ST. JAMES-ASSINIBOIA SCHOOL DIVISION

Great Schools for Growing and Learning

REGULATION: JHF-R-1

LL# 1081864

JHF JHF-R JHF-E-1

Protocol for Responding to Students Self Injury

Part 1: Awareness of Self-Injury

- The principal will review this divisional Protocol for Responding to Student Self-Injury on an annual basis with all school staff members.
- The principal will be in support of training opportunities for staff members in regards to student self-injurious and/or suicidal behaviours.
- Each school should have a Designated Team familiar with processes related to the initial stage of assessment and referral of students engaging in self-injury for further mental health services.
- Designated team members may include guidance counsellors, ESS school psychologists and social workers, principals and vice principals. Teams may also include other school staff.
- It is mandatory that all staff members refer a student they suspect is engaging in self-injurious behaviour to a designated team member.
- Staff members are encouraged to directly ask youth who they suspect are engaging in self-injury, if they are harming themselves. This conversation should happen in a calm, and caring manner in a private setting. If staff members are uncomfortable asking about self-injury, they should personally bring the student to a designated team member to continue the conversation for the initial assessment.
- If the situation is an emergency 9-1-1 must be called immediately.

Part 2: Difference Between Non-Suicidal Self-Injury (NSSI) and Suicidal Self-Injury

- There is a difference between non-suicidal and suicidal self-injury.
- Non-suicidal self-injury is the intentional and direct injuring of one's own body without suicidal intent.
- Suicidal self-injury is the intentional and direct injuring of one's own body with suicidal intent.

Part 3: Self-Injurious Behaviours

- Examples of self-injurious behaviours may include cutting, scratching, burning, laxatives, ingesting a medication in excess of the prescribed or generally recognized therapeutic dose, ingesting a recreational or illicit drug or alcohol as a means to harm, ingesting a non-ingestible substance or object, choking or asphyxiation, banging your head.
- Warning Signs could include:
 - Visible signs of self-injurious behaviour (for example, cuts, bruises, rope marks, burns)
 - Change in baseline behaviour (t-shirt to long sleeves),
 - Evidence of self-injury in writing and/or artwork,
 - Social media posts,
 - Verbal comments,
 - Pre-occupation with methods of self-injury.
 - Information shared by peers, parents, quardians, self-disclosure
- The youth should be assessed by a Designated Team member in private to determine level of risk;
- Offered immediate support, assistance, and follow-up.

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Part 4: How to Respond to Self-Injury

• Contact the custodial parents or guardians to share information and express concern. Mental health referral information should also be shared with parents. In situations where students are aged 18 or over, the student will be provided with community mental health referral information, and encouraged to seek support. In addition, the student will be consulted to see if they want their parent, guardian, or another adult contacted. Please note there may be exceptional cases in which Child and Family Services and/or Winnipeg Police Services (WPS) are contacted as opposed to contacting parents, in order to ensure the safety of the student. An example of an exceptional case is a student at imminent risk of harm from the parent. Reasons for consulting with CFS or WPS before contacting parents/guardians should be documented.

- The custodial parent or guardian should be strongly encouraged to take the youth to a mental health provider of their choice.
- Provide the youth and parents with 24-hour phone contacts and hotline numbers to access.

The following is a list of recommended providers:

Family Physician Grace Hospital/Access West 204-940-2040

Mobile Crisis Unit 204-949-4777 Kids Help Phone 1-800-668-6868

Klinic Line 204 - 784 - 4090

Child & Adolescents Centralized Intake 204-958-9660

Part 5: Contagion in a School Setting

- Hearing, talking or seeing NSSI can be a trigger to NSSI in some youth but particularly for those who already self-injure
- Refrain from publically discussing NSSI, including through social media
- Ask students to cover visible scars/injuries, by explaining that divisional policy is in place to prevent triggers and distress in other students.
- Encourage the youth to connect with appropriate support services in the school building (guidance counsellors, ESS school psychologists and social workers)
- Encourage connections with other school staff members
- School principal/ vice principal should collaborate with the school and clinical team to determine if it is appropriate to activate the Divisional VTRA protocol.
- NSSI-affected youth should be supported by universal school-wide programming that focuses on coping skills and stress management for all students.
- Please note: NSSI specific group-based interventions require significant training and expertise as well as clear rules re: any discussion of NSSI.

Note: Importance of bonding, connectedness, and relational support

Research has shown that long-term relational support is one of many protective factors in supporting positive mental health. It is our practice that all staff members be intentional about developing caring relationships with youth and young adults, especially with youth that are least trusting and have few connections and supportive adult relationships. It is important that staff members have caring conversations with youth during life's ups and downs and not just during times of crisis.

References: Dr. Mary Nixon http://insync-group.ca/

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