



Pupils with Mental Health Difficulties

Self Harm



Self Harm



Classroom-based tips (focus on instructional methods)

1. **Educate yourself on the signs and symptoms of Self-Harming.** As a teacher you are strategically placed to recognise potential problems. See Supportive Literature for more information.
2. **Avoid responding to self-harming pupils with disgust, anxiety, or fear.** Do not lecture them about the dangers of this behavior, play detective and ask to see their cuts or burn marks, or interrogate and further invalidate them. Instead, strive to understand the meaning of this behaviour with the intention of supporting the self-harming pupil. (Selekman, M., 2010)

If you have concerns about a pupil, keep clear and concise accounts of the incidents and behaviours that have led you become concerned. You should not try to diagnose conditions, but rather state facts based on observations you have made. Forward this information to the Student Support Team in the school.

3. **Be mindful not to label self-harming behaviour as “bad behaviour” and consequentially punish the child for it.** For example, a pupil who bangs her head on the desk or pulls his hair out could be displaying a self-harming response to stress or frustration. Give help and support rather than punishment. (Simm, R., Roen, K., Daiches A., 2010)

Remember that punishing the pupil for this behaviour will not address the issues that have led up to the incident of self-harming. Report such incidents to the Student Support Team.

4. **Promote a healthy self-concept with pupils and work to equip young people with the confidence and skills necessary to handle problematic situations.** If self-harm is connected with low self-esteem, lack of confidence and high levels of anxiety, teaching pupils problem solving skills and other social skills can help as a preventative measure.
5. **Be mindful that the stress of examinations may be a contributory factor in anticipated and actual instances of self-harm.**

[Reference: Best, R., 2006]



School-based practical tips (focus on instructional methods)

Class Divisions

Provide extra support for self-harming pupils at exam times. The stress of examinations may be a contributory factor in anticipated and actual instances of self-harm.
(Best, R., 2010)

Community

Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively. Student Support Teams are responsible for ensuring that systems, policies and procedures to help pupils with support needs are in place. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
(Educator Toolkit, NEDA, 2016 & Department of Education and Skills, Ireland Guidelines)

Curricular Adaptations

Ensure a robust social, physical and health education is delivered as part of the school curriculum. As in other areas of personal and social education – such as sex and relationship education, health education, bereavement and child protection – prevention, wherever possible, is better than cure. If self-harm is connected with low self-esteem, lack of self-confidence and high levels of anxiety, as a school ask; *What we can do to promote a healthy self-concept and equip young people with the confidence and skills necessary to handle problematic situations without experiencing overwhelming levels of anxiety?*
(Best, R., 2010)

Discipline

Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively. Student Support Teams are responsible for ensuring that systems, policies and procedures to help pupils with support needs are in place. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
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Other (Bring Psychology Expertise Onto the Team)

Provide teachers and other 'front-line' workers with the kind of systematic clinical supervision built into the professional structures within which counsellors, psychotherapists and psychiatric social workers are expected to operate. (Best, R., 2010)

Provide training and support to enhance teachers' and staff's abilities to respond productively to the needs of pupils who self-harm, and to help them with the variety of difficult emotional responses they may experience from working with children who self-harm. Additionally consider the role of psychologists to work within the whole school system to provide training in relation to mental health issues in children, and supervision to staff working closely with children with mental health issues such as self-harming. Psychologists on the team can enhance the quality of the response which staff give and be a source of emotional support.

(Simm, R., Roen, K., Daiches A., 2010)

Parents / Parents' Associations

Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively. Student Support Teams are responsible for ensuring that systems, policies and procedures to help pupils with support needs are in place. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.

(Educator Toolkit, NEDA, 2016 & Department of Education and Skills, Ireland Guidelines)

Safety

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(Educator Toolkit, NEDA, 2016 & Department of Education and Skills, Ireland Guidelines)
- 2. Develop a school Mental Health Policy to ensure that mental health and wellbeing are promoted.** This policy should inform all relevant decisions on procedures and systems relating to pupil wellbeing. Ensure that the needs of the pupil suffering from Self-Harm are reflected in these policies and procedures.
- 3. Establish a Safe Person and Safe Place in the school for times when the pupil feels overwhelmed.** Ideally this person should be a school counsellor or another suitably qualified person. Choose a location that is adequately private to be away from the unnecessary attention of other staff and pupils.

4. Develop Policies and Procedures for the use of this space and inform all relevant stakeholders.

Scheduling Events

Ensure a robust social, physical and health education is delivered as part of the school curriculum. As in other areas of personal and social education – such as sex and relationship education, health education, bereavement and child protection – prevention, wherever possible, is better than cure. If self-harm is connected with low self-esteem, lack of self-confidence and high levels of anxiety, as a school ask; *What we can do to promote a healthy self-concept and equip young people with the confidence and skills necessary to handle problematic situations without experiencing overwhelming levels of anxiety?* (Best, R., 2010)

Pupil Support

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Teacher Professional Development

1. **Provide training and education of school personnel in the etiology and recognition of self-harm and the many forms it takes.** Combine these efforts with training in basic counselling skills, and a clear induction into the established policy and procedures to be followed within the school.
[Reference: Best, R., 2006]
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Provide training and support to enhance teachers’ and staff’s abilities to respond productively to the needs of pupils who self-harm, and to help them with the variety of difficult emotional responses they may experience from working with children who self-harm. Additionally consider the role of psychologists to work within the whole school system to provide training in relation to mental health issues in children, and supervision to staff working closely with children with mental health issues such as self-harming. Psychologists on the team can enhance the quality of the response which staff give and be a source of emotional support.
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Timetabling

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Supportive Literature

Pupil self-harming is one of the most perplexing and challenging behaviors that administrators, teachers, nurses, and counseling staff encounter in their schools.

Mental health and health-care professionals have typically viewed such behavior as a symptom of an underlying psychological or personality disorder, as a possible suicidal gesture suggesting the need for psychiatric hospitalisation or as a symptom of post-traumatic stress disorder caused by sexual or physical abuse.

However, both research and practice-based wisdom indicate that the majority of self-harming adolescents do not meet the criteria for diagnosable psychological or personality disorders, have never had suicidal thoughts or attempted to end their lives, and have never experienced sexual or physical abuse. Most self-harming adolescents use the behavior as a coping strategy to get immediate relief from emotional distress.

(Selekman, M., 2010)

Self-harm is when someone deliberately hurts or injures him or herself. This can take a number of forms, including:

- Cutting
- Taking overdoses of medicines or tablets
- Punching oneself
- Throwing one's body against something
- Scratching, picking or tearing at one's skin causing sores or scarring
- Pulling out hair or eyelashes
- Burning oneself
- Inhaling or sniffing harmful substances
- Driving dangerously
- Excessive use and abuse of alcohol and/or other drugs

Some young people self-harm on a regular basis while others do it just once or a few times. For some people it is part of coping with a specific problem and they stop once the problem is solved. Other people self-harm for years whenever certain kinds of pressures or feelings arise.

[Reference: Deliberate Self-Harm: Information for Young People, HSE]

Self-harm is the fourth most common concern that children and young people contact Childline in the UK about. There were over 19,000 Childline counselling sessions about self-harm in 2014/15.

The exact reasons why children and young people decide to hurt themselves aren't always easy to work out. In fact, they might not even know exactly why they do it.

There are links between depression and self-harm. Quite often a child or young person who is self-harming is being bullied, under too much pressure to do well at school, being emotionally abused, grieving or having relationship problems with family or friends.

The feelings that these issues bring up can include:

- low self-esteem and low confidence
- loneliness
- sadness
- anger
- numbness
- lack of control over their lives

Often, the physical pain of self-harm might feel easier to deal with than the emotional pain that's behind it. It can also make a young person feel they're in control of at least one part of their lives.

Sometimes it can also be a way for them to punish themselves for something they've done or have been accused of doing.

Young people will go to great lengths to cover self-harm scars and injuries. If you do spot them they might be explained away as accidents.

Young people who self-harm are also very likely to keep themselves covered up in long-sleeved clothes even when it's really hot.

The emotional signs are harder to spot and don't necessarily mean that a young person is self-harming. But if you see any of these as well as any of the physical signs then there may be cause for concern. Emotional signs include:

- depression, tearfulness and low motivation
- becoming withdrawn and isolated, for example wanting to be alone in their bedroom for long periods
- unusual eating habits; sudden weight loss or gain
- low self-esteem and self-blame
- drinking or taking drugs

[Reference: Self-Harm, NSPCC]

Websites and EU Reports

ReachOut.com is an online youth mental health service.

<http://ie.reachout.com/inform-yourself/suicide-and-self-harm/deliberate-self-harm/#>

Irish Society of Prevention of Cruelty to Children

<http://www.ispcc.ie/advice/advice/self-harm/8571>

National Society of Prevention of Cruelty to Children, UK

<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm/>

Deliberate Self-Harm: Information for Young People, Health Service Executive, Ireland

Selekman, M., (2010). *Helping Self-Harming Students*, Educational Leadership, 67(4), 48-53

Best, R., (2006). *Deliberate self-harm in adolescence: a challenge for schools*, British Journal of Guidance & Counselling, 34(2), 161-175

Simm, R., Roen, K., Daiches, A., (2010). *Primary school children and self harm: the emotional impact upon education professionals, and their understandings of why children self harm and how it is managed*, Oxford Review of Education, 36(6), 677-692