

Guidance:	<i>Self-Harm and Suicide Guidance</i>
Applies to:	<i>Warwick Senior and Junior School Pupils</i>
Authors:	<i>Deputy Head Pastoral</i>
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Reviewed:	<i>September 2025</i>
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Warwick School Self-Harm and Suicide Guidance

Purpose

In keeping with the School's vision and aims, this guidance aims to address the issue of self-harm and suicidal ideation; it covers the following areas:

- how to support pupils who self-harm or idealise suicide in the short and long-term;
- how to provide support depending upon the individual needs of the pupil;
- how to help all pupils improve their self-esteem and emotional literacy;
- how to support staff members who come into contact with people who self-harm or discuss suicide;
- how to prevent self-harm or suicidal ideation from escalating within the school;
- providing clear guidelines for staff on who needs to be informed and when parents and outside agencies need to be contacted;
- providing education about self-harm and suicide for pupils and staff.

While self-injury and suicide are separate, those who self-injure are in emotional distress and those who idealise suicide are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chance of self-injury and suicide. All talk of suicide and warning signs must be taken extremely seriously.

Self-Harm

Definitions of self-harm

Self-harm is any act of intentional self-injury or self-poisoning. Examples include:

- Self-cutting
- Taking an overdose
- Swallowing objects or poisons
- Hitting or bruising
- Self-strangulation with ligatures
- Burning

Self-harm is common in young people: at least 10% report having self-harmed. It is more common in females than males, especially in early adolescence. Self-harm is much less frequent in younger children, but under the age of 11 self-harm is more common in boys than in girls. Self-harm may present somewhat differently in this age group; for example, scratching, picking scabs, head-banging, other forms of self-injury or reckless behaviour.

Recognising warning signs

We are aware that for some young people there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours.

The behaviours are usually chronic, repetitive and habitual. Young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with others. We understand these behaviours not to be about seeking attention but rather to be about seeking relief and release from emotional distress. We also understand that self-injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions - we will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

Young people often hide their self-harm, but there are a number of signs that they may be self-harming. These include:

- Unexplained cuts, burns or bruises.
- Keeping themselves covered; avoiding swimming or changing clothes around others.

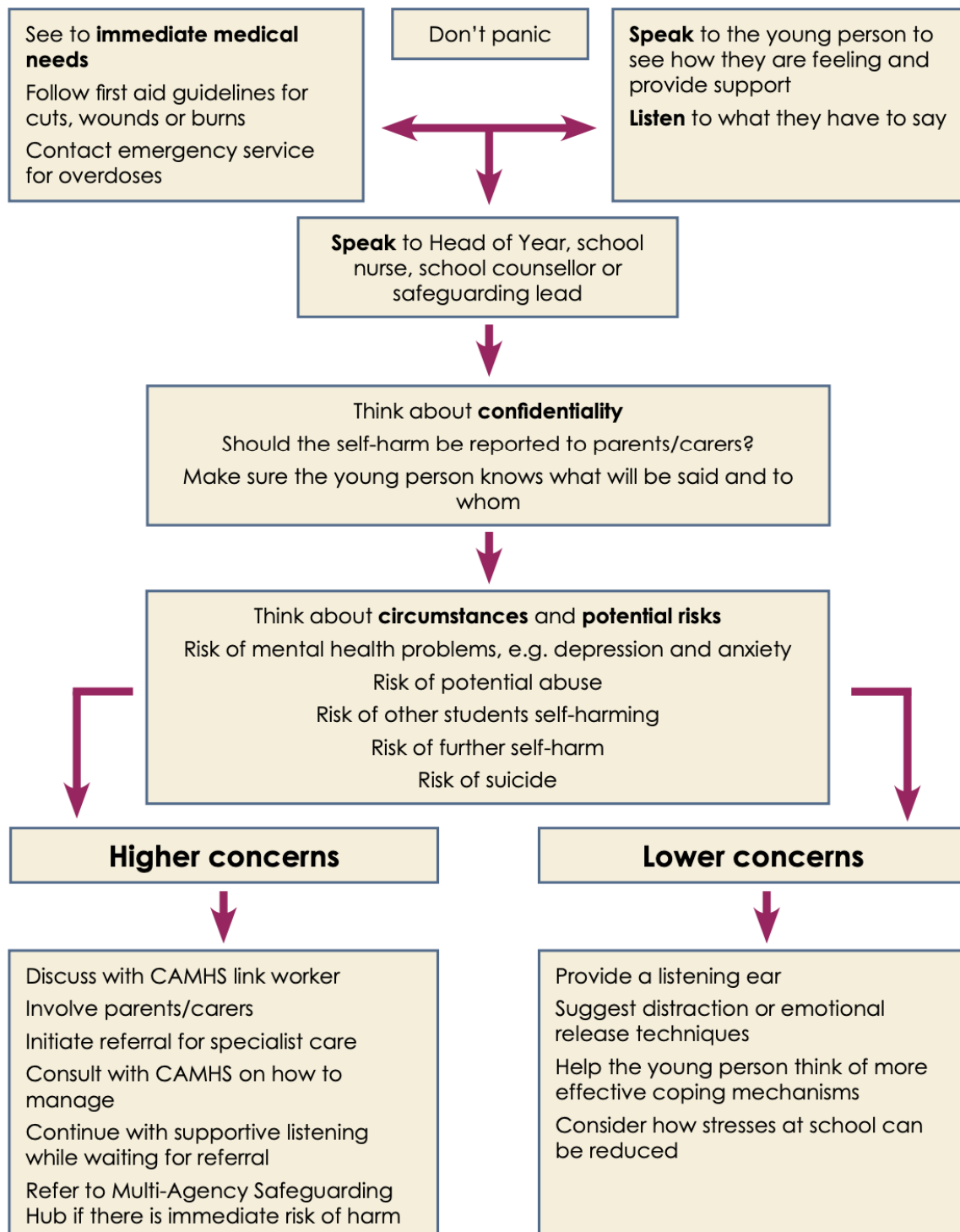
Signs of self-harm may be similar to signs of physical or other abuse. For example, cigarette burns or bruises could be inflicted by the young person themselves or by someone else, so it may be hard to know the reason behind a given sign.

Other non-specific signs of self-harm (which may also relate to other mental health problems) include:

- Becoming withdrawn or isolated.
- Low mood; lack of interest in usual activities; lowering of academic grades.
- Sudden changes in behaviour e.g. becoming irritable, angry or aggressive.
- Excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness

Self-harm at school: what to do?

To be used in conjunction with the school's safeguarding policy



Suicide

Actions following discovery of a suicide risk

Following a report of a risk of suicide from a pupil, the Deputy Head (Pastoral), in discussion with the Senior Mental Health Lead and the relevant pastoral staff (Head of Section, etc), will decide on the appropriate course of action. This is likely to include:

- Contacting parents / carers;
- Arranging professional assistance;
- Immediately removing the student from school if their remaining in class is likely to cause further distress to themselves or their peers or seeking reassurance that it is in their best interests and in the interests of the wider community that they remain in school and that it is safe for them to do so.

Once the pupil has been protected from immediate harm, the Head will require the pupil to return home to the care of parents / carers.

The pupil will remain in the care of their parents / carers until the school receives sufficient evidence that the pupil is not a significant risk to themselves or others under the normal levels of supervision in a day school. The Head may direct and require parents to make use of relevant professional and medical services.

Warwick School will usually require additional safeguards following a pupil's return, which may include a commitment to attend appointments with counsellors, the GP, and/or CAMHS/ RISE.

See the WISF document "Suicide Safe: Guidance on preparation, postvention and response to a sudden death" for guidance on how to respond to an attempted or completed suicide.

Key responsibilities

Everyone in the school community – the School Governors, the Head, SMT, all staff and teachers, pupils and parents–have responsibilities to promote and adhere to this policy in order to help ensure the well-being of all within the community. These are outlined below.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm or considering ending their own life should raise a concern on MyConcern or fill in a green form, which will alert DSLs.

- In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times
- If a pupil has self-harmed in school or discussed taking their own life, the Senior Mental Health Lead, the Medical Centre or 999 should be called for immediate help

Governors undertake to do the following:

- Ensure the existence of a procedural policy in case of self-harming incidents or suicidal ideation occurring within the school context and that this is reviewed as necessary;
- Bear ultimate responsibility for the school's role in maintaining pupil health and wellbeing;
- Have nominated governors in charge of safeguarding;
- Ensure that safeguarding and child protection issues are regularly reported to the governors;
- Put in place appropriate safeguards on admissions to maintain a tolerable level of risk with regard to the health and wellbeing of pupils.

The Head undertakes to do the following:

- Keep the governors aware of major incidents and trends;
- Appoint a designated member of staff (Deputy Head (Pastoral)) to be responsible for all incidents of self-harm and suicidal ideation and be responsible for disseminating the policy and training;
- Be ultimately responsible for ensuring that designated staff members receive appropriate training, support and supervision;
- Ensure that all staff in the school community are fully conversant with and adhere to this Self-Harm and Suicide Policy.

Designated Staff (Deputy Head (Pastoral), Senior Mental Health Lead) will do the following:

- Ensure that the Policy is disseminated and implemented appropriately, providing regular feedback and updates to the Head;
- Develop a record-keeping system to record such incidents and ensure that this is kept up to date and incidents and developments are regularly reported to the Head;
- Ensure that pupils have an appropriate care and management plan which is recorded and, if necessary, developed with the support of external specialist agencies;
- Liaise with external agencies (specifically mental health) in order to provide the most appropriate support alongside utilising key services to provide up-to-date education and information for pupils, parents / carers and staff;

- Liaise with parents / carers as appropriate in order to ensure the safety and well-being of pupils in the school community;
- Report on suicidal intent or feelings straight away and refer to other professional bodies as appropriate;
- Engage in appropriate supervision so as to ensure personal well-being.

All Staff undertake to do the following:

- Act in an empathetic manner, assuring pupils that they are available to listen in a calm and non-judgmental manner;
- Not invalidate any pupils' concerns or emotional distress;
- Know the available support options or referral routes and refer pupils to these as appropriate;
- Ensure that pupils know that staff cannot make any promises to keep things confidential if they feel that the pupil is at risk. **If staff consider a student is at serious risk of harming themselves or taking their own life then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on staff to do so;**
- Adhere to all other relevant and associated school and foundation policies;
- Be committed to providing an emotionally literate context in which the self-esteem and emotional and mental well-being of all are fostered and promoted;
- Be aware of the 'healthy' coping strategies pupils can utilise and know who to ask for advice if it felt that these are being abused or becoming unsuccessful for the pupil;
- Ask for help if they feel a situation falls outside of their emotional competency, skills or knowledge base;
- Encourage pupils to pass on information if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner;
- Be aware that the peer group of a young person who self-harms or idealises suicide may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult the DSL;
- Be vigilant when a young person is self-harming or idealising suicide in case close contacts with the individual are also self-harming or idealising suicide. Occasionally schools discover that a number of pupils in the same peer group are doing the same.

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm or suicidal ideation in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try to maintain a supportive and open attitude – a pupil who has chosen to discuss concerns with a member of school staff is showing a considerable amount of courage and trust.

Staff should go to the DSL for support and help following incidents covered in this policy to help protect their own wellbeing.

Parents or carers need to do the following:

- Ensure that they both understand and endorse this policy;
- Find out about self-harm and suicidal ideation, making use of school-based and external resources, and discuss findings with the child;
- Ensure that appropriate school staff members are kept informed of any changes or incidents that occur outside the school that may have an impact on the behaviour and well-being of the child;
- If the child is engaging in these behaviours, work with designated staff in order to help the school develop the best ways of supporting the child and his parents / carers;
- Recognise that they may also need emotional support and find out where this is best accessed.

Pupils must do the following:

- If self-harming, they will take care of any wounds appropriately and not display them in the school context. Pupils failing to comply with this requirement once appropriate support is in place may face sanctions under the school's Behaviour Management Policy;
- Ensure that they do not engage in 'sensationalised' conversations with peers or staff or talk about the methods they use to other pupils. Pupils failing to comply with this requirement once appropriate support is in may face sanctions under the school's Behaviour Management Policy;
- Try to find something fun and positive in each day;
- Never encourage others to participate in self-harm or suicide;
- Focus on emotional factors, and not on the act of self-harm or suicide itself.
- Ensure that they know who they can talk to in both the immediate and longer term, should they feel distressed or at risk in either the School or social context;
- Alert a member of staff if they are at all concerned about a friend or peer who may be at risk of self-harming, engaging in these behaviours, or who may present as suicidal or discussing suicide.

Links to other policies

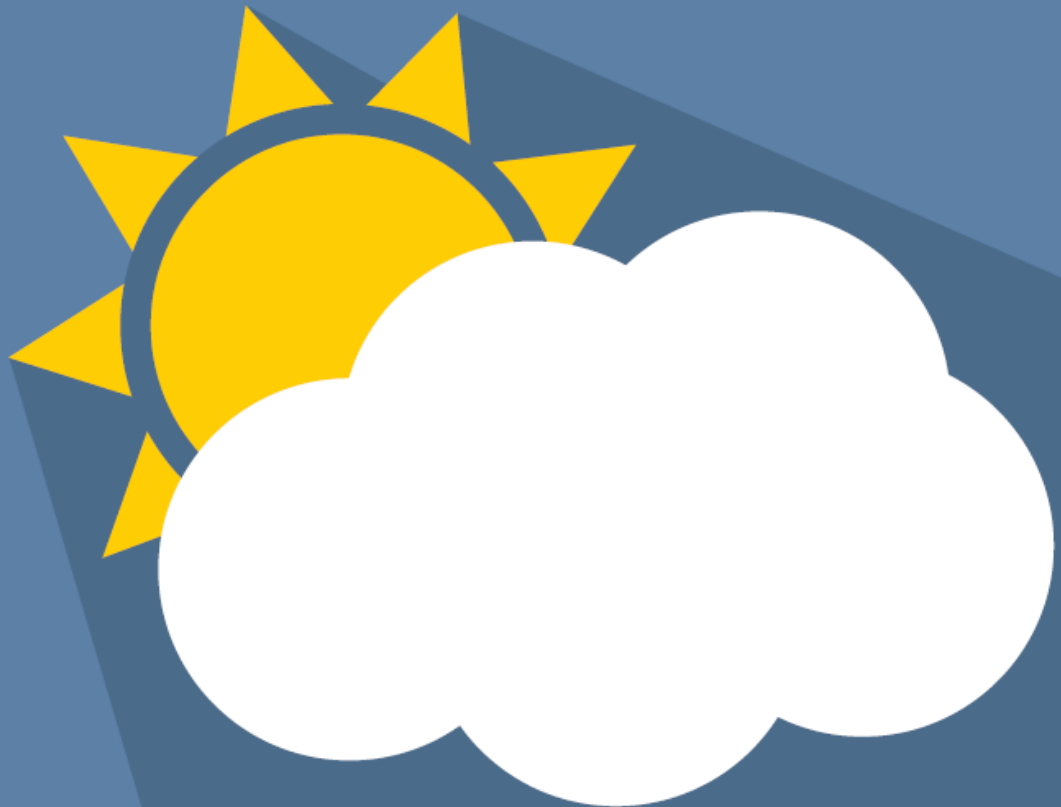
Our Self-Harm and Suicide Policy has direct links to (and should be read in conjunction with) the following related policies, all of which are available on the school website:

- Health and Safety Policy;
- Behaviour Policy;
- Child Protection and Safeguarding Policy;
- Special Educational Needs Policy;
- Anti-Bullying Policy.

This guidance will be monitored by the Deputy Head (Pastoral) and reviewed after requesting evaluative feedback from all key stakeholders. This will enable us to make the relevant and appropriate changes and ensure that this policy remains useful and user friendly.

Coping with self-harm

A Guide for
Parents and
Carers



DEVELOPED BY RESEARCHERS AT THE UNIVERSITY OF OXFORD

About this guide

This guide was developed from talking to parents and carers of young people and is aimed at helping parents, carers, other family members and friends cope when a young person is self-harming. It includes information on the nature and causes of self-harm, how to support a young person when facing this problem and what help is available.



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What is self-harm?

Self-harm is behaviour that is done deliberately to harm oneself. At least 10% of adolescents report having self-harmed. Self-harm can include, for example:

- self-cutting
- taking an overdose
- hitting or bruising
- intentionally taking too little or too much medication
- burning
- hanging
- suffocation

Although some people who self-harm may be suicidal, self-harm is often used as a way of managing difficult emotions without being a suicide attempt. However, self-harming can result in accidental death.

Is your child self-harming?

As a parent, you might suspect your child is self-harming. If you are worried, watch out for these signs:

- Unexplained cuts, burns or bruises
- Keeping themselves covered; avoiding swimming or changing clothes around others
- Being withdrawn or isolated from friends and family
- Low mood, lack of interest in life or depression
- Blaming themselves for problems or expressing feelings of failure, uselessness, hopelessness or anger

“I think for parents... it’s important to know that you are not alone”

HealthTalk.org parent interview

What makes a young person vulnerable to self-harm?

Individual Factors: e.g., depression, anxiety, low self-esteem, hopelessness, poor problem-solving, impulsivity, eating disorders, drug or alcohol abuse, bullying (e.g., because of race or sexuality)

Family Factors: e.g., mental health difficulties in the family, poor parental relationships, drug/alcohol misuse in the family, unreasonable expectations, conflict between young person and parents, excessive punishments or restrictions, family history of self-harm, abuse, neglect

Social Factors: difficulties in peer relationships, bullying, peer rejection, abuse, availability of methods of self-harm, friends who self-harm, media and internet influences

Reasons for self-harm

Self-harm can serve several different functions:

- to manage extreme emotional upset
- to reduce tension
- to provide a feeling of physical pain to distract from emotional pain
- to express emotions such as hurt, anger or frustration
- a form of escape
- an effort to regain control over feelings or problems
- an attempt to punish themselves or others
- to elicit care from others
- to identify with a peer group
- self-harm can also be a suicide attempt

“If you’re hurting so badly in your head, to harm yourself on your skin... stops the feelings in your head.”

Healthtalk.org parent interview

Possible future problems

- Self-harm can be a serious problem
- Repeated self-harm is common following a first episode
- Depending on the method, self-harm can lead to serious physical damage, including permanent scarring, the medical effects of a dangerous overdose, etc.
- Self-harm may be linked to other problems, such as depression, anxiety, eating disorders or drug and alcohol use, for which specific treatment may be required
- Individuals who have self-harmed are at higher risk of suicide than other young people, although the risk is still low

For these reasons, it is important where possible to tackle self-harming behaviour early.

Finding out about self-harm

Some children may tell their parents about their self-harm; other parents find out from friends, teachers or medical staff.

Discovering that your child is self-harming can be very upsetting and stressful. Parents may experience a range of emotions, including anger, sadness, helplessness, shame or disgust. It is normal to feel strong emotions and important to try and understand and accept them so that you don't risk misdirecting them at your child. Try to think of their behaviour as an expression of deep emotions they can't handle any other way.

“We worked out that if she sent me a blank text, I knew that she needed some company or a cuddle or some distraction.”

HealthTalk.org parent interview


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Supporting your child

- Have a conversation, but don't bring up self-harm straight away
- You could organise this around another activity, like a walk or drive
- Ask if anything is worrying them and how they are feeling
- Let them know you are not judging them or putting them down, and that you love them and that will not change
- Show that you are prepared to listen to what your child has to say
- If your child does not want to talk, see if they will write you a note, email or text message about how they feel
- Ask if they would rather speak to someone else (e.g., a GP, counsellor or helpline)
- If your child is able to be open about their self-harm, try to help them work out feelings and situations that may trigger it
- Try to think together of ways to handle strong feelings that don't involve self-harm (see “Alternatives to Suggest” on page 7 for ideas)
- Help them think through their problems and see possible solutions
- Encourage them to think about the long view and how things may change in the future

Other ways to help:

- Take talk of suicide very seriously
- Don't let self-harm become the focus of your relationship with your child
- Try to deal with self-harm in a matter-of-fact manner
- Let your child know that their emotions are real and important
- Remind your child of their strengths and abilities
- Reassure them that you do not think they are a failure whatever their difficulties
- Explain to your child that you want to help but may not know the best thing to do, and try to come up with a solution together (e.g., visiting the GP)
- Work out with your child how to make it more difficult for them to self-harm (e.g., by storing medication securely or removing sharp objects)
- Watch for signs of bullying or abuse that may be triggering self-harm



"I used to ask, 'On a scale from nought to ten, with nought being the worst and ten being the best, how low are you feeling?'"

HealthTalk.org parent interview

Managing injuries from self-harm

If you are concerned about a wound (e.g., if it is too deep to manage at home) or other serious injuries you should seek emergency medical help through your local Accident and Emergency service

Overdoses:

- Get your child to an emergency department as soon as possible
- Try to find out what they have taken and tell emergency medical staff
- If your child won't tell you, look around for empty pill bottles or blister packs

"I went into practical mode. Maybe practical mode was easier to deal with than emotional mode. So you buy your antiseptic and you buy your cotton wool and you look after the cuts because that's the easy bit."

HealthTalk.org parent interview

Cuts and Wounds:

- Apply pressure to bleeding cuts using a bandage or towel (a tea towel may be less likely to stick to the wound)
- Clean the wound under running tap water and apply a sterile adhesive dressing
- If the wound has become infected (e.g., swelling, pus forming or spreading redness), encourage your child to seek medical help

Burns:

- Cool with cold water for 10 to 30 minutes, then cover with cling film
- Don't use ice or any creams or greasy substances such as butter

For more information on handling wounds and burns, and information about when to see a doctor, see www.nhs.uk or ring NHS Direct on 111.

Scars:

- If your child has scars they are embarrassed about, you can look into commercial products that may help them fade
- Scars can also be covered by makeup
- Remind your child that most scars will eventually fade

Alternatives to self-harm

Because self-harm is helping your child to cope with difficult feelings, it is important to think of other ways they might manage their feelings. These can include distraction, stress management techniques, and thinking of alternative methods of discharging extreme emotions. Sometimes joining a social activity or sports group can be helpful as a distraction. This can also provide a form of social support.

Some people find that putting off harming themselves can decrease or get rid of the urge. Reducing the accessibility of objects that might be used for self-harm (e.g., pencil sharpeners, knives, medication etc.) may help to delay the impulse to self-harm.

“Don’t give up. There is help out there.”

Healthtalk.org parent interview

Alternatives to suggest

Soothing/Stress Relief/Distraction:

- Going for a walk, looking at things and listening to sounds
- Create something: drawing, writing, music or sculpture
- Going to a public place, away from the house
- Keeping a diary or weblog
- Stroking or caring for a pet
- Watching TV or a movie
- Getting in touch with a friend
- Listening to soothing music
- Having a relaxing bath

Releasing emotions:

- Clenching an ice cube in the hand until it melts
- Snapping an elastic band against the wrist
- Drawing on the skin with a red pen or red paint instead of cutting
- Sports or physical exercise
- Using a punchbag
- Hitting a pillow or other soft object
- Listening to or creating loud music

When to seek further help

If you are concerned about your child, particularly if the self-harm or distress increases or you notice problems such as anxiety or low mood, you should seek further help.

- This is best done through your general practitioner (GP), who may refer your child to a community Child and Adolescent Mental Health Services (CAMHS) where an assessment would be done and a plan made for support and treatment
- If your child is reluctant to get help or doesn't acknowledge the risks you can still receive advice from your GP
- Telephone advice lines can give you information (see sources of information at the back of this booklet)
- If your child goes to hospital for any reason related to self-harm, they should be seen by someone who will talk to them about self-harm and assess their mental well-being. If it is not clear whether this has happened, ask the staff about it

Telling others

Think carefully about who to tell about your child's self-harming. This includes thinking about their possible reactions, and balancing your child's need for privacy with your need for support.

Many parents say secrecy can make things more difficult: it can add to the pressure on both parents and child, and take away sources of help and comfort from other family members.

Talking to people you trust can be a huge help. If you haven't told family members yet, you might consider speaking to a counsellor or calling a helpline to work through your feelings and decide how and when you might broach the topic of your child's self-harm with friends and family.

"As soon as you mention family mental health problems to a friend, it is quite common to have them reply, 'Do you know, I have that as well.'"

Healthtalk.org parent interview

Other family members

You and your child can think together about how much you want to tell other family members, including brothers and sisters, about the self-harm

- Explain to other children and close family that your child is going through a difficult time – you do not need to give details
- Siblings may feel angry or that their sibling who is self-harming is being selfish and causing distress in the family
- You are still the parent: don't be afraid to set boundaries on your child's behaviour (e.g., how they treat siblings)
- Remember your other children need your attention and support as well
- Try to help them manage their feelings
- Watch for similar behaviours in your other children
- Remind them of other ways to cope: e.g., talking, relaxation, sports or art
- Listen to them and remind them that you love them
- The wider family may or may not understand why a child would self-harm, so you and your immediate family will have to think about how they might react and how you want to manage this

“Don't ever be ashamed of talking about self-harm... I guarantee there are fifty other people in the same boat.”

HealthTalk.org parent interview

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Attending to your own needs

It is normal for parents to experience strong emotions and it is important that you look after yourself as well as your child. Recovery from self-harm may be a long process, so try to find time for relaxation. Pay attention to the physical signs of stress, such as stomach aches, difficulty sleeping, or depression. Take time for yourself when you are upset. Do things you enjoy, such as going out with friends, exercise, hobbies, etc.

Learn to identify and accept your own feelings. It may help to write them down. Find an outlet for your emotions, such as talking to a friend, relative or therapist. You may find other emotions coming out as anger – be careful that your child does not think this is directed at them.

Give yourself permission only to do things that really need doing and don't worry about less important tasks. Take time off work if you are able, and accept help from family and friends.

Try to keep communicating

Your child may remember what you say even if they don't seem to be listening at the time, and may take your advice or talk to you later.

Don't give up on your child

Trying to help your child may sometimes be frustrating. However, when they push you away is often when they need you the most. Remember, most young people who self-harm will stop sooner or later.

“I see the future as like a contour map - she will continue to get better and she will have long periods where life is good”

HealthTalk.org parent interview

Sources of help

Help for parents and carers

Professional Help:

GPs
School Nurses
Counsellors/Therapists

Helplines and Online Information/ Support:

YoungMinds

www.youngminds.org.uk
YoungMinds Parent Helpline:
0808 802 5544
(Mon–Fri 9.30am–4pm)

Samaritans

116 123
www.samaritans.org

Mind (over 18s only)

www.mind.org.uk

Rethink

www.rethink.org

Harmless

www.harmless.org.uk

Royal College of Psychiatrists

www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx

Help for young people

Professional Help:

GPs
School Counsellors
School Nurses
Child and Adolescent Mental
Health Services*

Adult Mental Health Services*

*Usually through referral by GP or other professional

Helplines and Online Information/ Support:

www.youngminds.org.uk
Childline – 0800 1111
www.childline.org
Samaritans – 116 123
www.samaritans.org
www.harmless.org.uk

Further Reading: *"The Parent's Guide to Self-Harm"* by Jane Smith, Oxford: Lion Hudson.

For more information on the experiences of other parents and carers, go to <http://www.healthtalk.org/self-harm> or scan this code:





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RESEARCH

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