A Do and Don't List

For Non-Suicidal Self-Injury (NSSI) in Schools

Developed by International Consortium on Self-Injury in Educational Settings (ICSES)

This list contains do's and don't's for:

- General Policies
- Students
- Teaching Staff
- Addressing NSSI in Schools
- Supporting Students and Families
- Mental Health Professionals
- Treatment

Do & Don't List

FOR NSSI IN SCHOOLS

General Policies

DO

Be aware of local legislation, policies and guidelines regarding how to address and respond to NSSI and suicidal behaviour in schools

DON'T

Develop policies regarding NSSI without consideration of local context

DO

Develop a protocol specific to NSSI

DON'T

Combine policies and guidelines regarding NSSI and suicidal behaviour

Conflating NSSI and suicide protocols risks detrimental ends for youth, families and school personnel.

DO

Develop strategies and procedures for school camps, excursions, boarding schools, remote campuses, as applicable

DON'T

Develop a one-size-fits-all policy that does not consider the unique school environment

Not permitting students to go on excursions, field trips, or camps because of NSSI will further isolate the student, impede recovery, foster unhelpful comments from other students, and impact academic achievement.

Students

DO

Be aware that different students cope in different ways

DON'T

Be judgemental or dismissive of a student who self-injures

DO

Tell a teacher or a trusted adult if a friend self-injures

DON'T

Promise to keep a friend's NSSI a secret

DO

Discuss mental health concerns and general coping strategies with other students

DON'T

Do not flaunt wounds or scars

DO

Seek support from a school counsellor

DON'T

Feel like you have to keep a secret

Teaching Staff

DO

Offer, and encourage, training and resources to all school staff

DON'T

Restrict education and training about NSSI to mental health staff only

DO

Encourage all school staff to adopt a compassionate, non-judgemental approach and respectful curiosity when talking to students about NSSI

DON'T

Openly display negative, judgemental, or unhelpful responses to NSSI

DO

Appoint a point person or team who are trained to address NSSI, can confidently perform a risk assessment, and work with young people who self-injure

DON'T

Allow untrained, or inexperienced, staff to work closely with students who self-injure

Also, avoid overly effusive responses to self-injury (which may reinforce the behaviour)

DO

Allow mental health staff to make decisions about confidentiality vs duty of care

DON'T

Mandate reporting of all NSSI to Head of School/ Principal/Parents

Addressing NSSI in Schools

DO

Be aware of cultural sensitivities, and any increased risk or issues that may relate to particular student groups (e.g. Indigenous students, LGBTI, students with disabilities)

DON'T

Adopt a blanket approach to addressing and responding to NSSI without considering individual student needs

DO

Consider the impact of NSSI on other students in the school. Support friends and peers of students who self-injure

DON'T

Avoid discussing NSSI with friends/peers

Within the confines of confidentiality, it is important to check in with friends of someone who self-injures to ensure their wellbeing

DO

Use respectful language. See below as a guide to speaking about suicidal behaviour

https://www.beyondblue.org.au/the-facts/suicide-prevention/worried-about-suicide/having-a-conversation-with-someone-you're-worried-about

DON'T

Use stigmatizing or labeling language (e.g., referring to students who self-injure as "cutters" or "self-injurers")

DO

Recognize that many different young people engage in self-injury, in a number of different ways

DON'T

Assume that self-injury is a behaviour only one group (eg., "young women", "emos", "alty-kids") engages in, using only one method (eg., cutting or scratching)

Supporting Students and Families

DO

Involve parents in the care of the students, where possible and appropriate (involve students in this decision-making/conversation)

DON'T

Underestimate the importance of parents and caregivers in the lives of young people

DO

Acknowledge that NSSI has an impact on parents, family and friends the family. Offer education, support and resources to parents, and families and friends as appropriate

DON'T

Assume parents know of their child's NSSI, or that they have effective coping strategies in place

DO

Discuss mental health concerns and general coping strategies with the student body; focus on teaching peers to notice and respond to signs of mental health difficulty in their friends and themselves

DON'T

Focus explicitly on NSSI, or discuss details of specific acts in schoolwide programs or prevention initiatives

DO

Encourage peers who know about a friend's self-injury to disclose to a trusted adult

DON'T

Encourage peers to counsel or support their self-injurious friend by maintaining secrets they know are making it easier for their friend to hurt themselves

Mental Health Professionals

DO

Encourage students to discuss concerns underlying NSSI (e.g., motivations for NSSI) with others, rather than the NSSI act itself

DON'T

Allow detailed and explicit discussion about NSSI

Explain the impact explicit discussion could have on other students and avoid focus on specific details such as method.

DO

Use Safety Plans/Support Plans

Safety plans focus on working collaboratively with the young person to identify supports in their environment, identifying triggering situations, rehearsing alternate coping strategies and providing the young person with emergency contacts if required.

DON'T

Use "No Self-Injury' contracts

These contracts can promote secrecy and result in a failure to confide future episodes of NSSI. Further, they can reduce rapport and interfere with the therapeutic relationship.

DO

Foster the development of alternative coping strategies

DON'T

Promote the use of "replacement behaviours" such as flicking a rubber band on the wrist initiatives

At this stage, there is no scientific evidence to support efficacy of replacement behaviours, and there is anecdotal evidence that such practices may be harmful for some youth.

DO

Recognize that if a student chooses not to cover old wounds and scars, this is their choice

Review the potential negative consequences for the student (e.g. bullying) if a choice is made to show residual scarring, and other students (e.g. triggering), how these challenges can be addressed, and how the student can be supported.

DON'T

Force students to cover scars against their wishes

Concealment of scars may be associated with the shame of having self-injured; for many students, displaying scars after recovery can be therapeutic and empowering.

Treatment

DO

Keep an up-to-date list of local referral sources, and refer students to external supports as appropriate

DON'T

Attempt to confine the treatment of a student who self-injures within the school, if there are complex issues underlying the behaviour that require external support

DO

Foster self-care among all school staff and students who may know students who self-injure

DON'T

Assume staff and students are equally able to cope with disclosure and treatment of NSSI without support

DO

Intervene early and directly in cases where NSSI may be spreading in peer groups (contagion events)

DON'T

Assume that individuals who seem to be “picking self-injury up” from someone else (copycat behaviour) will “grow out of it” or otherwise stop the behaviour if it is ignored