

Maple Medical PRU **Self-injury policy**

Policy Statement

This policy is to raise awareness amongst all staff and provide a clear set of protocols to be adopted by all staff in cases of potential and actual self-injury by pupils.

At Maple we aim to:

- recognise the warning signs that a pupil may be self-injuring;
- provide positive mentoring for pupils who wish to talk about historical, potential or actual self-injury;
- make all staff aware of, and capable of implementing, the emergency plan of action for the care and management of a self-injuring pupil,
- make all staff aware of, and capable of implementing, a short-term plan of action including assessing the pupil's unique and individual needs within Maple and an agreed monitoring and reporting role with the pupil's CAMHS worker
- make all staff aware of, and capable of implementing, a longer-term plan of action agreed with their CAMHS worker for the continued support, assistance and monitoring of the pupil;
- provide regular Learning Mentor sessions to assist in building the confidence, self-esteem and emotional wellbeing of the pupil;
- provide practical and emotional support for staff members who have dealt with/are dealing with a self-injuring pupil;
- work with other vulnerable pupils to try to prevent further self-injury within Maple
- provide training and education on the issue of self-injury for all staff;
- provide education and awareness on self-injury for all pupils,
- keep abreast of all self-injuring trends and cascade any information to all staff at meetings

What is self-injury?

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation. Self-injury is any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious

behaviour may calm or awaken a person. Yet self-injury only provides temporary relief, it does not deal with the underlying issues. Self-injury can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.

Self-injury can include but is not limited to, cutting, burning, banging and bruising, non-suicidal overdosing and even deliberate bone-breaking.

Self-injury is often habitual, chronic and repetitive; self-injury tends to affect people for months and years.

People who self-injure usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self-injury is usually private and personal, and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy, and one should not assume that they are 'inflicting' their scars on others to seek attention, although attention may well be needed.

What self-injury is not

Like any behaviour, self-injury may be used to attract attention, but this is not usually the focus of chronic, repetitive self-injury. If self-injury is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention. It could be there is a problem at home, or issues of bullying, and they feel that no one is listening or hearing them.

Self-injury is not about seeking attention, a way of fitting in or a response to music, films or the emo or gothic culture.

Protocol

On referral

CAMHS worker to provide Deputy Head with details of all mental health issues including historical, current and/or risk of potential future self-injuring behaviour.

Multi-agency liaison to gain information from all parties about self-injuring behaviours in other settings.

CAMHS worker to discuss current therapy/approach/responses to self-injuring behaviour.

Deputy Head to circulate appropriate information to all staff and make Learning mentor referral

On entry

Deputy Head and Learning mentor to meet with pupil to:

- i) discuss support package agreed in conjunction with their CAMHS worker including strategies for times of emotional distress
- ii) signpost open access to information about self-injury and details of help and support available outside Maple
- iii) discuss the issue of confidentiality and that self-injury threats/attempts/actual will be shared with their parents/ carers and CAMHS worker

Procedure

Historical self-injury

Pupil to be asked to show injury to Deputy Head/Learning Mentor unless on a private area of the body.

1st aid to be given as necessary either on site by the qualified First Aider and/or pupil taken to A & E depending on the severity of the injury.

Parents/ carers and CAMHS worker informed as soon as possible after disclosure of historical injury.

Incident recorded on to pupil's file and on SIMs.

Follow-up session(s) with Learning Mentor

Actual self-injury

Pupil to be removed from public area or other pupils removed if the injured pupil has to be treated in-situ.

1st aid to be given as necessary either on site by the qualified First Aider and/or ambulance called or pupil taken to A & E depending on the severity of the injury.

Practical and emotional support provided for pupils & staff members who have witnessed and/or dealt with the self-injuring pupil.

Parents/ carers and CAMHS worker informed as soon as possible after the incident.

Incident recorded on to pupil's file and on SIMs.

Follow-up sessions with Learning Mentor including referral to outside agencies as appropriate.

If the injury revelation requires clothing to be removed another member of staff must be present.

At the Hospital School

The pupil may be referred by a named nurse for education in the classroom or on the ward depending on the severity of the condition. The named nurse will pass on the current condition and relevant historical information. A risk assessment is completed prior to the pupil being picked up. This may be verbal ie carried out on

the ward round or written if the case is more severe. If the pupil becomes long term (more than 5 days) a learning mentor referral is made and staff may be involved in multi- disciplinary meetings.

All Staff

- Make it known to pupils that you are available to listen;
- Remain calm and non-judgmental at all times;
- Avoid dismissing a pupil's reasons for distress as invalid;
- Encourage pupils to be open with you and reassure them that they can get the help they need if they are willing to talk;
- Do not make promises you can't keep regarding such things as confidentiality.
- Pass on any information as soon as possible to the Deputy Head/Learning Mentor
- Monitor own emotional wellbeing and seek support as necessary

Risk Management

Toilet doors have all been adapted within Maple so that any pupil who locks themselves in to self-harm can be reached quickly. Sharpeners have been purchased that are particularly difficult to take apart to access the blade. Sharp knives are locked away. No glass bottles within reach of any pupils. After any self-harming incident the risk assessment is reviewed. Incidents of self-harm are reported to the Management Committee.

If the Deputy Head/Learning Mentor are offsite when a self-injury occurs refer to the Head. If Head also offsite the qualified 1st Aider assumes lead responsibility and follows the procedure above. Contact the Deputy Head/Head as soon as practicably possible (once the needs of the injured pupil have been met) after the incident.

Date of Policy Feb 2019

Date of Review Feb 2021

Signed

Head of Maple.....

Chair Management Committee.....