



Understanding and
Preventing Self
Harm & Suicide: A
Whole School
Approach

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Self Care



Aims



Overview of childhood trauma & it's impact



Overview of self harm & suicide



Risk formulation & a whole school approach



The Cost of Caring

Childhood trauma & its impact



Trauma can be **many things...**



One-off
catastrophic life
events/natural
disasters

On-going
repetitive
experiences of fear
overwhelm and
abandonment

It's the **always** the **CHILD'S**
experience that defines their trauma



Trauma memories are stored as sensory 'memories' that impact the nervous system



TASTE



VISION



TOUCH



SMELL



HEARING



PROPRIOCEPTION

Sensations from the movement of body



VESTIBULAR

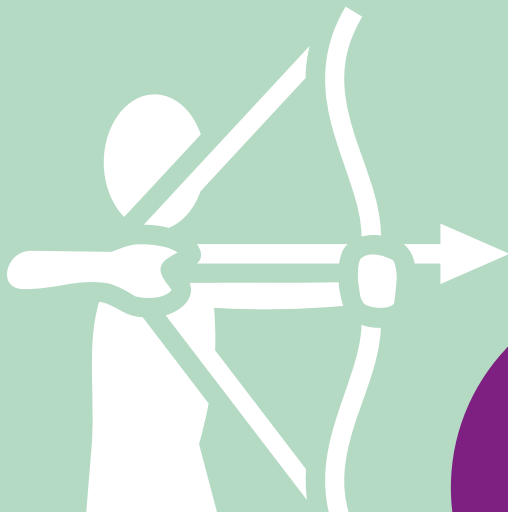
Sense of balance



Self Harming



Busting Myths...



Self harm is
attention
seeking
behaviour

We must stop
the person
from self
harming

Cutting is
the only
form of self
harm

Self harm is
a phase
during
adolescents

Self harm
is an
illness/
disorder

Self harm
is a suicide
attempt



Self Harm

- It is a behaviour.
- It is used to communicate feelings of distress, giving relief from emotional pain, to regain feelings of control or as self punishment for feelings of guilt or shame.
- Help seeking, connection seeking behaviour.
- Most of us engage in a form of self harm: overeating, tattoos, not exercising too much, too much alcohol, smoking.



Self Harm or Self Injury

- Its important to be mindful of the difference between Self-Harm and Self-Injury.
- Self Harm is evident when there is an intent to cause harm to oneself.
- For example, a child with autism may injure themselves in various ways, such as banging their head on surfaces, biting their hands or arms or pulling their hair. This is known as self-injurious behavior. **Harm is not the intent.** It is the result of an attempt to regulate or express immediate physical pain or discomfort, or communicate a particular need , sometimes known as stimming.



Why do children self harm?



Helping & Risk Assessment

Safety

- First Aid and/or 999
- Keep yourself safe first (sharp objects, blood)
- Can they be left alone or need a safe adult to stay with

Ask (as a calm, grounded, safe adult)

- Appropriate time and place
- Ask about suicide – higher risk of suicide
- Alcohol and substance misuse increases risk of acting on self harm/suicidal thoughts



Risk Assessment

- How are they self harming ?
- Where are they self harming?
- Frequency of self harming
- What do you do to care for your wounds?
- Are any suicidal thoughts or plans?



Alternative Methods & Self-Soothing Techniques

- Alternative Methods are essentially a safer way
- Self-Soothing techniques support the body and brain to feel safe and calm

Seek guidance from a professional and understand your school/services stance on using alternative methods – also known as harm minimisation strategies.

Presenting Need

Does it
matter?

Is this their autism or is
this mental health?

Harm or
Injury? It still
requires
support for
safer means

They are stimming
not self-harming

Does it
matter?

They self-Harm because of
their additional needs

Pre- Verbal
Communica
tion

They are non-verbal so
they can't tell me.

Risk can
change and
sometimes
rapidly

Its just superficial, we
do not need to worry

The Reality: Self Harm

Can't stop anyone from engaging in self harming behaviour

It might be keeping them alive

Unintentional risk of dying

Can take years and years for someone to reduce the frequency and severity of self harming behaviour

Sensory needs to be taken into consideration

It works. Otherwise, people would not do it.

You are human. You can not blame yourselves.

Procedures in place to minimise the risk. You can never eradicate it.



Suicide



Suicide



Suicide behaviour exists along a continuum from:

- Thinking about ending one's life (suicide ideation)

to 

- developing a plan

to 

- Nonfatal suicide behaviour (suicide attempt)

to 

- Ending one's life (suicide)



Suicide happens when pain exceeds the resources for coping with the pain

Most don't want to die; **they want the pain to stop**

Higher rate of **males**
completing suicide

60% of people who are
suicidal don't receive
treatment



Helping & Risk Assessment

Safety

- Keep yourself safe first.

Current Plan

- Are you thinking about killing yourself?
- How long have you felt this way?
- Have you thought about how?
- Have you thought about when and where?
- Have you felt like this before? What helped?

Resources

- Do you have the items (means) to take your own life?





Whole School Approach

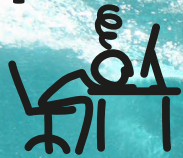


Document:

- Whole school training
- Review & share risk formulations
- Communicate the risk
- Link with CPOMOS & safeguarding infrastructure
- Contextual safeguarding concerns (beyond their family & home)
- Mental ill health



The Cost of Caring



The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as being able to walk through water without getting wet.

Rachel Naomi Remen



Clinical Supervision



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implementation of a whole
school approach

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Thank you for joining us today.

We appreciate your interest and engagement.

Any questions? We're here to help!



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Risk Formulation

Predisposing factors:

background on vulnerability

Presenting risk:

what behaviour is risky, be specific

Perpetuating factors:

what keeps the 'problem' going

Early warning signs:

thoughts, feelings, behaviours expressed

Triggers:

what activates the body to feel unsafe

Risk minimisation plan/action plan:

you plan to keep the young person safe

Protective factors:

Strengths, factors that minimise risk (i.e. family support)

Risk level/score:

Low, Moderate, High

