4.5.3 Mental health

4.5.3.1 Identifying students with mental health problems

4.5.3.1.3 Self harm

Background
Self-harm is a significant issue among young people, often indicating an underlying mental health concern. Self-harm is not a new phenomenon, but is becoming increasingly evident in the school setting. Self-harm is deliberate behaviour with the intent of causing non-fatal injury to attain relief of tension. The literature suggests there are various methods of self-harm and tools used, with the seriousness of the injuries differing greatly, from skin picking, moderate cuts and burns to taking an overdose of medication. This guideline focuses on self-harm or self-injury only. It does not include other ‘risk taking’ behaviour which can lead to harm, such as train surfing, driving cars at high speed, illegal drug use, or deliberately unsafe sex.

Self-harm is often associated with a history of trauma such as sexual abuse and/or mental health conditions such as depression or eating disorders. However, self-harm can occur independent of mental health disorders or prior trauma and there is a growing trend of self-harming behaviour in adolescents without a diagnosed mental health issue. Essentially, any life event or circumstance that leads to the inability to develop healthy, adaptive coping strategies can precipitate self-harming behaviour. In addition, social modelling can play an important role as those who have a friend who self-harms are more likely to harm themselves also.

Young people who self-harm are usually experiencing a great deal of anxiety, sadness, hopelessness and isolation. They have difficulty experiencing, expressing and regulating thoughts and feelings. The purpose of self harm is emotional regulation, in other words a coping strategy – albeit a maladaptive one - to help the young person feel better. For some, physical pain may be easier to deal with than emotional pain.

Self-harm can develop into a negative coping pattern, typically starting during adolescence and it can continue into adulthood. This behaviour is repetitive in nature and can have an addictive quality. The risk for an accidental death increases with each event.

General principles
In a school setting the Community Health Nurse is often the first health care professional to find out about a young person’s self-harming behaviour and therefore, is in a position to gather information about the behaviour, assess the risk and refer as appropriate. The nurse can also offer brief interventions, which may include teaching coping skills, problem solving skills, feeling identification, and verbal expression of emotions, positive relationship development and impulse control. In addition interventions such as physical exercise, relaxation, and artistic forms of
expression are considered important, with a special focus on reducing tension, calming and finding alternative ways of expressing emotions.²

Role of community health staff

- The first response to a self-harm incident is to ensure the person gets medical attention if needed. Respond calmly and neutrally (to prevent reinforcing the behaviour). Acknowledge what the person has done in a matter-of-fact way. Being angry or punitive can reinforce the behaviour; as can being overly caring or concerned. If other young people are present, take the person away from a situation where they might attract unnecessary attention.

- Explain that the consultation is confidential and private, with a few exceptions. Discuss conditional confidentiality, and explain that as a health professional, there are times when the law requires you to share certain details. See Confidentiality and Adolescents guideline.

- Encourage and support the young person to inform their parents or guardian about significant health issues, such as mental ill health. Assist the family to seek appropriate services.

- Any support provided should reflect the maturity of the individual, significance of the issue, and the particular circumstances of each case. Be mindful that a young person with a suspected mental health issue is likely to make impaired judgements about the risks of their self-harming behaviours.

- Assess the risk. It is important to find out if the self-harm behaviour is motivated by intent to die; if so, you need to take immediate action to ensure the safety of the person. Refer to 4.5.3.2 Managing Suicide Risk

- There is a distinction between self-harm as a negative coping skill and self-harm occurring with suicidal ideation. The main distinction is intent. Self-harming behaviour is aimed at coping with life, but not ending it.¹ ⁵

- The functional nature of self harm needs to be recognised. Young people often view this behaviour as a form of self-help and self-protection, a way of regulating emotions and stress.²

- Do not visibly monitor any injuries or make the young person feel ashamed or guilty about their behaviour.² The best approach is one that is low key and individually focused to prevent imitative behaviours.³

- Do not discourage self-injury or make safety contracts: the motivation to reduce or stop self-harming behaviour must come from the individual. Removing a coping strategy (without replacing it with more adaptive ones) can leave the person vulnerable if they have no other way of coping with their distress. Many people stop or reduce self-harming behaviour as they learn better coping skills.⁵

- Build a safe and trusting relationship with the young person and make yourself available to listen. Acknowledge the effort to cope with very difficult emotions.⁴ ⁶
- Set limits – be available but recognise the need to refer to counselling and mental health services when necessary.\(^1\) If appropriate coordinate with the young person’s private clinician and parents/caregivers on interventions and responses, depending on the course of treatment.\(^3\)

- Learn about self-harm and talk about it. Educate school services staff about the risk factors and warning signs (Appendix Two). Aim to inform them about responding appropriately to young people who self-harm.

**Self-harm and suicide\(^5\)**

The underlying characteristics of self-harming and suicidal behaviour differ in their intention, method, potential to be fatal and frequency.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Self-harming behaviour</th>
<th>Suicidal behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention</td>
<td>To relieve emotional pain; to live and feel better</td>
<td>To put an end to unbearable pain; to die</td>
</tr>
<tr>
<td>Method</td>
<td>Thought to be non-lethal i.e. shallow cutting, burning etc.</td>
<td>Lethal or thought to be lethal</td>
</tr>
<tr>
<td>Potential to be fatal</td>
<td>Unlikely and perceived by the person as not fatal</td>
<td>Highly likely or seen by the person as likely to be fatal.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Frequent, daily-weekly-monthly; repeated over time</td>
<td>Most likely to be a single or occasional attempt</td>
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</tbody>
</table>
### Procedure

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Immediate response.</td>
<td></td>
</tr>
<tr>
<td>o Respond calmly and neutrally.</td>
<td></td>
</tr>
<tr>
<td>o Acknowledge what the person has done in a matter-of-fact way.</td>
<td></td>
</tr>
<tr>
<td>o Take the person away from the situation to reduce attention.</td>
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</tr>
<tr>
<td>2. Provide medical attention if needed.</td>
<td></td>
</tr>
<tr>
<td>3. Explain conditional confidentiality</td>
<td>Refer to guideline <a href="#">4.5.10 Confidentiality and adolescents</a></td>
</tr>
<tr>
<td>4. HEADSS assessment with specific focus on anxiety, stress and mood.</td>
<td>The HEADSS Assessment: Red flags for self-harm</td>
</tr>
<tr>
<td>o Develop a relationship while gathering information about their world.</td>
<td>The HEADSS screening tool is a structured framework for conducting a comprehensive psychosocial assessment of an adolescent. It provides information about the young person’s functioning in key areas of their life:</td>
</tr>
<tr>
<td>o Identify any risk factors or warning signs for self-harm (see Appendix One).</td>
<td>o H Home</td>
</tr>
<tr>
<td>o Develop a picture of the young person’s strengths and protective factors.</td>
<td>o E Education, employment, eating and exercise</td>
</tr>
<tr>
<td></td>
<td>o A Activities and peer relationships</td>
</tr>
<tr>
<td></td>
<td>o D Drug use; medications, alcohol, tobacco and illicit drugs</td>
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<tr>
<td></td>
<td>o S Sexuality</td>
</tr>
<tr>
<td></td>
<td>o S Suicide, depression, mood</td>
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<tr>
<td></td>
<td>For more information on the HEADSS assessment see <a href="#">4.5.3.3 HEADSS adolescent psychosocial risk assessment</a></td>
</tr>
<tr>
<td>o When the young person <strong>IS</strong> willing to talk:</td>
<td>There are risk factors and warning signs for self-harm (Appendix One).</td>
</tr>
<tr>
<td>o Explore possible reasons for their self-harming behaviour.</td>
<td></td>
</tr>
<tr>
<td>Steps</td>
<td>Additional Information</td>
</tr>
<tr>
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</table>
| 5. Return to the HEADSS assessment. | Referral Options  
In the first instance, the young person should be referred to local services such as a general practitioner, clinical psychologist or Community Child and Adolescent Mental Health Service (CAMHS). |
| 6. Refer to other services if appropriate. | 4.5.3.5.3 Positive coping skills  
4.5.3.5.4 Stress management |
| 7. Provide brief interventions if appropriate and monitoring. |  
- When the young person IS NOT willing to talk:  
  - Start by building a relationship.  
  - If the person doesn’t feel comfortable talking to you, encourage them to discuss how they are feeling with someone else.  
- Talk about some common causes of self-harm (see risk factors Appendix Two)  
- Offer the young person a chance to write or draw what they are feeling  
- Indicate who will need to be told about this e.g. parents  
- If sufficient time, allow the student to go away and think about how they are feeling and then come back to talk  
- Involve other members of school services team e.g. year coordinator or school psychologist  
- Let the person know you are available to talk when they are ready.  |

Date Issued: June 2010  
Date Reviewed: August 2013  
Review Date: August 2016  
NSQHS Standards: 1.7, 1.18
Related professional development

- It is recommended that Community health nurses in schools work with school administration and student service teams to develop a proactive suicide risk response plan. Community health nurses working in schools complete the Gatekeepers Suicide Prevention training presented by the Ministerial Council for Suicide Prevention http://www.mcsp.org.au.

- The Mental Health First Aid Website has information regarding courses which cover the situations of: panic attacks, acute psychotic behaviour, suicidal behaviour/thoughts and the ongoing mental health issues of depression, anxiety disorder, gradual onset psychosis, substance misuse. Please refer to website for more information https://mhfa.com.au/

- Family Partnerships training: is based upon an explicit framework that integrates the use of core helping skills and qualities with the processes of a goal orientated approach. Participants are encouraged to develop knowledge, skills and confidence in the processes of engaging and relating to clients and supporting them effectively. These processes are assumed to involve the developments of a genuine and respectful partnership. This training covers:
  - The needs of parents and children
  - The parent-professional relationships
  - The processes of helping
  - The qualities and nature of communication skills needed in the helper to facilitate these processes

  For more information discuss with your line manager or refer to website www.fpta.org.au

Related policies, procedures and guidelines

For more information on school health promotion guidelines to promote mental health and resilience, refer to the following documents available in the Community Health Policy Procedures and Guidelines Manual:

<table>
<thead>
<tr>
<th>Related policy or guideline</th>
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<tbody>
<tr>
<td>4.3.6 Promoting Mental Health and Resilience in Schools</td>
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<tr>
<td>4.5.3.4 Managing suicide risk</td>
</tr>
<tr>
<td>4.5.3.3 Conducting a psychosocial risk assessment</td>
</tr>
<tr>
<td>4.5.3.1 Identifying students with mental health problems</td>
</tr>
</tbody>
</table>

Working with Youth – A legal resource for community based health workers, Department of Health WA.
Useful resources

Princess Margaret Hospital Psychological Medicine Clinical Care Unit (Acute Services and Acute Community Intervention Team). Phone: 9340 8373 or Email: PMH.AcuteServicesPsychiatry@health.wa.gov.au

Medicare Better Access Program: GP Mental Health Care Plan. The young person’s GP will assess their mental health, work out what help is needed, set goals and choose the treatment that would be best, depending on each individual situation. Treatment may include seeing a psychiatrist or psychologist, referral to other services, or medication. Significant Medicare rebates apply for these items.


www.kidsmatter.edu.au/ Aims to improve the mental health and wellbeing of children, reduce mental health problems amongst children, and achieve greater support for children experiencing mental health difficulties, and their families. Resources are designed for implementation in Australian primary schools.

www.mindmatters.edu.au/ A resource and professional development program supporting Australian secondary schools in promoting and protecting the mental health, and social and emotional wellbeing of all the members of school communities.

‘Aboriginal people working together to prevent suicide and self harm’ (booklet): this has been designed for family and friends concerned about or supporting someone who is at risk of suicide or self harm. Provides information about: life situations that may result in risky behaviour, thoughts and feelings, ways to offer support and sources for seeking help. Also offers valuable cultural advice on 'looking after each other', and 'who we are and why we're important to our community'.


http://www.cci.health.wa.gov.au/resources/consumers.cfm Centre for Clinical Interventions – provides useful information for professionals and carers including worksheets, and suggested exercises or activities.

http://au.reachout.com/ A website for young people to improve understanding of mental health issues and wellbeing. Also provides information on services, and opportunities to connect with other young people.

www.beyondblue.org.au beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. Website has fact sheets, information on referral and supports.

http://www.sane.org/ SANE Australia is a national charity working for a better life for people affected by mental illness through campaigns, education and research. SANE Australia produces a range of publications including factsheets, magazines and...
DVD’s for people living with a mental illness, carers, professionals and students. They also have ‘Helpline Online’ for more specific information and referral to support agencies (it is not a counselling service). Information and advice is also available by calling the SANE Helpline, 1800 18 SANE (7263) 9-5 weekdays EST. Request free Infopack 24 hours.

http://www.handsonscotland.co.uk/ The handsonscotland toolkit is a one-stop shop for practical information and techniques on how to respond helpfully to children and young people’s troubling behaviour, build up their self-esteem and promote their positive mental wellbeing.

http://www.lifeline.org.au/Get-Help/Get_Help Lifeline’s section called ‘Get Help” is a national mental health information and referral service, and is an easy and accessible way for people to find resources and tools to help with a wide range of mental health issues.

www.headroom.net.au This site is dedicated to positive mental health of children, adolescents and the adults in their lives.

http://www.health.wa.gov.au/mentalhealth/publications/head2head.cfm Head2Head magazine is published three times a year and provides an avenue for WA mental health information to all sectors of the community. The magazine is available free of charge.

**Help/Information Lines**

- Mental Health Emergency Response Line (24hr) 1300 555 788
- Association of Relatives and Friends of the Mentally Ill (ARAFMI): WA -(08) 9427 7100
- **beyondblue** info line (National) - 1300 22 4636
- Lifeline (National) - 13 11 14
- SANE Australia Helpline (National) - 1800 187 263
- Mensline Australia (National) - 1300 789 978
- Australian Psychological Society Referral Line (National) 1800 333 497
- Mental Health Information Service (NSW) - 1300 794 991
- Kids Helpline (National) - 1800 551 800.

<table>
<thead>
<tr>
<th>Policy Owner</th>
<th>Portfolio</th>
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<tr>
<td>Director Statewide Policy Unit.</td>
<td>School aged children</td>
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</table>
References


Appendix One: Risk Factors and Warning Signs

Risk Factors:
- Depressed or anxious
- Feel powerless or out of control
- Have low self esteem
- Negative body image
- Experience difficulty with relationships
- Aim for perfection
- Lack impulse control/suppressed anger
- Do not have a repertoire of coping skills
- Possible trauma or mental health disorder
- Physical and or sexual abuse
- Serious childhood illness and/or surgery
- Loss of a parent (through death/separation)
- Family violence or severe conflict within the family
- Impulsive and self-destructive behaviours in the family
- Eating disorders and body disconnection
- Recent significant losses
- High impulsivity
- Peer isolation and alienation
- Family violence or severe family conflict

Warning Signs:
- Unexplained frequent cuts or burns
- Wearing long sleeves or pants in warm weather
- Avoiding swimming pools or the beach
- Wearing thick bracelets to cover wrists
- Disclosures from friends, teachers or parents
- Difficulty expressing feelings verbally
- Withdrawal from close relationships
- Do not be afraid to ask the question ‘do you self injure?’
Appendix Two: Consultation/Action to Support

Level of Risk

Unsure

High Risk
Urgent Assessment Required

Lower Risk
Non-urgent Assessment required

Consult/get advice and support

Statewide
- Youthlink (13-24y) 9227 4300
  1300 362 569
- Crisis Care 9223 1111
  1800 199 088
- Mental Health Emergency Response Line
  1300 555 788 Metro
  1800 676 822 Peel
  1800 552 002 Rural
- Hospital Self-Harm Social Worker
  RPH 9224 2711
  SCGH 9346 3333
  FH 9431 2477
- Consultation Liaison Officers in Emergency Depts
  of RPH, FH, SCGH and Joondalup Health Campus
- Trans-cultural Psychiatry Unit

Child and Adolescent
- Princess Margaret Hospital Psychiatric Registrar
  (under 16 years) 9340 8222
- Hospital Self-Harm Social Workers
- Consultation Liaison Officers in Emergency Departments
- Mental Health Clinics:
  Armadale
  Fremantle
  Kalamunda
  Swan
  Warwick
  Youthlink
  Bentley
  Peel

Rural
- GP
- Mental Health Clinics:
  Bunbury
  Bridgetown
  Busselton
  Albany
  Narrogin
  Katanning
  Esperance
  Kalgoorlie
  Northam
  Geraldton
  Carnarvon
  Newman
  Karratha
  South Hedland
  Tom Price
  Broome
  Derby
  Kununurra

For current contact details: Check the white pages or the Health Services Directory on www.health.wa.gov.au