

A SCHOOL'S ROLE IN SUPPORTING CHILDREN WHO SELF-HARM

NESSie

Northherts Emotionalhealth in Schools ServicE

Supporting, Training, Co-ordinating and Quality Assuring access to Mental Health Services for Schools

WHAT IS YOUR CURRENT ROLE IN SCHOOL?

WHAT ARE YOU HOPING TO GET FROM TODAY?

Today we would like to:

- Develop an insight relating to triggers, thought & emotions
- Become aware of the journey towards SH
- Support your understanding of your school's collaborative approach to keeping students safe and on the path to recovery

SELF HARM FACTS Selfharm.uk

It's almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what's going on, so it's incredibly difficult to keep records or have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher.

In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years.

Girls are thought to be more likely to self-harm than boys, but this could be because boys are more likely to engage in behaviours such as punching a wall, which isn't always recognised as self-harm or doesn't come to the attention of hospitals. In reality self-harm doesn't happen to one type of person, it can't be predicted and scarily, we don't really know how many people are going through it.

SOME TRUTHS AND MISCONCEPTIONS ABOUT SELF-HARM

Is attention seeking



Is a sign of a mental health issue

Only something that teenage girls do

Something that affects a person for life

Private

Is unhealthy

Is contagious

Is Manipulative

Is a failed suicide attempt

Common in affluent societies

Is healthy

WHAT IS SELF-HARM?

Self harm is a deliberate act to a specific need. It can involve:

Scratching or cutting with a blade/pin/knife (usually on the arms or legs)

Punching/bruising body

Restricting or overeating (binge eating)

Head banging

Pulling out hair or eyebrows

Burning with cigarettes or matches

Overdose with tablets or medicine



SELF HARM IS LIKELY TO BE A RESPONSE TO:

- Friendship issues
- Poor self esteem
- Difficult family relationships
- Unsettled home life
- Bereavement
- Exam pressure
- Bullying
- Risk taking
- Online pressure/ Social media



WHAT CAUSES A CHILD TO SELF HARM?

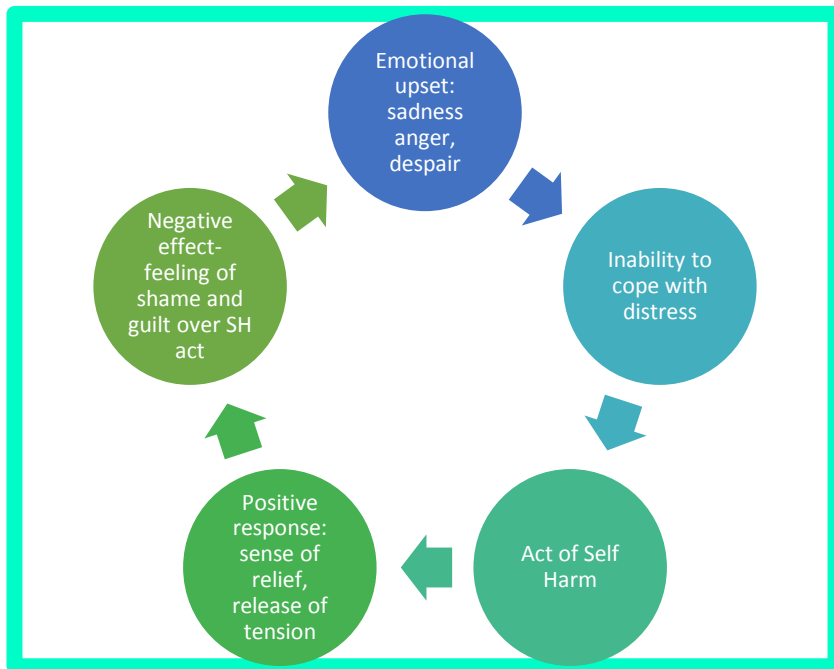
Self-Harm can have a number of functions:

- Release of tension
- Outlet for anger & upset
- Alternative pain release – physical v emotional
- Emotional moderation
- Feeling of control
- Distraction from feelings
- Self punishment - self dislike
- Experimentation

THE CYCLE OF SELF HARM

At what point do you feel that you have something in your school to interrupt this cycle?

Developing emotional literacy - encouraging pupils to notice and understand feelings



Someone in school to talk to:
Mentor, Counsellor

Promoting a 'it's ok to not feel ok' ethos

[HTTP://WWW.YOUNGMINDS.ORG.UK/NOHARMDONE](http://www.youngminds.org.uk/noharmdone)

'THE GATEKEEPER MODEL' - THREE SIMPLE STEPS

1. **Thank them** for coming to you
2. Choose an appropriate **Time & place to talk**. Make sure you take responsibility for the organising *ie 'I will see you at Lunch today' - 'where will you be?'*
3. Is there anything I can do for you right now? **Fix one small practical thing**

SIMPLE DO'S

- Maintain rapport and a calm 'non-judgemental' response
- Check that they do not require medical help
- Let the young person know that you will need to tell your DSP
- Safeguarding policies (ROC)

..... AND DONT'S

- Brush them off and suggest that they talk to someone else
- Tell them that they shouldn't be doing it
- Tell them that they have no reason to Self-Harm
- Assume that they are attention seeking

AREAS TO CONSIDER BEFORE FIRST FOLLOW UP MEETING

- Is there a developed role in school to support you - someone that you can talk to and seek advice?
- What is your school's safeguarding policy? Who are you DSP's?
- Do you have the capacity should this child continue to want to talk to you?
- Do you feel that this is within your remit?

SAFETY PLANS

Discuss and develop a 'keeping safe' plan together so that both the student and yourself feel secure about their actions & behaviour in between meetings.

Agree on who else could be informed; DSP, parents, school counsellor, other staff? Discuss together how this will be done. Needs to be collaborative

Formalise your plan so that you both know the next steps and have a clear view forward. This would include a commitment from the student to work towards feeling better.

Safety Plan

- With whom?
(you, school mentor, school counsellor)
- Who will be informed & how
(DSP, Parents, other staff)
- Time & place of next meeting
- Keeping safe strategy to support before a next meeting (staff / pupil actions)

Safety Plan

Time and place of next meeting

With whom

Who will be informed and how?

Keeping safe strategies to support before next meeting



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ANNA FREUD COMMON ROOM 2016

History - what have you been doing and for how long?

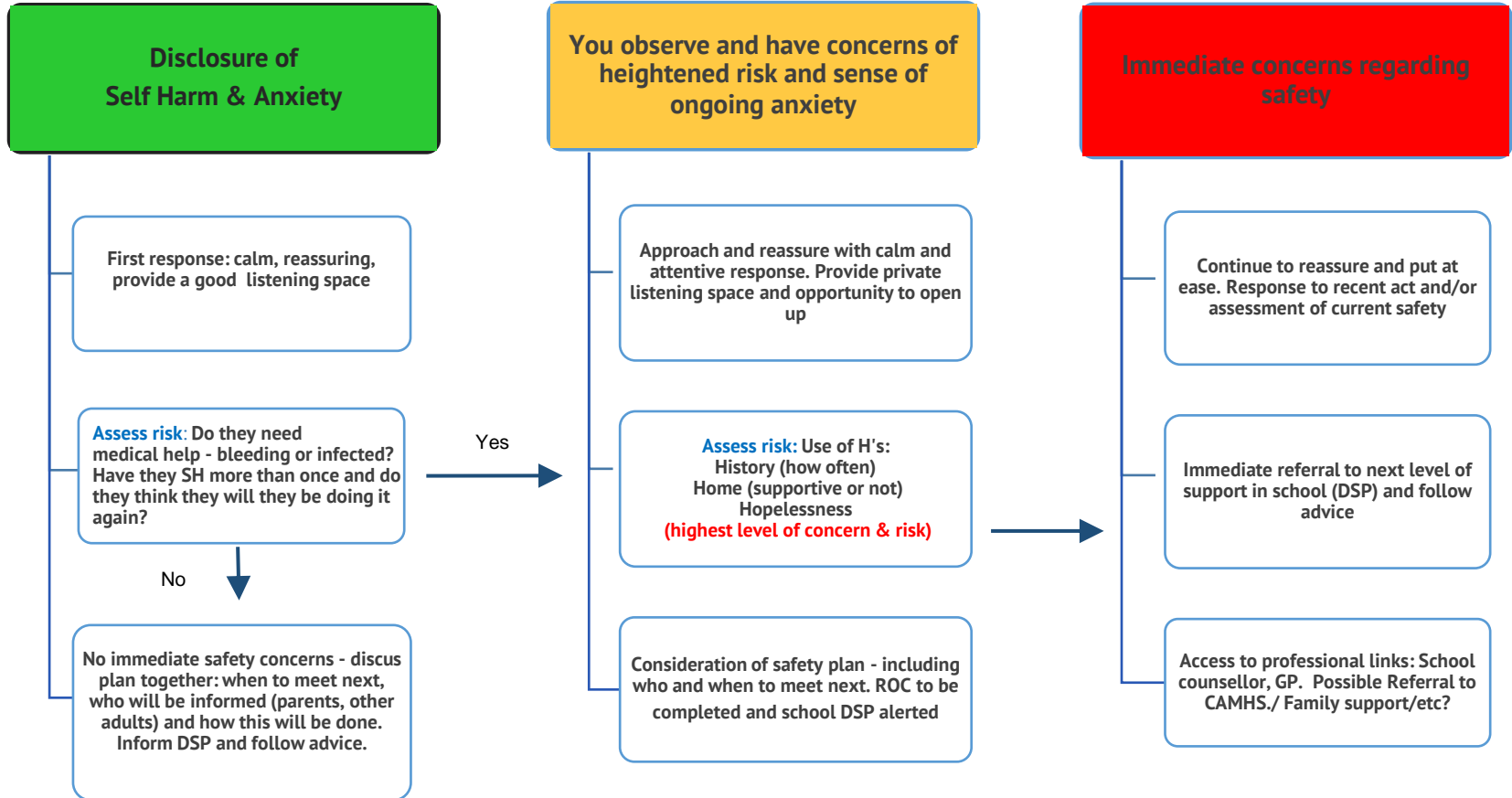
Home - Are parents/carers supportive at home?

Hopelessness - How do you see things turning out in the future? How much do you think this will change?

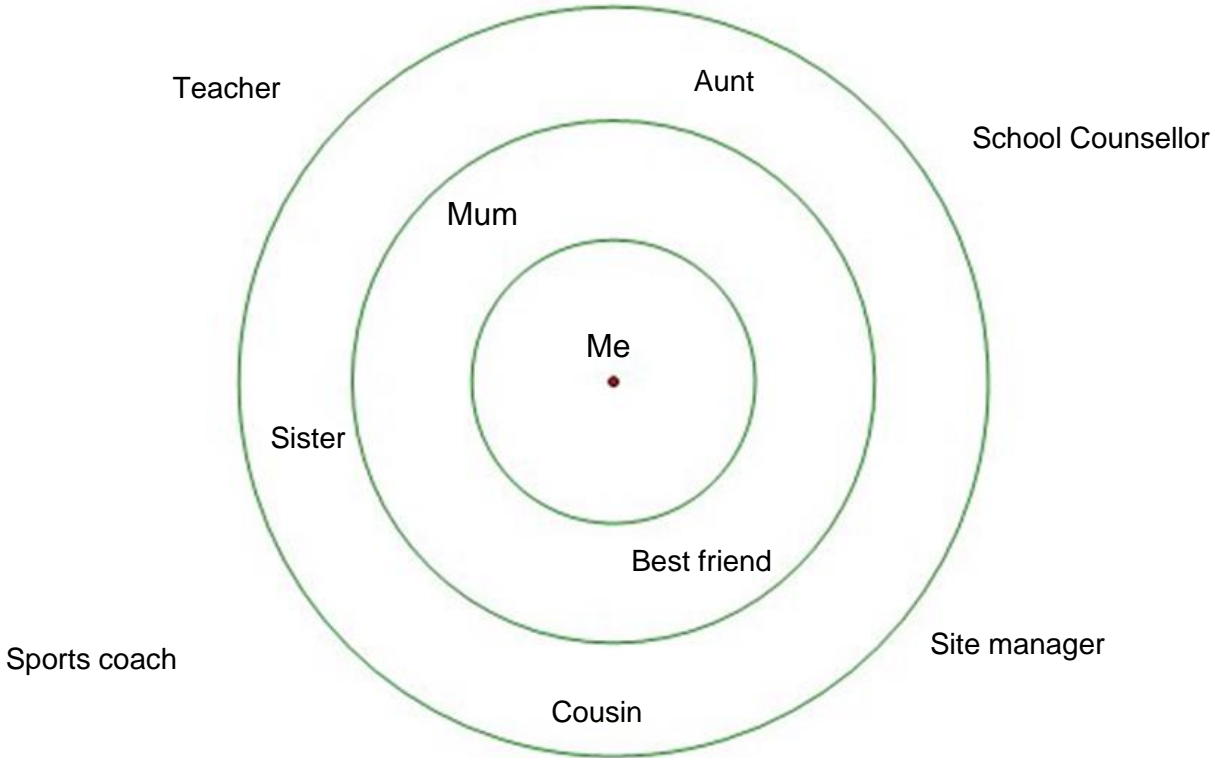


- **Suicidal Intent** - Did you want to die?
- **Suicidal ideas** - What did you hope would happen? Did you think it might kill you?

Disclosure response & Risk assessment



MY SUPPORT NETWORK



WHAT HELPS

*Listening
to music*

*Being with
my friends*

*Drawing
Singing
being
creative*

Dancing

*Having
someone
to talk to*

*Walking
my dog*

WHAT MAKE IT WORSE!

*Feeling
isolated*

*Not having
anyone to
talk to*

*Being on
social
media*

*Arguing
with
parents*

*Pressure of
exams*

You are not condoning, you are giving them an opportunity to engagehence the **Gatekeeper** response

The worst thing you can do is nothing!