Policy on the prevention, recognition and management of student self-harm

Rationale
Deliberate self-harm can be defined as “the deliberate harming of oneself either with or without suicidal intent”. Deliberate self-harming behaviours vary in severity but at the extreme end include behaviours that lead to suicide. Other behaviours more commonly seen in the school environment include cutting and burning. However any risk taking behaviours that place young people at increased risk may be classed as deliberate self-harm.

Australian school based surveys have suggested that rates of deliberate self harm among young people is on the increase it has been shown the lifetime rate of self-harm among Australian school students to be 12.4% whilst the annual rate has been found to be 5-7%.

Whilst many young people who engage in deliberate self-harm do so without suicidal intent, deliberate self-harm is one of the most significant indicators of future suicide risk and a suicide attempt or suicidal ideation almost always precedes suicide. In addition, contagion among adolescents in a school environment is not unusual. So this means that more schools are dealing with this confronting behaviour.

Aims
At St. Bernard’s College we aim to:

- provide an environment that reduces the risk of self-harm by establishing structures which promote student well-being, as well as skill staff in the recognition of students at risk of self harm.
- provide protocols that enables the school to respond and manage self harm in students.
- improve the outcomes for individuals following deliberate self harm and reduce the rate of deliberate self-harm contagion among peers.

Protocols

1. Prevention
St. Bernard’s college continue to develop education programmes, policies and practices, which promote the emotional well being of students. Specific programmes on suicide awareness will be avoided. General prevention efforts in schools should occur in the context of:

- Education programmes that promote a safe and healthy environment, that increase self-esteem and address adolescent difficulties in general.
- School policies and practices that promote emotional well being, this includes Anti-Bullying policy, Discipline and Welfare policy and Drug Education Policy and protocols that provides students accessibility to School Counsellors.

2. Recognition of young people at risk
In many cases a young person’s self-harming behaviour may be obvious; however this is not always the case. Other signs to look out for include:

- Unexpected reduction of academic performance
- Ideas and themes of depression, death, self harm and suicide
- Change in mood
- Grief about a significant loss
- Experience of trauma
- Withdrawal from relationships
- Physical symptoms without emotional cause
- High risk behaviour

If a teacher notices these signs of risk they are asked to discuss the matter with the student’s Year Level Coordinator first then with the School Counsellor.

Staff will be annually educated on how to recognise young people at risk who may be experiencing difficulties and on how to follow referral protocols to school counsellors.

3. Screening for Self Harm and Suicide Risk
The aim of screening is to identify students who may be at risk and therefore require further assessment. It is not in itself a risk assessment. Rather, the ‘screen’ is to screen out those who are not at risk and to identify those who may be at risk and therefore require a risk assessment. At St Bernard’s College whenever a student has been identified to demonstrate any of the at risk behaviours described in point 2, the Year Level Coordinator will be informed and will refer the student to the school counsellor who will screen the student for self-harm/suicide risk.
4. Assessment of risk

4.1 If the screening tool identifies the student to be at risk, the school counsellor will conduct a risk assessment as soon as possible within the day. It is important that risk assessments are carried out by school counsellors who have received appropriate levels of training.

4.2 The aim of the risk assessment is to determine the level of risk and its stability. It must be recognised that both risk and mental state can fluctuate considerably over relatively short periods of time. Consequently young people need to be monitored and reassessed frequently.

4.3 If risk is confirmed, the primary goal must be the safety of the young person. The following people will need to be informed: The Campus Director and/or School Principal. The Campus Director/Principal with the School Counsellor will determine who will inform the parents. The parents may choose to take their son to a GP or agree for the School Counsellor to contact the appropriate Mental Health Services. With parents permission, the school counsellor will arrange for a referral to be made with Royal Children’s Hospital Mental Health Services Triage on 1800 44 55 11 for students 14 years old or younger or Orygen Triage for students older than 15 years of age on 1800 888 320. The Student Counsellor will have the primary responsibility to arrange appropriate assistance for the student while he is within the care of the school.

5. Managing Young People At Risk

Once the current level of risk has been established, a risk management plan should be developed either by the school counsellor or by specialist services. Because the level of risk can change this should be regularly monitored and modified accordingly by the school counsellor or the specialist service. The risk management plan includes: immediate/crisis intervention, ongoing action, consultation/liaison, referral and follow up. When students at risk move from the Strand campus to the Clairvaux campus, the Strand counsellor is to pass on the risk management plan to the Clairvaux counsellor.

In General:

- **Students at low risk** should be monitored and supported within school’s resources for up to 6 weeks. If a low risk persists for over 4 weeks then it should be regarded as moderate and specialist opinion sought.
- **Students at moderate risk** should be managed together with specialist services, family and Campus Director.
- **Students at high risk** should be referred immediately to specialist services with the school taking a supportive role.

6. Postvention

Managing the consequences of a suicide or serious suicide attempt.

In the event of a serious incident of deliberate self-harm, a suicide attempt or death by suicide, it is important that the effects are well managed in order to limit consequences for other students and staff. In general, this is the same for any similar trauma, but in the cases of suicide, there is also a risk of other students being more likely to consider suicide as a possible “solution” to their distress. This contagion effect is well documented and is a serious concern. The following protocols were developed in light of the set of principles developed by The United States Centre for Disease Control and St. Bernard’s Community in limiting any contagion following a serious suicide attempt or death by suicide:

At St. Bernard’s the response plan to be followed after a serious suicide attempt or death by suicide follows the College Emergency Management Chart as well as considering the following responses.

1. Any response should avoid glorifying the suicide victim(s) and minimise sensationalism. The school chapel is to be set up as centre for students to gather, to pray, to receive support and display any memorials. It is recommended that memorials be limited to the chapel and not be displayed anywhere else in the school.
2. The reporting of the suicide should be as accurate as possible and announced in a manner that provides maximum support for the students, family and other members of the affected community and minimises the likelihood of hysteria. It is recommended that large assemblies of students be avoided and where possible homerooms should be used to inform students.
3. Although it is advised that memorial services for people who have died by suicide are avoided in the school it is an appropriate Christian response for students to gather together and pray for those affected by the incident. The service needs to be under the direction of the Director of Mission and/or Principal.
4. Students of concern who have been exposed to self-harm or a suicide among their peers are at risk themselves. Consequently they should be identified and should have at least one screening interview with a school counsellor.
5. Elements in the school environment that might increase the likelihood of further suicide attempts should be identified and changed. This should include access to methods that may have been used in the recent suicide as well as other potential risks.
6. Long-term issues suggested by the nature of the suicide should be addressed. If there are aspects of the student’s environment/culture or barriers to accessing the required services (e.g. counselling) these should be addressed as part of an ongoing prevention policy.
7. Students are to be given a free choice to whether they attend the funeral of a deceased student.

**Evaluation**
This policy will undergo a review every three years and staff will be given access to regular in-school education conducted by the school counsellors. A more comprehensive evaluation will occur after a major self-harm incident occurs.