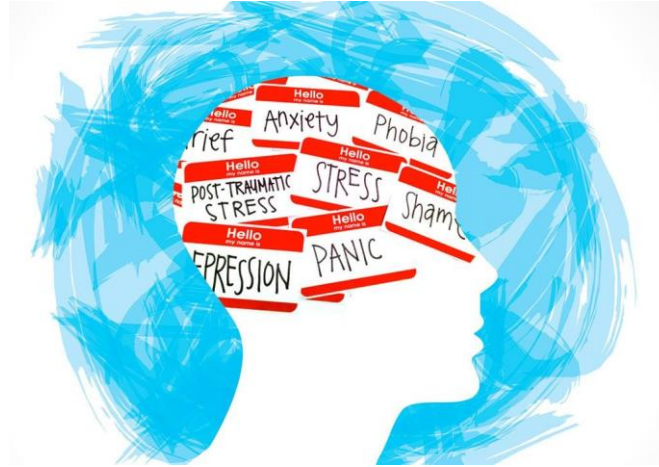


Non Suicidal Self Injury (NSSI) or Self-Harm: A Practical Whole School Approach



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Definition of Self-Harm

any act of non-fatal self-poisoning or self-injury carried out by a person, irrespective of their motivation.

This commonly involves self-poisoning with medication or self-injury by cutting.

Self-harm is not used to refer to harm arising from overeating, body piercing, body tattooing, excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa or accidental harm to oneself.'

(NICE, 2013)

Some Self-harm Myths....

Myth #1 - “Self-harm is an attention seeking behaviour”

- Self-harm is very often a secretive act, and therefore parents, carers and teachers will not know what is happening. This secrecy causes fear and confusion which can de-stable the situation even further.
- People who do self-harm are in a state of very real and genuine distress and unbearable emotional pain. Some people may only self-harm on a few occasions whilst others will engage regularly.

Myth #2 - Self-harm leads to suicide

In most cases, self-injury is used as a way to **cope with life**, not to end it. Only a small percentage of young people who self-harm become suicidal.

Myth #3: “Young people can stop self-harming themselves

Self-injurious behaviours are very addictive and habits form quickly, it is not easy to break or stop without support and intervention, but it is always possible.

Myth #4: “If someone self-harms, they must have a mental health disorder

Self-harm is a behaviour, not a disorder or an illness. Many young people who self-harm do not meet the criteria for any specific mental illness diagnosis

Some Statistics...

- Prevalence statistics are unreliable because it is a behaviour that is often hidden.
- However a recent national study reported that 7.3% of girls, and 3.6% of boys, aged 11 to 16, had self-harmed or attempted suicide at some point.
- This increased in 17- to 19-year-olds to 21.5% for girls and 9.7% for boys. (NICE, 2022)
- Self-harm can occur at any age - the average age for self-harm to begin is around 12 years old.
- Recent survey by Children's Society found $\frac{1}{4}$ of 14 year olds in the South East have self harmed and a $\frac{1}{4}$ of those were in the last year. (Children's Society)

What does self-harm look like in your schools?



What does self-harm look like?

- Cutting
- Biting
- Burning skin
- Hair pulling
- Abrading (scraping / wearing away)
- Inserting foreign objects into the body
- Interfering with healing wounds
- Damaging sexual behaviours
- Ingesting toxins



What factors contribute to mental health issues and/or self-injurious behaviors?



Risk factors...

Primary risk factors

- Alcohol and drug abuse
- Strong feelings of hopelessness
- Severe depression
- Previous suicide attempt
- Psychiatric disorders

Secondary risk factors

- Severe dent to self-esteem, leading to feelings of guilt or shame
- Recent loss or bereavement
- Family history of suicide
- Experiencing the suicide of a significant other (e.g. friend or significant adult)

Self-Harm & Neurodiversity

- Around 1 in 4 children with ASD hit, scratch or otherwise hurt themselves
- 8 to 13% of children with ADHD aged 11-15 reported self harming compared to 1 to 2% of general population (addandadhd.co.uk)
- Children in care and care leavers are 4 to 5 times more likely to self harm in adulthood (annual report of Chief Medical Officer, 2012)

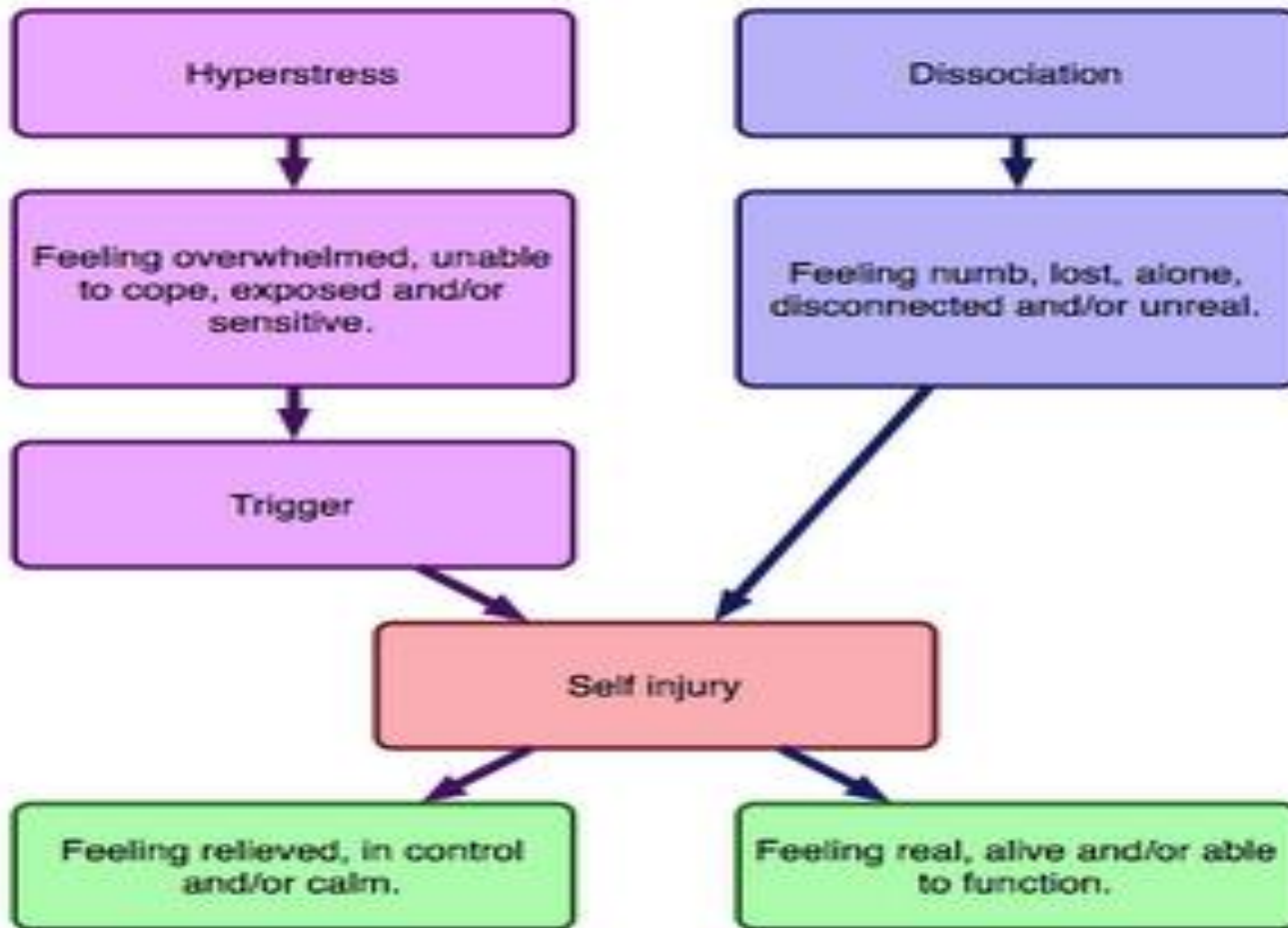
Why do people self-harm?

People self-harm to feel better.

Young people who engage in self-harm do so due to a wide range of different reasons, however typically they have/are experiencing;

- feelings of isolation or depression
- problems in relationships with partners, friends and family
- academic pressures
- low self-esteem
- feelings of hopelessness
- sexual, physical or emotional abuse
- bullying
- feeling powerless

Why do people self-harm?



Source: LifeSIGNS <http://www.selfharm.org/what/precursors.html>

Why do people self-harm?



Why are there 'epidemics' of self-harm in schools?

We know that peer influence predicts a wide range of adolescent behaviours, attitudes, and symptoms through social learning and modelling.



Exposure to peer Non-Suicidal Self Injury may put vulnerable adolescents at particular risk for perceiving the behaviour as an effective coping strategy - especially because teenagers often identify with similar peers

Warning signs

- Wearing baggy or loose clothes / uniform even when it is very hot (e.g., wearing hoodies or long sleeves to conceal wounds)
- Having ready-made reasons for having cuts, marks or wounds on the body
- Finding razors, scissors, lighters or knives in strange places at home / in schoolbag
- Spending long periods locked in a bedroom or bathroom
- Isolation and avoiding social situations



Case Study: Self-injurious Behaviour



What is the role of schools in supporting self-harm?

There is an increasing amount of evidence that schools can play a key role in preventing self-harm.



Whole-School Approach



Personal Approach



Social Approach



Whole-School Approach

Promoting Resilience through...

- Emotional Literacy
- Effective and creative problem-solving abilities
- Strong social skills
- Successful experiences in school



By Providing...

- The presence of at least one responsible and supportive key relationship in school



Whole-School Approach

On Edge Resource Pack (designed for secondary pupils)

- The four topics covered are:
- Understanding the term 'self-harm'
- Dealing with difficult feelings
- Exploring stereotypes
- Getting help

Available as a link through the Anna Freud Centre
or at

<https://www.seemescotland.org/young-people/resources/partner-resources/>



Whole-School Approach

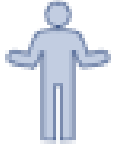
Safeguarding:

What is your schools safeguarding policy?

How does the safeguarding policy fit with CYP who self-harm?

How do you conduct yourself within that policy?

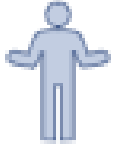
When do you refer to outside agencies for advice/support?



Personal Approach

Talking about self-harm...

- Make enough time for the Young Person
- Think about the environment
- Listen to what is being said and check your understanding
'can I just check what you mean by . . . '
- Respond with concern
- Agree follow up plans
don't agree to something you can't do.
- Contact other agencies for advice / refer where appropriate.
- Access supervision for yourself.

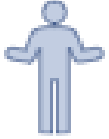


Personal Approach

Some possible questions...

- *What's been happening lately?*
- *How have you been feeling in yourself?*
- *Can you tell me about any recent difficulties/upsets?*
- *What is the biggest problem at the moment?*
- *What's led up to the. . . [self harming behaviour]?*
- *What would make a difference for you?*
- *What would you like to happen next?*

n.b. It is also important to explore safety behaviours where appropriate (e.g., do you know how to keep the wounds clean?).

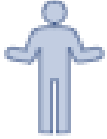


Personal Approach

Sharing this information with Family

Expect that the Young Person may not wish their family to know

- Discuss concerns about family knowing and benefits
- Be clear about what needs to be shared, and what is negotiable with the young person
- Agree what the young person would like to achieve through family involvement



Personal Approach

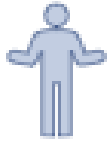
Teach Distraction Techniques

Physical Outlets

- Hitting a punch bag
- Rubbing ice on wrists
- Physical exercise
- Making noise!
- Scribbling hard on paper
- Flicking elastic bands
- Scrunching clean egg shells

Emotional Outlets

- Writing a journal.
- Talking to a friend
(not necessarily about NSSI)
- Collage or art work
- Writing down thoughts and feelings and tearing it up.
- Looking at relevant web sites.

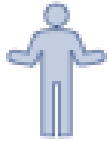


Personal Approach

Responding to Suicidal Ideation

Professionals involved need to assess the degree of suicidal intent of such behaviours....

- The length of time that the attempt at suicide was being planned. If the planning time is extensive, the risk is greater.
- The level, severity and intensity of depression that the young person is experiencing.
- The sense of hopelessness the young person is experiencing.
- If the young person was alone at the time of the self-harm incident: if the young person knows that they are not entirely alone then this would indicate a lower degree of risk.



Personal Approach

Some possible questions...

- *What do you mean by...
(e.g., “I don’t want to be here anymore?”)*
- *Have you thought about how you would do it?’*
- *‘Do you know when you would do it?’*
- *What has stopped you going through with it?*



Peer Support

- Research by the Samaritans found that 41% of teenagers who self-harmed had sought help from friends before hurting themselves.
- Teenagers who self-harmed had fewer people with whom they felt able to talk about problems compared with other teenagers.

Peer mentoring, peer counselling or peer listening can be effective forms of support.

The facility to listen, to explore emotions and meanings are important in helping the young person to understand their self-harm



Social Approach

Self-Harm and Social Media

General social media use

If a child or young person is using technology to cope with how they are feeling, this should not be discouraged. However, ensuring they are using the right technology should be. Check that they are using a trusted site to interact with other young people safely.

If a young person is seeking help online they should be encouraged to take regular breaks

Can online support make things worse?

- The volume of posts from young people can easily become overwhelming – even when they are supportive.
- These interactions may create a feeling of solidarity and validation but it can also be triggering for a young person, whereby they compare their progress or emotional state to others.
- In some cases, young people may also share methods or tools for self-harm behaviours. This can include swapping photos and live demonstrations of self-harm.
- Young people may also be left feeling vulnerable and exposed after sharing intensely personal feelings and thoughts.

Look after yourself!

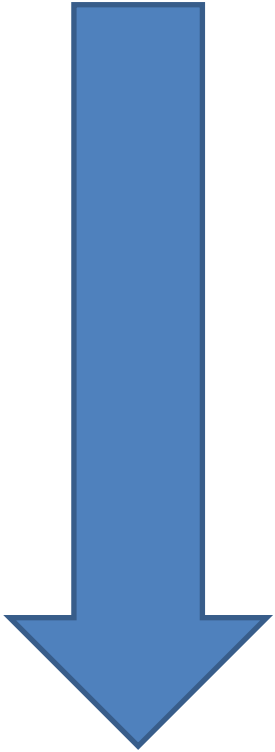
*Knowing your children is what makes your schools a place that families will turn to for support.
Trust yourselves, your relationships and your support networks*

When working with this group of young people, you will most likely be exposed to stories that are distressing to hear. Taking time to recognise the impact on you, and then taking more time to adopt strategies that provide psychological resilience and reduce stress is not only important, but professionally responsible

How do you support each other's wellbeing in your schools?



Responding 'in the moment' a quick guide



- Keep Calm!
- Safety & Medical awareness
- Non-destructive self harm / Distractions
- Peaceful environment
- Information seeking
- Information giving
- Key contacts
- Referring? Recording?
- Recognise your own feelings

Getting Help

- **Samaritans** 0845 790 9090 email: jol@Samaritans.org
- **NHS Direct** 0845 4647
- **Child Line** 0800 1111
- **Kooth** online support and counselling for ages: 10 – 16. Text-based conversations with counsellors available from 12 noon to 10.00pm.
- **Big White Wall** - offer online support for 16 – 25 year olds. 24H, 365 days a year.
- **NHS chathealth** is a confidential texting service for young people aged 11 – 19. Young people can text the school health team about any concerns or health issues on: 07520 618850.
- **Youth Services Online** See what's happening across Kent for young people or talk to a youth worker about anything you're struggling with.
- **BEYOUPROJECT**: connects young people in Kent who are lesbian, gay, bisexual, trans, non-binary or are questioning their sexual orientation and / or gender identity.
- **MEETWO** offers a safe social media solution to improve wellbeing. Via an app, it provides peer support, expert help, inbuilt educational and creative resources as well as in app links to UK charities and helplines.
- **My Kent Family** Counselling service for 10 – 16 year olds via text.

Resources for Staff

Websites:

- <https://www.nhs.uk/conditions/self-harm/>
- <https://www.annafreud.org/what-we-do/schools-in-mind/expert-advice-and-guidance/self-harm-in-schools/>
- <https://www.mentallyhealthyschools.org.uk/mental-health-needs/self-harm/>
- <https://www.youngminds.org.uk/professional/resources/responding-to-self-harm/>
- <https://www.ucl.ac.uk/pals/self-harm-and-suicide-prevention-competence-framework>
- <https://cchp.nhs.uk/sites/default/files/Self%20Harm%20-%20Information%20and%20suggestions%20for%20school%20staff.pdf>

Book Recommendation:

“Understanding & Preventing Self-Harm in Schools”
by Tina Rae & Jody Walshe

Resources For Parents

FAMILY LIVES – if you're finding it hard at home with your child and struggling to cope. Free, confidential advice is available: 0808 800 2222.

NSPCC – if you're concerned about the safety of another child in your community: 0808 800 5000

INTERNET MATTERS – offer advice and guidance on how to tackle online hate and trolls and how you can support your child.

Always call 999 if you believe your child is in immediate danger.

Any Questions?

