

A Guide to Understanding Self-Injury for School Professionals



Fast Facts:

- Up to 25% of youth and young adults have self-injured at least once. One quarter of these have done it many times.
- It is important to be aware of the high rates of teen self-injury, the methods of self-injury, and the reasons why they self-injure.
- It is essential for school staff to monitor themselves to ensure that they respond in a calm, respectful, and helpful way if a student discloses NSSI.
- To facilitate a smooth transition from the time of identification to referral and ongoing support, your school should have a protocol in place that outlines a standard response.
- When and how to contact parents about a student's NSSI should be clearly outlined in a school's response protocol. Schools are essential in initiating recovery through effective referral. Effective referral cannot happen without awareness and involvement of school staff.
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What is Non-Suicidal Self-Injury?

Non-Suicidal Self-Injury (NSSI), also referred to as self-injury or self-harm, is the deliberate and direct destruction of one's body tissue without suicidal intent and not for body modification purposes. Therefore, this definition does not include tattooing or piercing, or indirect injury such as substance abuse and eating disorders.

This type of self-injury is different than "self-injurious behaviours" (SIB) which are commonly seen among individuals with intellectual and developmental disabilities.

Self-Injury Methods: The most common methods of NSSI include cutting, burning, scratching, and bruising. These injuries can range from superficial to moderate. Extreme body mutilation such as amputation is typically excluded from the definition.

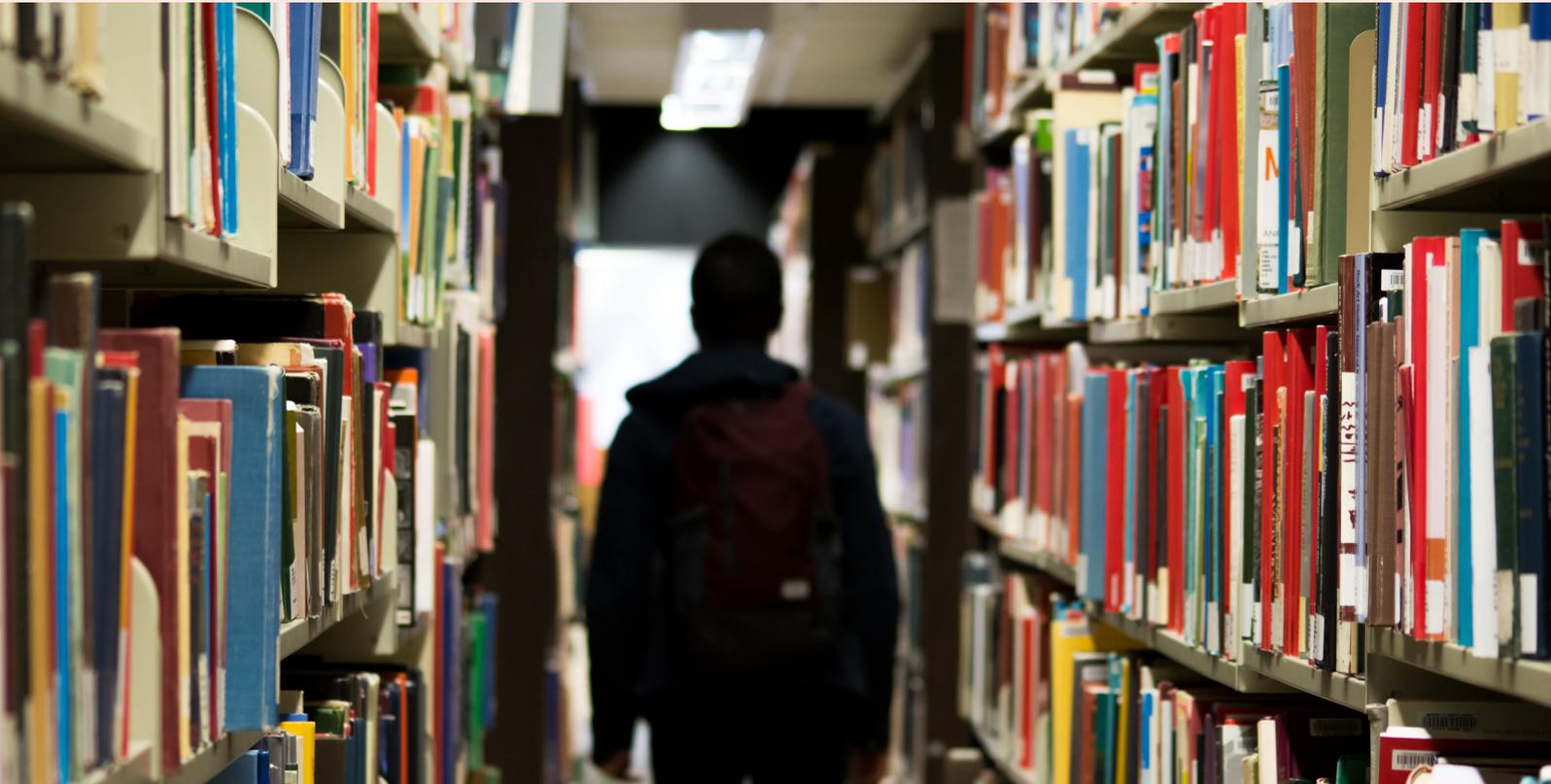
Prevalence: Although any one at any age may begin to engage in NSSI, the most common age of onset for NSSI is early adolescence. Between 14% and 20% of adolescents in community samples report having engaged in NSSI at least once in their lifetime. This rate may range from 60% to 80% in clinical samples.

Recent research indicates that there is little to no sex difference in prevalence of NSSI in community samples. However, in clinical samples, NSSI is more prevalent in females. Individuals who engage in NSSI may injure themselves repetitively over long periods of time, with increasing severity, and may use different methods over time. Alternatively, they may reduce their NSSI behaviour before beginning again during periods of high stress.

Why do Students Self-Injure?

There are many reasons why students self-injure. In fact, students often give more than one reason for their NSSI and some students' reasons may change over time. Research has shown that the most common reason for NSSI is to cope with difficult feelings (e.g., distress, anxiety, stress, sadness, numbness). Students might injure themselves because they feel overwhelming negative emotions from which they feel they are otherwise unable to find relief.

Other reasons have been given for NSSI. These can include (but are not limited to): communicating feelings, avoiding acting on thoughts or urges related to suicide, self-punishment, or ending a feeling of emotional numbness.



How do I Know if a Student Self-Injures?

It can be difficult to identify a student who is engaging in NSSI. For many teens, self-injury is a secretive behaviour and it can be difficult and uncomfortable to talk about it with others. When students do share their experiences of NSSI, they tend to be more likely to tell a friend than an adult.

Here are a few possible signs of self-injury that are important to be aware of:

1. Unexplained cuts, burns or bruises; these typically occur on the arms, legs and stomach.
2. Possession of razors, shards of glass, knives, pins, or other items that teens may use to self-injure (keep in mind that any sharp object may be used to injure; e.g., paper clips, ends of pencils).
3. Continually wearing clothing that is inappropriate for the weather or the situation (e.g., bulky, long sleeved clothing in hot weather or gym class).
4. Noticing evidence of, or references to, self-injury in a student's creative writing, journals, or art projects.

It is important to note that if you see these signs in a student, it does not necessarily mean that he or she is engaging in NSSI.

What should be the First Response?

Once it is known that a student is engaging in NSSI or when a student discloses these behaviours, your initial response is very important; it will likely influence the student's willingness to seek help in the future. You may feel uncomfortable with the idea of talking with a student about NSSI. Some people feel shocked, or even horrified by NSSI; these are normal reactions to have. Keep in mind, though, that you may be the first person that a student talks to about NSSI; the student is likely to be scared and nervous. By being prepared, you can monitor your own reaction to help the student feel more comfortable, and to increase the likelihood of them seeking further help.



The following DOs and DON'Ts will help you be prepared to help any student who may be injuring.

DO

- Communicate with the student in a calm, and caring way.
- Let the student know that there are people who care about him/her and that he/she is not alone and that other youth self-injure.
- Understand that this is a way for the student to cope with the pain that he/she is feeling.
- Use the student's language for self-injury when talking about self-injury (e.g., if a student calls it 'cutting' or 'self-harm' use that term in your discussion).
- Listen to the student, in order to better understand his/her behaviour.
- Use non-judgmental language and demeanour.

DON'T

- Be overly reactive; this could alienate the student.
- Respond with panic, revulsion, shock, or averted gaze.
- Try to stop the self-injury behaviour with threats or ultimatums.
- Show excessive interest in the details of the student's self-injury (e.g., what exactly was done).
- Permit the student to relive or describe the experience of self-injury in detail as this may trigger the desire to engage in self-injury again.
- Talk about the student's behaviour in front of the class or around peers.
- Engage in unmonitored discussions about self-injury with your class.
- Tell the student that you won't tell anyone about their self-injury. (You may be required to break confidentiality based on school protocol – please see further on).

What is the Referral Process?

Following the initial response to identification or the disclosure of NSSI, the student should meet with the school's mental health professional (e.g., counsellor, school psychologist, nurse, social worker, guidance counsellor) so that an initial risk assessment can be conducted. This can also be a doctor.

The referral process can be difficult for both students and school staff. A student may have approached you in confidence as someone who he or she trusts and may be resistant to sharing his/her NSSI with others. Let the student know that you care about him or her, and are concerned about his/her welfare, and that you want to help him/her get support.

Accompany the student to the school's mental health professional. If the student would like, stay with him or her during this meeting. It may be easier for some students if you relate the NSSI to the mental health professional in the student's presence; this helps to set the tone of the dialogue and allows a hesitant student the opportunity to enter more gradually into this process. Offer this option if the student is not ready to speak on his or her own behalf, but make sure that you check in with the student during the meeting to ensure that you are getting his/her story right and to see if he/she would like to add or clarify details.



What should be in a School Protocol?

To facilitate a smooth transition from the time of identification to referral and ongoing support, your school should have a protocol in place that outlines a standard response. A response protocol documents the school's procedures for dealing with incidents or reports of NSSI; it should be developed and agreed upon by all school staff.

Key issues to be addressed in the protocol:

- When school staff should report a student suspected of self-injuring, and to whom this should be reported (all school staff should know who the designated mental health professional is as well as who the replacement is in the event of an absence).
- Identification of the roles of each member of the school staff team.
- Policies to guide the initial risk assessment.
- When a student should be referred to outside services.
- A policy regarding parental notification and contact.

What other Considerations Exist?

Suicide Risk:

It is very important to recognize that NSSI and suicide are distinct. Engagement in NSSI does not necessarily mean that a student is suicidal. In fact, many youth who engage in NSSI appear to be functioning very well socially and academically. Nevertheless, every student who is identified as engaging in NSSI should be assessed for suicide risk in the initial risk assessment that is completed by the school's mental health professional. If there is any associated suicide risk, the student should be referred to emergency mental health services.

Copycat behaviour:

A concern in the school environment is the possibility of copycat behaviour or the spread of NSSI. Copycat behaviour refers to the sequence of events in which an individual engages in NSSI and is imitated by others. Most commonly the spread of NSSI occurs through communication between peers about the behaviour.

When discussing NSSI with students, the following guidelines will help in preventing copycat behaviour:

1. Do not allow students to share detailed information regarding NSSI or share NSSI related images or stories.
2. Do not use school-wide assemblies, newsletters, school newspapers to address an "outbreak" of NSSI.
3. When educating youth about NSSI, discuss the behaviour in its broader context; that is, as an unhealthy coping strategy among several others (such as substance abuse, or risk-taking).
4. Emphasise the need for students who are engaging in the behaviour to seek support.



Parent Contact:

Parent contact remains a debated topic among school staff. When and how to contact parents regarding a student's NSSI should be clearly outlined in a school's response protocol and should be in line with New Zealand law and legislation.

In the event that the school's mental health professional must contact parents, this should always be done with the involvement of the student. Some students may be too nervous or scared to disclose their NSSI to their parents. By taking this step together, as a supportive team, some of this fear and anxiety may be reduced.



Do Students Stop Self-Injuring?

Self-injury is not a life-sentence. Students CAN and DO STOP self-injuring. However, the longer the student self-injures, the more difficult it can be to stop. It is important to remember that stopping a behaviour that has become a frequently used unhealthy coping strategy will take time, effort and new healthy coping strategies. Stopping self-injury is not something that occurs overnight, or with threats (e.g., you cannot come to school until you stop). In fact, this approach may increase negative emotions for the student and may increase self-injury.

Many students who self-injure do it in private and work very hard to keep it a secret. In these cases, the self-injury may sometimes be accidentally discovered (e.g., in gym class). Some students who self-injure will tell one or two close friends or family members; they may also tell others who self-injure online. Other students who self-injure will talk to a professional (like a counsellor, psychologist or a doctor) about their self-injury.

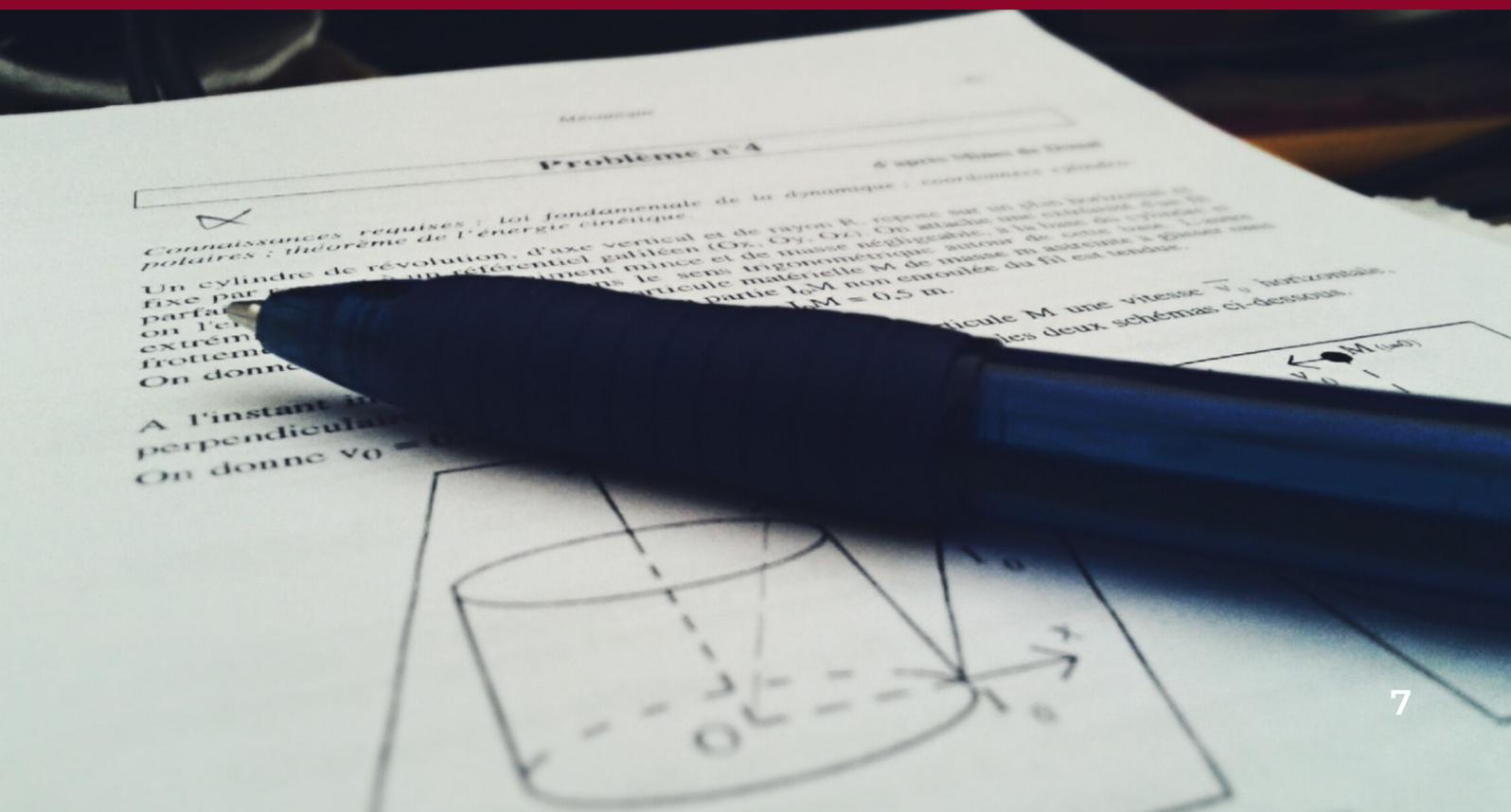
It is important that students who self-injure be provided with helpful resources and, if they are open to it, professionals who can support them in their efforts to cope better. Mental health professionals (such as counsellors, social workers, psychologists and psychiatrists) are trained to help people learn healthier ways to cope and can be helpful in supporting students who self-injure.

Some students who self-injure are not ready and/or willing to seek professional help. It is possible to learn healthier ways to cope without a professional but it may be extremely difficult. Students who self-injure cannot be forced to stop. Sometimes students who self-injure do not want to stop self-injuring. Remember that self-injury serves a purpose and stopping can be difficult. When students who self-injure start learning healthy ways to cope, then they find stopping self-injury easier.



How can Schools Help?

School staff are already dealing with many issues around academic concerns and behavioural challenges. Sometimes schools do not feel that they should play a role in managing self-injury in youth. However, schools are essential in initiating recovery through effective referral. Effective referral cannot happen without awareness and involvement of school staff. Remember to consider that school staff see youth frequently. This may be the only time an adult notices the self-injury. This is therefore a crucial point at which intervention can begin.





Where Can I Find More Information?

There is a growing selection of tools and guides available online to help those who self-injure, their loved ones and the professionals who are working with them. Here are some places we recommend:

The Mental Health Foundation in New Zealand offers online factsheet with advice about self-care and supporting others, and links to other resources and help services.
<https://www.mentalhealth.org.nz/get-help/a-z/resource/49/self-harm>

Common Ground – a short guide for parents, families and friends of teenagers:
<http://www.commonground.org.nz/common-issues/the-hard-stuff/self-harm/>

Youthline provides real-time 24/7 free phone, text, email and online counselling to support young people who are self-harming – and can also provide this support for parents and family. Free phone 24/7: **0800 376 633**, free text **234** or email talk@youthline.co.nz
<https://www.youthline.co.nz/self-harm.html>

Lifeline provides real-time 24/7 free phone, text, email and online counselling to support young people who are self-harming – and can also provide this support for parents and family. Free phone 24/7: **0800 543 354 (0800 LIFELINE)**

Acknowledgement

This resource was adapted from materials created at McGill University and the University of Guelph, by their expert teams of researchers and practitioners. To see more about them and their world-class work, go to www.sioutreach.com



Disclaimer: All information in this guide is provided for information and education purposes only. The information is not intended to substitute the advice of a mental health professional. You should always consult your doctor for specific information on personal health matters, or other relevant professionals to ensure that your own circumstances are considered.

Please feel free to download and share this resource where it can support a person or their family experiencing self-injurious behaviours.