



Boroughbridge High School

Self-Harm and Suicide Ideation Policy

Policy last reviewed	March 2023
Policy ratified by the Federation Governing Board	March 2023
Next policy review due	March 2024
Due for review by Governors	March 2024
Staff Lead	Associate Assistant Headteacher (student experience & welfare)

Significant Revisions Since Last Review

No significant revisions since last review

As a school we have a responsibility to meet the needs of our pupils, and it is important that we all know how to best approach the issue of self-harm. This policy must be read in conjunction with our safeguarding policy. We know that young people remain concerned about seeking help so it is imperative that we are open minded and compassionate. Our approach is non-judgmental and we will demonstrate a willingness to listen to our young people.

This policy aims to encourage staff to talk with young people about self-harm when appropriate, in particular when they are aware that they are struggling with their lives. Asking about self-harm does not increase the behaviour, and we want staff to be confident in having these conversations.

Self-Harm within the policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation.

Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines). Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This policy does not cover other issues such as overeating/ food restriction or risk-taking behaviours such as consuming drugs/alcohol.

Self-harm is more common than many people realise, it is recorded that around 10% of young people self-harm at some point, and this figure is likely to be an underestimate. Self-harm is much less common in primary school age children, behaviours include shallow cuts, hair pulling, head banging and deliberate self-grazing or scratching. Self-harm in younger children is often linked to family difficulties. Young people with special educational needs may also engage in self-harm. It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages (<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

Suicide

Suicidal ideation, also known as suicidal thoughts, is thinking about or having an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing, and incomplete attempts.

Paradoxically, self-harm can be a coping mechanism to dull mental distress with the aim to preserve life, which can be a difficult concept to understand. Despite this clear distinction, children and young people who self-harm is known to be in a high-risk group for future suicide; however suicidal feelings are likely to originate from the issues behind the self-harm rather than the self-harm itself. In some cases, death occurs as a result of self-harm but is not intended. Suicide is still a rare event in children and young people; attempted suicides are uncommon in childhood and early adolescence but increase markedly in the late teens and continue to rise until the early 20s. However, all people working with children/young people must be aware of the potential for someone to complete suicide and work together to ensure that no child/young person feels suicide is their only option. The National Confidential Inquiry into suicide and safety in mental health NCISH (2022) identified the following themes in suicide by children and young people

- Family factors such as mental illness
- Abuse and neglect
- Bereavement and experience of suicide
- Sexual orientation
- Bullying
- Suicide related internet use
- Academic pressures, especially related to exams and learning difficulties
- Social isolation or withdrawal
- Physical health conditions that may have social impact
- Alcohol and illicit drugs
- Mental ill health, self-harm and suicidal ideas
- Adverse Childhood Experiences (ACEs)

Most children and young people self-harm without suicidal intent; but over half of young people who die by suicide have a history of self-harm (NCISH, 2017). It is important to take

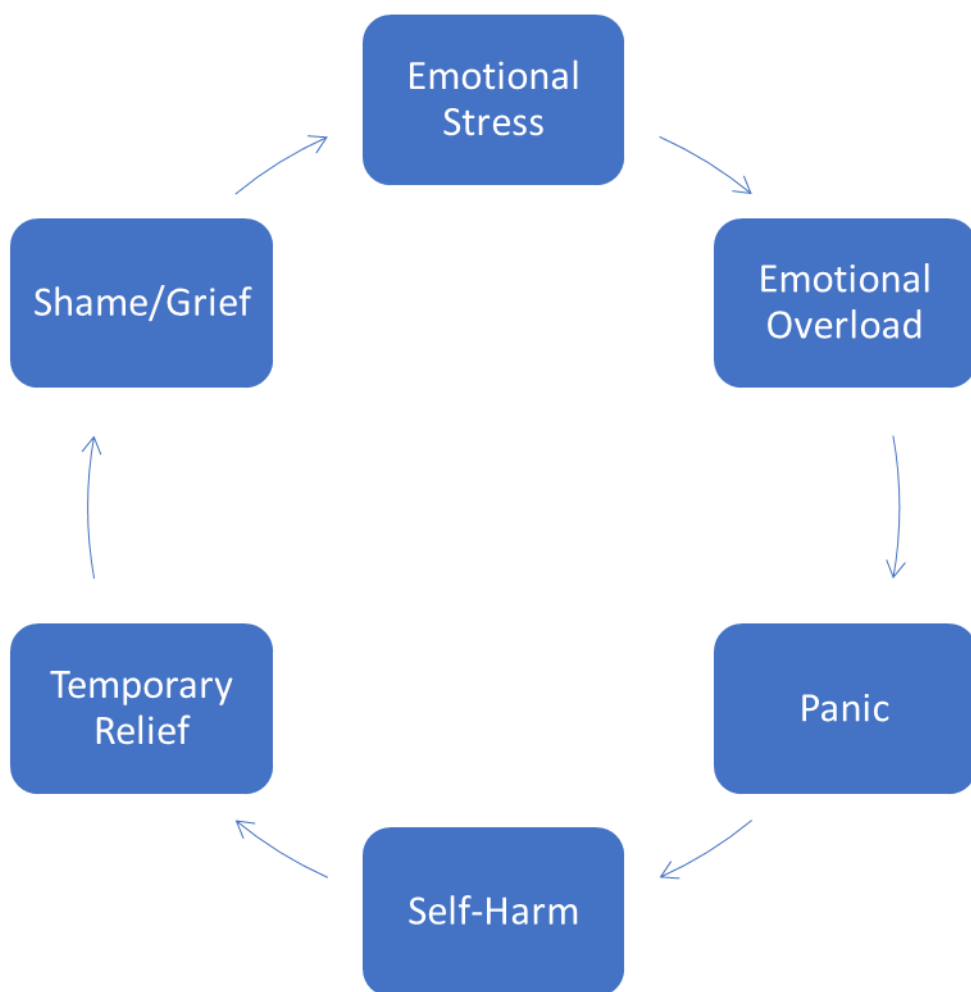
self-harm seriously, not only because it is often an expression of distress, and can cause bodily harm, but also because it is associated with an increased risk of suicide.

Young people self-harm for a variety of reasons, this can include:

- To feel in control
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive, if otherwise they feel detached
- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy

Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming.

Our staff understand that it is difficult to break the cycle of self-harm:



Some factors that might make someone more at risk are:

- Experience of a mental health disorder. This might include depression, anxiety, borderline personality disorder and eating disorders
- Being a young person who is not under the care of their parents, or young people who have left a care home
- Being part of the LGBTQ+ community
- Having been bereaved by suicide

(Extract from Truth about self-harm, Mental Health Foundation)

Self-harm behaviours in children and young people

It is important to remember that young people using self-harm strategies are less likely to talk about their self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others. Signs of self-harm may be similar to signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury, and as self-harm is a potential cause for concern, staff need to record and report any observations or conversations they have with pupils about injuries that could be self-harm or abuse, in accordance with the safeguarding policy and reporting procedures.

Other non-specific signs of self-harm include becoming withdrawn or isolated; low mood, lack of interest, drop in academic grades; sudden changes in behaviour such as becoming irritable, angry or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness.' (from: Young people who self-harm, a guide for school staff) Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms. Designated safeguarding leads will follow the guidance from NYSCP

<https://www.safeguardingchildren.co.uk/professionals/procedures-practice-guidance> and provide guidance to the safeguarding teams within school.

'It important that as professionals we must not ask a young person to stop harming. There are many reasons for this. Firstly, due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release/process the difficult emotion that they are struggling with, levels of distress will increase and some will move towards suicidal thoughts as they struggle to cope. Secondly, due to the nature of shame and guilt that an individual feel around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.' (Laura Hadow, Youthscape)

Good practice in supporting children and young people who self-harm or who have suicidal ideations

Responding to a self-harm incident

Occasionally, the first we know about a young person's self-harm is if they are self-harming in school. If this happens, keep calm and follow first aid guidelines if necessary. Acknowledge their distress – both their physical pain and their emotional pain which may have led to the self-harm. Young people will want your acceptance and support. Their behaviour should not be described as attention seeking, and you should use non-judgemental language. Advise the pupil that you will need to discuss what happened with the designated safeguarding lead in line with the school's safeguarding policy. We will usually ask the young person to hand in any objects that they have been using to self-harm with, these can be picked up by their parent/carer at the end of the school day. The student will also then create a safety plan with the school, that is shared with home and school, to reduce the use of self-harm especially within a school setting. Any items deemed to be used for self-harming are controlled by the class teacher to ensure there is no misuse or loss of equipment. Safety Plan can be found in Appendix A.

As a staff member, you may be the first to notice that a young person has been self-harming.

Sometimes a young person will confide in you about their self-harm, or a friend might bring another pupil to your attention. Staff need to talk with the Designated Safeguarding Lead about the best course of action, in line with the safeguarding policy. The first conversation about self-harm can be distressing, and it can be hard to know what to do. However, it is important that you do not ignore signs of self-harm. If you suspect self-harm, let the young person know your concerns in an empathetic and caring manner. Young people will respond best if staff talking to pupils listen carefully in a calm and compassionate way, take a non-judgemental approach and try to reassure them that they understand that self-harm is helping them to cope at the moment and that they want to help. 'A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability may find it more difficult to express their thoughts

In a confidential environment, not in the presence of other pupils, practitioners should talk to the child or young person and establish (the information gathered can be documented on the safeguarding report form):

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

And explore (the information gathered can be documented on the safeguarding report form):

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
 - What have they been doing that helps?
 - What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

Appendix B and C provide guidance on procedure and questions to use.

The following may be useful to consider when approaching a young person about self-harm:

A member of staff will need to talk to the young person to find out more about their self-harm behaviour, including history, frequency, types of method, use, triggers, psychological purpose, disclosure and help seeking and support. (Young people who self-harm, A Guide for School Staff, University of Oxford, 2018).

If young people talk about self-harm, it is also important to establish if they are feeling suicidal, so the question 'Have you ever felt like ending your life?' must also be asked. We know that asking about suicide does not put the idea into their mind, however some children may not disclose suicidal ideation until directly asked about this. The North Yorkshire suicide prevention guidance must be followed (<https://www.safeguardingchildren.co.uk/shsip/sources-of-help>). School will put a plan in place with the young person which will support them at

school, this will be reviewed as needed. For some young people this may be daily at the beginning, and then move on to regular reviews as agreed. A student may find it helpful to put together a self-soothe box/compassionate kit bag and this can be completed with a staff member. Guidance: <https://www.getselfhelp.co.uk/emergency.htm> and <https://youngminds.org.uk/blog/how-to-make-a-self-soothe-box/>

Informing and supporting Parents/Carers including consideration for confidentiality

When the school becomes aware of a young person's self-harm, they will need to have a conversation with the young person about sharing information with their parents/carers, as they need to be involved in supporting their child and accessing further support for them if necessary (unless this would put them at risk of harm). Sometimes young people have a preference of who they would like to be informed, e.g. Mum or Dad. If a young person is reluctant about informing their parents/carers, we will encourage them to think about the benefits of involving their family and how they could help. Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension.

Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the young person (suicidal ideation);
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing; and
- There is a pressing need to share the information.

If a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply. The NSPCC website for further information on balancing children's rights with the responsibility to keep them safe from harm:

<https://learning.nspcc.org.uk/researchresources/briefings/gillick-competency-andfraser-guidelines/>.

As self-harm can often provide a way of feeling in control, it is important that children and young people are fully involved in discussions about informing parents/carers, considering the individual's competence to make such decisions, as well as any safeguarding concerns, as discussed above. Our practice involves giving young people some choices about how this will be done. Options could include letting the young person inform their parents/carers and schools get in touch the next day (where there is no immediate safeguarding concern), parents/ carers are called with the young person present throughout the conversation, parents/carers are invited into school to talk together with the young person.

A checklist for talking to parents on the phone can be found in 'Self-harm and eating disorders in schools' by Pooky Knightsmith.

It is also important that parents/carers are provided with appropriate advice and support about how to support their child with self-harm: <https://youngminds.org.uk/find-help/forparents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/> and https://www.psych.ox.ac.uk/files/news/copy_of_coping-with-self-harm-brochure_final_copyright.pdf

Parents/carers should be made aware of external support such as helplines, for example: YoungMinds, 0808 802 5544 (Young Minds Parents Helpline, Mo-Fr 9.30 – 16.00). Information is also available on the school website.

Assessment of Risk and Referrals

In general, pupils are likely to fall into one of two risk categories:

1. 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.
2. 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. Suicidal ideation higher risk.

If there are significant concerns about a young person's mental health, a referral to CAMHS, with parental consent, will need to be made. If young people need urgent medical attention and are taken to A&E, they should receive a mental health assessment at hospital. If a young person already has CAMHS involvement then CAMHS crisis team can be contacted for immediate advice and support - 0800 0516 171

All other referrals to CAMHS are made via the Access and Assessment Team or GP, Tees, Esk and Wear Valleys NHS trust, North Yorkshire on 01423 726900 or via referral form from <https://www.tewv.nhs.uk/locations/dragon-parade-clinic/>.

Supporting Friends

In school, one student's self-harming behaviour can sometimes affect other students. This can occur particularly with self-cutting and is more common in females. If a student comes with concerns about a friend's self-harm, they should be reassured that telling a staff member is the right thing to do and that they have been a good friend. Friends should be offered the opportunity to speak to a trusted member of staff for support, someone who the young person is comfortable talking to. When talking to a young person about their self-harm, staff should endeavour to find out about their friends and who knows about their self-harm. It is important that young people know where and how to get help if they are worried about a friend, and that ongoing support is offered to friends as well.

If more than one student has self-harmed, it is important not to panic, but to be observant and raise awareness of how students can get help when they are struggling with difficult emotions. Separate support for individual students is preferable to raising the issue in large school groups such as school assembly. It is however important to deliver digital citizenship education for young people, and this includes talking about self-harm. Information about support will also be displayed on the school's website and the information boards within school.

Websites that promote self-harm are sometimes accessed by young people. Schools should endeavour to identify and block these.

Boroughbridge High School will only provide access and direct students to online support if it has been verified and promoted by NYSCP (<https://www.safeguardingchildren.co.uk/>)

Young people will be directed to helpful websites such as:

- www.kooth.com
- http://www.nshn.co.uk/downloads/Advice_for_young_people.pdf
- www.childline.org.uk
- www.youngminds.org.uk
- <https://www.map.uk.net/get-help/mental-health-and-wellbeing/>
- <https://www.selfinjurysupport.org.uk/Pages/Category/self-help-resources>
- <https://www.selfharm.co.uk/>
- www.harmless.org.uk

- <http://epicfriends.co.uk/>
- www.neurolove.org
- www.lifesigns.org.uk
- www.recoveryourlife.com

And apps:

- <https://calmharm.co.uk/>
- <http://self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/distract/>
- <https://www.nhs.uk/apps-library/chill-panda/>
- <https://www.nhs.uk/apps-library/meetwo/>
- <https://www.nhs.uk/apps-library/thrive/>
- <http://www.self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/blueice/>

Self-harm online support group <https://selfharm.co.uk/alumina>: This is a free, 6 week online course for young people aged 14-19 who self-harm, with the aim of recovery, run by a qualified counsellor with a small group of young people.

How staff will be supported

Self-harm can be distressing for school staff. On discovering that a student is self-harming, staff may experience emotions such as sadness, shock, anger, fear, disgust, frustration and helplessness. Such emotions are common. Because self-harm is self-inflicted, it can be more difficult to empathise with than, for example, accidental injuries.

Some suggestions that may help:

- Be honest with yourself about your emotions
- Discuss your feelings with colleagues or line managers
- Seek support (CAMHS for professionals working with young people or NYSCP)
- Look after yourself (making sure that you prioritise your own health and wellbeing)
- Recognise that school staff can have an important role to play in helping young people who are self-harming

As a school we have a duty of care towards our employees and need to ensure that staff are appropriately trained and supported when dealing with difficult issues. Our school has a senior mental health lead who, in conjunction with the senior designated safeguarding lead, will offer advice and support to staff supporting young people who self-harm. We will have at least one member of staff who has received training about self-harm. We will raise awareness of self-harm and ensure that all staff are fully aware of this policy as part of our safeguarding training. We encourage staff to offer support to each other, and we offer appropriate and relevant management support when staff are supporting children with significant mental health and safeguarding issues.

Whole school approaches

Boroughbridge High school will teach about mental health and well-being, using appropriate resources such as the PSHE Association teaching programme (<https://www.pshe-association.org.uk/curriculum-and-resources/resources/mentalhealth-and-emotional-wellbeing-lesson-plans>). Lessons will include a focus on positive mental health, coping strategies, looking after yourself and how to help a friend a young person is concerned about, as well as addressing the specific issue of self-harm. It is important that our school promotes resilience in our young people. We will promote a nurturing environment that actively

discourages bullying and encourages inclusion, as well as encouraging students to be supportive to their peers.

Roles and responsibilities:

Governing Body

The governing body will approve the policy and ensure that it is implemented consistently across the school. They will review the policy on a regular basis, involving the headteacher and staff who are delivering support for young people who self-harm, and those delivering a mental health curriculum. They will ensure that pupils affected by self-harm are also involved in the review of the policy. Governors will promote teaching about mental health, and ensure that appropriate advice and support is available in school for pupils with mental health difficulties including for pupils who self-harm.

Headteacher

The Headteacher will ensure that this policy is implemented, and that a co-ordinated response is provided to young people who self-harm, and their families. They will ensure that staff know what is expected, and that everyone can contribute in a way that is consistent with the ethos of the school. They will ensure that information is shared with all relevant staff. They will put appropriate support in place for staff and allow them to attend appropriate training opportunities. They will ensure that teaching about mental health takes place so that children will be taught the knowledge and skills to recognise mental health difficulties in themselves and know where to seek support for themselves and others.

Designated Safeguarding Lead

They will ensure that young people know that they can talk to school staff if they are thinking of self-harm. They will make certain that young people have access to information, advice and support about self-harm. First aiders will be informed about how to respond to a young person who self-harmed in school. Designated safeguarding leads will access appropriate training and keep their knowledge and understanding about self—harm up to date. They will take care of their own emotional wellbeing and seek advice/support/supervision from appropriate sources when needed.

All staff

All staff must familiarise themselves with this policy. Whenever they become aware of self-harm they will report this to the designated safeguarding lead. All staff are able to respond to children who self-harm and be supportive. Staff will access training as required, depending on their role.

Appendix A

Boroughbridge High School

Pupil Safety Plan

Name of Student	
Name of Staff Member	
Date	
Review	

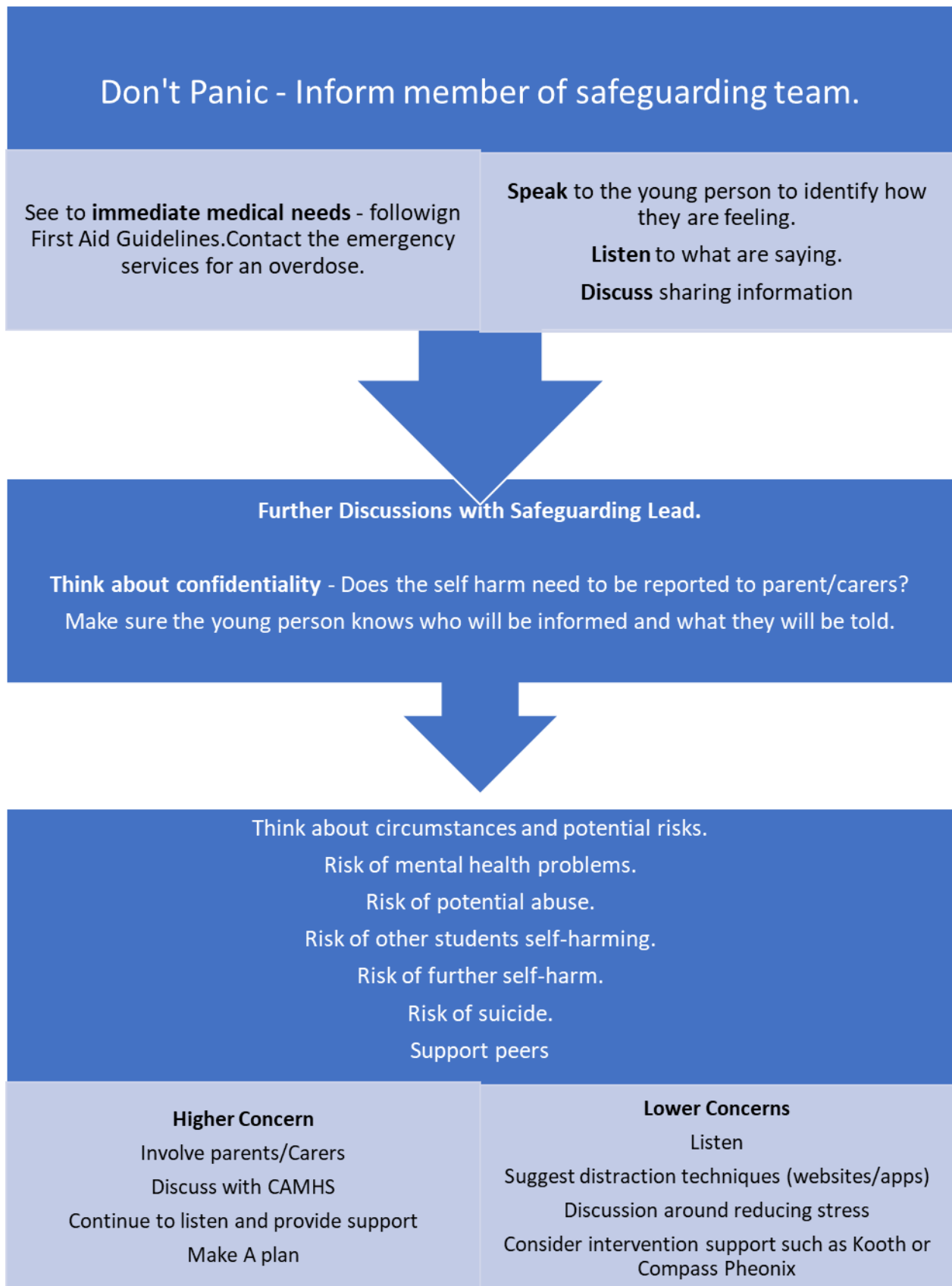
Remember to talk to the student about the purpose of THEIR plan – and the reason why you are writing things down. The student can complete it if its easier – but try to discuss each point.

Questions to consider/ask during the conversation.

What does being safe mean to you?	
What sort of things do you like/like doing?	
When do you feel the LEAST safe?	
What can WE do about that? Suggestions/possible distractions	
Is there anything else you wish to add to the conversation about your safety?	

Appendix B

Self-harm at school: What to do? To be used in conjunction with the school’s safeguarding policy



Appendix C

Conversation tips about self-harm

These may be helpful questions or statements:

"You must be feeling very upset about something. I'd like to help if I can; would it help to talk about what's troubling you?"

"I wonder if you're using self-harm as a way of coping with something that is troubling you?"

"I wonder what are the sorts of things that make you feel like harming yourself?"

"Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I'm wondering if that might be why you hurt yourself?"

"I know that people self-harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self-harm?"

"It can feel that self-harm is the only way to cope, but there are other ways. Can I show you some leaflets/websites that suggest helpful ways of coping?"

"Before you go I'd like to give you some information about people you can contact if you feel like self-harming again."

<https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicideprevention/wave-1-resources/young-people-who-self-harm-a-guide-for-school-staff>.

Conversation prompts about coping strategies and support:

"Is there anything that you find helpful to distract you when you are feeling like self-harming? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading or going for a walk? "

"I can see that things feel very difficult for you at the moment and I'm glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before or is there anyone that you think maybe good to talk to? How would you feel about letting them know what's going on for you at the moment? "

"How could we make things easier for you at school? "

"What feels like it is causing you the most stress at the moment? "

"What do you think would be most helpful? "

Child discloses information or exhibits signs that make you concerned for their wellbeing

Explain to the child that you will have to pass on your concerns to appropriate professionals who will seek help

Make detailed notes of your concerns, ensuring dates, times and specific language used by the child are included. Use safeguarding report form and ONLY use OPEN questions.

Immediately inform one of the trained safeguarding team:
 DSP and Deputies (TGW, RG, PT)
 SENDCO (SW)
 Pastoral Team (HL, LD)

DSP will be consulted and safeguarding incident is electronically recorded

Monitoring/In School Support

DSP puts a plan into place of a series of support measures to support child/family

These measures may involve Welfare Leader, Pastoral Mentor, Inclusion Manager, Family Members

DSP monitors the support and regularly assesses the possible need for external agency support

Concerns involving an allegation against an adult with children will be immediately forwarded to the Headteacher and relevant services. LADO if necessary.

External Agency Support Required

Safeguarding staff completes a referral to the appropriate 'Referral & Assessment Team'

Completed Referral forms to be kept in locked cabinet in the school office

'Referral & Assessment Team' find that the case does not meet required threshold for 'Children's and Families Services' involvement

DSP attends Strategy meeting and follows case in line with safeguarding procedures for children subject to a plan

Safeguarding staff informs other professionals on a 'need to know' basis

SAFEGUARDING DISCLOSURE FORM

CONFIDENTIAL

DATE:	NAME AND ROLE OF PERSON COMPLETING THE FORM:
NAME OF DISCLOSING:	NAME OF PERSON REPORTING TO:
DETAILS OF DISCLOSURE:	
ACTION:	

DETAIL OF ACTION TAKEN:
REASON FOR DECISION:

	PRINT NAME	SIGN AND DATE
STUDENT SIGNATURE		
STAFF SIGNATURE		
FURTHER SIGNATURE		