

Self-harm: Information for Secondary School Staff

Introduction

This paper is intended to provide a brief overview of self-harm and some guidance as to how staff should respond. It is a challenging issue that teachers and parents find difficult to approach and can lead to feelings of fear, anxiety and frustration.

Definition and Prevalence

“Self-harm is a response to underlying emotional and psychological distress, which can include feeling isolated, having a poor body image, academic pressures, powerlessness and abuse or trauma.”

Towards a Mentally Flourishing Scotland:
Policy and Action Plan 2009-2011. Scottish Government.

“Any act which involves deliberately inflicting pain and/or injury to one’s own body, but without suicidal intent. It is usually an attempt to stay alive in the face of great emotional pain.”

Basement Project (www.basementproject.co.uk)

Self-injury describes any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. This can include actions such as cutting, burning, banging and bruising and non-suicidal overdose.

Self-harm is a continuum of damaging behaviours. At one end are socially acceptable, familiar yet unhealthy behaviours such as nail biting, comfort eating etc. and at the other are behaviours such as alcohol/ drug misuse, eating disorders, and self-injury (Naranjo, 2012).

It is difficult 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. 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 aren't always recognised as self-harm or don't come to the attention of hospitals.

The links between self harm and suicide are not well understood. However, it should be noted that self-harm is not ordinarily a precursor to suicide or suicidal thoughts. 1% of people who self harm complete suicide within a year, 5% in 10 years (NHS Centre for Reviews and Dissemination, 1998). These figures are likely to be an overestimate as it is reliant on NHS data and many people who self harm would not come to their attention.

Some Reasons Why People Self-Injure

- Problems at home or school
- Feelings of stress/ pressure
- Low self esteem
- Perfectionism
- Mental health problems (e.g. depression, anxiety)
- Sexual and/ or physical and emotional abuse

“I feel the urge when I have too much feeling inside me, whether anger, sadness or frustration, that I can't seem to contain it inside my mind. I think self-harming was my way of dealing with it.”

“I used to cut myself just so I could feel pain. [It] let me know I was real and I wasn't in a dream.”

“I ‘needed’ to harm to punish myself for being what I believed then to be a terrible person and to clear the fog in my head. As soon as I did, I'd feel in control, calm and as though a reset button had been pressed in my head.”

Functions of Self-harm Include:

Relief of feelings	Distraction	Control
Self-punishing	Cleansing	Communication
Comfort and Nurturing	Making self unattractive	Feeling real or alive

Physical pain is often easier to deal with than emotional pain and can release chemicals in the brain that soothe. However, this is temporary and the person will experience a ‘low’ later, with feelings of guilt or low self worth which feed into the harming cycle. It is temporary relief that does not address the underlying issue. Self-harm can become a natural response to the stresses of everyday life.

Many people report that self-harm becomes addictive and they find it difficult to stop without help. They can rely on the relief and release that it offers.

People who self-harm are often very good at concealing what they do from people close to them. Where self harm does appear to be attention seeking behaviour, it is more helpful to think of the behaviour as an attempt to communicate the fact that the person is in need of help and may have no more effective way of expressing this.

When people disclose self-harm, the first reaction will impact on the future disclosures and help seek. The severity of the lesion is not important unless they need urgent medical attention. (Truth Hurts, 2006)

Intervention

As the self-injury is a coping strategy it is not the goal of treatment to prevent it but deal with the reasons for it. In the mean time alternative coping strategies are explored and harm reduction emphasised.

What You Can Do

As a Teacher

- Be calm and non-judgemental at all times.
- Take the young person's lead and do not ask them directly about it.
- Avoid dismissing the pupil's reasons for distress as invalid.
- Let it be known to all pupils that you are available to listen - without targeting the person you suspect of harming themselves.
- Endeavour to enable pupils to feel in control by asking them what they would like to happen, what they need.
- Avoid asking a pupil to show you their scars or describe their self-injury.
- Let them know help is available (see links below).
- Avoid using emotive language which could increase feeling of guilt (e.g. I am very worried about you; instead try to convey care and a desire to support).
- Avoid asking the pupil to stop self-harming – you may be removing the only coping mechanism they have.
- Do not make promises you cannot keep regarding such things as confidentiality.
- Monitor the reactions of peers.
- Take care of your own emotional well being and seek support as and when necessary.

As a School

In addition to the overall ethos in the school and the importance placed upon relationships;

- Know your pupils and have supports in place that can identify and reduce emotional distress.
- Have a self-harm policy and ensure all staff are aware of content and procedures.
- Ensure all first aiders are well informed about self-injury.
- Have a procedure for recording and informing parents where appropriate.
- Seek advice from mental health professionals; this can be done on a no-name basis initially.
- Decide how to inform pupils and parents about self-harm (e.g. as part of the curriculum, extra-curricular activities).

Involving Others/ Confidentiality

- Seek the advice of PT guidance in the first instance. If the pupil has spoken to you about this let them know you will be doing this.
- Guidance staff will consider any child protection issues and follow these up accordingly if thought a risk. They will also consider the issues around disclosure to parents.
- Report any mention of suicidal feelings or behaviour as a matter of urgency.

References and Further Information

BARNARDOS

Information and some support services for children and young people who self harm

www.barnardos.org.uk

Tel. 020 8550 8822

GET CONNECTED

Free confidential help for young people under 25

www.getconnected.org.uk

Tel. 0808 808 4994 between 1pm and 11pm daily

Text 80849

Email (via website)

Webchat between 1pm and 11pm daily

LIFESIGNS

User led voluntary organisation providing information and support for people who self harm

www.lifesigns.org.uk

THE SITE

Information and live chat/discussion boards about various problems/issues including self harm, mental health, sex and relationships, housing, work/study and money issues.

www.thesite.org

MIND

A mental health charity offering advice and support about various aspects of mental health

www.mind.org.uk

Info line 0300 123 3393 available weekdays 9am – 6pm

NATIONAL SELF HARM NETWORK

Supporting individuals who self harm and helping them to seek further support

www.nshn.co.uk

SAMARITANS

Confidential 24 hour support

www.samaritans.org

24/7 talk line, 08457 90 90 90

24/7 text line, 077 25 90 90 90

SELFHARM.CO.UK

Support for young people impacted by self harm including information and a Q&A online tool.

www.selfharm.co.uk