

## What is Self-harm?

There are many different names and definitions for self-harm, since it covers a wide range of active and passive behaviours from self-cutting, burning, picking, bruising, scratching, self-poisoning, self-strangulation to name but a few. The definition that is most commonly used is: 'any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. This commonly involves self-poisoning with medication or self-injury by cutting (NICE 2011). There are several exclusions to this term and these include harm arising from excessive consumption of alcohol, recreational drugs, or from starvation arising from anorexia nervosa, or accidental harm (NICE 2011). Historically, people have engaged in self-harm in all manner of ways, as a spiritual, religious, cultural or socio-political statement.

## What Makes Children & Young People Self-harm?

Young people self-harm for a variety of reasons, but what appears to be common themes running through these behaviours is stress and distress. Often it is difficult for children and young people to cope with the demands and pressures of home, school, friends and peers. Sometimes things just get 'too much' for young people and they resort to self-harm. It can be a way of expressing and coping with toxic emotions and negative thoughts that underlie intolerable states of mind. It can be thought of as 'an escape' or 'a release' from these feelings and thoughts, since the body acts as something real, concrete and physical. It makes mental pain visible, real and hard to dismiss.

## In Cases of Emergency

- Evaluate the Situation
- Take emergency action
- Preserve life and limb
- Call an Ambulance
- Call the Police
- Go to A & E
- Contact CAMHS
- Contact Social Services/School Nursing
- Inform parents, caregivers of those with PR

## Useful Helplines

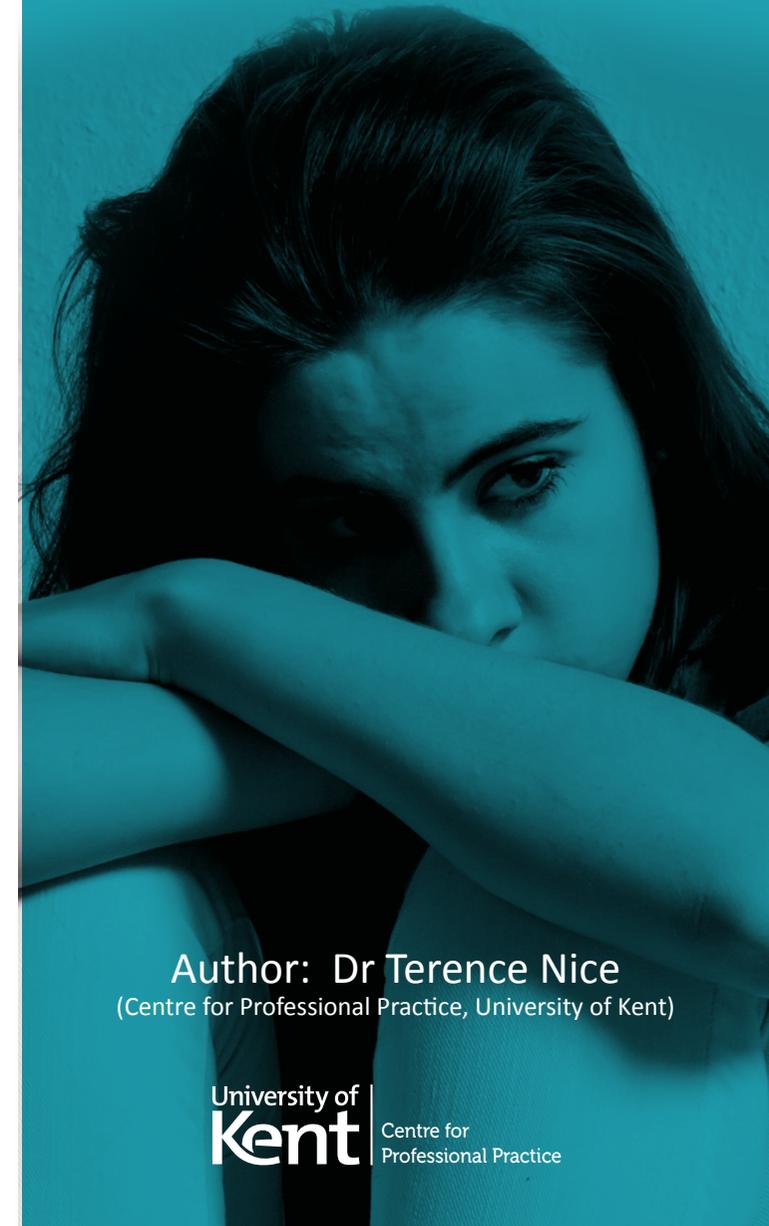
- **Support Line 01708 765200**  
(hours vary so ring for details)
- **Samaritans: 08457 90 90 90:**  
[www.samaritans.org](http://www.samaritans.org) 24/7
- **ChildLine: 0800 1111: [childline.org.uk](http://childline.org.uk)**
- **National Self-harm Network: 0800 622 600**  
(7pm-11pm).

If you have any feedback I would warmly welcome your views at [T.A.Nice@kent.ac.uk](mailto:T.A.Nice@kent.ac.uk). A detailed handbook on self-harm is available from the above e-mail address inclusive of some assessment tools. The views of young people are valued and have been incorporated into this leaflet.

This leaflet is available in alternative formats and can be explained in other languages. For further information please call (01622) 221291

# Self-harm in Schools

A Guide for School & College Staff



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## What you Need to Know

Self-harm in adolescence is a common occurrence with a life time prevalence of 9.7% for attempted suicide. It is estimated that 13.2% of adolescents engage in self-harm.

1 in 12 young people are thought to self-harm.

Repetition of self-harm is the best predictor of future completed suicide.

Once a person engages in self-harm, the likelihood that they will die by suicide increases 50-100 times.

Importantly, not all young people who engage in self-harm are actively suicidal.

It is a way of helping them cope with the bad thoughts and the toxic feelings they experience when they are generally alone.

Young people stop self-harming when they are ready and have received the help and assistance they need.



## The Warning Signs –Self-harm & Suicide

- Suicidal talk or risk taking behaviours
- Previous self-harm or suicide attempts
- Feeling hopeless about the future
- Life is pointless
- Fascination with death
- Feelings of low self-worth & self-hatred
- Feelings of shame, guilt and resignation
- The world would be better off without me
- Signs of stress, distress and pressure
- Withdrawing from friends and family
- Saying goodbye – writing a farewell note
- Seeking out lethal or self-harming means
- Planning ways of harming/killing the self
- The calm before the storm
- Psychiatric disorder-depression/psychosis
- Alcoholism and drug use
- A history of trauma, bullying or abuse
- Exposure to teen suicides or self-harm
- A history of suicide in the family
- A history of neglect and poor care.

*“When things were happening to me that I had no control over I started hurting myself, this was something I could control, I could do as much or as little damage as I wanted, it only involved myself and I could care for the wound after”* (National Self-harm Network, 2013)

## What can I do?

There are lots of things that school staff can do. You may feel powerless or helpless or anxious that you might make things worse, but this is a common feeling for people. Here are some things that you can do.

- Take talk of self-harm seriously
- Speak to the young person
- Do not dismiss as ‘attention-seeking’
- Give due consideration to personal privacy
- Do not single out as mad, bad or crazy
- Concern, care and speaking up saves lives
- Evaluate the level of risk of harm
- What is the young person’s intention
- To escape stress, to cope with pain to die? Do they have a plan, a means, a time set?
- Offer help and support
- A friendly ear can end the despair
- Elicit a promise to not self-harm
- Are they true to their word?
- Make a safety plan
- Inform others to ensure a good safety net
- Consider the appropriate service
- Contact CAMHS or specialist helpline
- Be transparent, honest and upfront with the young person.
- Record what you have done
- Make the appropriate referral
- De-brief as necessary and ensure you have your own supervisory and support network.