Policy for Managing Non-Suicidal Self Injury (NSSI) at DALE

RATIONALE

In keeping with St Philip's Christian College DALE Vision and Values, this policy aims to address the issue of non-suicidal self-injury (NSSI):

- How to deal with students who self-injure and how to offer support in the short and long term.
- To provide support depending upon the individual needs of the student.
- How to support staff members who come into contact with people who self-injure.
- How to prevent self-injury from spreading within the school.

To have clear guidelines for staff – who needs to be informed, when do parents and outside agencies need contacting?

"For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well". Psalm 139: 13-14

"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future". Jeremiah 29:11

DEFINITIONS

2.1. Self-Injury
Self-injury is any deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress.

2.2 Non - suicidal self-injury (NSSI)
NSSI refers to deliberate acts to harm one's own body without the intent to die as a consequence. Although self - injury and suicide are distinct behaviours, self - injury is a significant risk factor for further self - injury and attempted suicide.
NSSI includes, but is not limited to, skin cutting, scratching, pinching, biting, and burning, self - hitting, punching and slapping, and hitting a part of the body on a hard surface. NSSI excludes socially sanctioned behaviours (i.e., piercing, tattooing), and behaviours resulting in unintentional or gradual tissue damage, such as substance abuse, eating disorders, and other risk-taking behaviours i.e., unsafe sex and dangerous driving.
Risk factors associated with self - injury

- Mental health disorders including depression, anxiety and eating disorders
- Drug/alcohol abuse, and other risk - taking behaviour
- Family or peer history of self-injury
- Childhood Trauma
- Recent trauma e.g. death of relative, parental divorce
- Negative thought patterns, and low self - esteem
- Bullying
- Abuse – sexual, physical and emotional

2.3 Suicide
Suicide is the act or an instance of taking one's own life voluntarily and intentionally.
While self-injury and suicide are separate, those who self-injure are in emotional distress, and those who end their lives are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chances of self-injury, and suicide.

2.4. Contagion
Contagion of self-injury refers to incidents when self-injury is imitated by a student, as a result of talking about self-injury with others, or after viewing self-injury content in television and film, or online

ROLES AND RESPONSIBILITIES

3.1. Principal
3.1.1. Appoint a point person and school crisis team - The principal should appoint a school point person, such as Head of Campus, and assemble a school crisis team (which can include the principal, psychologist, first aid officer, year level coordinators, and teachers) to serve as the point(s) of contact for other staff members when referring students who self-injure or are suspected of self-injuring.
3.1.2. Disseminate the school policy - The principal should ensure that staff members are familiar with and follow the school's self-injury policy.
3.1.3. Education for staff members - The principal should ensure that staff members receive training on recognising, responding to, and referring students who self-injure or are suspected of self-injuring. Training should describe warning signs and risk factors of self-injury, difference between self-injury and suicide, functions of self-injury, common and severe forms of self-injury, and how to respond to students who self-injure.

3.2. Head of Campus/Members of the Crisis Team
3.2.1. Risk assessment – Head of Campus/Members of the Crisis Team should conduct an initial risk assessment and follow-up assessments with students who self-injure or are suspected of self-injuring (see section 7).
3.2.2. Referral - The Head of Campus/Members of the Crisis Team should develop a referral list of local mental health professionals experienced in working with adolescents who self-injure, and refer students who have self-injured to an external mental health professional and/or contact their parent/guardian (see section 8 and 10).

3.3. Staff members
3.3.1. Identification and referral - Staff members should learn about the warning signs of self-injury and how to respond appropriately to students who self-injure, and refer students to the Head of Campus/Member of the Crisis Team if they have self-injured or are suspected of self-injuring (see section 4, 5 and 6).

4. When staff members should report students suspected of self - injury
4.1 Any staff member should contact their Head of Campus/Members of the Crisis Team if a student has self-injured, is suspected of engaging in self-injury, or has displayed any of the following warning signs or behaviours, including:

- Frequent or unexplained bodily scars or wounds, such as cuts, burns, scratches and bruises appear anywhere on the body;
- Frequently wearing long sleeved /pants clothing at inappropriate times, such as in warm weather, and a reluctance or refusal to participate in activities resulting in skin exposure, such as physical education classes or swimming;
- Frequent need for privacy and secretive behaviour. Changes in mood, including irritability, hostility, anger, uncontrollable crying, or sadness. Unexplained withdrawal from activities or deterioration in academic performance and/or personal hygiene;
- Frequent mention of self - injury in creative writing, artwork, journals, internet postings, e-mails, notes, texts, and in communication with others (including jokes, rumours, threats);
- Frequent high-risk behaviours involving physical risk to the students that exceeds normal adolescent experimentation (e.g., train surfing, choking game, dangerous driving, substance abuse)

HOW TO RESPOND TO STUDENTS WHO SELF INJURE OR ARE SUSPECTED OF SELF-INJURING

5.1 Sometimes staff members will need to communicate with students who self-injure or are suspected of self-injuring until the Head of Campus or Member of the Crisis Team can attend to the student.

Staff members should actively listen to students who self-injure or are suspected of self-injuring in a calm, caring, and non - judgmental way, trying not to communicate that they may be angry, horrified, panicked, frustrated, or upset. Staff members should monitor their reactions to these students.

Staff members should express their concern but not focus on stopping the self-injurious behaviour or solve the problems of students who self-injure or are suspected of self-injuring. Staff members should listen to these students and express empathy for how the student is feeling. Let them know they are not alone and that you are there to support them. Work collaboratively with the person in finding what can be done to make the student's life more manageable, or their environment less distressing. Understand that self-injury cannot be stopped overnight, and students will need time to recover and learn healthy coping strategies.

Staff members should never promise students that they will keep what they tell them a secret, and should explain to the student that they have a duty of care to tell someone who can help (e.g., Principal, Head of Campus, first aid officer). If the student refuses to see the Head of Campus, staff members should reiterate that while they understand their concerns, they are obligated to tell the Head of Campus who is better equipped to help them.
If the student is at imminent risk, the staff member must keep the student safe and inform the Head of Campus or Member of the Crisis Team immediately. The staff member should not leave the student unsupervised. The Head of Campus or Member of the Crisis Team will contact the parent/guardian and if necessary contact emergency services (000) and follow emergency management procedures.

Staff members should respond to students who disclose that another student has self - injured or is suspected of self - injuring in the same way.

TO WHOM STAFF MEMBERS SHOULD REPORT STUDENTS SUSPECTED OF SELF-INJURY

6.1 School first aid officer - Staff members should contact the school first aid officer as soon as possible to treat the student's wounds and assess whether the student has wounds requiring referral to a hospital emergency department. If the school first aid officer is not available then first aid should be applied by a staff member. If the student's parent/guardian is unable to accompany the student to the emergency department then a staff member (ideally the Head of Campus) should accompany the student and stay with them until their parent/guardian has arrived.

6.2 Head of Campus or Crisis Team - Staff members should contact the Head of Campus or a person on the crisis team if the student does not require treatment by the school first aid officer, or emergency department.

WHICH STAFF MEMBER SHOULD CONDUCT THE INITIAL RISK ASSESSMENT WITH STUDENTS

7.1 The Head of Campus should contact the student who self-injured or is suspected of self-injuring and confidentially conduct a thorough risk assessment with the student as soon as possible to assess the severity and intent of their self-injury (i.e., with or without suicidal intent), and determine the most appropriate course of action. The risk assessment should establish whether the student is at low, moderate, or high risk for further self - injury potentially causing severe physical injuries or death, including:

- Suicide - Previous suicide attempt, current suicidal thoughts or plans, history of family or peer suicide. If the student is at risk for suicide then the point person/member of the crisis team should follow the school's suicide policy;
- Self-injury - Severity of the physical injuries, frequency of self - injury, methods of self-injuring, escalation of self-injury, wound care strategies, triggers for self-injury, and mental state following self-injury; and
- Evidence of other co-occurring mental health problems - substance abuse, anxiety, depression, eating disorder, history of trauma or abuse, and current stressors

Low risk - if the student has self - injured with superficial tissue damage, has self-injured less than four times, typically engages in few forms of self - injury, and has no symptoms of co-occurring mental health problems than risk for further self-injury and death may be regarded as low. Intervention by the point person/member of the crisis team or referral to an external mental health professional may be considered.

Moderate risk - if the student has self-injured with light tissue damage, has self - injured four or more times, has engaged in multiple methods of self - injury, or has mild symptoms of co-occurring mental health problems than risk for further self - injury and death may be regarded as moderate. Referral to an external mental health professional should be considered

High risk - if the student has self - injured with severe tissue damage, has self-injured four or more times, frequently engages in multiple methods of self-injury, and has acute symptoms of mental health problems than risk for further self-injury and death may be regarded as high. Referral to an external mental health professional should be considered.

7.2 Feedback loop - The Head of Campus or Crisis team member should ensure, within the confines of confidentiality, that the referring staff member is advised of the outcome of the assessment so they are aware that their report resulted in action.

WHEN STUDENTS SHOULD BE REFERRED TO EXTERNAL MENTAL HEALTH PROFESSIONALS

8.1 Low risk - If the student is at low risk for further self-injury and death, the Head of Campus may decide to continue with a more complete assessment and intervention, if their level of training and school resources permit, or they may elect to refer the student to an external mental health professional with experience working with adolescents who engage in NSSI.

8.2 Moderate or High risk - If the student is at moderate or high risk for further self-injury and death, the Head of Campus should refer the student to an external mental health professional with experience working with adolescents who self-injure.

WHEN A REPORT MUST BE MADE TO NSW DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

9.1 If a student is at risk of serious harm, it must be reported to the NSW Department of Family and Community Services (FaCS). Check the decision-making tree on the mandatory reporter's website (https://reporter.childstory.nsw.gov.au/s/mrg)

9.2 If a student is under 16: They are considered a **child** under the *Children and Young Persons (Care and Protection) Act 1998* (NSW). The school **must** report concerns about the safety and wellbeing of the student if you have reasonable grounds to believe that they are at risk of harm.

9.3 If a student is 16 or 17: They are considered a **young person** under the *Children and Young Persons (Care and Protection) Act 1998* (NSW). A teacher with reasonable concerns that a student is at risk of serious harm may decide to report it to FaCS, but should involve the student in making that decision, unless if there are good reasons for excluding them. If the student does not want the report to be made, the teacher may still report it, but they must tell FaCS of the student's wishes.

WHICH STAFF MEMBER SHOULD CONDUCT FOLLOW – UP ASSESSMENTS WITH STUDENTS

10.1 The Head of Campus or crisis team member who conducted the initial risk assessment should follow - up with the student and periodically re-assess their level of risk for further self-injury and death, particularly following changes in life circumstances and during periods of stress, and if the student's initial level of risk was low and they were not referred to an external mental health professional.

WHEN PARENTS/GUARDIANS SHOULD BE NOTIFIED ABOUT SELF-INJURY

11.1 Low risk – The Head of Campus may or may not elect to contact the student's parent /guardian if the student is at low risk for further self-injury and death. However, the Head of Campus or crisis team member should encourage the student to discuss the matter with their parent/guardian even if they are at low risk for further self-injury and death.

11.2 Moderate or high risk - The Head of Campus or crisis team member should contact the student's parent/guardian if the student is at moderate or high risk for further self-injury or death, and therefore, requires referral to an external mental health professional. The student should be advised in advance by the Head of Campus or crisis team member that they will be contacting their parent/guardian, and the student should be invited to be present when the call is made to their parent/guardian so they are aware of what is discussed. Head of Campus should meet with the student and their parent/guardian(s) to discuss options for external support. If the parent/guardian does not follow up with the referral, dismisses the concerns, or indicates that they will not be following up with the referral, the Head of Campus should then meet with or contact the parent/guardian, and emphasise the importance of the referral.

HOW TO MANAGE CONTAGION OR SPREAD OF SELF-INJURY AMONG STUDENTS

12.1 Peer communication - Staff members should be aware of the potential for contagion among students and refer students who may require additional support (e.g., close friends and vulnerable students) to the Head of Campus. Staff members should also refer students who disclose that another student has self-injured or are suspected of self-injuring to the Head of Campus.

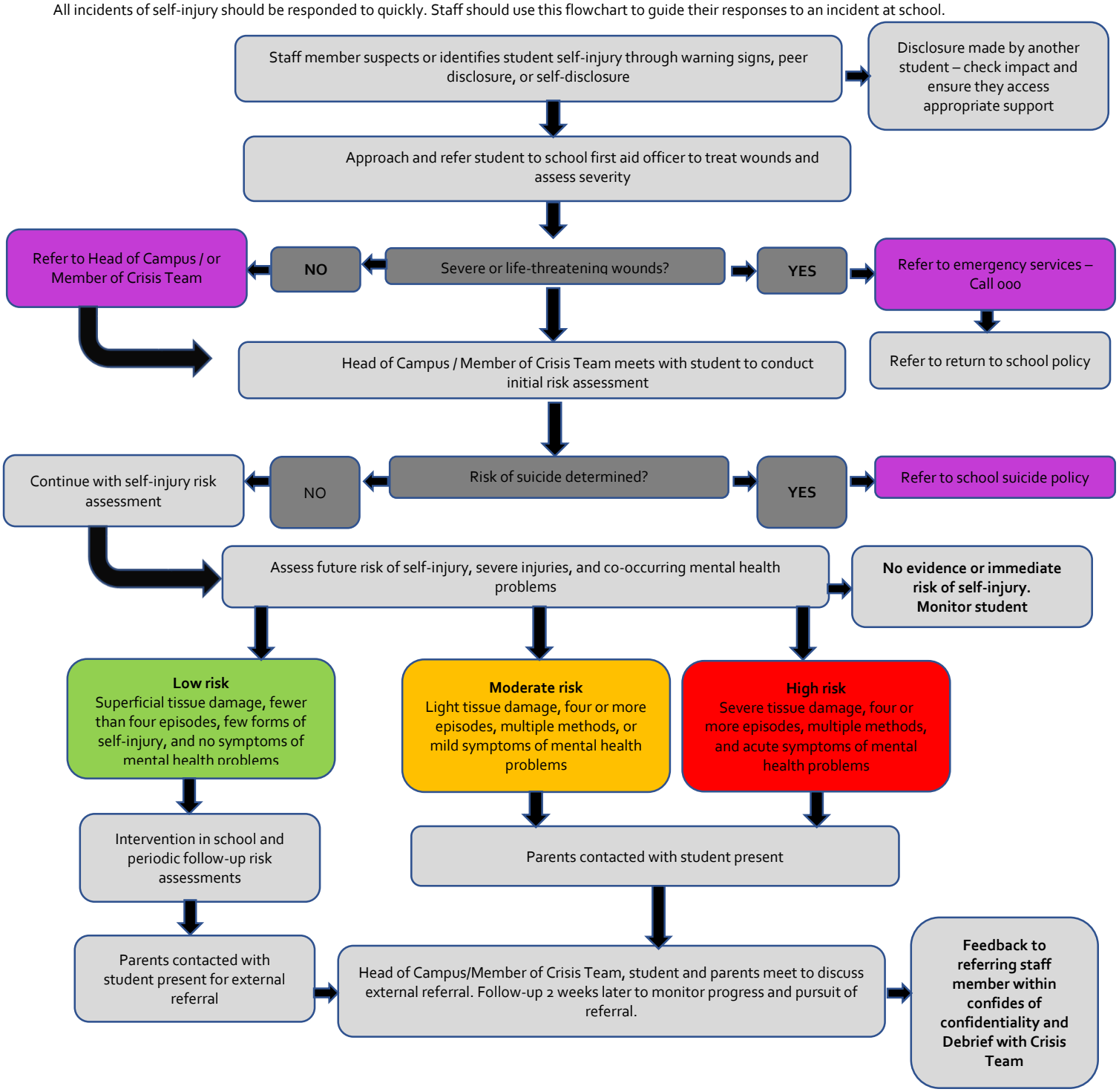
Although communication about self - injury among peers should be discouraged and instead students should be told to speak to a staff member, it is not uncommon for students to discuss self-injury with friends, rather than seeking help from adults and teachers. Therefore, staff members may need to briefly respond to questions from friends of students who self-injure. In these instances, it may be helpful for staff to contextualise self-injury for students as one of many maladaptive coping strategies used by adolescents in response to overwhelming emotions, such as stress, anxiety, anger, and sadness.

12.2 Displaying unhealed wounds - Deliberately displaying unhealed wounds to peers should not be permitted at school as this may be triggering for others. Staff members who notice students deliberately displaying unhealed wounds to peers should report the behaviour to the Head of Campus who should meet with the student to explain that displaying wounds could trigger peers to self-injure. (Given that treatment for self-injury usually takes time and it may be years before students stop self-injuring, suspending or expelling students from school, or requiring them to return to school only after their wounds have healed or their self-injury is eliminated is not recommended). If students continue to openly show their unhealed wounds to peers, despite repeated warnings from the Head of Campus and parents, then further disciplinary action may be taken.

12.3 Self-care for staff members - Staff members should debrief with the Head of Campus or crisis team member when necessary to discuss their feelings and reactions towards the self-injury. The Head of Campus should provide a list of referral options to staff members in need of additional assistance, and should seek assistance themselves when necessary i.e. EAP.

HOW TO MANAGE CONTAGION OR SPREAD OF SELF-INJURY AMONG STUDENTS

All incidents of self-injury should be responded to quickly. Staff should use this flowchart to guide their responses to an incident at school.



Reference: Berger, E. P., Hasking, P. A. & Reupert, A. E. (2014). Knowledge and experience of school staff towards student self-injury: Final report for schools and universities. Monash University, Australia.

Self-care for school staff

headspace School Support

Suicide can have a significant effect on a school community and can be traumatic for students, parents and school staff.

Following the death of a student, or students by suicide, it is normal for people to react in varied ways and experience different emotions. Grief and shock are common when a loss is experienced, however it can also elicit a range of other complex emotions including guilt, hurt, confusion, anger and remorse. These emotions can cause changes in people's behaviours and ability to cope. This can be a difficult time for school staff as they are often dealing with their own grief and supporting students at the same time.

It is important to be aware of your own needs and to seek additional support when required. This not only safeguards your own welfare, but will help you to support your students. Below are some examples of common responses to the trauma of a suicide and ways to take care of yourself.

It is important to be aware of your own needs and to seek additional support when required.

Common responses following a traumatic event/suicide

- Sleeping difficulties
- Reduced appetite/increased appetite
- Difficulty maintaining concentrating and attention
- Increased irritability and agitation
- Intrusive thoughts and feelings about the suicide
- Increased anxiety
- Restlessness
- Confusion
- Low motivation and energy

How you can look after yourself following a student suicide

- **Seek out your support team**
  Your school may have a designated support team. This may be made up of school wellbeing staff, chaplains, school counsellor/psychologist, nominated teachers, Employee Assistance Program (EAP), or support staff from your state or territory Department of Education or relevant school body. Some people prefer to use professional services such as those listed above, other people may feel that seeking out the support of friends, colleagues and family is what they need.
- **Debrief with external professionals**
  It may be helpful to debrief with mental health professionals rather than only talking about the suicide at home or in your private life. Professionals offer a different type of support to family and friends and can help you understand what you're experiencing. Talking with professionals about your experience following a trauma can reduce the chance that you will experience long-term distress or difficulties.

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Self-care for school staff

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- **Monitor your own reactions and take care of your personal needs**
  After being involved in a traumatic incident such as suicide, some people notice changes in their behaviour for some time following the event. Some of these behavioural changes may include: withdrawing from others, increased irritability and difficulty concentrating. Others may react quite differently and feel the need to take on all of the responsibility themselves. During this time, you may need a break from the classroom or any direct contact with students. Don't ignore the need to care for yourself or to ask for more support. Reactions to the suicide may also emerge over time, particularly as the school observes special events or anniversaries of the suicide.
- **Plan ahead where possible and have a contingency plan to manage difficult situations in the classroom/school**
  It's important to acknowledge that this is a difficult time and that it might be harder to manage certain situations. Try to be aware of what these situations are for you e.g. when students are disruptive, or if parents demand more of your time; and think of ways you can manage this differently.
- **Maintain structure and routine in the classroom**
  Following a suicide, it's important for the school, but also for you, to try and return to normal routine as soon as is practical. This can help to make the students and staff feel less overwhelmed by the incident. After allowing for time to discuss the issues that have arisen from the incident, try to return to teaching your subject content.
- **Time management**
  Give yourself enough time to get to places and complete tasks. Try not to overload yourself with too much work or take on extra responsibility, including over committing yourself and feeling rushed. This will likely increase your stress levels.
- **Take some time out and arrange for someone to relieve you if you feel unable to carry out your role**
  If you feel unable to carry out your professional responsibilities, speak with the school principal and explore options for some time either outside of the classroom or the school. It may be detrimental to both yourself and your students/colleagues to continue in your role if you feel you are not coping.
- **Use positive coping strategies to manage distress**
  Some strategies may include: challenging unhelpful thinking e.g. "I should have done something to stop the suicide", "I won't be able to help anyone else". Additionally, relaxation exercises, breathing techniques, meditation and the use of existing personal spiritual belief systems may be useful. Utilising some of these techniques can help to change your perspective on things and minimise distress. Here are a couple of websites that have information that may be helpful:
  www.cyh.com.au
  www.getselfhelp.co.uk
- **Avoid unhealthy coping strategies**
  Utilising unhealthy strategies such as drugs and alcohol as a means of coping with a traumatic event is only likely to complicate things, as it can increase emotional difficulties and take longer to process what's happened.
- **Maintain a healthy work/life balance**
  This may include keeping strict working hours rather than spending longer than necessary at school and not taking work home with you. Try to maintain a healthy diet, as this can help to strengthen your immune system and prevent becoming physically unwell. Try and maintain an exercise routine which can be a healthy outlet for stress. Maintaining a consistent sleep routine is also important in feeling equipped to manage throughout the day. Try to plan pleasurable activities to assist in managing your mood.
- **If difficulties persist beyond a few weeks** after the suicide, staff are encouraged to seek additional support or professional help. You could try talking with your GP or seeking a referral for counselling.

Other fact sheets that may be of interest:
Tips for teachers following a suicide available at: www.headspace.org.au/schoolsupport

For more information on suicide or support and assistance visit **headspace.org.au/schoolsupport** or **headspace.org.au**

Please refer to the **headspace** School Support *Suicide Postvention Toolkit – A Guide for Secondary Schools* for further guidance.

Acknowledgements
Child and Youth Health Government of South Australia www.cyh.com.au
Cognitive Behaviour Therapy Self-Help Resources www.getselfhelp.co.uk

RESOURCES

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Resource Links:
http://www.conversationsmatter.com.au
https://www.mindmatters.edu.au
https://headspace.org.au
https://mhfa.com.au
http://www.self-injury.org.au/t-school-policy