



KAIKORAI VALLEY COLLEGE

SELF-HARM / SUICIDE PROCEDURE

With consideration of and adapted from Ministry of Education Guidelines 2019

Introduction

The purpose of this procedure is to outline the nature of both self-harm and suicide risk, highlight risk factors, and the procedure staff are to follow in the event of concerns about self-harm and when a student is at risk of suicide.

Self-harm is a behaviour where the student engages in a behaviour that hurts themselves such as, but not limited to, cutting, hitting or burning themselves in order to manage difficult feelings that they find hard to express in other ways. Often, negative thoughts about self accompany this behaviour. Self-harm does not necessarily lead to suicidal behaviour or thoughts, although can also be an indicator of it. There is a risk, however, that the student can unintentionally suicide through this behaviour, and as such it needs to be treated with serious consideration.

Suicide is an intentional decision to end one's life. However, the nature or suicidal thoughts and the student's intent to follow through on them, indicates varying degrees of risk of suicide. For example, a student who experiences occasional thoughts of wanting to die, with no plans or intent to follow this through in action, would indicate a low risk of suicide. However, where a student expresses repeated suicidal thoughts, intention and active plans on how to commit suicide alongside previous suicide attempts then a high risk of suicide is indicated.

Risk Factors: what staff need to be aware of

1. Persistent changes in mood or fluctuating mood, tearfulness, and comments which indicate profound unhappiness or helplessness. For both suicide, and particularly for self-harm be alert to the student's anger towards themselves and aggressiveness. Similarly, be aware of behavioural indicators of mood such as withdrawal and isolating self from friends, or diminished interest in activities
2. One of the main indicators of suicidal behavior is a sense of profound hopelessness. This is a sense that the student sees no future for themselves to look forward to. Consequently they may have no plans for activities or goals in the future. They might give away possessions as they have no sense of needing them in the future.
3. In addition to point 2 above, students expressing suicidal ideation, directly or indirectly, show a risk of suicide. This can include themes of depression, death and suicide in conversation, reading selections, written essays, or artwork. For example, a student might repeatedly write stories where the characters die. The student might comment that they would not be missed if they were gone, or appear to collect and discuss information on suicide methods. The student might also have made direct or indirect suicide threats, or previous attempts at suicide.

Additionally, with self-harm, there might be expressions of a pressure to harm self as a coping strategy.

4. The student can also express their distress through physical symptoms which have an underlying emotional cause, for example eating more or less than usual, physical complaints such as headaches, stomach aches, fatigue, body aches, or an observable reduction in the student's self-care and hygiene.

Where self-harm might be suspected, be aware of scratches or markings on the student's body, attempts to cover this up, or other self-destructive acts.

5. Unexpected reduction of academic performance and abrupt changes in attendance can also be an indicator of difficulties.
6. Be aware of grief about a significant loss or stress in the student's life such as recent family/whanau difficulties, family separation, or a recent death or suicide. Similarly be mindful of whether the student has recently lost a friend through death or suicide or has experienced a break-up with a boyfriend or girlfriend, as well as other stressful events or issues the student is facing, for example, struggles with gender identity and sexual orientation
7. Other high-risk behaviours such as increased use of alcohol and drugs to the point of intoxication, dangerous driving, or playing with guns can also be an attempt to self-harm or an indication of suicidal ideation and behaviour.
8. Consideration of the student's previous history of self-harm or suicidal behaviour is important as these are indicators of future suicidal and self-harm behaviour.
9. Listen to, and account concerns from friends, family/whanau.
10. Consideration of protective factors such as hope for the future, supportive friendships, family/whanau, and strategies to manage emotion and ideation are important when talking with the young person.

Procedure

1. Staff members should endeavour to maintain a calm, validating but neutral stance when talking with the student.
2. Once a member of the school staff has identified a student whom they consider to have a number of the issues above, especially if they are distressed and there is some risk (no matter how small) that they may harm themselves, then the staff member must inform the Guidance Counsellor and senior leadership team.
3. The staff member should continue to support the student, especially while a referral to the counsellor or other agency is being arranged. The staff member may need to seek the support of additional staff during this time. The student should not be left alone, particularly where a risk of suicide is identified. Where a high risk of suicide is identified, the student should be in a safe environment where they are closely and continually supervised by designated staff until specialist assessment is undertaken and a management plan devised. During this period it is important to remove lethal weapons, pills and poisons, or items of clothing such as shoelaces from the student's environment to prevent ready access to these. Similarly, removing items such as necklaces, knives, scissors or lighters is important to prevent self-harm.
4. The Senior Leadership Team will refer to the counsellor to assess the student's risk. Where the counsellor is unavailable the Senior Leadership Team will contact the students whanau/caregivers/guardian and advise the student needs to be collected from school and handed into their care. The Senior Leadership team will also strongly recommend that an

urgent appointment is made with the students GP or the student is taken directly to Emergency Psychiatric Service (EPS) Dunedin Hospital, (0800 467 846). In the case of a high risk student leaving the school grounds or if the situation becomes unmanageable for the Senior Leadership Team they will contact the Police (Emergency Response) 111. If the whānau/caregivers/guardian cannot be contacted a member of the Senior Leadership Team, and a supporting staff member, will take the student to EPS.

5. The counsellor will assess the risk of self-harm or suicide and inform the senior staff as appropriate (the amount of information shared will depend on the degree of risk the student demonstrates). The degree of risk of self-harm or suicide should be assessed as soon as possible by the counsellor or other health professional such as the young person's GP. In high risk cases direct referral to the Emergency Psychiatric Service, Dunedin Hospital, (0800 467 846) might be appropriate. The student should be seen immediately, on the same day.
6. The counsellor will carry out a risk assessment based on the clinical and ethical guidelines of their professional body and the Ministry of Education Guidelines, develop a risk management plan which will be shared with appropriate senior staff, and involve other agencies e.g. Oranga Tamariki, Child and Family Mental Health Service, Youth Specialty Services, as well as family/whānau as indicated by the assessment.
7. Involvement of family/whānau will depend on the degree of risk shown by the student, and confidentiality issues need to be considered in this process. While it is desirable to obtain the permission of the student to break confidentiality, if they are over 16 years old, where there is a serious and imminent threat to the life or health of the individual, this is not essential.
8. A team approach will be used to ensure safety of the student and appropriate care between senior leadership team, external services, the counsellor and family/whānau.

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