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# RESPONDING TO SELF HARM

## [035]

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PILGRIM  
PATHWAYS  
SCHOOL

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### 1. Responding to self-harm and absconding: Guidelines for Pilgrim Pathway School

*This policy was written for the nursing team at the Darwin Centre when the AMBIT model was in use. It is still relevant for the teaching team across the Pilgrim Pathway School to work in this way when managing pupils who self harm.*

Being with a young person who is harming themselves or has just done this is often distressing. Staff members have said that afterwards it can feel like it was their fault, that maybe they should have done something differently, been there sooner or 'picked up on things'. This sense of guilt or blame can add to the stress around these situations. It is important to remember that we work with very distressed and complex young people and it is often not possible to predict or prevent people from hurting themselves.

When there are lots of incidents of self-harm on the ward there can be an atmosphere of increasing anxiety that builds up in the young people and the team. It increases the likelihood of more incidents and makes it harder to [[Mentalize]]. It can take a while to break this cycle. The following are guidelines on how to respond if or when you encounter someone who is harming themselves;

### 2. Being with someone who is hurting themselves

1. Check that the situation is safe for you. If you feel it is not call for assistance (use the alarm or go to get a team member).
2. Assess the situation to decide whether you can manage through talking to the young person. For example, if they are cutting themselves, try calming the situation through talking and encouraging them to stop. This would not be a time to give physical comfort or to ask lots of questions about thoughts or feelings. However it may be helpful to mentalize a little for the young person at this point by gently labelling what you imagine they may be experiencing e.g. 'you seem like you are really upset and worried right now'

If it is not possible to talk someone down, get another team member to help do this together. Continue to use verbal techniques to calm the situation.

Avoid physical intervention, restraint or attempts to physically remove a sharp object unless there is an imminent danger to them or you.

3. If somebody has tied a ligature around their neck and they are clearly awake and conscious, first try talking and calming, asking them to take it off. If the situation becomes more difficult to manage (for example if they are pulling it more tightly and becoming more distressed) call for assistance. At this point it is appropriate to remove the ligature physically and it may need another member of staff to bring ligature cutters. Physical intervention should be kept to a minimum. If someone is clearly conscious e.g. shouting or hitting out we would not want to try to intervene physically to remove the ligature.
4. If you have any doubts about whether somebody is conscious, call for assistance immediately and try to remove the ligature.
5. When going to assist other team members (particularly when alarms are going off) try to respond calmly but quickly. Walk and talk at a normal level. A calmer, more thoughtful response is more effective, will have less impact on the anxiety levels in the young people and will reduce the chances of other subsequent incidents.
6. For all of us it is really hard to think and mentalise when we are in the middle of distressing situations. We need others in the team to help us regain this ability. Having a supportive conversation or de-brief with the chance to think about how we are feeling right now is a key part of this and the [[AMBIT model]]. [[Thinking together]] gives a structure for having these kinds of conversations.

### 3. Responding after an incident of self-harm

Keeping the ward structure and environment and prioritising the ward environment is really difficult when in the middle of stressful situations. We know that prioritising these areas even when distress is high has the best chance of helping people feel contained and reducing further incidents.

The immediate response with a young person who has harmed themselves is important as we know this will shape how they think and feel about what happened and how they will manage in the future .

General principles in talking and being with a young person immediately after they have harmed themselves:

1. A calm and kind response, but maintaining professional boundaries. For example, any injury or wound should be treated professionally and as calmly as possible, but without lots of interaction. This is not a time for talking in detail about feelings, analysis of the incident or physical comfort.
2. Observation of a young person immediately after an incident should be aimed at supervision and safety. Again, this is not a time for analysis, talking in depth about feelings or physical comfort. It is NOT a punishment. The purpose is being with the young person and making sure they are safe.
3. The young person's environment should be made safe. E.g. if they have tied a ligature things that could potentially be used again for this should be removed from their room/possession. It may be that a room search is needed to try to find sharp objects if there has been cutting.
4. The young person will need time to think through and make sense of what happened in a supportive way i.e. the chance to mentalize about why they were distressed, the context of the incident and what might have helped manage differently. This should **not directly follow the incident itself**. It is important that this happens in a planned session/key work meeting or therapy session e.g. the next day or later on that day.

## 4. Guidelines on responding to absconding

(please see local search policy for further detail)

If we see a young person absconding from the unit we might feel anxious and worried. At these times it is more of a challenge for us to mentalize and this means it is harder to have a calmer and effective response.

5. If a young person is trying to abscond from the unit try to avoid physical confrontation or attempts at restraint if at all possible. This can lead to more difficulties and distress. **Our first and primary responsibility is to inform a team member, begin the local search policy and contact the train line.** This may feel counter-intuitive, however we know that actively chasing a young person is likely to escalate a situation and increase the chance of further incidents and distress.
6. As with all 'spur of the moment' decisions, how confident we feel to respond will be influenced by a number of factors, including our relationship with the young person. If we are close to a young person who is trying to abscond (for example, standing with them in the car park) and we feel it is possible to de-escalate the situation, then this would be appropriate. It would be helpful to try to mentalize for the young person at this point e.g. 'you look like you are angry about something, can we work out what's been going on...' If this is not possible or not successful then the responsibility is to inform the team of the situation (as above) rather than actively chasing or trying to restrain.
7. If other team members are present, one person should begin the local search policy, whilst one or more people follow the young person and keep contact with the unit by phone. **Keep in mind the needs of the unit, with the minimum number of people following.**
8. If you are alone, do not try to restrain the young person. **Follow calmly** to monitor where they are and what they are doing. **Do not try to restrain the person if you have not had control and restraint training.**
9. When people are brought back onto the unit in a distressed state it can be upsetting for the team as well as the young person. If this is the case, having a planned time with the young person to think through what happened and why they were upset/needed to leave is important. It's also important for the staff team involved to have a de-brief so we can regain our ability to mentalise.