

EMMANUEL COLLEGE

SELF HARM AND SUICIDAL IDEATION POLICY



Self-harm and suicide are difficult topics and hopefully ones that are not experienced by the families within our community. However, the reality is that these topics do cross the minds of some young people including school children. This policy document aims to support staff and parents to talk to young people about self-harm, suicidal ideation, and suicide when appropriate as well as supporting the effective sharing of information between home and school, when either become aware that a child or young person is self-harming or experiencing thoughts of suicide.

1. Introduction

This policy applies to all staff and volunteers and will be helpful for parents/carers if they are concerned about a child who is self-harming or having thoughts of suicide, or are the parent of a child for whom this is a concern. As a school, we are committed to safeguarding and promoting the welfare of all our students. We have a responsibility to meet the wider safeguarding and welfare needs of our students and this guidance outlines the approaches we use when dealing with instances of self-harm or thoughts of suicide. This guidance should be read in conjunction with the *Child Protection Policy*.

1.1. Self-harm

The term **self-harm** used in this guidance refers to *any act of self-injury of self-poisoning carried out by an individual, irrespective of motivation*. Examples of this behaviour are:

- self-cutting
- self-burning
- swallowing objects
- overdose
- headbanging
- self-strangulation which could be an indication that a young person is experiencing significant emotional distress

This guidance does not cover other issues such as overeating/food restriction or risk-taking behaviours such as consuming drugs/alcohol. If you have a concern about a child who may be engaging in these behaviours, please refer to the Child Protection Policy on how to refer this concern to the Designated Safeguarding Lead.

When a child or young person inflicts pain upon themselves, the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The feeling can be addictive for some children and young people and can therefore make self-harm hard to stop (**Fig.1**). Young people that self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

If a child or young person is engaging in self-harming behaviours then it is important that steps are taken to understand why this is happening and then to liaise with the most appropriate agencies to access the right support. In school we do not have medical professionals on site to be able to do this, but we will liaise with parents/carers and the most appropriate agencies for each child. The guidance outlines how as a school will do so.

Fig 1. Self-harm cycle



1.2 Suicidal ideation and suicide

Suicidal ideation is thinking about, considering, or planning for self-injurious behaviour that may result in death. A desire to be dead without a plan for the intent to end one's life is still considered suicidal ideation and should be taken seriously. Suicide is when death is caused by self-directed injurious behaviour with any intent to die because of the behaviour. Risk of suicide is not a dichotomous concern but rather exists on a continuum with various levels of risk. Each level of risk requires a different response and intervention by all services involved with a child, and for children who attend school these risk factors should be assessed in school and addressed.

2. Regional and national context

Self-harm is more common among young people than other age groups. 25% of women and 9.7% of men aged 16-40 report that they have self-harmed (McManus et al., 2016). The rate of hospital admission because of self-harm in children and young people (age 10-24 years) is significantly higher in Gateshead (rate of 573.2 in comparison to the national average of 439.2) (*2022/2023 Gateshead Children & Young People's Mental Health and Emotional Wellbeing Local Transformation Plan*).

Due to the differences in how data is collected across the UK, the most recent suicide statistics from the Office for National Statistics provide the most up to date figures regarding suicide:

- Suicide is the main cause of death in young people under the age of 35 in the UK.
- In 2018, 1,866 young people under the age of 35 took their own lives.

- Over three quarters of them were boys or young men.
- On average, over five young people take their lives each day.
- Over 200 school children are lost to suicide every year.
- Research shows that with appropriate early intervention and support, suicide by young people can be prevented.

3. Why do young people self-harm and have thoughts of suicide?

Children and 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 feeling 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 and we understand that it can be difficult to break the cycle of self-harm. We understand that some children and young people are particularly vulnerable to self-harm, especially if any of the following factors apply to them.

The most frequently cited risk factors for suicide are:

- Mental health conditions such as:
 - Major depression (feeling down, withdrawn or agitated in a way that impacts daily life)
 - Bipolar disorder (extreme mood swings)
 - Substance use disorder (alcohol, prescribed or illicit drugs)
 - Anxiety disorders (excessive worry, obsessions or panic attacks)
 - Eating disorders
- Hopelessness
- Problems with alcohol or drugs
- Past suicide attempt(s)
- Family history of suicide or mental health problems
- Problems with impulse control and aggression
- Serious medical condition and/or pain
- Psychosis
- History of early childhood trauma, abuse, neglect or loss
- Currently family stress or transitions
- History of head trauma

Although there is limited data in this area there is also a national concern about the impact of internet use, social media, and access to harmful content on the internet on young people. In school we operate a no phones policy and students are not permitted to have their phones turned on during school hours and our internet filtering systems prevent access to harmful content in school. Our filtering and monitoring systems alert the DSL to any searches made by students that may be linked to harmful content. Although not all reading materials, fiction or non-fiction, that reference self-harm or suicide may be harmful to a young person, and often can provide appropriate education and awareness of a range of issues, we do review reading materials provided in school and monitor age-appropriate access to reading materials through the library and reading schemes.

4. Recognising indicators of self-harm and suicidal ideation

Children and young people may hide their self-harm or thoughts, but there are several signs that could indicate that the young person is self-harming or having suicidal thoughts. These include unexplained cuts, burns or bruises and/or avoiding changing clothes around others. Signs of self-harm may be like signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are professionally curious when asking children about an injury, and as self-harm is a potential cause for concern, staff should record and report any observations or conversations they have with students about injuries that could be self-harm or abuse, in accordance with the *Child Protection Policy*.

Other non-specific signs of self-harm or suicidal thoughts include becoming withdrawn or isolated; low mood; lack of interest or a drop in academic grades; sudden changes in behaviour such as becoming irritable, angry, or aggressive; excessive blame for problems; and expressing feelings of failure, uselessness, or hopelessness.

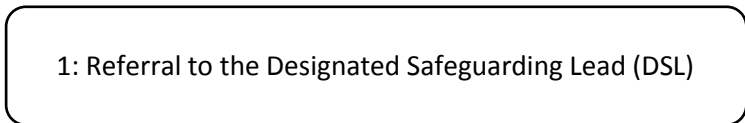
5. Responding to concerns about self-harm or suicidal ideation

The following table shows how a concern should be reported depending on who has the concern.

A member of Emmanuel College staff	Report the concern to the Designated Safeguarding Lead by adding a record of the concern to CPOMS.
Parent/carer	Seek medical advice from your GP. Inform school of your concern by contacting the appropriate Head of Year by email or phone. The information will be logged by the Head of Year and added to CPOMS so that the safeguarding team are aware. A meeting may be set up to discuss these concerns in more detail.
Another adult working with a child or member of the community	Contact the Designated Safeguarding lead immediately. If you are in school, ask any member of staff to speak to a DSL. If you are not on the school site report this in line with the procedures outlined in the Child Protection policy. Contact details: Designated Safeguarding Lead (DSL): Mrs R Hooker Telephone Number 0191 460 2099 Email address: hookerr@emmanuelctc.org.uk Deputy Designated Safeguarding Lead (DDSL) Mrs A Cowey Telephone Number: 0191 460 2099 Email Address: coweya@emmanuelctc.org.uk

If there are immediate concerns about the effect of a self-harm injury or suicide attempt, including overdose, we will call 999 for assistance immediately. If a member of staff is concerned that a child needs immediate medical attention, they should call for a first aider using 1753 to contact First Call or 1000 to call reception who will contact a first aider to attend. If a member of the community or parent is concerned that a child needs medical attention outside of College hours, they should refer to the community medical services such as 999 if life threatening.

The following chart shows the actions that the College will seek to take when a concern has been raised.



When a concern has been raised that a child or young person has self-harmed or is at risk of self-harm or suicidal ideation a referral should be made to the DSL/DDSL, and the incident will be dealt with by a member of the



safeguarding team (Child Protection Officer) who are trained to deal with incidents of self-harm or suicidal ideation calmly.

2: Safeguarding team action

- The DSL will allocate a member of the safeguarding team to address the concern. If the student has self-harmed then the member of the team will acknowledge the young person's distress and deal with both their physical and emotional presentation.
- First aid will be administered if necessary and if urgent medical treatment is required 999 will be called.
- We will ask the child or young person to hand in any objects that they have been using to self-harm with. A photo will be taken of the objects, and these will be retained by staff in College or handed to a parent/carer at a later point.
- Parents/carers will be informed of the incident as soon as possible.
- If the child has not self-harmed at the time but has thoughts of this or of suicide, then a conversation will be held with a member of the safeguarding team.
- The child or young person will be dealt with with acceptance and support and will be spoken to using non-judgemental language. The staff will be open and honest with the young person that information will need to be shared with the DSL/DDS and their parents/carers. Initial information if a child has been injured will be provided immediately to parents, such as the injury and action that needs to be taken to address this, but further detail may need to be given at a later time depending on if the injury is serious or threatens life.
- Very rarely we will need to respond to a crisis using restrictive physical intervention on the child or young person and if necessary, this will be done in accordance with *Appendix 5: Use of restraint and reasonable force* in the behaviour and discipline policy.



3: Ongoing support

The Head of Year along with the safeguarding team will liaise with parents/carers following a concern being raised or a self-harm incident or suicide attempt regarding next steps, which may include:

- Parents are provided with the options of signposting to services such as NHS via a GP or safeguarding, making a direct referral to single point of access.
- Further meetings to discuss how being at school can support positive responses to difficult emotions.
- Referrals to external agencies such as counselling services where available.
- Individual support planning. It may be necessary to put a support plan in place which will need to be reviewed when needed, but this will be specific to the individual needs of the child. The purpose of a support plan is to minimise risks that may be associated with self-harming behaviours in school. This is not a treatment plan; however, where necessary the support plan will be put in place in liaison with agencies and services working with the child. Any child who has attempted suicide will have an individual support plan. Further information about reintegrating to school is below.

6. Informing and supporting parents/carers

When we become aware of a young person's self-harm or suicidal ideation, we will always endeavour to speak with the child or young person about sharing the information with parents/carers if this information is shared with us during school hours. If the information is shared with us outside of school hours, this information will be shared with the DSL/DDSL and direction will be given in line with the child protection policy.

We will always discuss sharing information with parents/carers in the best interest of the child and seek the child's views on how this information is shared. We acknowledge that self-harm can be a way of feeling in control and not involving the student may exacerbate their distress. Where possible, we will encourage the child or young person to discuss this with their parent/carer and offer support in doing this.

We will always use professional judgement in sharing this information with parents in line with keeping the child or young person safe from harm and the decision to share information should be made in line with the child protection policy.

Sharing incidents of self-harm or suicidal ideation with parents/carers will be done sensitively and where possible, will be done face-to-face. The welfare team can direct parents/carers to agencies who can support through either the College website or our mental health booklets, which offers a list of websites and helplines for parents/carers to seek support. Parents/carers will also be advised to make an appointment with the GP if there is a higher-level concern, or we will refer the child to single point of access and put in place further support as described in 4.3.

7. Further support for parents/carers and students

We acknowledge that the first conversation about self-harm can be distressing, but we do not ignore signs of self-harm. The safeguarding team will speak with the child or young person in a confidential environment, not in the presence of other students, and will aim to establish:

- If the young person has taken any substances or injured themselves.
- What is troubling them.
- How imminent or likely self-harm might be.
- What help or support the child or young person would wish to have.
- Who else may be aware of their feelings.

And explore:

- How long they have felt like this.
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health.
- 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 at school and home to help them with this?
- How are they feeling generally now?
- What needs to happen for them to feel better?

7.1 Support to return to school following a suicide attempt

- If a student has attempted to take their life, we will always endeavour to meet with them and their parents/carers before they return.
- We will communicate where appropriate with the GP or relevant external agencies such as the crisis team (ICTS) or Children and Young Peoples Services (CYPS) who may have been involved in their care or are becoming involved with their care either before the student returns or as part of their reintegration.

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- During the meeting we will agree the individual support plan and how the students can be supported in school as well as assessing the risks that suicidal ideation may pose through a risk assessment. The students' views are an important and essential part of this process and will always be heard and considered.

7.2 Possible strategies that may be used in school to manage urges to self-harm

The following are practical ways to support students who are engaging in self-harming behaviours; we may suggest these strategies to students. However, it is important to note that staff are not trained medical professionals and where students are being supported by medical services, they will take a lead upon diagnosis of causes and treatment where appropriate.

Although we acknowledge that not all of these will work for every student, some may find these suggestions helpful. It may take a while to get self-harm under control, but with practice, the young person may be able to develop positive ways of coping:

- Physical exercise
- Reading a book
- Engaging in self-soothing activities
- Paced breathing
- Counting
- Relaxation exercises
- Engaging in physical distraction such as fiddling with a permitted item

Many of these strategies can be used by the student at any time in school without other students being aware therefore and may be integrated into an individual support plan. However, this allows for students to remain in lessons in most circumstance when needing to manage feelings of anxiety or urges to self-harm.

8. Supporting friends

In schools, 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 will 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, and our approach to awareness is outlined in *Section 10: Whole school approach*. However, it is important to deliver digital citizenship education for students and this includes talking about self-harm, which is a part of our personal development curriculum.

9. Training and support for staff

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. Staff are encouraged to follow the routes to care if they feel that they need support. This can be done so by speaking

directly to their line manager or the Assistant Vice Principal: Staff Welfare and Ethos, but staff can also do a number of things to support themselves in this situation:

- Be honest with yourself about your emotions.
- Discuss your feelings with colleagues or supervisors/ managers.
- Seek support.
- Look after yourself (making sure that you prioritise your own health and wellbeing).

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. The Designated Safeguarding Leads also receive DSL supervision each term to support them in reviewing challenging and difficult cases.

10. Whole school approach

At Emmanuel College we believe that all young people are made in the image of God and as such are infinitely precious. We all value each student as an individual and recognise their unique gifts. We communicate this to students through our vision and core virtues, discussing this regularly with the students. This is also reflected in the pastoral care that is in place for students through the Heads of Year teams and the student welfare team. Each week, we start the day Monday to Thursday by watching Good Morning Emmanuel, where mental health as well as a range of other topics are discussed each day before our daily act of worship takes place. Each week, students end the week by watching the Friday Review, where we celebrate and recognise the achievements of students.

Our personal development curriculum is broad and based upon five core themes:

- Relationships
- Character
- Health and Wellbeing
- Futures
- Rights and responsibilities

Each year, students study through *relationships* and *health and wellbeing* a range of topics as a whole year group or in smaller groups, including how to remain physically and mentally healthy. During the year, we have three weeks identified as contextual safeguarding weeks and during tutor time, rather than watching Good Morning Emmanuel, we focus upon a relevant safeguarding issue which may include mental health and emotional wellbeing.

We will also provide additional support to students who may be experiencing difficulties with self-harm or suicidal ideation such as:

- Sign posting to appropriate services such as counselling services and, where possible, putting counselling in place in school.
- Signposting to specialist websites such as Kooth, Shout and the NHS (see directory) and allowing time to use these in school where necessary.
- Individual student welfare support such as an identified key person, time spent in welfare when needed, calm boxes, etc.
- Targeted intervention programmes delivered by the student welfare team such as ELSA (emotional literacy).
- Access to support through Its Learning and direct contact with student welfare in this way.
- Drop ins with student welfare at break and lunch.

11. Postvention

The term Postvention is often used to refer to care and support given after a suicide. Hearing the tragic news that any one has taken their own life is very difficult and can bring up many different emotions. If this happens within our College community, this will be a difficult time for the entire school, community and beyond. If a suicide does occur within our community we will ensure that:

- Appropriate support is put in place for students: identifying those who may be directly impacted and providing a higher level of support and involving parents in this conversation where necessary, providing counselling and access to student welfare.
- Small forums and groups where students can feel open to talk in a supportive environment facilitated by a counsellor or clinically trained member of staff from an external service.
- Staff support including access to counselling services and support through routes to care.
- Providing local and national bereavement support services to staff and students.

Following a suicide, we would work with the family to ensure that any communications take into account their wishes. Our *Bereavement Policy* can be read to find out more information.

12. Links to services, further advice and guidance

Students can 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.