and in early adulthood for males. Onset of self-harm may be related to puberty, especially late or completed puberty, rather than chronological age. Self-harm rates are higher in adolescents from lower socioeconomic groups. About 80% of those admitted to hospital have overdosed and around 15% have cut themselves. In the community, cutting is a more common way of self-harming than taking an overdose.

**Self-harm is often a hidden behaviour.** There is much stigma surrounding self-harm. Only about 1 in 8 adolescents who self-harm present to medical services. Young people who self-harm often say that there was no one they could easily trust to talk to about how they were feeling, leaving them feeling isolated and lonely.

**It is important to take self-harm seriously: as an expression of distress; because it causes body damage; and because it is linked with an increased risk of suicide.**

Although suicide in children and young people is very rare, it is the second most common cause of death among young people. Self-harm is one of the strongest predictors of death by suicide in adolescence, increasing the risk of suicide about ten-fold. Risk of suicide is greater in older adolescents, and in boys and young men who self-harm.

**Investigations of suicides in young people** suggest they usually belong to one of three groups: those with complex, longstanding life and behavioural problems (school failure, family relationship problems, childhood sexual abuse, family violence, personality problems, low self-esteem, and poor peer relationships); those with major psychiatric disorders; and those in whom the suicidal process occurred as an acute response to life events, especially relationship problems.

**Asking about suicide and self-harm does not increase the likelihood of harm to the young person.** It is important that all front-line professionals (including teachers, coaches, and other Foundation staff) become familiar with asking about self-harm and suicide in an open minded, compassionate, way. Remember that self-harm may be a means of showing others how bad they feel.

## **WHAT CHILDREN AND YOUNG PEOPLE SAY ABOUT SELF-HARM**

In national surveys, young people say that conflicts with other people, for example, family members, siblings, teachers and boyfriends/girlfriends, are the most common reasons for self-harm. These conflicts could be about different things but they often make young people feel pushed away, left out, unfairly criticised or out of control. Young people also report that they can feel embarrassed or ashamed about self-harming, and that they fear being judged by others including professionals.

They say that it is often very difficult to know who they can talk to about their self-harming behaviour and the strong feelings that go with it, which may feel very private. This includes difficulty talking to their parents (who report, themselves, often feeling guilty about their child's self-harm). Young people say they want to be able to talk to their teachers or GPs, for example, but they are not sure how to start the conversation, and may not feel encouraged by the professional.

Some young people have also voiced concerns with the attitudes of front-line professionals and their perceived lack of understanding of self-harm. These attitudes and perceptions can have a negative effect on the ways in which young people access help and support; many young people report turning to their peers and/or to online support instead of their GPs, teachers or parents.

## **THE ROLE OF THE FOUNDATION IN PREVENTING AND HELPING STUDENTS RECOVER FROM SELF-HARM**

St Dunstan's Education Foundation has a duty to safeguard its pupils against all harm, including self-inflicted harm.

Lessons to be learned from the results of national surveys (see above) include:

- It is important that the Foundation provides high-quality, accessible Healthy Relationship Education for all pupils, to help them understand boundaries in relationships as well as managing conflict and breakdown in relationships.
- It is important that a Foundation-wide culture of openness, understanding and support around self-harm and other areas of mental ill-health in children is adopted, so all pupils feel able to talk to their teachers and other Foundation staff without fear of ridicule, disbelief or shame.
- It is important that all staff and pupils are educated in mental health. This can be achieved through curriculum, PSHEE, assemblies and staff INSET. This education will be supported by the Foundation-wide culture described above.
- It is important to listen carefully to students who say that they are, or one of their friends is, self-harming. All instances of self-harming must be taken seriously and consistent procedures must be followed.
- The family is a vital support network for young people. The Foundation will in all but the most exceptional circumstances inform the parents if it is discovered or suspected that their child is self-harming. We will work with the child to manage how the parents are informed.

## **DISCLOSURE PROCEDURES**

**If a pupil tells you that a friend is or may be self harming:**

- Thank the pupil for coming forward and reassure them that it was the right thing to do.
- Tell the pupil that you will address the problem, but do not elaborate on how this will be done.

- Report the disclosure on MyConcern, or if you are unable to use MyConcern, report directly to the DSL

#### **If a pupil tells you that they are self-harming:**

- Speak to the pupil in a quiet place that allows for some privacy, bearing in mind *Staff Guidance on Interaction with pupils*. Ask if they can tell you what they have done and when they self-harmed – this will allow you to ascertain and prioritise any immediate medical care required.
- If you feel comfortable and confident, ask to see the injuries, ensuring this does not compromise the pupil's privacy. The pupil should be limited to raising sleeves or trouser legs to show injuries. Otherwise, the pupil should be sent to the Wellness Centre to be assessed by the College Nurse.
- Report the disclosure on MyConcern, or if you are unable to use MyConcern, report directly to the DSL.

#### **If a pupil threatens self-harm or suicide:**

- Speak calmly to the pupil, in a quiet place that allows for some privacy, bearing in mind *Staff Guidance on Interaction with pupils*. Try to ascertain their intentions if able – is the pupil in immediate danger? If so, dial 999.
- Reassure the pupil that they are being heard and that action will be taken to support them.
- Report the disclosure on MyConcern, or if you are unable to use MyConcern, report directly to the DSL.

### **GUIDANCE FOR WORKING WITH PUPILS WHO SELF-HARM**

If a child discloses to you that they are self-harming or threaten self-harm or suicide:

- **Take all self-harm and threats of self-harm seriously.**
- **Empathise.** Treat the pupil with respect; get across that you care, and that you want to understand and help.
- **Remain calm and compassionate.**
- **Remain non-judgemental.** Reassure that you understand that self-harm may be helping the pupil to cope at the moment.
- **Do not promise confidentiality.** Reassure the pupil that you will only tell other adults who can help, and that the pupil will know who you tell (see P1RD03)
- **Do not react with strong or negative emotions.** This includes alarm or discomfort; asking abrupt or rapid questions; threatening or getting angry; making accusations, e.g. that the pupil is attention-seeking; frustration if the support offered does not seem to be making a difference.
- **Do not comment, advise or attempt to 'solve the problem'** in the first instance. Simply listen, reassure and report. Show the pupil that they can trust that you will first **hear** what they have to say, and later **support** them if another professional needs to be involved.
- **Make yourself available** at the moment in time when the pupil seeks you out or responds to an invitation to talk further.

## WHAT HAPPENS NEXT?

All cases of known or suspected self-harm will be treated seriously.

The DSL will follow the following advice (in accordance with our local safeguarding partners' advice):

<p><b>The pupil has experimented with self-harm and has no intention to self-harm again.</b></p>	<ul style="list-style-type: none"> <li>• The DSL and tutor/other trusted adult in the Foundation have no other significant concerns about the pupil's wellbeing or safety.</li> <li>• The appropriate pastoral team will check that the pupil is getting the support they need through school counselling or outside agencies as appropriate.</li> <li>• The pupil's parents will be informed about the self-harm; however, the pupil will be involved in this. The pupil will be given the opportunity to talk to their parents before the school contacts them to follow up.</li> <li>• If there is any doubt about the pupil's safety or wellbeing, the DSL will contact CAMHS in the appropriate borough for the pupil.</li> <li>• The pupil will be placed on the Care 1 or Care 2 list to be monitored as appropriate.</li> </ul>
<p><b>The pupil is continuing to self-harm and/or there are underlying issues causing distress.</b></p>	<ul style="list-style-type: none"> <li>• The DSL must seek advice and input from other professionals.</li> <li>• The DSL or other member of the safeguarding team will refer to CAMHS in the appropriate borough for the pupil.</li> <li>• Further sources of support will be sought, in co-operation with CAMHS.</li> <li>• The pupil's parents will be informed, with the pupil given the opportunity to be involved in this.</li> <li>• The pupil will be placed on the Care 2 list, depending on the response from CAMHS, and monitored as appropriate.</li> </ul>
<p><b>The pupil needs immediate protection to avoid serious harm (e.g., self-harm is increasing, persistent suicidal thoughts,</b></p>	<ul style="list-style-type: none"> <li>• The DSL will refer the pupil to CAMHS and / or and follow the advice given at the time.</li> </ul>

plans or means to suicide, suspected abuse or neglect).	<ul style="list-style-type: none"> <li>• If the pupil is already working with CAMHS or a social worker, the DSL will phone the named professional.</li> <li>• The pupil may be taken to A&amp;E for an emergency assessment.</li> </ul>
<b>The pupil's life or health is in immediate danger following self-harm (e.g., overdose or significant injury).</b>	<b>CALL 999</b>

## FURTHER RESOURCES

### Local (Lewisham) Services:

Lewisham Centre for Children and Young People (includes Child and Adolescent Mental Health Services (CAMHS))  
Kaleidoscope Child Development Centre  
32 Rushey Green  
SE6 4JF

020 7138 1100

### Specialist help for people who self-harm:

#### The National Self-Harm Network

A forum and resources for those who self-harm and their families, and for professionals who support them. Tips on what to do or say and what not to do or say if you are supporting someone who self-harms. Advice on the use of distractions if someone is trying not to self-harm.

[www.nshn.co.uk](http://www.nshn.co.uk)

#### Get Connected

Offers help by telephone and email for young people (under 25) who self-harm

080 8808 4994

#### Selfharm.co.uk

A project dedicated to supporting young people who are affected by self-harm.

[www.self-harm.co.uk](http://www.self-harm.co.uk)

#### THESITE.org

TheSite.org offers information and support to 16-25 year-olds. It includes specific support and advice about self-harm.

[www.thesite.org](http://www.thesite.org)

#### Childline

Free and confidential support for children.

08000 111

## SOURCES FOR THIS GUIDANCE

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