

MINDMATTERS SPOTLIGHTS

# SELF HARM OVERVIEW

# Table of contents

Self-harm is mostly about coping	1
Why do young people self-harm?	3
Self-harm and suicide	6
Some groups are at higher risk	8
Risk and protective factors	10
Help seeking	13
Knowing the warning signs can help	15
School staff play an important role	17
A whole school approach is key	19
MindMatters can help	22
References and key readings	23

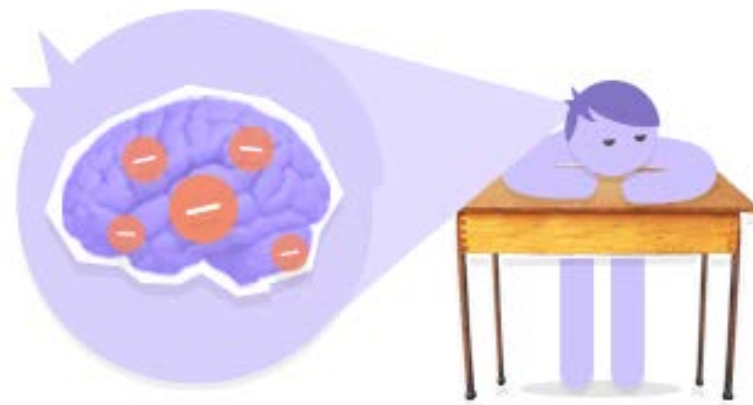
# Self-harm is mostly about coping

**When faced with strong and overwhelming emotions such as sadness, anxiety, anger, or a sense of hopelessness, young people may self-harm to help manage or reduce these feelings. As such, deliberate self-harm is most commonly a response to intense emotional pain and psychological distress.**

Recent Australian research (Lawrence, et al, 2015) suggests that self-harm is relatively common in adolescence. The research found:

- Around one in ten adolescents (10.9 per cent) reported having ever self-harmed.
- Self-harm was more common among females than among males.
- Self-harm was more common in older adolescents, with 16.8 per cent of females aged 16-17 years having self-harmed in the previous 12 months and 22.8 per cent having ever self-harmed.
- One in ten of the young people aged 12-17 years who had self-harmed in the previous 12 months had received medical treatment as a direct result of injuries incurred by an act of deliberate self-harm.

In addition to this, most young people who self-harm do not seek professional help, so school staff play an important role in assisting young people to get the professional support they need.



## Self-harm vs NSSI

There is a distinction between 'self-harm' and 'non-suicidal self-injury' (NSSI) in that NSSI has no suicidal intent, whereas self-harm may have. It is not realistic or necessary for teachers to determine the intent of a student engaged in self-harm as the same immediate response following the school's protocols is required (a risk assessment will be completed by a healthcare professional). For this reason we will focus on, and refer to self-harm only.

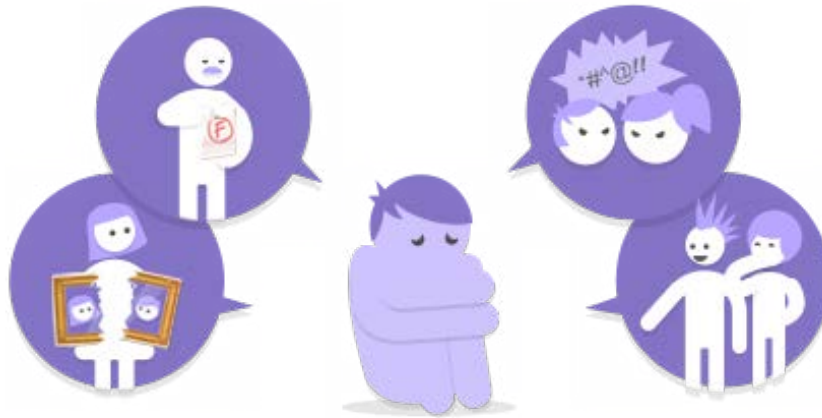
When school staff recognise and support a young person who may be self-harming, and follow the school's procedures and protocols, there is every chance that the young person can develop healthier coping strategies.

## Common Myth 1: Self-harm is just attention seeking or manipulation

Self-harm is not about attention seeking. Most young people who self-harm go to great lengths to draw as little attention as possible to their behaviour by self-harming in private and by harming parts of the body that are not visible to others. Even those closest to the young person are often unaware of it. Self-harm is most often an attempt to change how they are feeling, rather than trying to get attention from, or manipulate, other people.

Dealing with self-harm can be challenging and confronting for teachers, so it is useful to seek support from relevant professionals. It is vital to note that self-harm is a risk factor for suicide, and can result in accidental death, so working in partnership can make addressing self-harm and suicidal behaviour more manageable for schools and provide clearer understandings of roles and responsibilities.

It is also important to maintain your own wellbeing and to seek support from leadership and wellbeing staff if needed.



## Why do young people self-harm?

Young people may self-harm as a coping response to overwhelming feelings for which they may have no other effective coping mechanism. Recent research demonstrates that the most common motivation for self-harm for males and females was to manage emotions (57.2 per cent), followed by self-punishment (24.7 per cent). Over half also reported other motivations for self-harm, including 'habit', 'compulsion', 'distraction', and 'curiosity' (Martin, Swannell, Harrison, Hazell & Taylor, 2010).

The most common method of self-harm in adolescents is self-cutting, however other methods may include a broad range of behaviours such as scratching, hitting/bruising and ingesting toxic substances.

## What's self-harm got to do with mental health?

Self-harm is most often a function of an underlying mental health issue.

**MindMatters module: What is mental health?** provides a great introduction to mental health and useful information on the **protective and risk factors** that young people may have in their life.

**Young people who reported self-harming behaviours to the Kids Helpline during the period May, 2013 - May, 2014, revealed the following immediate concerns:**

IMMEDIATE CONCERNS	ONLINE	PHONE
Emotional distress (overwhelmed, confusion, existential concerns, feeling unloved, lonely, not coping with change, anger issues, current suicidal thoughts, past suicide attempts, or past suicidal ideation)	46.5%	35%
Diagnosed mental and physical health concerns	22%	28%
Grief and loss (such as death of family member, end of a friendship or other relationship)	8%	14%
Physical/emotional abuse (including sexual abuse, child abuse, bullying)	12%	7%
Family conflict (including breakdown in relationship with parents/siblings, extended family, parents separating, father living away from home/country)	8%	10%
School pressures	-	3%
Body image issues (weight, weight gain)	2.5%	3%

Other factors independently increasing the risk of self-harm were depressive symptoms, alcohol misuse and the onset of sexual activity. The link between self-harm and puberty might be related to emerging evidence that this period of cognitive development brings increased risks of emotional disorders and risk taking behaviours. Adolescents might also be more susceptible to negative social cues, such as exclusion and the expectations of others.

There is growing evidence that perfectionism and self-criticism are also associated with self-harm. One aspect of perfectionism, an individual's belief that others hold unrealistic expectations of them, needs particular attention because it can lower the level above which negative life events lead to distress.



## What goes on in adolescence?

The onset of self-harm is related to the pubertal phase in adolescents.

[MindMatters Module 2.1](#) looks at what goes on in adolescence and discusses some of the factors that may put a young person more at risk of self-harm.

Repetition of self-harm is also common in adolescents, and is more likely with self-cutting than with self-poisoning. Depression, history of sexual abuse, exposure to self-harm, and concerns about sexual orientation are among the predictors of repetition. It is useful to distinguish repeat acts that occur in relation to a phase of emotional distress from those that are part of a habitual pattern or are linked to a recurrence of emotional problems (Hawton, Saunders & O'Connor, 2012). In some forms self-harm can have a contagion effect, so it is essential to engage professional support when you are concerned a student may be harming themselves.

## Common Myth 2: Self-harm is fashion or a trend

Self-harm is not a new behaviour that arrived within a certain subculture or 'trend' amongst young people. Mental health professionals have been studying and treating self-harm for decades. Despite this, self-harm has been and continues to be associated with certain subcultures resulting in stereotyped beliefs that only 'certain kinds of people' self-harm.

These stereotypes aren't helpful and self-harm is a behaviour that staff need to look out for in all students.

## Self-harm and suicide

Self-harm can be related directly to a suicide attempt and can be a risk factor for suicide – however self-harm usually occurs without suicidal intention. Individuals who self-poison, by overdoing on prescription medication for example, are more often motivated by suicidal intent, while those who cut are more often motivated by self-punishment and tension relief (Hawton, Saunders & O'Connor, 2012).

Without a thorough risk assessment by a trained mental health professional, the intentions of the young person will not be known. There is a risk that underestimating the level of distress a young person is experiencing could lead to an escalation of self-harming behaviours and potentially, a suicide attempt.

### Tell me more about youth suicide and its prevention

There are strong links between suicidal behaviour and self-harm, however there are also fundamental differences. Most young people who self-harm are not involved in suicidal behaviour.

The [MindMatters Suicide Prevention Spotlight](#) explores youth suicide and presents practical information for teachers and schools.

People who self-harm and those who attempt suicide may have similar feelings of hopelessness, often believing that things will never improve or that they have lost all control over their life. If self-harm does not relieve tension or control negative thoughts and feelings, the person may harm themselves more seriously, or may start to believe they can no longer control their pain and may consider suicide.

Joiner (2009) notes that if someone self-harms to control their emotions they may be more able to take their own life, if the situation arises. This is consistent with his theory of suicidal behaviour, which emphasises that injury of any sort, but especially intentional self-harm, habituates people to the pain and fear of suicide. For this reason, early intervention is critical when young people self-harm.



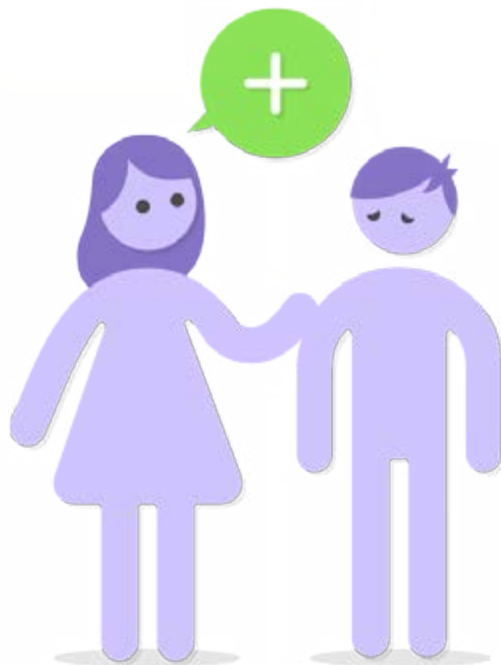
## Want to find out more about Thomas Joiner's theory of suicidal behaviour?

Thomas Joiner's theory of suicidal behaviour sees suicidal desire as the coming together of a sense of not belonging, a feeling of burdensomeness to others and an ability to overcome one's natural fear of death – or acquired fearlessness.

How do people become fearless? Through practice and learning, says Joiner: <http://www.apa.org/science/about/psa/2009/06/sci-brief.aspx>

The MindMatters module on [Relationships and belonging](#) provides practical strategies for increasing the connectedness of a young person by focussing on building relationships, belonging, inclusion and active participation.

Most young people who self-harm have no intention of dying, and harming themselves is their way of coping with life. However, all self-harm needs to be taken seriously and acted upon. Even if there is no suicidal intent accompanying the self-harm, the risk of accidental death is very real.



# Some groups are at higher risk

## Females

In the most recent Australian survey of child and youth mental health, it was found that one in four girls aged 16 and 17 years have engaged in self-harm with one in five meeting the clinical criteria for major depressive disorder (Lawrence et al., 2015).

### Common Myth 3: Only females self-harm

Between the ages 12 and 15 years females are five times more likely to self-harm than males. The gender ratio decreases with age in the later teenage years as the behaviour becomes increasingly common in males and levels off in females. Overall, 30 – 40 per cent of people who self-harm are male.

## Aboriginal or Torres Strait Islander people

Rates of hospitalisation from self-harm for Aboriginal or Torres Strait Islander people are around two to two and a half times as high as the rates for other young Australians (AIHW, 2014). The nature of self-harming behaviour and the stigma and secrecy connected with it makes it difficult to gain a true picture of how common self-harming is amongst Aboriginal or Torres Strait Islander people for whom some cultural practices may be misread as self-harming behaviours. It is therefore important for people working with these communities to understand the warning signs for self-harm that are relevant to the particular community, such as differences between 'ceremony' or 'sorry business' and self-harm, and how this may apply to young people (Australian Indigenous HealthInfoNet 2013).

## Lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people

LGBTI people are at increased risk of mental health conditions and suicide, not because of their sexuality or sex or gender identity or intersex status, but due to discrimination and exclusion. The Growing Up Queer report (Robinson, et.al 2014) found that of the 1,032 young people aged 16-23 years who participated in an online national survey, 41 per cent reported they had thought about self-harm and/or suicide, 33 per cent had harmed themselves, and 16 per cent had attempted suicide.

## People in rural or remote communities

People in rural and remote areas face a range of stressors unique to living outside a major city. Despite this, the prevalence of people with mental and behavioural problems, and with high levels of psychological distress, is similar across the nation. However, rates of self-harm do increase with remoteness. (Mental Health in Rural and Remote Australia – Fact Sheet, April 2015)

## Young people with disabilities

Self-harming behaviour may occur in young people with specific genetic syndromes, severe intellectual disability, Autism Spectrum Disorder and impulsive or repetitive behaviours due to factors related to their disability. For example, the occurrence of self-harm has been found to be highest in young people with an intellectual disability who have no speech. Chronic pain is also a factor related to self-harm in young people with an intellectual disability. (Bristol Crisis Service for Women, 2009).

## Young people with a mental health condition

Prevalence rates of mental health conditions between 48 per cent and 87 per cent have been recorded in studies of young people presenting to general hospitals after self-harm. Lawrence et al (2015) found that the highest rate of self-harm was in adolescents with major depressive disorder. Young people with other mental health conditions had rates of self-harm more than twice as high as those with none.

### **Common Myth 4: If someone self-harms they must have a mental health condition**

Self-harm is a behaviour or symptom, not a disorder or an illness. Self-harming behaviour is strongly suggestive of an underlying psychological or emotional problem, but many young people who self-harm do not meet the criteria for any specific mental health condition.

It is important that the young person is able to access a risk assessment and support to explore their self-harming behaviour. This may include a referral to a mental health professional for further assessment in relation to mental health.

# Risk and protective factors

**Self-harm occurs within a context of complex individual, social, cultural, religious, political, economic and spiritual factors which interact for the person. The same life event can have varying effects on a young person depending upon what else is happening for them, their ability to cope and their support system.**

**Protective factors**, identified during roundtables conducted by the Australian Children and Young People's Commissioner (2014), include:

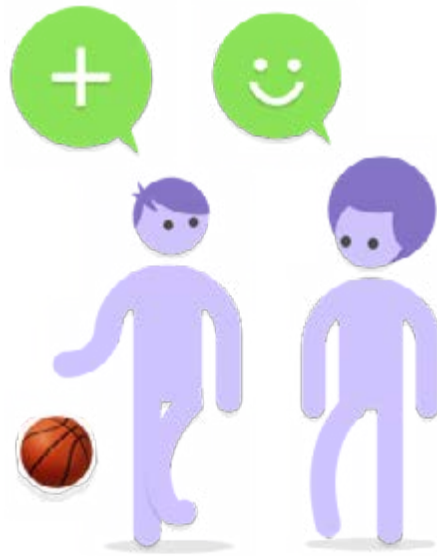
- parent connectedness
- connections to other non-parental adults
- closeness to caring friends
- academic achievement
- school safety
- neighbourhood safety
- awareness of and access to local health services.

Family and friends are often the first to notice that a young person has been self-harming or intends to self-harm and have an important role to play in protecting that person. Self-harm may reduce if family and friends show acceptance, understanding, trust, kindness and support – positive connections that are often sought by those who self-harm. Family and friends also have a key role to play in encouraging the young person to engage in treatment.

## Useful guides for staff, friends and families:

The 'Seeking solutions to self-injury' series of guides contain comprehensive evidence-based information.

- **[A guide for school staff](#)**  
This guide provides useful tips and resources to help school staff understand self-injury, and find some effective ways to intervene.
- **[A guide for young people](#)**  
This guide was developed to help young people understand self-injury, and to better care for their friends who might self-injure.
- **[A guide for parents and families](#)**  
This guide was developed to help families understand self-injury, and find some effective ways to intervene.



The most effective models for preventing and responding to self-harm include students having a positive school community where they feel they belong, resilience skills to help them cope with challenges, supportive family and friends who believe in them; and the ability and confidence to seek effective help when they are experiencing difficulties.

## Want to find out how young people can develop resilience skills?

[MindMatters module 2.2](#) looks at developing resilience in young people, and [Module 2.3](#) provides practical information on resilience programs and planning.

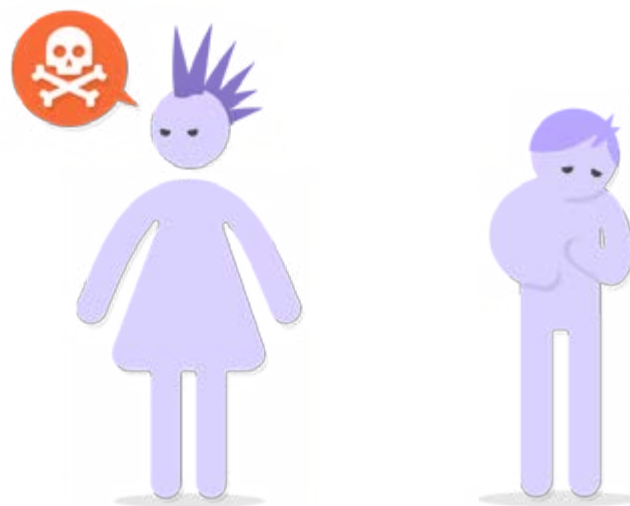
**Risk factors** associated with self-harm may include:

- child and family adversity, inadequate parenting and parental divorce
- child and adolescent sexual and physical abuse
- exposure to negative life events
- exposure to self-harm and suicide of others (family and friends). Social transmission is especially important for self-cutting in girls
- belonging to one of the high risk groups.

There is significant evidence that being bullied directly increases a young person's likelihood of self-harming. A study published in the Journal of the American Academy of Child & Adolescent Psychiatry (Lereya, S. et.al. 2013) reports that when a young person has been bullied between the ages of 7-10 the subsequent risk of self-harm four times that of their un-bullied peers.

## MindMatters Bullying spotlight

[Find out more](#) on why bullying occurs and how teachers and the school can help to effectively reduce bullying.



## Help seeking

Between one third and one half of young people who self-harm do not seek support for this behaviour (Rowe et al, 2014). Barriers to help-seeking may include:

- the belief that others will not understand their self-harming behaviour
- fear of confidentiality being breached
- fear of being seen to be attention seeking
- uncertainty over whether parents or teachers could do anything to help
- fear that others will react negatively if self-harm is disclosed
- fear of being stigmatised
- the presence of depression, anxiety and suicidal ideation
- minimisation of self-harm as a problem
- the belief that one could or should be able to cope on one's own.

Young people may also be prevented from seeking help because they simply do not know where or who to turn to for support. In this situation, young people are more likely to turn to family and friends.

### How can friends help?

While friends are often turned to as a trusted support, they may not have the confidence and skills to make good decisions. MindMatters [Module 4.6 Looking after your friends](#) is for young people to better understand how they can help their friends .

[Mental health first aid guideline for self injury](#) provides advice on assisting a person who is injuring themselves.

The internet is a resource for information and communication on self-harm although research suggests it is more commonly used as a tool for self-disclosure rather than asking for help (Rowe et.al. 2014). Young people may prefer to discuss their self-harm on the internet because it can provide them with a sense of anonymity, acceptance, validation and support at a 'safe distance'.

On the other hand, concern has been raised about the use of the internet by young people who self-harm as it may maintain or normalise such behaviour, or the young person may receive a hostile response.

Recent evidence has also shown that online communities that promote and glorify self-harm have been developing around hashtags designed to mask the intent of the communities. One such hashtag related to self-cutting had more than 56 million search results (Rapaport, 20152015).

## Technology and mental health

Technology can help young people build a range of mental health strengths that may be protective against self-harming behaviours. In addition, technology can provide support and crisis help for young people engaged in self-harm.

**[MindMatters spotlight on technology](#)** explores the role of technology in strengthening the mental health of young people.





# Knowing the warning signs can help

Young people tend to hide their self-harming behaviours. In some cases they may have one or two close friends they have told, but other friends and family may be completely unaware, or might only suspect that something is going on.

While there are obvious signs that someone is self-harming, such as exposed cuts or burns, and overdoses that require intervention, there are some less obvious signs to look out for.

## Physical signs:

- unexplained injuries, such as scratches or burn marks
- unexplained recurrent medical complaints such as stomach pains and headaches
- wearing clothes inappropriate to conditions, e.g. long sleeves and pants in the middle of summer
- pulling hair or picking at fingers or skin when upset or stressed
- hiding matches, tables, razors or other sharp objects in unusual places
- use of drugs.

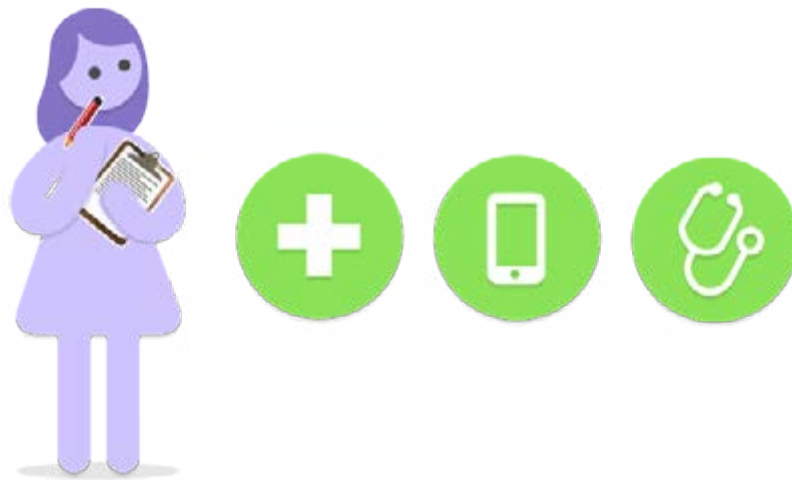
## Psychological signs

(many of which are not unique to self-harming):

- dramatic changes in mood
- changes in eating and sleeping patterns
- losing interest in friends and social activities
- breakdown in regular communications with family or friends
- hiding clothes or washing own clothes separately
- no longer interested in favourite things or activities
- problems with relationships
- low self-esteem
- being secretive about feelings
- avoiding situations where they have to expose arms or legs, e.g. swimming
- strange excuses for injuries
- dramatic drop in performance and interactions at school

## Want to know more about warning signs?

Many of the warning signs of self-harm are also pertinent to a range of mental health difficulties. MindMatters module 4.3 [When should I be concerned?](#) looks at changes in a student's behaviour that may indicate deeper mental health difficulties.



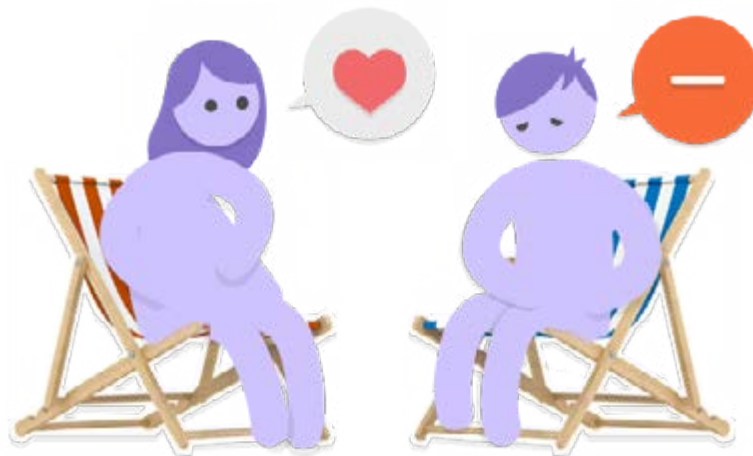
# School staff play an important role

As incidents of self-harm are not that unusual, you may find yourself in a position of recognising and providing support to a young person who is self-harming. It is important to reach out and try not to be judgemental or to freak out at their injuries. Listening, using a supportive and curious approach and following the school's policies and procedures are the best things you can do.

You may feel unprepared or challenged by the thought of having a conversation with a young person you are concerned may be harming themselves. Your school will have policies and procedures in place to support you and there are excellent resources available to help you build your confidence to take the most appropriate action.

## How do you talk with someone about self-harm?

[Conversations Matter](#) is an excellent resource aimed to help you with some practical tips on talking about suicide, which you may find helpful in talking to a young person about self-harm.



### **Ways that you can assist with prevention of self-harm:**

- Know the warning signs and high-risk groups and be alert to problems that may suggest students are at risk of or are self-harming.
- Take action if concerned about a student who is self-harming by following the school's agreed policies and procedures.
- Reach out to a student who may be at risk by listening and using a supportive and curious, rather than judgemental, approach.
- Recognise that peers of the student who is self-harming may also require support.
- Support the school's suicide and self-harm prevention efforts, including student programs and curricula to build resilience skills, parent education and outreach, staff education and training, become aware of policies and procedures for helping students at risk and in crisis.

[Responding to incidents of self-harm](#) flowchart can help guide you in supporting a student who is self-harming. This flowchart may be useful in conjunction with your school's existing processes and procedures – check with your school leadership and wellbeing teams. [link to downloadable resources]

### **Look after yourself.**

Self-harm can be disturbing and confronting. Consider whether you might benefit from some advice and support for yourself. The following resources from headspace may be useful:

- [Staff self-care practices](#)
- [Self-care practices for school staff working with Aboriginal and Torres Strait Islander young people.](#)

# A whole school approach is key

The most effective models for preventing and responding to self-harm include students having a positive school community where they feel they belong, resilience skills to help them cope with challenges, supportive family and friends who believe in them; and the ability and confidence to seek effective help when they are experiencing difficulties. A whole school approach to mental health and wellbeing is fundamental in providing and building these strong protective factors.



It is essential for schools to have an effective self-harm policy and procedures for teachers on what to do when they are concerned that a student is self-harming. Student Wellbeing and leadership staff in schools can play an active role in ensuring these policies and procedures are current, effective and understood by all staff.

In general, a school's self-harm policy should provide staff with:

- an understanding of self-harm
- a clear statement of the expectations for school staff in responding a student who is self-harming
- warning signs
- procedures to follow once they identify that a student is self-harming (including clear referral pathways).

The following resources may be used by the leadership and wellbeing teams in reviewing and developing their existing self-harm policies and procedures:

### Make it happen guide

**This guide** provides practical activities to assist schools to examine their approach to addressing self-harm.



### School policy guidelines

(Shedding a light on self-injury)

These guidelines aim to help Australian schools address self-injury in their context and to support the implementation of school and departmental policy in this area.

<http://www.self-injury.org.au/#!t-school-policy/cd68>

### Responding to incidents of self-harm

Use this evidence-based **flowchart** alongside your school's policies to guide responses to an incident of self-harm at your school.



In addition to effective policies and procedures, schools need appropriately trained leadership and student wellbeing staff who teachers can refer to when responding to cases of self-harm. Referral pathways for incidents of self-harm should include connections with culturally diverse community services in order to provide students with appropriate expert support.

## How does a school build support pathways?

A whole school community includes connection with community support services and health professionals. [MindMatters module 4.8 Building support pathways](#) can help your school build external mental health connections.

Families play an integral part of the wider school community and may provide important protective factors against self-harm by their young people. It is important to inform them of any concerns the school has relating to their young person and provide them with relevant evidence-based information. It is always best to assess what is in the best interest of the student when planning an approach to working with families. Talk to your school leadership and wellness staff for guidance on this matter.

## How should I communicate with parents?

MindMatters has a number of modules designed to help school staff communicate with parents. [Module 3.1 Meeting parents' information needs](#) looks at how schools can engage with parents around mental health. [Module 3.2 Communicating with parents](#) provides strategies and skills for communicating with parents and [Module 3.3 Sharing concerns with parents](#) looks at how you can have difficult conversations around mental health concerns.

# MindMatters can help

MindMatters can help your school develop strategies and policies that build a positive school culture and develop resilience across the whole school population. MindMatters helps build strong protective factors against self-harm as well as providing practical advice for guiding interventions when dealing with a young person involved in self-harm. Promotion, prevention and early intervention are central to the MindMatters' approach.



START MINDMATTERS  
IN YOUR SCHOOL TODAY

MindMatters is a national mental health initiative for secondary schools developed by *beyondblue* with funding from the Australian Government Department of Health.

See more MindMatters resources at [www.mindmatters.edu.au](http://www.mindmatters.edu.au)



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