



COBURN PRIMARY SCHOOL



SELF HARM

POLICY - 2015

Rationale:

Self-harm may be increasingly becoming a recognised problem in schools, and all teachers and non-teaching staff need to have a general understanding of self-harm, know the signs to look out for, and how to respond if they become aware that a student is self-harming.

What is Self-Harm?

Self-harm is any suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include cutting, scratching, burning, banging and bruising, overdosing (with or without suicidal intent) and/or deliberate bone-breaking/spraining.

- Anyone from any walk of life or any age can self-injure, including young children
- Self-injury affects people from all family backgrounds, religions, cultures and demographic groups
- Self-injury affects both males and females
- People who self-injure can often keep the problem to themselves for a very long time which means opening up to anyone about it can be difficult

The reasons for self-harm are complex and vary from individual to individual. Most often, self-harm is used to regulate intense negative emotion: individuals self-harm to calm down quickly when feeling very emotional or overwrought.

It is not always obvious if someone is self-harming. Often a person who is injuring will take steps to hide the injuries however there are some signs that indicate that a student is not coping well.

These might include:

- Unexplained or clustered scars or marks
- Fresh cuts, bruises, burns, or other signs of bodily damage
- Bandages worn frequently
- Inappropriate dress for the season, such as long shirts or long pants worn consistently in summer
- Unwillingness to participate in events that require less body coverage (such as swimming)
- Constant use of wrist bands
- Odd or unexplainable paraphernalia such as razor blades or other cutting implements
- Physical or emotional absence, preoccupation, distance
- Social withdrawal, sensitivity to rejection, difficulty handling anger, compulsiveness
- Expressions of self-loathing, shame, and/or worthlessness
- Articulating or writing thoughts of harming themselves

Self-harming can become a form of addictive and infectious behaviour. When people get into a cycle of deliberate self-harming behaviour, it can become their main way of dealing with problems.

Self-harm appears to be more common among adolescents with high exposure to self-harm images, stories, or messages.

Self-injury and suicide

It is common for those unfamiliar with self-harm to assume that it is a suicide attempt or gesture. In fact, lack of suicidal intent is one of the defining characteristics of self-harm, and typically the intention of self-harm is exactly the opposite of suicide. Individuals who self-harm are generally aiming to feel better, not end life.

However, it is important to note that individuals with a history of self-injury are at higher risk for suicide thoughts, gestures, and attempts and, because of this, need to be assessed for suicide risk.

Aims

- To provide appropriate strategies and guidelines for staff for managing occasions of self-harm
- To provide support appropriate to the individual needs of students
- To prevent and minimise the contagion of self-harm within the school
- To provide support for staff members who come into contact with students who self-harm
- To enhance understanding of deliberate self-harm

Guidelines

- The response of others can have a critical impact on the self-harming behaviour. Most people have little understanding of self-harm and often react in negative ways. School staff should try to avoid showing horror or revulsion, anger and resentment. "Staff should learn that the best way to respond to common self-injury is with a low-key, dispassionate demeanour and respectful curiosity" (Walsh, 2006, p.245)
- It is also important to avoid viewing self-harm as manipulative or attention seeking behaviour.
- School staff should be supportive without reinforcing the behaviour by making a significant fuss. Try to act in a matter of fact, unemotional and neutral manner.
- Self-injury is not the only way for people to deal with emotional distress. Try to encourage the young person to seek alternative and more constructive coping mechanisms. However, do not expect them to be able to stop self-injuring.
- Self-injury is a response to stress, and most of us develop healthy tools for handling stress as we grow and learn. Helping adolescents see and build on their strengths is an important step in helping them to learn these skills.

Implementation:

If there are suspicions that a student is engaging in self-harm:

- All staff should advise Principal class, immediately if they see or hear any talk, threats, jokes, notes, poetry, art work or other communications about self-harm. Principal class will inform Emergency Management.
- The leadership team will approach the student/s concerned and discreetly and confidentially investigate.
- The student should be asked directly: "I notice that you have wounds or scars on your arms and know that this can be a sign of self-injury/cutting. Are you injuring yourself?"
- If the student indicates that they are, assess whether they have and use resources ("Are you talking with someone about your self-injury?").
- If the student is not already accessing support, this is a conversation with the leadership team.
- A risk assessment for suicidality should be conducted by a professional.
- If the student says that they are not self-harming or evades the question, do not push: It is important to respect privacy, unless, of course, there are concerns about significant risk to their safety. If they deny self-harm, the student should be advised of availability of support if they wish to talk about issues at a future date.

If there is an incident of self-harming behaviour at school:

- The injury should be respectfully assessed.
- If the student's injuries are serious, contact the ambulance service.
- With the minimum of fuss, take the student to a private place. Direct all other students, including supportive friends back to their usual routine.
- If minor first aid is required, encourage the student to take responsibility for this. The student is then responsible for concealing any evidence of self harm from other students.
- If it is the first occasion of self harm the school is aware of, parents should be contacted immediately by phone.
- If it is the first occasion of self harm the school is aware of, the student should be referred to the Wellbeing Team for a risk assessment and parents encouraged to take their child to their General Practitioner.
- For subsequent occasions when the school is aware of an occasion of self harm, the student should be administered first aid. A member of the leadership team will contact Student Support Services and parents contacted.
- If a student is accessing an outside agency regarding their mental health issues, the appropriate member of the leadership team will approach that agency to request guidelines on how the school should respond should the student engage in self harming behaviour.
- Provide individual support as required to the student's friendship group.
- Staff should be mindful of their own reactions to the situation and seek debriefing from an appropriate colleague or professional.

Managing the contagion effect of self-harm within the school environment:

Self-harm can be contagious amongst adolescents, both in a direct effect (a group of students who all directly know each other) and an indirect effect. (Students from other friendship groups, or even year levels, hear about another student self-harming and for various reasons decide to try it)

- Explain to students—especially those who are considered “cool” or serve as role models— that it can be very triggering to others when they communicate (conversation, facebook, SMS etc.) about or show their self-injury to peers.
- Encourage students to communicate with school and professional supports, or family if they need to discuss the issue.
- If students deliberately or repeatedly behave in triggering ways, disciplinary action will be taken.
- Students should be advised that visible wounds, bandages and scars can be triggering for others and requested to cover them with clothing, jewellery, bandana etc.
- If a student deliberately and repeatedly displays their wounds / scars / bandages, their parents should be asked to monitor their child's choice of clothing

Differentiating Between Self-Harm & Suicide

Assessment Focus	Self-Harm	Suicide
Intent	<ul style="list-style-type: none"> • To alleviate emotional distress • To modify consciousness • To harm a part of the body to ease the pain 	<ul style="list-style-type: none"> • To die • To terminate consciousness • To kill oneself to cease the pain
Method, Potential Lethality & Level of Physical Damage	<ul style="list-style-type: none"> • Low lethality (e.g. Cutting, carving, scratching, burning) • Minor tissue damage 	<ul style="list-style-type: none"> • High lethality methods (e.g. firearm, suffocation, poisoning, fall) • Major tissue damage, broken bones, serious cognitive deficits, death
Frequency / Repetition	<ul style="list-style-type: none"> • Frequently a chronic, high-rate pattern 	<ul style="list-style-type: none"> • Rarely a chronic pattern • Some overdose repeatedly
Number of Methods Used	<ul style="list-style-type: none"> • Usually >1 method over time 	<ul style="list-style-type: none"> • Typically 1 method
Level of Psychological Pain	<ul style="list-style-type: none"> • Uncomfortable, intermittent 	<ul style="list-style-type: none"> • Unendurable, persistent
Cognition	<ul style="list-style-type: none"> • Little or no constriction • Choices available • Seeking temporary solution 	<ul style="list-style-type: none"> • Extreme constriction - tunnel vision • Suicide is the only way out • Seeking a final solution
Psychological Aftermath	<ul style="list-style-type: none"> • Immediate relief • Addictive quality 	<ul style="list-style-type: none"> • No relief, typically feel worse

Evaluation:

- This policy will be reviewed as part of the school's three year review cycle.

References:

WALSH, B. (2006) – Treating Self-Injury; Guilford Press

WISHART, M. (2011) - 2011 School Counsellors & Psychologists Conference

This policy was last ratified by School Council in....

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