



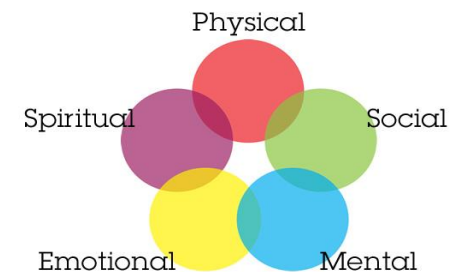
# **PASTORAL CARE PROCEDURES IN RESPONSE TO SELF HARM AND SUICIDE ATTEMPTS**

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Daramalan College

# CONTEXT



- ❖ Pastoral Care role- development of procedures
- ❖ Increased identification of trends from well being data and Mission Australia Data
- ❖ Alignment with Strategic Directions
- ❖ Access to well being data for Pastoral Staff, assisting in identifying students at risk in their care
- ❖ Vision and Mission of Daramalan
- ❖ Development of response procedures for all staff



# TRENDING

- ❖ Increasing trends of suicide and or self harm incidents
- ❖ Mental Health concerns; gender, sexual identity and orientation
- ❖ Connectedness within our community
- ❖ Access to information
- ❖ Access to devices
- ❖ Access to school counsellors and mental health care providers
- ❖ Student well being data

# SELF-HARM TERMINOLOGY

## DIRECT

*NSSI= Non-suicidal self-injury*

*Intentional act or injury and or poisoning (poisoning is most likely directly connected to wanting to die)*

INDIRECT- *range of socially acceptable and unacceptable behaviours.*

# ***RESOURCES***

***Thomas Joiner- Psychologist. Points on: Self and harm and suicide connection.***

*Hopelessness- can't identify future, positive, outcomes etc*

*Helplessness- Inability to fix/cope*

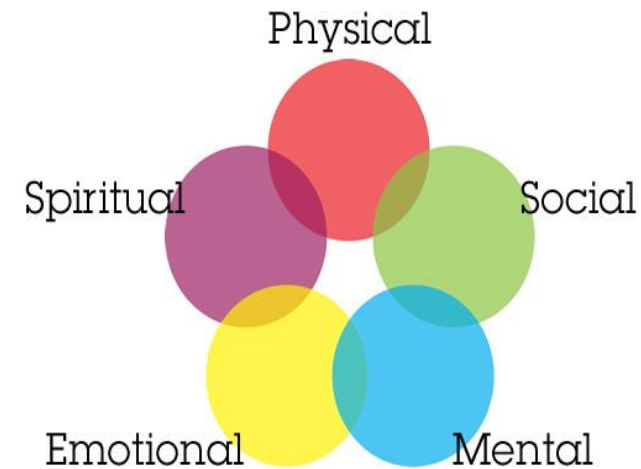
*Worthlessness- Feelings of this*

*Belonging- decreased*

*Burdensomeness- increased*

# FUTURE DEVELOPMENT AND IMPLEMENTATION

- ❖ Response chart for Pastoral Staff and extended staff **Term 4, 2018.**
- ❖ Critical incident response chart **2018-2019**
- ❖ Development of return to school planning procedures- **on going**
- ❖ Postvention planning in collaboration with Headspace, Exec and Pastoral Team-**2019**
- ❖ Screening processes through use of College Intranet data base
- ❖ Development of student register
- ❖ 'At risk' identifications and visual aids for staff rooms to assist those staff in the process



**headspace**

National Youth Mental Health Foundation

## DARAMALAN COLLEGE- Students at Risk of Self-Harm/ Suicide Response Chart

### LOW RISK

→Write safety/support plan with student.

→Contact parent/carer to advise of concerns and share plan/provide input as appropriate.

→Refer to House Co/PCA/APPC  
Follow up with student and/or parent/carers in a timely fashion to ensure risk has been mitigated/supports in place.

→If parents do not respond protectively to keep student safe complete mandatory report.

### MODERATE RISK

→Refer to School Counsellor

#### **If School Counsellor is unavailable:**

→Write an interim safety/support plan with student.

→Contact parent/carer to advise of concerns, share plan /provide input as appropriate. Advise a referral to school counsellor has been made.

→In consultation with parent/carer and student contact CAMHS/external provider. Determine if student is safe at school. If students has self-harmed at school follow school policy (attached).

→Refer to School Counsellor for follow-up as soon as possible. School Safety Plan to be developed with APPC/COUNSELLOR

→Follow up with student regularly until student has met with school counsellor and external health providers and an appropriate supports and processes have been put in place.

→If parents do not respond protectively to keep student safe-mandatory reporting

### HIGH RISK

#### **If school counsellor available:**

→Refer to school counsellor. Keep student under observation until they meet with school counsellor.  
Advise parents/carers and APPC

#### **If school counsellor unavailable:**

→Contact parent/carer and request they come and pick up student.

→Write an interim safety/support plan with student and share with parents/carers. In consultation with parent/carer and student contact CAMHS/external provider.

→If parents are not able/willing to pick up student then student may need to be escorted to hospital for assessment. Refer to counsellor for follow-up as soon as possible.

→In consultation with parent/carer and APPC ensure a school safety plan to monitor student's safety prior to their return to school.

→If parents do not respond protectively to keep student safe-mandatory reporting

### IMMEDIATE RISK

→Respond to immediate risk (for ex call 000 if required or take to hospital)

→Call parents/inform Principal and APPC

→Enact school crisis/critical incident plan as necessary. Following incident

→Refer to school counsellor and mental health plan with GP and external services. Develop return to school plan.

# CONSIDERATIONS



## IMPLICATIONS/BLOCKERS

- ❖ Confidence of all staff
- ❖ Staff willingness
- ❖ Honesty in data and student perceptions
- ❖ Reduction in protective factors as exposure increases

## BENEFITS/OUTCOMES

- ❖ Increase in staff confidence to manage risks and student concerns
- ❖ Staff mindset of Pastoral Care being everyone's role
- ❖ More thorough identification of students at risk
- ❖ Improved care procedures for students who are at risk
- ❖ Improved outcomes and personalised care for these students, including a personal return to school plan
- ❖ Consistency
- ❖ Easy access for all staff



# 'SCREENING'

## LAYERS OF SCREENING (Headspace)

Annually

1. 1<sup>st</sup> layer- Whole school surveying: belonging, connection and self
2. 2<sup>nd</sup> layer- Specific mental health screening for year 9 and above
3. 3<sup>rd</sup> layer- Changes, including *triage questions*

\*SOURCES OF STRENGTH-ANU program, research for screening questions.

\*CATHOLIC CARE SCREENING PRINCIPLES.

# STAFF PROFESSIONAL LEARNING AND FURTHER DEVELOPMENT

- ❖ STORM training- Headspace: **S**kills based **T**rainng on **S**uicide **R**isk **M**anagement for **S**econdary **S**chools- <https://headspace.org.au/schools/headspace-in-schools/>
- ❖ PEOPLE SENSE- Access to school psychologists – <http://www.peoplesense.com.au/>
- ❖ Accidental Counsellor training- Rocky Biasi-
- ❖ <https://humanconnections.com.au/>