



## Self-Harm Policy

### 1. Introduction

Recent research indicates that the number of young people who self-harm is increasing. One study showed that 15% of 12-16 year olds had performed at least one act of self-harm in the last year.

<sup>1</sup>This figure is higher amongst specific populations, including young people with special educational needs and disability. There are many misunderstandings about self-harm and the subject can be anxiety provoking for all those involved. 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. Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff, governors and to parents and carers on what to expect from the school.

### 3. Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide structure and guidance on how to deal with a problem
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm, their peers and parents/carers
- To ensure a consistent approach by all staff

<sup>1</sup>(Stallard et al, 2013, *Self-harm in young adolescents: onset and short term continuation in a community sample*, *BMC Psychiatry* 2:238)

#### 4. Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body, for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively
- Biting themselves

They may also behave in ways that suggest they don't scare about themselves and their wellbeing, for example:

- Controlling eating patterns, i.e. anorexia, bulimia or over-eating
- Indulge in risky behaviours, i.e. car dodging
- Indulge in risky sexual behaviour
- Destructive use of drugs, alcohol or other harmful substances

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

Self-harm may also be referred to in other ways such as deliberate self-harm, self-inflicted harm, self-injury, deliberate self-injury, cutting, slashing or burning.

#### 5. Risk Factors

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

##### **Individual Factors:**

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem solving skills
- Hopelessness

- Impulsivity
- Drug or alcohol abuse

#### **Family Factors:**

- Unreasonable expectations
- Neglect or abuse – physical, emotional or sexual
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Drug or alcohol misuse in the family
- Domestic violence

#### **Social Factors:**

- Difficulty in making relationships
- Loneliness
- Being bullied or rejected by peers
- Easy availability of drugs, medication or other methods of self harm
- A circle of friends who all engage in self-harm (contagion)

The following groups of children and young people may be at an increased risk of self-harming:

- Children and young people in residential settings, i.e. in-patient units, prison, sheltered housing, hostels or boarding schools
- Children and young people with mental health difficulties
- Children and young people with special education needs and/or disability

A number of factors may **trigger** the self-harm incident:

- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, i.e. the break-up of a relationship (the most common trigger for older adolescents)
- Bullying, including denigration through social media
- Significant trauma, i.e. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Difficult times of the year, i.e. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school and peers to conform/achieve
- Exam pressure
- Times of change, i.e. parental separation, divorce

## 6. 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. Examples of functions include:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of creating an identity with a peer group
- Non-verbal communication, i.e. an abusive situation
- It can also be suicidal

When a person inflicts pain upon himself or herself the body responds by producing and releasing endorphins, a natural pain reliever that can provide temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. Children and young people who self-harm still feel pain but some report that the physical pain is easier to cope with rather than the emotional/mental pain that led to the self-harm initially. Often children and young people will say that they later feel shame and guilt over the self-harm act they have carried out, reinforcing further negative emotions and often despair, causing the cycle to start over again. Therefore simply telling an individual to stop the self-harming behaviour is not possible or useful, as the cause of it is far more deep rooted and entrenched and requires specialist help to explore and treat the causing factors.

## 7. Warning signs

**People self-harm when a basic emotional need is not being met. If the act of self-harm becomes an addiction it is taking the place of the need/s that is/are not being met.**

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 one of the designated teachers for safeguarding of children:

- Mr Darren Lyon - Headmaster
- Mr Neale Pledger – Deputy Headmaster
- Miss Leah Day - SENCo

### **Possible warning signs include:**

- Changes in eating/sleeping habits, i.e. student may appear overly tired and lethargic
- Changes in clothing worn, i.e. wearing long sleeve tops in warm weather, reluctance to swim or do PE
- Increased isolation from friends and family and becoming socially withdrawn
- Changes in activity and mood i.e. more introverted or aggressive than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs, alcohol or other harmful substance
- Expressing feelings of failure, uselessness or loss of hope
- Changes in social groups, clothing i.e. becoming a 'Goth'
- Appearing overly stressed and anxious
- Giving away possessions

### **8. Popular Misconceptions about Self Harm**

- They are attention seeking: No, many children and young people go to great lengths to hide their self-harm.
- All people who self-harm are suicidal: No, only a very small number are, for most it is a release from emotional pain.
- The more serious the injury, the more serious the problem: No, the nature and severity of the self-harm does not reflect the nature or the severity of the problem.
- It is a phase: Generally it is not, however occasionally it may be transient and resolve with a reduction of the stressor/cause, yet more often the cause requires exploring with appropriate help and support.
- They must like the pain: No, it is not about pain, it is about coping.
- People who self-harm can stop easily if they want to: No, it is a way of coping and is very difficult to stop unless a better way of coping can be adopted.
- It is not a suicide attempt, self-harm is a coping strategy; it is to do with staying alive
- People who self-harm are mentally ill: Some may be but not all.

### **9. Staff roles in working with students who self-harm and course of action**

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 school staff is showing a considerable amount of courage and trust.

Students need to be made aware at the outset of a conversation that it is not possible for school staff to offer complete confidentiality when dealing with such cases. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on the member of staff to do so. To reassure the child or young person, the member of staff can explain that they will be informing key members of senior staff only and why they need to do this.

**Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm must consult one of the designated teachers for safeguarding children:**

- Mr Darren Lyon
- Mr Neale Pledger
- Miss Leah Day

Following the report, the designated teacher will decide on the appropriate course of action. Guidance can be sought from the NHS 'Guidelines and resources for schools to help children and young people who self-harm' (Kept in the Medical Room). This may include:

- Contacting parents/carers or encouraging the young person to do so (follow-up required to check this has been done). **However care must be taken to consider safeguarding concerns and whether informing parents/carers will place the child or young person at greater risk of harm.** Information sharing may be particularly important before a weekend or a holiday period.
- Arranging professional assistance i.e. medical, CAMHS, Social Services
- Arranging an appointment with a counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with student at all times**
- **If a student has self-harmed in school, a first aider should be called for immediate help.**

## 10. Further Considerations

Any meetings with a student, their parents or peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the student's child protection file.

Members of staff should refer to and use the NHS Self-Harm information file for Bucks schools (this is kept in the Medical Room), Appendix 4 provides a sample incident form and body map.



## **Fact sheet for parents /carers on self-harm**

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

### **What is self-harm?**

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

### **How common is self-harm?**

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

### **Is it just attention seeking?**

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others.

Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

### **Why do young people harm themselves?**

All sorts of upsetting events can trigger self-harm. Examples are: arguments with family, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

### **What can you do to help?**

#### **Try to:**

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping

- Go with them to get the right kind of help as quickly as possible
- Some people you can contact for help, advice and support are:
- Your family doctor
- Young Minds Parents Information Service Tel: 0808 802 5544
- The Samaritans. Tel: 08457 90 90 90
- MIND Infoline. Tel: 0845 766 0163
- Youth Access. Tel: 0208 772 9900
- School Health Nurse/ Health Visitor

# Information sheet for young people on self-harm

## What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

## How many young people self-harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

## Why do young people self-harm?

**Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:**

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

**When difficult or stressful things happen in someone's life, it can trigger self-harm.**

**Upsetting events that might lead to self-harm include:**

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

## How can you cope with self-harm?

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

**Helpful strategies can include:**

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper

- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

### **Getting help**

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school - teacher, teaching assistant or other member of staff
- GP – you can talk to your GP about your difficulties and he/she can make a referral for counselling

### **Help lines:-**

Young Minds Tel: 0808 802 5544 [youngminds@org.uk](mailto:youngminds@org.uk)

The Samaritans Tel: 08457 90 90 90 [jo@samaritans.org.uk](mailto:jo@samaritans.org.uk)

MIND Infoline. Tel: 0845 766 0163

Youth Access. Tel: 0208 772 9900

National Self Harm Network

PO Box 16190

London NW1 3WW [www.nshn.co.uk](http://www.nshn.co.uk)