

## GUIDANCE FOR RESPONDING TO INCIDENTS OF SELF-HARM

This policy is applicable to all students, staff and parents of The Wellington Academy

### DOCUMENT CONTROL

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### RELATED POLICIES AND DOCUMENTS

Policy Name
Health & Safety Policy
Anti-Bullying Policy
Sex and Relationships Education Policy
Intimate and invasive care policy
Safeguarding and child protection Policy
Working Together To Safeguard Children
Keeping Children Safe In Education 2019

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## CONTENTS

Introduction	Page 3
What is deliberate self-harm	Page 3
Why do young people self-harm?	Page 4
Vulnerable groups	Page 5
Recognising potential signs and symptoms	Page 5
Suicidal ideation and self-harm	Page 6
First Aid	Page 6
Responsibilities	Page 6
Assessing risk	Page 6
Confidentiality	Page 7
Reporting/Recording incidents of self-harm	Page 8
Support for Pupils	Page 8
Support for Parents	Page 8
Useful contact numbers and websites	Page 9

## Introduction

This policy and the procedures within it are designed to assist employees of The Royal Wootton Bassett Academy Trust in supporting pupils who are either self-harming or at risk of self-harm or suicide.

This policy aims to support staff in feeling confident and well informed to be able to offer adequate support to pupils who are at most risk. The policy includes guidance on the steps to be initiated if deliberate self-harm is suspected or has been witnessed, including details of whom to inform and which agencies to notify. This will help to ensure a co-ordinated response and provide adequate support to both the pupil at risk and any staff members directly affected.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a pupil is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas.

The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm. The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

## What is deliberate self-harm?

Self-harm is defined by the National Institute of Clinical Excellence Guidelines (2004) as an **“expression of personal distress, usually made in private, by an individual who hurts him or herself”**. Essentially, self-harm is any behaviour where the intent is to cause harm to oneself.

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- 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
- Risky behaviours such as running into the road

### **Why do young people self-harm?**

During adolescence, young people may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide.

Some of the more common explanations from young people about why they self-harm are:

- That physical pain is easier to control than emotional pain
- It is a form of relief and release or distraction
- It can be a form of self-punishment
- It is a way of letting people know how difficult and distressing life feels
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group

Some young people may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

It may be helpful to understand that when a person inflicts pain upon himself 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 self-harm difficult to stop.

Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

Some of the factors that young people identify as contributing or triggering self-harm include:

- Being bullied
- Stress and worry about school work and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- Difficulties in peer relationships, including the breakup of a relationship
- Not getting on with parents or other family members
- Family relationship difficulties, including parents separating or divorcing
- Bereavement
- Past experience of abuse (physical, sexual or emotional)
- Current experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self-harm or suicide of someone close to them
- Confusion about sexuality
- Feeling isolated, rejected or bullied due to race, culture or religion
- Low self-esteem
- Feelings of rejection socially or within their families
- Termination of pregnancy
- Self-harm behaviour in social group
- Self-harm portrayed in the media
- Being in trouble in school or with the police
- Difficult times of the year (e.g. anniversaries)
- Use of alcohol or drugs

## Vulnerable groups

The pressures for some groups of young people and in some specific settings may increase the risk of self-harm:

- **Learning difficulties and disabilities:** Self-harm occurs more frequently in young people with learning disabilities. In those with severe learning disabilities, self-harm can form part of the young person's profile of behaviour (for example, a young person with autism biting their arms repeatedly). Any change in the frequency, severity or site of self-harm in these young people is a cause for concern. Self-harm may be the only way a young person with communication difficulties can display their emotional distress.
- **Young people in residential settings:** Those living in inpatient units, prison, sheltered housing/hostels or boarding schools are at greater risk of self-harm due to their living situation and settings
- **Young people with mental health difficulties:** Young people who are living with a mental health condition such as depression or anxiety are at greater risk of self-harm. Self-harm is a common 'coping strategy' for young people with mental health difficulties
- **Young people with sexual identity issues:** This is due to feelings of confusion and anxiety. Often young people battle these identity crises alone due to fear of rejection which again, puts them at greater risk of self-harm

Self-harm in younger children is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self-grazing/scratching may be signs of self-harm.

## Recognising potential signs and symptoms

There are several ways in which a staff member might discover that a pupil is self-harming. A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend. A staff member may suspect a pupil has self-harmed which may be in need of immediate medical attention, or may be recent or historical. A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information. A pupil may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a pupil says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the pupil and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

## Suicidal ideation and self-harm

Self-harm by cutting is not usually associated with suicidal ideation but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress. Suicidal ideation is a thought or belief that one might be better off dead. This can be because a young person has a serious depression with low self-esteem, low mood, inability to see that their situation could improve, nothing to live for and no chance of ever being happy. However suicidal ideation is quite common in the general adolescent population, about 25 – 30% of adolescents report having fleeting ideas of suicide e.g. what's the purpose of life? Is there life after death?

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

## First Aid

Please refer to The Royal Wootton Bassett Academy Trust First Aid Policy

## Responsibilities

All staff working within The Wellington Academy have the following responsibilities:

- Review all duty of care documents and be aware of communication processes
- Make it known to pupils that you are available to listen
- Remain calm and non-judgemental at all times
- Avoid dismissing a pupil's reasons for distress as invalid
- Encourage pupils to be open with you and reassure them that they can get the help they need if they are willing to talk
- Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need etc.
- Do not make promises you can't keep regarding such things as confidentiality (see section on 'confidentiality')
- Encourage all pupils to seek health and happiness in their lives every day
- Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives
- Provide access to information and resources regarding self-injury and its causes, seeking advice from other colleagues and professionals as appropriate
- Provide and encourage access to exterior help and support where possible (e.g. via GP)
- Monitor the reactions of other pupils who know about the self-injury
- Avoid asking a pupil to show you their scars or describe their self-injury
- Avoid asking a pupil to stop self-injuring - you may be removing the only coping mechanism they have;
- Report the matter to a designated key member of staff as soon as you become aware of the problem, and inform the pupil that you are doing this

## Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents. This needs to be conducted by a trained member of staff and preferably, a member of **the Safeguarding Panel**.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm.

Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?

- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- psychological purpose
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

In general pupils are likely to fall into 1 of 2 risk categories:

**Low risk pupils:** Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

**Higher risk pupils:** Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

### **Confidentiality**

When having discussions of a personal and/or sensitive matter, all staff should adhere to guidelines regarding information sharing and confidentiality.

The child/young person must be involved wherever possible and consulted on his/her views.

Age and understanding should be taken into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important **not** to make promises of confidentiality that you cannot keep. Staff should tell a child/young person when they may have to share information without their consent.

Information given to professionals by a pupil should not be shared without the child/young person's permission except in exceptional circumstances. Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, the practitioner should follow the local safeguarding process immediately.

### **Reporting/recording incidents of self-harm**

All incidents of self-harm must be reported **immediately** via Safeguard. Where possible, this must also be reported verbally, as soon as realistically possible, to the **Designated Safeguarding Lead (DSL), Deputy Designated Safeguarding Lead (DDSL)**.

The DSL or DDSL will make attempts to meet with the young person within 24 -48 hours of the disclosure, to assess the level of risk.

The young person will be advised and supported in calling and informing his/her parents. The professional lead may also speak to the young person's parents. In the event that the young person does not want to contact their parent(s), the professional lead must take responsibility and alert the parents that their child may be at risk of harming him/herself in the future.

### **Support for pupils**

During the initial assessment, the young person will be provided with information on understanding and managing self-harm, to include details of alternative strategies and distraction techniques. Information given is taken from:

- The National Self-harm Network - <http://www.nshn.co.uk/>
- Young Minds - <http://www.youngminds.org.uk/>
- Royal College of Psychiatrists - <http://www.rcpsych.ac.uk/>
- Life Signs - <http://www.lifesigns.org.uk/>

Weekly 1:1 school based emotional support will be offered to the young person.

If during the assessment it is believed that the young person requires additional specialist support, a referral to the Child and Adolescent Mental Health Services (CAMHS) will be advised. Both the young persons' and the parents' consent will be obtained prior to the submission of a referral. Attempts will be made to ensure that the referral is completed and submitted on that same day.

The submission of a referral does not guarantee the support of specialist services however. CAMHS have their own criteria and will assess themselves whether they feel that the young person meets the threshold and will offer an assessment appointment accordingly. They will notify the young person and their parent of their conclusion directly.

### **Support for Parents**

Following the initial telephone conversation, parents will be offered the opportunity to come into school to meet with Key Staff and discuss the matter and any other concerns in more detail. An appropriate support plan can they be put in place to ensure that the needs of the young person are being met.

The parent will be advised that if they are concerned about the child's mental wellbeing or notice a sudden change/decline in their mental wellbeing that gives cause for concern, to contact their family GP to request an urgent appointment. Parents will be advised that in case of an emergency, to dial 999.

### **Useful contact numbers and websites**

**Young MINDS** - 020 7336 8445

102 – 108 Clerkenwell Road

London EC1M 5SA

**E-mail** [Youngminds@Ukonline.co.uk](mailto:Youngminds@Ukonline.co.uk)

**Website:** [www.youngminds.org.uk](http://www.youngminds.org.uk)

**Young MINDS Parents Information Service** - 0808 802 5544

**Samaritans** 24 hour helpline - 08457 90 90 90

**Childline** 24 hr helpline - 0800 1111

**CALM** (Campaign Against Living Miserably)

**Tel:** Helpline for 15 –24 year old males - 0800 58 58 58

7 days a week 5pm –3am

**Website:** [www.thecalmzone.net](http://www.thecalmzone.net)

**Papyrus** (support young people and those who live with them)

**Telephone HOPELinkUK** - 0800 068 4141

**Website:** [www.papyrus-uk.org](http://www.papyrus-uk.org)

**Health and Wellbeing/Mental Health**

**Website:** [www.thesite.org/health](http://www.thesite.org/health)

**National Self-Harm Network** (support for individuals who self-harm and their families)

PO BOX 16190

London

NW1 3WW

**Tel:** Helpline Thur-Sat 7pm-11pm, Sun 6.30pm-10.30pm 0800 622 6000

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

### **Child & Adolescent Mental Health Services (CAMHS)**

Specialist Child & Adolescent Mental Health Services provide specialist assessment and treatment of serious mental health disturbances and associated risks in young people under the age of 18 years.

**Salisbury CAMHS** - 01722 336262 Ext. 2779

**Melksham CAMHS** 01865 903777

**Marlborough CAMHS** 01865 904666

**Swindon CAMHS** 01793 294646

Additional information regarding Mental Health services within Wiltshire and details of referral processes and forms can be found at: [www.wiltshirepathways.org](http://www.wiltshirepathways.org)