

Preventing Student Self Harm Policy

Purpose

During their schooling years, some students may be at risk of harming themselves. This harm may occur with or without suicidal intent. Alternatively the risk of self harm may be associated with a known medical condition or intellectual disability.

Harm refers to:

- physical abuse
- emotional abuse
- emotional deprivation
- physical neglect and/or inadequate supervision
- sexual abuse or exploitation

The College has a duty of care to each one of its students. This policy outlines the procedures to be followed by all College staff, when they become aware of the risk of student self harm, to the end that such harm may be prevented.

Scope

This policy applies to students in all year levels P – 12.

Whitsunday Christian College Policy and Procedure Details

Warning Signs

Although youth suicide and suicidal behaviour may appear to strike without warning, in reality students almost always send signals, including:

- talking or joking about suicide and death
- increased and/or heavy use of alcohol or other drugs
- making final arrangements, such as giving away prized possessions
- engaging in risk-taking behaviour
- exhibiting changes in school or social behaviour such as:

- change in attendance
- decline in academic performance
- inability to concentrate
- failure to complete assignments
- lack of interest/withdrawal
- change in relationships with classmates

- increase in irritability or aggressiveness
- wide mood swings
- unexpected displays of emotions
- despairing attitude
- preoccupation with death and suicide (e.g. writing about, drawing images of death)
- behavioural changes (e.g. a “party animal” becomes withdrawn or vice versa)
- sleep disturbance, loss of appetite
- loss of interest in previously important relationships
- changes in appearance and personal care

Self Harm Without Suicidal Intent

Not all cases of self harm relate to suicidal intent. Students may engage in a variety of high risk behaviours, such as:

alcohol/substance abuse
 drug taking
 unsafe promiscuity
 cutting/bruising themselves

How to Help

When they do open up to you, do not offer solutions or tell them how much better they have it than someone else. Just listen. This delivers two critical messages:

- 1) I take your problems seriously
- 2) I care enough about you to want to help.

Listen for the feelings behind the words and be alert for phrases like, “I’d rather die than ...” or “I can’t take it anymore” or “Everyone would be better off if I wasn’t here”.

Assessing the Risk – please refer to Appendix 1

Self-harm as a symptom of a medical condition or intellectual disability

Where it is known that student has a propensity to engage in self harm that is symptomatic or associated with a known medical condition or intellectual disability, the school Principal, in co-operation with other qualified school staff and external treating professionals (where applicable) will devise an individual programme of management to prevent or reduce the likelihood of the student engaging in self-harm at school.

The programme will complement any other management procedures adopted outside the school setting to address the self harm behaviour.

The programme of management will be monitored on an ongoing basis and modified as

appropriate to maximise socially adaptive behaviour.

Treatment for the Student – Please refer to Appendix 1

Staff

All staff should be informed of their responsibility to act to prevent all high risk behaviours occurring within the College, and support any interventions undertaken to reduce the risk of such behaviours occurring outside the College.

Teachers should be trained in the content of this policy and should be provided with a copy of this policy.

Outside Agencies

The Student Welfare Officer should receive outside/external to the College supervision/support/counselling.

There should be written service agreements between the College and appropriate external professionals to whom students at risk of self harm may be referred.

Appendix 1 - Risk Assessment for Student at Risk of Self Harm

Whitsunday Christian College

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A. STUDENT DETAILS

| | |
|---------------------------|--|
| Student Name: | |
| Year: | |
| Date of Birth: | |
| Gender: | |
| Date of this Assessment: | |
| Name of the First Person: | |

Signed: _____ Date: _____

Please forward to the Student Welfare Officer

B. NOTES TO BE COMPLETED BY STUDENT WELFARE OFFICER

| QUESTION | RESPONSE FROM STUDENT |
|--|-----------------------|
| 1. Are you thinking of killing (other form of self harm) yourself? | |
| 2. If yes, then what method have you thought of to kill (harm) yourself? | |
| 3. Do you have the means? (guns, pills etc) | |
| 4. When do you think you'll do this? | |
| 5. Other | |
| 6. Other | |

C. RELEVANT PREVIOUS EXPERIENCE BY THIS STUDENT (IF KNOWN)

| |
|--|
| |
|--|

D. STUDENT PSYCHOSOCIAL ASSESSMENT

| | | | |
|---|--|----------------------------------|--|
| HEADDS FRAMEWORK | | | |
| H – Home (Consider – living arrangements, transience, relationships with carers/significant others, community support, supervision, abuse, childhood experiences, cultural identity, recent life events) | | | |
| | | | |
| E – Education, Employment, Eating, Exercise (Consider – school/work retention & relationships, bullying, study/career progress & goals, nutrition, vegetarianism, eating patterns, weight gain/loss, exercise, fitness, energy) | | | |
| | | | |
| A – Activities, Hobbies & Peer Relationships (Consider – hobbies, belonging to peer group, peer activities & venues, lifestyle factors, risk-taking, injury avoidance, sun protection) | | | |
| | | | |
| D – Drug Use (Consider – alcohol, cigarettes, caffeine, prescription/illicit drugs and type, quantity, frequency, administration, interactions, access, recent increases/decreases, past treatments, education, motivational interviewing) | | | |
| | | | |
| S – Sexual Activity & Sexuality (Consider – sexual activity, age onset, safe sex practices, same sex attraction, history pap smears/STI screening, sexual abuse, pregnancy/children) | | | |
| | | | |
| S – Suicide, Depression & Mental Health, Safety/Risk (Consider – normal vs clinical depression, anxiety, reactions to stress, if appropriate – depression scale, mental status exam, risk assessment, relapse plan) | | | |
| K10 outcome tool & result (if appropriate) (See attached) | | | |
| MENTAL STATUS EXAMINATION | | | |
| Appearance & General Behaviour | | Mood (Depressed / Labile) | |
| Thinking (Content / Rate / Disturbances) | | Affect (Flat / Blunted) | |

| | | | |
|---|--|--|--|
| Perception (Hallucinations etc) | | Sleep (Initial Insomnia / Early Morning Wakening) | |
| Cognition (Level of consciousness / delirium / intelligence) | | Appetite (Disturbed Eating Patterns) | |
| Attention/Concentration | | Motivation & Energy | |
| Memory (Short & Long term) | | Judgement (Ability to make rational decisions) | |
| Insight | | Anxiety Symptoms (Physical & Emotional) | |
| Orientation (Time / place / person) | | Speech (Volume / Rate / Content) | |
| Significant cultural factors | | Significant support person | |

RISK ASSESSMENT

(Consider risk to self-health, safety & development, risk to others, range and severity of risk factors, short & long term risks, escalation, knowledge & insight into risk & consequences, lifestyle factors, protective factors and behaviours) Use matrix attached.

| | | | |
|-----------------------------|--|-----------------------------|--|
| Suicidal ideation | | Suicidal intent / method | |
| Current / immediacy of plan | | Risk to others | |
| Emotional state or mood | | Level of emotional distress | |
| Support/Protective factors | | Previous attempt | |
| Reason to live / hope | | Symptoms of Depression | |
| Other risk factors | | | |

OVERALL RISK:

Refer to the attached RISK ASSESSMENT MATRIX

MILD

MODERATE

HIGH / IMMINENT

Signed: _____ Date: _____

E. FOLLOW UP / ACTION

| WHAT ? | WHEN ? / HOW ? | COMPLETED |
|--|----------------|-----------|
| 1. Inform parents | | |
| 2. Inform Head of Secondary and Principal | | |
| 3. Inform Year Level Co-ordinator | | |
| 4. Refer to external Counsellor | | |
| 5. Contact Emergency Section Proserpine General Hospital | | |
| 6. Other | | |
| 7. Other | | |

Signed: _____ Date: _____

F. ONGOING MANAGEMENT / ASSISTANCE PLAN

| WHAT ? | WHO ? HOW ? | WHEN ? |
|--------|-------------|--------|
| | | |

Signed: _____ Date: _____

This form must be filed by the Student Welfare Officer.

When the student exits the school, this form must be filed in the Risk Register.

RISK ASSESSMENT MATRIX

| | MILD | MODERATE | HIGH / IMMINENT |
|-------------------------------------|---|--|--|
| IDEATION | Has periodic intense thoughts of death or not wanting to live that last a short while | Regularly occurring, intense thoughts of death &/or wanting to die, that are often difficult to dispel | Thoughts of death or wanting to die are very intense & seem impossible to get rid of |
| IMMEDIACY OF PLANS | No immediate suicide plan No threats Does not want to die | Not sure when but soon Indirect threat Ambivalent about dying | Has imminent date, time in mind Clear threats Doesn't want to live Wants to die |
| METHOD | Means unavailable Unrealistic or not thought through | Lethality of method is variable with some likelihood of rescue or intervention | Lethal, available method with no chance for intervention |
| EMOTIONAL STATE OR MOOD | Sad, cries easily Irritable | Pattern of 'up and down' mood swings Rarely expresses any feelings | No vitality (emotionally numb) Emotional turmoil (anxious, agitated and angry) |
| LEVEL OF EMOTIONAL DISTRESS | Mild, emotional hurt | Moderately intense | Unbearable emotional distress or despair Feels rejected, unconnected, and with no support |
| SUPPORT / PROTECTIVE FACTORS | Feels cared for by - family - peers and/or - other adults | Minimal or fragile support Moderate conflict with - parents - peers | Intense conflict with - parents and/or - peers Socially isolated |
| PREVIOUS ATTEMPT | None | 1 previous attempt Some suicidal behaviour | Previous attempts Severe self-mutilation |

| | | | |
|-------------------------------|---|--|---|
| REASON TO LIVE / HOPE | Wants things to change and has some hope Has some future plans | Pessimistic hope Vague, negative future plans | Feels hopeless, helpless, powerless Sees future as meaningless |
| SYMPTOMS OF DEPRESSION | Down and out; Irritable mood; Loss of interests and joy; Loss of energy; No motivation; hyper or slowed down; Eats: too much or too little; Sleeps too much or not enough; Can't concentrate; Feels extreme guilt; Feels worthless | | |
| OTHER RISK FACTORS | Family history of suicidal behaviour; Suicidal friends; Current loss; Previous losses; Substance misuse; Current school problems; Recent criminal charges; Has a diagnosed mental health disorder; Is very impulsive; Has negative attitude re: seeking help; Parent(s) or helpers do not take the child/youth's suicidality seriously. | | |
| OVERALL RISK | | | |

CRUFAD K10 TEST

Question 1 In the past 4 weeks, about how often did you feel tired out for no good reason?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 2 In the past 4 weeks, about how often did you feel nervous?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 3 In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 4 In the past 4 weeks, about how often did you feel hopeless?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 5 In the past 4 weeks, about how often did you feel restless or fidgety?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 6 In the past 4 weeks, about how often did you feel so restless you could not sit still?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 7 In the past 4 weeks, about how often did you feel depressed?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 8 In the past 4 weeks, about how often did you feel that everything was an effort?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 9 In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Question 10 In the past 4 weeks, about how often did you feel worthless?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Edited by Gavin Andrews MD, UNSW, Jan 03

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TEACHER'S ACTION PLAN FOR HELPING STUDENTS AT RISK OF SELF HARM

How to help

1. Just listen to what a potential at risk student is saying.
2. Be aware of the warning signs.
3. Do not offer solutions.
4. You MUST report this immediately to the Student Welfare Officer.
5. Do not attempt to deal with it on your own.
6. Where necessary, stay with the student or arrange for another adult to stay with the student until help arrives.
7. Complete Section A of the Risk Assessment Form and pass this to the Student Welfare Officer as soon as possible on the day you become aware of the risk of self harm to a student.
8. You may be required to stay with the student while the Student Welfare Officer assesses the risk of self harm.

Pray that God will:

rescue the student at risk
help those seeking to help the student at risk.

STUDENT WELFARE OFFICER PLAN FOR HELPING STUDENTS AT RISK OF SELF HARM

HOW TO HELP

1. The Student Welfare Officer must discuss the following with the student at risk:

confidentiality; and
how the information provided will be used.

2. Just listen. This delivers two critical messages:

I take your problems seriously
I care enough about you to want to help.

3. Ask him or her directly: (Questions in Form 1 Section B)

“Are you thinking of killing yourself?”. If the answer is yes, ask ...
“What method have you thought of to kill yourself?”
“Do you have the means?” (guns, pills, knives etc).
“When do you think you’ll do this?”

The more lethal and available the means, and the more definite the time frame, the greater the risk.

4. Ask student to complete the CRUFAD K10 TEST and discuss their answers.
5. Advise the Coordinator and the Principal on the course of follow-up action to be taken to minimise the risk of harm to the student concerned.

Possible courses of action, once decided, must include:

- contacting parents;
- arranging appropriate personal assistance;
- consulting with the local office of the Department of Child Safety or Communities;
- contacting police, where appropriate; and/or
- contacting the Emergency Section of the Proserpine General Hospital.

6. Discuss with the student some positive assistance such as:

- a personal contract with the Pastoral Care Co-ordinator;
- prayer for Gods peace and help in the situation.
- refer for counselling.