



GUIDELINE	
Self-injury (Non-suicidal self-injury)	
Scope (Staff):	School health staff
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To describe the primary health care role of nurses when working with young people who self-injure in school settings.

Risk

Young people who self-injure are not provided with the appropriate assessment, support and care.

Background

Self-injury falls within the self-harm spectrum that includes a variety of behaviours that damage or cause harm to a person. This includes a range of diverse behaviours such as eating disorders, risk taking behaviour, drug and alcohol misuse and self-injury.¹

This Guideline specifically addresses a form of self-injury known as non-suicidal self-injury, hereafter referred to as NSSI. NSSI is a deliberate behaviour with the aim to cause non-fatal bodily injuries to relieve tension, deal with extreme emotional pain or overwhelming negative feelings or thoughts.^{2,3} The purpose of self-injuring behaviour is to cope with life, not to end it.

NSSI is usually undertaken in secret on body parts not easily seen by others.⁴ There are various methods of self-injury including cutting of the skin, skin picking, burning of the skin and overdosing on medications or other drugs.^{4,5} In contrast to perceptions, NSSI is equally prevalent in both males and females, though the kinds of injuries inflicted may differ.⁶ While females are more likely to cut or scratch their bodies, males may be more likely to hit their bodies against a hard surface, or to punch, hit or slap themselves, though the intentions remain the same.⁶

NSSI typically begins in adolescence and may indicate an underlying mental health issue or previous trauma such as emotional, physical or sexual abuse.⁷ However, this is not always the case and NSSI can occur independent of mental health issues or trauma. Social modelling can also play a role, as those who have a friend engaging in NSSI are at an increased risk of self-injuring themselves.⁸

The act of self-injury is likely to occur after a build-up of difficult and stressful life events rather than a one off incident.³ There are many risk factors and triggers that may contribute to self-injuring behaviours, these can include:

- Poor mental health or an underlying psychological or emotional problem

- Low self-esteem
- Previous emotional, physical or sexual abuse
- Childhood trauma
- Experience of bullying
- Lack of social support
- Immature problem solving skills
- Family violence or conflict
- Difficulty with peer and/or family relationships
- Stressful life events
- Loss of a parent (through death/separation) or significant person
- People with LGBTIQ sexual orientation are at higher risk of self- injury.^{3, 4, 9}

NSSI is a coping strategy, which can help the young person to relieve tension and deal with overwhelming situations. This behaviour may increase in frequency, becoming more regular, and can become habitual.¹⁰ As frequency of NSSI increases, so does the risk for accidental death.⁹

It is important to distinguish between NSSI and suicidal behaviour so that the correct pathway is followed. It is essential to ascertain the young person's intention. See Table 1.

Table 1: Characteristics of self-harm and suicidal behaviour

Characteristics	Self-harming behaviour	Suicidal behaviour
Intention	To relieve emotional pain; to live and feel better	To put an end to unbearable pain; to die
Method	Thought to be non-lethal i.e., shallow cutting, burning, etc.	Lethal or thought to be lethal
Potential to be fatal	Unlikely and perceived by the person as not fatal	Highly likely or seen by the person as likely to be fatal
Frequency	Frequent, daily-weekly- monthly; repeated over time	Most likely to be a single or occasional attempt

Nurses can play a pivotal role in the early identification, intervention and gathering information regarding the behaviour, assessing risk and referring as appropriate. Table 2 provides the signs of NSSI that young people may exhibit. Building trust, good listening and effective communication skills, non-judgemental attitude and patience are key strategies for community health staff to employ in helping young people accept treatment.¹¹

Table 2: Potential signs of self-harm in young people ^{4, 6}

<p>Mood changes</p> <ul style="list-style-type: none"> • Significant changes in mood • Social withdrawal • Anger 	<p>Physical signs</p> <ul style="list-style-type: none"> • Unexplained injuries such as scratches or cigarette burns • Unexplained physical complaints such as headaches or stomach pains
<p>Behaviour changes</p> <ul style="list-style-type: none"> • Changes in sleeping patterns • Changes in eating patterns • Social withdrawal • Avoiding situations where arms or legs are on display – such as swimming • Drop in performance at school or home • Inadequate or unlikely excuses provided for injuries • Wearing clothes that are inappropriate to the conditions, such as long sleeves on a hot day • Concealing objects used to harm, such as razor blades 	<p>Cognitive changes</p> <ul style="list-style-type: none"> • Dissociation • Greater impulsivity than expected in adolescence • Difficulty regulating emotion

Key Points

- Nurses must work within their scope of practice.
- If the young person is at risk of suicide, immediate action must be taken to ensure their safety. Refer to the *Suicide risk response protocol* and action accordingly.
- The functional nature of NSSI needs to be recognised. Young people often view this behaviour as a form of self-help and self-protection, and a way of regulating emotions and stress.¹²
- Do not discourage NSSI: the motivation to reduce or stop self-injuring behaviour must come from the individual. Removing a coping strategy without replacing it with more adaptive ones can leave the person vulnerable if they have no other way of coping with their distress.
- Many people stop or reduce self-injuring behaviour as they learn better coping skills.¹³
- Collaborate with the Student Services Team as appropriate.
- Appropriate referral is an important aspect of supporting young people with mental health concerns. Ongoing support is equally important.
- Staff should be aware of young people's risky behaviour or situations and ensure personal safety.
- Nurses working in secondary schools need to be competent in undertaking a *HEADSS* assessment. This document should be used in conjunction with the *HEADSS adolescent psychosocial assessment procedure* and the *HEADSS Assessment: Handbook for nurses working in secondary schools*.
- Refer to: *Working with Youth- A legal resource for community based health workers* for information about legal matters including duty of care, sharing information with third parties, consent and mature minors.

Process

Steps	Additional Information
<p>1. Respond calmly and neutrally</p> <ul style="list-style-type: none"> • Acknowledge what the person has done in a matter-of-fact way. • Identify if medical attention is needed and take any required action. <ul style="list-style-type: none"> • Ensure privacy for conversation. <ul style="list-style-type: none"> • Identify if a Department of Education Risk Management Plan is in place for the young person. 	<ul style="list-style-type: none"> • Build a safe and trusting relationship with the young person and make yourself available to listen. Being angry or punitive can reinforce the NSSI behaviour; as can being overly caring or concerned. • Nurses should aim to provide calm and reassuring support that assists the young person to feel in control of their feelings. • The ability of health professionals to establish rapport is pivotal in addressing the psychosocial and mental health needs of young people. • If other young people are present, request to speak with the young person in private, or with minimal support people. • Act in accordance with the <i>Risk Management Plan</i> when available.
<p>2. Discuss confidentiality</p> <ul style="list-style-type: none"> • Early in the consultation explain confidentiality, privacy and the limits of confidentiality. Check understanding by the individual. 	<ul style="list-style-type: none"> • Clearly document that confidentiality has been discussed. • Refer to <i>Confidentiality and Adolescents</i> guideline. • When NSSI occurs, parents/caregivers must be informed and school process followed.
<p>3. Assessment</p> <ul style="list-style-type: none"> • Assess risk by identifying if the self-injuring behaviour is aimed at coping with life, or is motivated by an intent to die. 	<ul style="list-style-type: none"> • There is a distinction between NSSI as a negative coping skill and self-harm occurring with suicidal ideation.¹⁴ • If suicidal, take immediate action as per the <i>CACH Suicide risk response protocol</i> which supports the Department of Education <u>School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal NSSI</u>.

Steps	Additional Information
<p>4. Health counselling</p> <ul style="list-style-type: none"> Focus on the emotions the young person was feeling at the time the injury occurred and help them to develop healthy ways of managing those emotions. Avoid making the young person feel ashamed or guilty. 	<ul style="list-style-type: none"> Any support provided should reflect the maturity of the individual, significance of the issue, and the particular circumstances of each case. Be mindful that a young person with a suspected mental health issue is likely to make impaired judgements about the risks of their self-injuring behaviours. Provide practical, non-judgmental and reassuring support to parents. headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia.
<p>5. Referral</p> <ul style="list-style-type: none"> Referral is essential if this is the first incident, or if there is an escalation of harm. 	<ul style="list-style-type: none"> Refer to GP. Consider the availability of youth friendly doctors in the area. The Australian Medical Association provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, and headspace also offers GP services in some centres, though they may not be available in all areas. Aboriginal Community Controlled Health Services (ACCHS) – there are 22 ACCHS in WA run by local Aboriginal people and their communities to manage their own health and well-being. Even when engaged with a specialist mental health service, an individual may require ongoing support by the nurse (or other member of the Student Services Team).
<p>6. Follow-up</p> <ul style="list-style-type: none"> Make an appointment to see the young person again to assess social and emotional wellbeing and discuss outcomes of initial assessment. Ensure <i>at risk</i> young people are known to the Student Services Team, and a member maintains contact with the 	<ul style="list-style-type: none"> Plan to conduct a <i>HEADSS psychosocial assessment</i> in the near future if one was not done. If a previous <i>HEADSS assessment</i> has been conducted, ascertain if the young person's situation has changed. Plan on-going care with the young person, their parent or guardian and the

Steps	Additional Information
individual and family.	<p>appropriate Student Services Team member (i.e. Year coordinator, School Psychologist, Deputy Principal).</p> <ul style="list-style-type: none"> Nurses can be instrumental in supporting the young person in the context of their (school) life.
<p>7. Nurse support</p> <ul style="list-style-type: none"> Ensure adequate debriefing and support processes following crisis situations. Be familiar with the <i>Critical and Clinical Event Debrief Policy</i>. 	<ul style="list-style-type: none"> The <i>Critical and Clinical Event Debrief</i> policy provides strategies for dealing with critical events. Critical events are any events which have the potential to interfere with a person's ability to function either during the event or later.

Documentation

Nurses will document according to local processes.

Related internal policies, procedures and guidelines
<p>The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link</p>
Confidentiality and adolescents
HEADSS Adolescent Psychosocial Assessment
Mental health in adolescence
Suicide risk response protocol

<p>The following documents can be accessed in School Health Resources: HealthPoint link</p>
HEADSS Assessment: Handbook for nurses working in secondary schools
Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (young people)
<p>Medicare for young people Department of Human Services, Government of Western Australia</p>
Mental health and resilience – Health Promotion in Schools resource
Relationships and sexuality – Health Promotion in Schools resource
<p>Working with Youth– A legal resource for community-based health workers. Perth: Department of Health Western Australia; 2007. (Revised 2013.)</p>

Additional Department of Health, Government of Western Australia resources or policies
Australian Health Practitioner Regulation Agency (AHPRA)
Critical and Clinical Event Debrief
Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia
School Response and planning guidelines for Students with Suicidal Behaviour and Non-Suicidal NSSI – WA Department of Education guideline
Useful resources
For Community Health Staff
Beyondblue mental health in education program - National Mental Health in Education program with support from headspace and Early Childhood Australia which builds on initiatives such as MindMatters, KidsMatter
Gatekeepers Suicide Prevention training – Ministerial Council for Suicide Prevention
headspace – Research, statistics, information and guidelines about risk factors, burden, onset for common mental health issues such as; anxiety, depression and self- injury
headspace Clinical Toolkit - Supports with recognising and treating common mental health issues in young people: Engagement, Anxiety, Depression, Borderline personality disorder, psychosis
ReachOut for Health Professionals – Includes a range of information and support, for example: Teaching and learning resources and ideas, professional development strategies to help you, self-care for health professionals
Interviewing Adolescents – A training DVD which covers generic concepts relevant for any health professional working with adolescents. It is a self-paced teaching tool for taking a complete psychosocial history from an adolescent (\$66 to order)
Mental Health Commission – Information on mental health, alcohol or other drug issues
The Youth Mental Health First Aid Course
For Adolescents
Australian Medical Association - Provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training
Beyond Blue – Provides information on a range of mental health issues for all ages and different cultural backgrounds
headspace - The National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan,

regional and rural areas of Australia. headspace also offers GP services in some centres, though they may not be available in all areas

[Kids Helpline](#) – Available for support 24 hours, every day of the year

[Medicare Better Access Initiative](#) – GP Mental Health Care Plan

[ReachOut](#) – An online mental health organisation for young people

[Yarn Safe](#) – Online resources for young Aboriginal people (12-25years) experiencing mental health difficulties.

For Parents

[Raising Children's Network](#) – information, videos and resources for parents, examples include:

- Alcohol and other drugs, binge drinking
- Mental health and services
- Stress in teenagers
- Teenage mental health issues
- Promoting happy teens

Help/Information Lines

- [Mental Health Emergency Response Line](#) – 24hr

1300 555 788 (Metro); 1800 676 822 (Peel)

- [RuralLink](#) – 1800 552 002


8:30am -4.30pm Monday to Friday and 24 hours Saturday, Sunday and public holidays. During business hours callers will be connected to a local community mental health clinic.

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This document can be made available in alternative formats on request for a person with a disability.

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