



## Appendices

### Appendix A: Template Policy for Managing Non-Suicidal Self-Injury in Schools

#### 1. Overview

##### 1.1. Purpose

This school policy aims to address the issue of non-suicidal self-injury (NSSI), defined as the deliberate destruction of body tissue without suicidal intent. This policy recommends actions to be taken by school staff in response to students who self-injure or are suspected of self-injuring, and sets out guiding questions for schools to consider when developing their own policy, in line with respective state and territory governing education department policies. It is recommended that all schools have a written policy with systematic procedures for managing student self-injury. It is important to note that this policy does not address the issue of suicide among students and should be used in conjunction with school policy on suicide.

#### 2. Definitions

##### 2.1. Non-suicidal self-injury (NSSI)

NSSI refers to deliberate acts to harm one's own body without intending to die as a consequence (Nock & Favazza, 2009). Although self-injury and suicide are distinct behaviours, self-injury is a significant risk factor for further self-injury and attempted suicide (Owens et al., 2002). NSSI includes, but is not limited to, skin cutting, scratching, pinching, biting, and burning, self-hitting, punching and slapping, and hitting a part of the body on a hard surface (Martin et al., 2010). NSSI excludes socially sanctioned behaviours (i.e., piercing, tattooing), and behaviours resulting in unintentional or gradual tissue damage, such as substance abuse, eating disorders, and other risk taking behaviours (i.e., unsafe sex and dangerous driving; Nock & Favazza, 2009).



NSSI typically begins in adolescence between 12 and 14 years of age (Jacobson & Gould, 2007), with approximately 10% of Australian adolescents engaging in the behaviour (Martin et al., 2010). Adolescents typically engage in NSSI to relieve negative emotions and to punish themselves, rather than to end their own life (Klonsky, 2007). NSSI can be equally prevalent among males and females, and affects people of any age, and from different family backgrounds, religions, cultures, and socio-economic groups (Jacobson & Gould, 2007). Risk factors for NSSI include mental illness (e.g., depression, anxiety), earlier self-injury, and family or peer history of self-injury, drug or alcohol abuse, and childhood trauma or abuse (Toste & Heath, 2010). However, adolescents who self-injure can appear to be functioning well both academically and socially, experience caring home environments, and not have a mental illness (Toste & Heath, 2010). Adolescents often go to great lengths to conceal their injuries so it can be difficult to know if a student has self-injured.

## 2.2. Contagion

Contagion of self-injury refers to incidents when self-injury is imitated by a student, as a result of talking about self-injury with others, or after viewing self-injury content in television and film, or online (Toste & Heath, 2010).

## 3. Roles and responsibilities

### 3.1. Principal

3.1.1. Appoint a point person or school crisis team - The principal should appoint a school point person, such as a school psychologist or counsellor, or assemble a school crisis team (which can include the principal, school counsellor, psychologist, nurse, year level coordinators, and teachers) to serve as the point(s) of contact for other staff members when referring students who self-injure or are suspected of self-injuring



(Bubrick et al., 2010; Walsh, 2012). It is essential that the point person/members of the crisis team have the appropriate level of training and expertise to respond to and conduct risk assessments with students who self-injure or are suspected of self-injuring, or are willing to undertake such training.

- 3.1.2. Disseminate the school policy - The principal should ensure that staff members are familiar with and follow the school's self-injury policy.

Education for staff members - The principal should ensure that staff members receive training on recognising, responding to, and referring students who self-injure or are suspected of self-injuring. Training should describe warning signs and risk factors of self-injury, difference between self-injury and suicide, functions of self-injury, common and severe forms of self-injury, and how to respond to students who self-injure (Walsh, 2012).

- 3.2. Point person/members of the crisis team

- 3.2.1. Risk assessment - The point person/members of the crisis team should conduct an initial risk assessment and follow-up assessments with students who self-injure or are suspected of self-injuring (see section 7).

- 3.2.2. Referral - The point person/members of the crisis team should develop a referral list of local mental health professionals experienced in working with adolescents who self-injure, and refer students who have self-injured to an external mental health professional and/or contact their parent/guardian (see section 8 and 10).

- 3.3. Staff members

- 3.3.1. Identification and referral - Staff members should learn about the warning signs of self-injury and how to respond appropriately to students who self-injure, and refer



students to the point person/member of the crisis team if they have self-injured or are suspected of self-injuring (see section 4, 5 and 6).

#### 4. When staff members should report students suspected of self-injury

4.1. Any staff member should contact the assigned point person/member of the crisis team if a student has self-injured, is suspected of engaging in self-injury, or has displayed any of the following warning signs or behaviours, including:

- Frequent or unexplained bodily scars or wounds, such as cuts, burns, scratches and bruises appear anywhere on the body;
- Frequently wearing long sleeved/pants clothing at inappropriate times, such as in warm weather, and a reluctance or refusal to participate in activities resulting in skin exposure, such as physical education classes or swimming;
- Frequent need for privacy and secretive behaviour. Changes in mood, including irritability, hostility, anger, uncontrollable crying, or sadness. Unexplained withdrawal from activities or deterioration in academic performance and/or personal hygiene;
- Frequent mention of self-injury in creative writing, artwork, journals, internet postings, e-mails, notes, texts, and in communication with others (including jokes, rumours, threats); and
- Frequent high risk behaviours involving physical risk to the students that exceeds normal adolescent experimentation (e.g., train surfing, choking game, dangerous driving, substance abuse) (Bubrick et al., 2010; Lieberman et al., 2009; Toste & Heath, 2010; Walsh, 2012).



## 5. How to respond to students who self-injure or are suspected of self-injuring

5.1. Sometimes staff members will need to communicate with students who self-injure or are suspected of self-injuring until the point person/member of the crisis team can attend to the student.

Staff members should listen to students who self-injure or are suspected of self-injuring in a calm, caring, and non-judgmental way, trying not to communicate that they may be angry, horrified, panicked, frustrated, or upset. Staff members should monitor their reactions to these students. Walsh (2012) suggests school staff respond to students who self-injure with a low key, dispassionate demeanour and respectful curiosity.

Staff members should not attempt to solve the problems of students who self-injure or are suspected of self-injuring, should not deny their feelings or ask too many questions. Staff members should listen to these students and empathise with their situation.

Staff members should never promise students that they will keep what they tell them a secret, and should explain to the student that they have a duty of care to tell someone who can help (e.g., principal, coordinator, point person, member of crisis team). If the student refuses to see the point person/member of the crisis team, staff members should reiterate that while they understand their concerns they are obligated to tell the point person/member of the crisis team who is better equipped to help them.

If the student is upset, a staff member should stay with them until the point person/member of the crisis team can respond.

Staff members should respond to students who disclose that another student has self-injured or is suspected of self-injuring in the same way.



6. To whom staff members should report students suspected of self-injury

- 6.1. School nurse or first aid officer - Staff members should contact the school nurse or first aid officer as soon as possible to treat the student's wounds and assess whether the student has wounds requiring referral to a hospital emergency department (Bubrick et al., 2010; Onacki, 2005). If the school nurse or first aid officer is not available then first aid should be applied by a staff member. If the student's parent/guardian is unable to accompany the student to the emergency department then a staff member (ideally the point person/member of crisis team) should accompany the student and stay with them until their parent/guardian has arrived.
- 6.2. Point person/member of crisis team - Staff members should contact the point person/member of the crisis team if the student does not require treatment by the school nurse, first aid officer, or emergency department (Bubrick et al., 2010; Walsh, 2012).

7. Which staff member should conduct the initial risk assessment with students

- 7.1. Point person/member of crisis team - The point person/member of the crisis team should contact the student who self-injured or is suspected of self-injuring and confidentially conduct a thorough risk assessment with the student as soon as possible to assess the severity and intent of their self-injury (i.e., with or without suicidal intent), and determine the most appropriate course of action. The risk assessment should establish whether the student is at low, moderate, or high risk for further self-injury potentially causing severe physical injuries or death, including:
- Suicide - Previous suicide attempt, current suicidal thoughts or plans, history of family or peer suicide. If the student is at risk for suicide then the point person/member of the crisis team should follow the school's suicide policy;



- Self-injury - Severity of the physical injuries, frequency of self-injury, methods of self-injuring, escalation of self-injury, wound care strategies, triggers for self-injury, and mental state following self-injury; and
- Evidence of other co-occurring mental health problems - substance abuse, anxiety, depression, eating disorder, history of trauma or abuse, and current stressors (Bubrick et al., 2010; Toste & Heath, 2010).

- **Low risk** - if the student has self-injured with superficial tissue damage, has self-injured less than four times, typically engages in few forms of self-injury, and has no symptoms of co-occurring mental health problems then risk for further self-injury and death may be regarded as low. Intervention by the point person/member of the crisis team or referral to an external mental health professional may be considered.
- **Moderate risk** - if the student has self-injured with light tissue damage, has self-injured four or more times, has engaged in multiple methods of self-injury, or has mild symptoms of co-occurring mental health problems then risk for further self-injury and death may be regarded as moderate. Referral to an external mental health professional should be considered
- **High risk** - if the student has self-injured with severe tissue damage, has self-injured four or more times, frequently engages in multiple methods of self-injury, and has acute symptoms of mental health problems then risk for further self-injury and death may be regarded as high. Referral to an external mental health professional should be considered.

These categories of risk were developed based on studies with adolescents and young adults and guidelines for responding to NSSI in schools (Andrews, Martin, Hasking, & Page, 2013; Toste & Heath, 2010; Whitlock, Muehlenkamp, & Echenrode, 2008).



- 7.2. Feedback loop - The point person/member of the crisis team should ensure, within the confines of confidentiality, that the referring staff member is advised of the outcome of the assessment so they are aware that their report resulted in action (Walsh, 2012).
8. When students should be referred to external mental health professionals
- 8.1. Low risk - If the student is at low risk for further self-injury and death, the point person/member of the crisis team may decide to continue with a more complete assessment and intervention, if their level of training and school resources permit, or they may elect to refer the student to an external mental health professional with experience working with adolescents who engage in NSSI (Bubrick et al., 2010; Toste & Heath, 2010; Walsh, 2012).
- 8.2. Moderate or high risk - If the student is at moderate or high risk for further self-injury and death the point person/member of the crisis team should refer the student to an external mental health professional with experience working with adolescents who self-injure (Bubrick et al., 2010; Toste & Heath, 2010; Walsh, 2012).
9. Which staff member should conduct follow-up assessments with students
- 9.1. Point person/member of the crisis team - The point person/member of the crisis team who conducted the initial risk assessment should follow-up with the student and periodically re-assess their level of risk for further self-injury and death, particularly following changes in life circumstances and during periods of stress, and if the student's initial level of risk was low and they were not referred to an external mental health professional (Toste & Heath, 2010).





10. When parents/guardians should be notified about the self-injury

10.1. Low risk - The point person/member of the crisis team may or may not elect to contact the student's parent/guardian if the student is at low risk for further self-injury and death (Bubrick et al., 2010; Toste & Heath, 2010; Walsh, 2012). However, the point person/member of the crisis team should encourage the student to discuss the matter with their parent/guardian even if they are at low risk for further self-injury and death (Bubrick et al., 2010). When deciding whether or not to contact parents of students who have self-injured or are suspected of self-injuring the point person/member of the crisis team should consider respective state and territory laws, and respective state and territory governing education department policies, the relevant codes of ethics and ethical guidelines, and consult with the school principal, coordinators, or members of the crisis team.

10.2. Moderate or high risk - The point person/member of the crisis team should contact the student's parent/guardian if the student is at moderate or high risk for further self-injury or death, and therefore, requires referral to an external mental health professional (Bubrick et al., 2010; Toste & Heath, 2010; Walsh, 2012). The student should be advised in advance by the point person/member of the crisis team that they will be contacting their parent/guardian, and the student should be invited to be present when the call is made to their parent/guardian so they are aware of what is discussed (Bubrick et al., 2010; Walsh, 2012). The point person/member of the crisis team should meet with the student and their parent/guardian(s) to discuss options for external support. If the parent/guardian does not follow up with the referral, dismisses the concerns, or indicates that they will not be following up with the referral, the point person/member of the crisis team should then meet with or contact the parent/guardian, and emphasise the importance of the referral (Walsh, 2012).



## 11. How to manage contagion or spread of self-injury among students

11.1. Peer communication - Staff members should be aware of the potential for contagion among students and refer students who may require additional support (e.g., close friends and vulnerable students) to the point person/member of the crisis team. Staff members should also refer students who disclose that another student has self-injured or are suspected of self-injuring to the point person/member of the crisis team.

Although communication about self-injury among peers should be discouraged and instead students should be told to speak to a staff member, it is not uncommon for students to discuss self-injury with friends, rather than seeking help from adults and teachers (Toste & Heath, 2010). Therefore, staff members may need to briefly respond to questions from friends of students who self-injure. In these instances, it may be helpful for staff to contextualise self-injury for students as one of many maladaptive coping strategies used by adolescents in response to overwhelming emotions, such as stress, anxiety, anger, and sadness (Toste & Heath, 2010).

11.2. Displaying unhealed wounds - Deliberately displaying unhealed wounds to peers should not be permitted at school as this may be triggering for others. Staff members who notice students deliberately displaying unhealed wounds to peers should report the behaviour to the point person/member of the crisis team who should meet with the student to explain that displaying wounds could trigger peers to self-injure. Given that treatment for self-injury usually takes time and it may be years before students stop self-injuring, suspending or expelling students from school, or requiring them to return to school only after their wounds have healed or their self-injury is eliminated is not recommended. If students continue to openly show their unhealed wounds to peers, despite repeated warnings from the point person and parents, then further disciplinary action may be taken (Walsh, 2012).



## 12. Self-care

- 12.1. Self-care for staff members - Staff members should debrief with the point person/member of the crisis team when necessary to discuss their feeling and reactions towards the self-injury. The point person/member of crisis team should provide a list of referral options to staff members in need of additional assistance, and should seek assistance themselves when necessary.

## 13. Training programs and websites for school staff

### 13.1. Training programs

- Self Abuse Finally Ends (S.A.F.E) Alternatives - <http://www.selfinjury.com/>
- Signs of Self-Injury (SOSI) Prevention Program - <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sosi/>

### 13.2. Websites

- International Society for the Study of Self-Injury (ISSS) - <http://www.itriples.org/>
- Interdisciplinary National Self-Injury in Youth Network Canada (INSYNC) - <http://www.insync-group.ca/>
- Cornell Research Program on Self-Injurious Behaviour in Adolescents (CRPSIB) – <http://www.crpsib.com/>
- Self-Injury Outreach and Support (SIOS) - <http://sioutreach.org/>
- Non-Suicidal Self-Injury (NSSI).org - <http://www.self-injury.org.au>



## Appendix B: Policy Flowchart for Responding to Non-Suicidal Self-Injury in Schools

The following policy flowchart provides teachers and other school staff with a quick reference for responding to students who self-injure. This flowchart was developed to accompany the policy. The key stages of the flowchart are summarised below.

It is essential that school staff respect the student's right to confidentiality and do not disclose a student's self-injury to other staff members, other students, or the student's parents unless otherwise stated in the policy and flowchart.

However, staff members should never promise students who self-injure that they will keep what they tell them a secret, and should explain to the student that they have a duty of care to tell someone who can help.

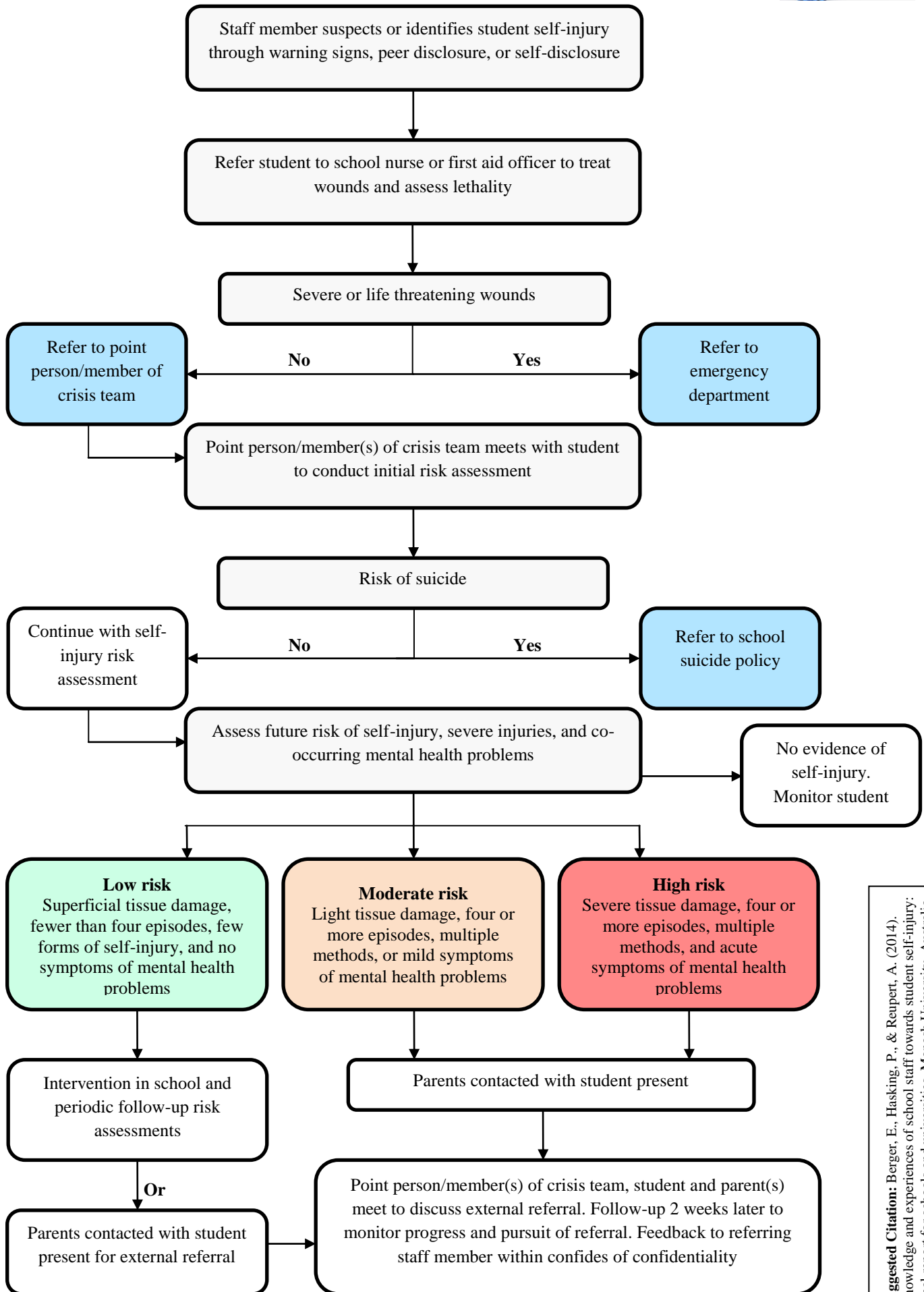
- School staff should contact the school nurse or first aid officer if they suspect a student has self-injured to treat the student's wounds and assess whether the student has wounds requiring medical treatment. If the student does have severe or life threatening wounds then the student should be referred to the nearest emergency department.
- If the student does not have severe or life-threatening wounds, the student should be referred to the school point person/member of the crisis team who can assess the student's risk of suicide. If the student is at risk of suicide then the point person/member of the crisis team should follow the school's suicide policy.
- If the student is not at risk of suicide, the point person/member of the crisis team should assess the student's risk of further self-injury, the severity of their injuries, and the presence of co-occurring mental health problems.



- If the student has self-injured with superficial tissue damage, has self-injured less than four times, typically engages in few forms of self-injury, and has no symptoms of co-occurring mental health problems then the student's risk for further self-injury and accidental death may be regarded as low. Intervention by the point person/member of the crisis team or referral to an external mental health professional may be considered. Students should be advised in advance and allowed to be present if their parents are contacted.
- If the student has self-injured with light to severe tissue damage, has self-injured four or more times, has engaged in multiple methods of self-injury, or has mild to acute symptoms of co-occurring mental health problems then risk for further self-injury and accidental death may be regarded as moderate to high. Referral to an external mental health professional should be made and the student's parents contacted. Students should be advised in advance and allowed to be present when their parents are contacted. The point person/member of the crisis team should ensure that within the confines of confidentiality the referring staff member is advised of the outcome of their referral so they are aware that their report resulted in action.



Final report for schools and universities



**Suggested Citation:** Berger, E., Hasking, P., & Reupert, A. (2014). Knowledge and experiences of school staff towards student self-injury: Final report for schools and universities. Monash University, Australia.