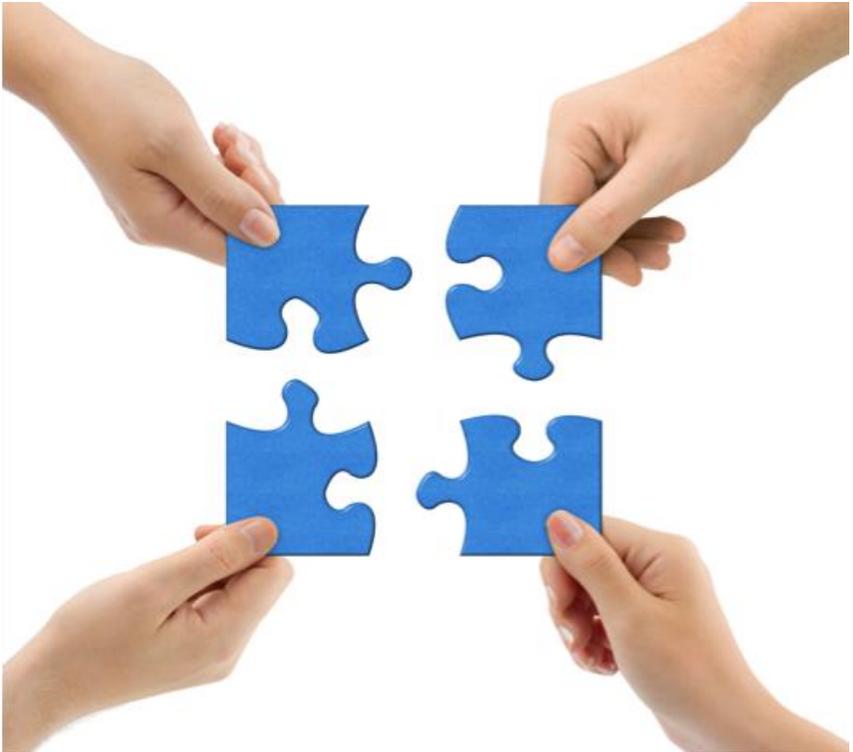


Seeking solutions to self-injury



A GUIDE FOR CAREGIVERS AND FAMILIES

Child and Adolescent Psychiatry
The University of Queensland, Brisbane, Australia

SEEKING SOLUTIONS TO SELF-INJURY A GUIDE FOR CAREGIVERS AND FAMILIES (THIRD EDITION)

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1. WHAT IS THIS BOOKLET ALL ABOUT?

- *Do you suspect a young person in your family self-injures?*
- *Are you confused about why someone would self-injure?*
- *Are you concerned about a young person in your family who self-injures?*
- *How can you help young people who self-injure?*

Self-injury is a confusing behaviour, and it can be really worrying when someone you know self-injures. This guide is based on our best understanding of the current available international literature, and a large number of our own research studies over many years. In preparing the guide we consulted families, health care professionals, and parents of young people who self-injure, as well as the young people themselves. We believe we have gained a good understanding of self-injury, and what young people want from people who care about them.

The guide was developed to help parents/guardians and families understand self-injury, and to find some effective ways to intervene. It explains self-injury and provides some useful tips and resources for caregivers and family members. We hope you benefit from the information we have provided.

2. WHAT IS SELF-INJURY?

Self-injury is a term that can mean different things to different people.

- *Deliberately hurting the self*
- *Deliberate self-inflicted damage to body tissue without wanting to die (that is, what is known as Non-Suicidal Self-Injury or NSSI)*
- *Deliberate self-harm (DSH) is a term also commonly used to describe self-injury, but also includes behaviours with the intention of ending one's own life (i.e. 'a suicide attempt')*

What we write about in this guide is self-injury with no wish to die (that is, NSSI). We do **not** include drug use, alcohol abuse, anorexia or bulimia as self-injury; although we understand it can be argued they are forms of self-abuse or self-injury.

Our focus is primarily on damaging the outside of the body to relieve unwanted emotional experiences. This may include cutting, scratching, burning, hitting a part of the body on a hard surface, or deliberately interfering with wound healing. We also include swallowing of objects or chemicals to damage the body, as long as it is clear that it is not a suicide attempt.

3. WHO IS LIKELY TO SELF-INJURE?

There is no particular “type” of person more likely to self-injure. While people who self-injure tend to begin as an adolescent or young adult, our research shows that adults *and* older people also self-injure. People of all genders, social status, and cultural backgrounds self-injure.

An important fact is that you don’t have to have a mental illness to self-injure. However, the Royal Australian and New Zealand College of Psychiatrists has produced guidelines that identify people who may be **at more risk** of self-injuring, including:

- People under stress or in crisis and those who have self-injured before
- People diagnosed with mental disorders (e.g. anxiety, depression)
- People who misuse alcohol or other substances
- People who have experienced childhood trauma or abuse
- People who have a debilitating or chronic illness

The risks themselves **do not cause** the problem. Rather, each one contributes to an increased possibility of self-injury occurring in the first place, or of self-injury being repeated.

This leads us to the idea that if you are able to help a young person with problems that seem to be contributing to self-injury, then they may not feel that they need to use self-injury to help them or they may use it less often.

Perhaps what is more important is to discover ***what protects*** young people from needing to self-injure in the first place, or ***what may reduce the likelihood*** of self-injury, or perhaps reduce the likelihood of repetition or increasing severity.

We do know that ‘supportive family and friends’ is the most common reason given by those who manage to reduce self-injury. When people feel ‘connected’ (that is not ‘isolated’), and know they can phone someone they trust to talk things through without them getting upset, this can reduce the need for self-injury. This is likely to be even more true of family members. Being part of a caring group, with shared goals, and where you gain some sense of meaning, can be helpful in reducing self-injury.

It is important to remember that self-injury does not look the same for everyone. If you find out that someone you love is injuring themselves, it is important to find out what is going on for them. Each individual is different and this will mean that self-injury, and recovery, will look different for everyone.

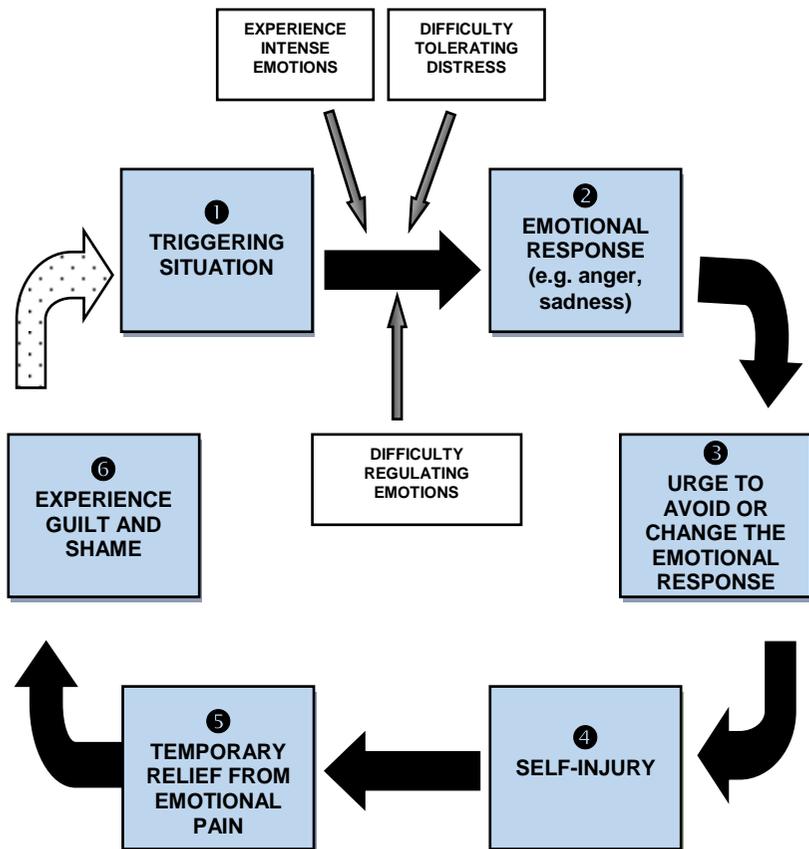
4. WHY DO PEOPLE SELF-INJURE?

Self-injury is relatively common. Our recent research has shown that about 1 in 5 young people have self-injured at some time, as have at least 5% of adults (over 25 years old). The research also found many reasons someone might self-injure. These may include:

- *Releasing unbearable mounting tension*
- *Relieving feelings of aloneness, alienation, hopelessness or despair*
- *Combating desperate feelings or thoughts*
- *Getting rid of anger or rage*
- *Self-punishment*
- *Attempting to feel alive again*
- *Regaining a sense of control*
- *Self-soothing*
- *Confirming personal boundaries and a sense of self*
- *Communicating with others*
- *Expressing conflicting ideas that feel confusing*
- *Controlling dissociative states, where the person is trying to bring themselves back to reality*

But you must not jump to conclusions. Always ask the young person what best describes what they are going through.

We think this model can be helpful in understanding self-injury. The diagram describes how a person can get into a cycle of self-injury.



Chapman, A.L., Gratz, K.L. & Brown, M.Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy* 44, 371-394.

1. The cycle begins with a new event or 'trigger', (often involving feelings of loss, rejection or abandonment). This may remind the person of an old problem. The upset feelings may be automatically unbearable, or may increase over time, despite attempts to avoid them. For some people, there is emotional and psychological numbness.
2. The emotional pain or numbness becomes intolerable
3. Other ways to reduce the emotional pain fail, and though attempts may be made to avoid self-injuring, a critical level is reached and the urge to self-injure (having maybe appeared to work in the past) becomes the 'only alternative'.
4. After self-injuring people often experience an initial feeling of relief, but this is usually short lived. Guilty thoughts creep in, and friends and family may be avoided. At this point there may be 'an urge to tell', or even a search for help. If help is not recognised or is actively pushed away or resisted, then the cycle may begin again when another triggering situation arises.

Self-injury occurs for a number of different reasons. Many different theories have been proposed to better understand and explain it. These include: biological influences, or differences in how the brain works (perhaps genetic); internal conflicts (arguments within ourselves) about which we are not always aware; old patterns of behaviours that we have learned over time; and influences in our social and cultural environment. These theories are explained a little more on the next page.

Biological: Psychological trauma from old painful events in our lives can affect the brain and the body in powerful, subtle and enduring ways. With a sensitised biology, the person may then experience more stress than others in a new situation, or find it difficult to manage their anxiety. Change is possible but means focusing on, or resolving, the earlier trauma, and learning new strategies to manage stress and achieve mind-body balance.

Psychodynamic: Some people who have had rough times in their early days ('vulnerable' individuals) may experience a new situation which reflects an old family pattern or personal experience (i.e., they relive the original problem). They react as they did in the past, just automatically. Hidden old tensions in the mind, old anxieties, and old patterns of behaviour can be difficult to identify, difficult to bear and difficult to sort out. These 'vulnerable' individuals may have an increased need for self-soothing to calm down. Sometimes (often initially by accident) self-injury can become a self-soothing mechanism. Change here is focused on raising awareness about these old internal conflicts and patterns, and finding relief and comfort in safer, less harmful ways of self-soothing.

Behavioural: Self-injury can become a learned behaviour. One method which may lead to change is focused on replacing self-injury with alternative coping strategies. The changes are made slowly, bit by bit.

Social and Cultural: Self-injury is more common in marginalised and oppressed people and cultural groups. Change in this case is focused at a different level - on cultivating a more just society, facilitating release of anger and grief that may be associated with disempowerment, trying to enable the person to find effective power strategies such as through social action.



“It was an accident that I started. There was this other girl, and she was hurting herself. Her problems and feelings seemed just like mine, and nothing else had worked. So...”

Perhaps the best way to understand the experience of people who self-injure is to listen to what **they** have to say about it:

- Some young people tell us they really don't know why they self-injure
- Most hide while self-injuring, doing it somewhere private or at a time of day where they feel they will be less likely to be discovered

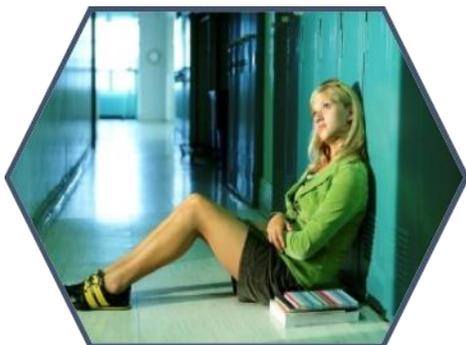
- Some say it is an impulsive act; some talk about having a ritualised way of doing it
- Every young person we have talked to agrees that self-injury is not about 'seeking attention'
- Most feel bad in some way before the act of self-injury (e.g. depressed, stressed, angry, memories of trauma), and that everything 'builds up'
- Some talk about feeling no physical pain during the act of self-injury, while others say they need to feel the physical pain to 'make all the feeling stuff go away'
- Some feel good while cutting; some don't
- Some say the sight of their own blood makes them feel real, where before they felt like they were not part of life
- Some are not able to describe the experience, as if they have switched off during the act
- Many feel release or relief immediately after self-injury, but many also talk about feeling ashamed or even frightened afterwards
- Most cover up their self-injury scars / wounds (e.g. long sleeves in summer, lots of bracelets)

"Some people say it's to seek attention. So why am I so careful to hide it all the time?"

“Sometimes I get so angry, I just need to hit something; the pain over the next few days seems to help me focus on stuff...”



“I don’t want to keep on doing this, but so far I haven’t found anything else that works. I tried going to a group, but I got scared; I just couldn’t tell strangers... They wouldn’t understand...”



5. HOW DO I KNOW IF MY CHILD SELF-INJURES?

It is not always obvious whether someone is self-injuring. However there are some signs that might help you work out whether your child is not coping well. These might include:

- Being withdrawn, more private or quieter than usual
- Not participating in activities they usually participate in
- Mood changes, up one minute down the next
- Getting angry or upset easily
- A history of a significant event (such as breaking up with a boyfriend/girlfriend)
- Not coping well with school work when they have in the past
- Unexplained cuts or scratches
- Covering up parts of the body (e.g. wearing long sleeves on a hot day)

If you are concerned about someone you know, the first step always is to talk with them and offer support. If you feel this is not enough, you should encourage them to talk to someone you know they care about and respect, as well as to a school counsellor/school nurse, teacher, or your local doctor.

Show them the resources at the back of this booklet.

If you are really concerned about them, or worried they may be in danger, you may decide to talk to your local doctor, or your child's school counsellor/school nurse or a teacher.

6. WHAT DO I DO IF MY CHILD SELF-INJURES?

Self-injury can be frightening and difficult to understand; hopefully the information in this guide is helping you understand self-injury a little better. It is perhaps even trickier to know precisely what to *do* when someone you care about is hurting themselves, so we suggest some practical things you may like to consider.

- Talk openly and honestly with the person; don't hold back or pretend you have not noticed. You may have to choose the right moment for this, and **an aggressive or intrusive approach will not help**
- Try to explore the best understanding you can reach of why they have hurt themselves. You may have to wait for the right opportunity, and **you would not want to explore these things over and over; that is not helpful for you or your child**
- Be understanding rather than judgemental. You have to listen to them, and try to make sense of it from their point of view. **Their life experience may have been very different to your own**
- Whatever previous difficulties you may have experienced together, let them know you are always there if they want to talk, or available for a hug if they feel the need
- Let them express *their* feelings (anger, sadness, frustration etc). Sometimes it is blowing off steam; sometimes there are serious things to be angry about. Either way, 'getting it off their chest' will be really helpful.

- This may be very uncomfortable for you, but if your goal is to really help things change, then **as an adult and parent/guardian, you may have to put up with the discomfort**
- Offer to go with them to talk to a counsellor, school nurse; it just may help them to take that first step if they want to
- Share the resources at the back of this book

A number of other things have been suggested by people who self-injure. Some of these will work with some people some of the time. They are suggestions.... At least consider giving them a try....

Rituals to replace self-injury

Rituals, or behaviours that are regularly performed in a set manner, can play an important role in adding meaning to our lives. They help us reflect on how we feel and how we relate to other people.

For some people, self-injury can function as a sort of ritual; a little process you have to complete before you can get on with your day. Finding alternative less damaging little rituals may offer the person an escape from present distress as well as comfort and care. And they may end up with fewer long-term scars!

Here are some examples:

Suggest getting up at dawn, looking out the window, and when they see the first rays of light from the sun, make a promise to achieve something good that day. (OK so which young people get up at dawn? You might be surprised. Anyway, the idea is to help your child start each day with a good promise to their inner self).

Suggest making a ritual of writing letters of forgiveness as a way of putting painful memories to rest or letting things go. Everyone has had times of being hurt by another person and, when we remember them, we usually feel negative feelings, even if it is only “I wish it had not happened”. When we forgive someone for their stupidity, destructiveness and anger, it actually does help us. The funny thing is that you can write the letter or email, and not send it, and it still makes you feel better. Try it for yourself.

Suggest making a time capsule (an old biscuit tin for instance) filled with things that belonged to the old self (the one that was really hurt in the bad old days) and then performing a ritual of burying the capsule deep in the back yard. You can think of it as a permanent burial of old stuff. When your young person is well, there is always the option of digging it up and sorting through again; then they can rebury it with new stuff if they want to.

Suggest holding a tree-planting ceremony to celebrate the start of a new chapter in life. Again, how many young people have an interest in gardening or might get out there and do this? Don't know. But the idea is that they are planting

something little and new that will grow day-by-day, year-by-year (yes, you may have to water it). Each day they look, it will symbolise that new start in their life growing inch-by-inch, flower-by-flower.

Suggest keeping a diary, to fill in the good, the bad and the ugly. (You may have to promise never to search for it, or ever read it by accident. You must treat this as a very private and secret process – i.e., none of your business). They could draw, scribble, and add photos. For special words they could use codes that other people would not understand (even if the diary were to be read).

Help them to make a special healthy lunch for school or work or Uni each day. Eating healthy will provide more energy and anyway it tastes better. Make sure they treat themselves with something special once in a while...

Strategies for coping with self-injury

If you read other books or advice manuals, or look up self-injury help sites on the Internet, you will find lists like this one. Sometimes young people look at the list, and immediately go “Duh! I would never do that!” or “That couldn’t possibly work...”. When we spoke to all the young people we know, it was clear that some things work for some people, some of the time.

We don’t claim that they will work, or that your young person will react kindly to the suggestions. However, encourage them to try each one, before either of you dismiss it...

- *Take a deep breath and count to 10...*
- *Wait 15 minutes before self-injuring...*
- *Provide a distraction by going for a walk, watching TV, talking to a friend*
- *Think through all the things that are really important - (a pet, special friends, or a new sleeveless top they want to buy)*
- *Spend some time thinking about all the things that makes them feel special, or that gives their life meaning*
- *Write in a journal, draw, or express feelings in another way*
- *Think about something positive that happened in the last week, and try to work out how to get it to happen again*
- *Practice relaxation exercises, breathing slowly*
- *Have a good cry*
- *Put on music and dance and/or sing*
- *Focus on the moment and how they are feeling right now; keep at it till the bad feeling goes away (it will!)*

Some of these may need special training in relaxation or 'mindfulness', and are part of a number of therapies.

7. HOW TO TALK ABOUT SELF-INJURY

It is important to choose the right time and place to speak to your young person about your concerns they may be self-injuring. Be sure that it is at a time when you are both feeling calm. Being in a place that is private and comfortable is also important, so that other people do not over hear your conversation. Make sure to ask whether your young person is ok with you asking about their self-injury.

When talking with your young person about self-injury, try to be respectful, open-minded, curious, wanting to understand what self-injury does for them. Be sure to respect and accept what your young person has to say. Do not be intrusive, accusatory, or use ultimatums (for instance, don't say: "If you don't stop I will..."). Use a calm tone and reassure your young person they will not be punished for self-injury. These ideas will be helpful in opening up the conversation.

Supporting your young person may require several conversations. Your young person may not want to talk to you or answer your questions, and that is ok! You can still let them know about your concerns and tell them you understand how difficult it is to talk about difficult topics.

The following websites have information and guides to help caregivers speak to their young people about self-injury:

www.self-injury.org.au

www.sioutreach.org

www.selfinjury.bctr.cornell.edu

8. SELF-CARE

Finding out that a young person in your life is engaging in self-injury is distressing, as is supporting them through recovery. It is common for caregivers to feel anxiety, guilt, and worry when they find out their child self-injures. Some report physical complaints like headaches, stomach aches, and lack of sleep. While you may be focussed on helping your loved one through their distress, it is important that you also take care of yourself.

Be sure that you have your own support system in place. Having friends, family, or a partner to talk to can help you through some difficult times. However, forward disclosures (i.e., telling other people your child self-injures) are best done with the consent of your young person. You may also feel that you would like to seek professional help for you as well. This can be helpful for yourself, and to model to your young person.

Consider how you cope with stressors in your life and the tools you already have. You may want to include some self-care (e.g. exercise, mindfulness) into your own routine to help you cope on a day to day basis. You may also want to find some additional tools that could be useful in the future.

If you are not taking the time to look after yourself, you will not have the energy or resources to support your young person.

9. SEEKING SOLUTIONS

One of the ideas which has crept into various forms of therapy in recent years is the idea of focusing on solutions rather than focusing on the problems all the time. This idea may be useful to you in your parenting of a young person who self-injures. Don't mis-understand – we are not trying to turn you into a therapist. We are sure you would not want that responsibility, and we have no doubt your young person would reject it out of hand! But as a way of thinking, it has some merit.

It is all too easy in our modern lives to end up focusing on all the problems of our daily lives. Self-injury adds one more serious problem to the mix, and it may be easy to become obsessed about it, ruminating on the possible causes and possible long term results. None of that is helpful to anyone.

Key questions to ask yourself and your young person (best done as a collaborative discussion):

When does self-injury NOT happen?

- What is the longest interval between episodes of self-injury?
- What was happening during those days or weeks?
- What were your young people doing?
- How were your young people getting on?
- Who knew that there was no self-injury?
- Who was supporting the young person during this time?
- Were there just ordinary every day things happening, or were there special events?

If you can get to answer these questions it may help you work towards reducing self-injury. The theory goes that if you do one or more of these positive things more often, or for a longer time, it may help.

As an example, if your young person has a special friend, and they came over one weekend, and everything was happy and light and easy – and the halo effect from this lasted 3 days – *and* there was no self-injury.... Why would you not encourage a repeat of the experience?

Another example. If you have a verbal fight with your young person, and you find out that he or she self-injured the next day – but on the other hand when you can resolve issues without fighting, there does not appear to be any self-injury for weeks.... Why would you not try to solve problems and issues early and with as little anger and heat as possible?

None of this is easy, and you may need to be your own detective, hunting down all the little and big good things and making them last longer, or have more meaning, or at least get discussed;

“I’ve noticed that when you are swimming regularly in our pool during summer, you seem in much better spirits. Would you like me to organise some times at the local indoor pool for you while it is winter...?”

10. WHAT MIGHT HELP TO PREVENT SELF-INJURY?

There is an old song where the chorus line begins: “Accentuate the positive....” In truth, this may be an important part of helping to reduce self-injury.

The list below identifies *protective factors* that may help to motivate and support a person who self-injures.

- *Physical wellbeing, good nutrition, sleep and exercise*
- *Secure, appropriate and safe accommodation*
- *Physical and emotional security*
- *Reduced or zero alcohol, tobacco and other drug use*
- *Positive school environment and achievement*
- *Supportive caring parents/guardians or others*
- *Good problem-solving skills*
- *Optimism, a sense of hopefulness for the future*
- *Pro-social peers (people who want to be part of friendship groups and contribute to local groups and society)*
- *Involvement with a significant other person (someone you trust)*
- *Availability of opportunities at critical turning points or major life transitions (e.g. getting a job after school)*
- *Meaningful daily activities*
- *Sense of purpose and meaning in life*
- *Sense of control and efficacy (what you do achieves what you set out to do)*
- *Financial security*
- *Lack of exposure to environmental stressors*
- *Good coping skills*
- *Effective use of medication (when required)*

11. GETTING HELP



“it is perfectly acceptable to shop around and eventually find someone who is the right person to help”

It is generally agreed that an important part of treatment is dealing with underlying issues and problems that relate to self-injury, so that people are more able to cope and, in turn, become less likely to self-injure.

The young people we interviewed had a range of experiences with professionals (i.e. counsellors, nurses) in regards to self-injury. The experiences ranged from positive and helpful to the negative and punitive.

Professionals who listen to the young person, don't judge them by their self-injurious behaviour, work at building good rapport, don't push the young person to stop the behaviour (before helping the young person to find adequate alternative coping strategies), assist with coping skills, work in a person-centred, solution focussed way, and don't 'freak out', were viewed favourably by the young people we interviewed.

Mental health professionals take a number of different approaches to helping their clients. Approaches that have shown some success with people who self-injure include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Mindfulness, and Problem

Solving Therapy. Other therapies may be helpful – for instance expressive therapies like Voice and Movement Therapy – but these have been less researched, and most professionals prefer therapies with strong evidence that they work.

Cognitive Behaviour Therapy (CBT) is a psychological therapy that aims to address issues such as anxiety and depression, as well as a range of other mental health concerns. The focus is on changing the way individuals think, which impacts on the way they feel and the way they act. The approach often involves teaching effective problem solving skills, coping strategies, how to manage exposure to challenging situations, relaxation, identifying thoughts and feelings, and challenging individual beliefs.

Dialectical Behaviour Therapy (DBT) was specifically developed for the treatment of people who engage in self-injury and/or suicidal behaviours. The focus of DBT is accepting the individual being treated (from the perspective of the therapist conveying acceptance and the patient learning acceptance), helping the person to change behaviours that may be self destructive (such as self-injury), and working towards a life that is fulfilling to them.

Learning **Mindfulness** is one of the many ideas that are part of DBT, and can in itself assist people who are anxious or depressed, or who engage in self-injury. Mindfulness is being aware or paying attention to the stimuli coming through your senses, that is, what you see, smell, taste, feel and hear (the unfolding of experience in the present moment). This includes being aware of your emotions and

your thoughts. An important element is to learn to be non-judgmental, just accepting whatever comes to your mind moment by moment.

Potential benefits of mindfulness include staying focused, particularly at times of high emotion when the many incoming thoughts or ideas or stimuli may cause one to feel 'scattered'. It helps people to act less impulsively by enhancing awareness of urges to action. For those who go over and over upsetting things ('ruminate') at length, it may help them to turn attention to other things or turn off the stream of images and thoughts. It increases the capacity to experience joy. Ultimately, (once you have got the idea and practice regularly), the awareness can help you experience a richer quality of life.

Problem Solving Therapy (PST) is a brief psychological intervention that focuses on identifying specific problems an individual is facing, and generating alternative solutions to these problems. Individuals learn to clearly define a problem they face, brainstorm multiple solutions, and decide on the best course of action. A key element of PST is testing the chosen solution to see if it is effective, and refining the decision-making and problem solving strategy if necessary. Learning and practicing the process helps you identify and effectively solve problems you face in the future.

There is one final area we need to discuss, and that is acute care. There may be times when you believe that the injuries need medical attention, or where you are beginning to believe that either the whole situation is becoming more serious, or you are beginning to feel you cannot cope. Either

way you may feel that a professional assessment is really important.

Make these decisions early if you can, and plan to visit your GP, or a local youth mental health service (like CAMHS or headspace). If you leave it too long, then there may be a crisis, you may not know where to turn, and the sheer anxiety attached to help-seeking may make things worse.

Having to go to an Emergency Department at a hospital is not fun for either you or your young person. These are busy places, and often the staff either do not have skill at dealing with self-injury, or are angry and resentful about 'self-inflicted wounds'. We have heard stories of young people being left alone for hours before being treated, or (in a few cases) actually being sewn up with no anaesthetic. Clearly this should not happen, and we have to seek solutions to ensure it does not.

The best thing is for you to make sure you attend with your young person. Again, it may not be a fun experience, but you may be able to stop further traumatizing experiences from occurring, or remind staff that this is the only way that your young person can manage their emotions at this time, and they should be careful not to make things worse by an abusive or stigmatizing approach. If you do this, it will become a shared experience along the pathway toward recovery. But remember, you may need to discuss things with your best friend or partner afterward, just to debrief and clear your own feelings.

12. REALISTIC EXPECTATIONS ABOUT RECOVERY

It is important to note that people cannot be forced to stop self-injuring and that some young people may not be ready to seek professional help. What you can do, is provide them with support and resources such as the ones provided at the end of this booklet.

The young person in your life who is self-injuring will need support from friends, family, and possibly a mental health professional. Knowing that they can talk to someone who will not judge them if they feel like self-injuring can be a great support.

Recovery will look different, and mean different things, for different people. It can be difficult for people to stop self-injuring and find other ways to cope with emotions. It is likely that there will be times when the young person in your life self-injures again. This does not mean that they are not improving. People with a history of self-injury tell us they experience thoughts and urges to self-injure many years after stopping the behaviour. Any positive changes should be recognised, no matter how small they may seem (e.g., helping around the house more, playing with siblings). Be sure to help the young person in your life to be aware of these positive changes as well.

13. A NOTE ABOUT SELF-INJURY AND SUICIDE

Understanding the relationship between self-injury and suicidal behaviour is one of the most complex areas for anybody working with people who self-injure. While self-injury is usually *not* related to suicidal thoughts or feelings, in some cases people who self-injure do report that life is not worth living, and a feeling of wanting to die.

When we spoke to young people who self-injure, what was really important to understand was that many of them talked about self-injury *actually keeping them alive* and reducing their wish to suicide; in other words, self-injury became a sort of coping mechanism.

On the other hand, many young people talked about self-injury serving functions that had nothing to do with suicide or feeling suicidal. Many young people were really angry about responses from professionals who assumed they were suicidal when they were self-injuring to release or control feelings. Despite this, some young people had been suicidal at some point, and they had self-injured with both suicidal and non-suicidal intent at different times (we said it was complicated).

What this means is that if you are concerned that someone you know might have thoughts of ending their life it is really important you speak to them. For guidance in how to discuss suicide you can refer to www.suicidcallbackservice.org.au.

14. USEFUL RESOURCES

If you, or someone you know, would like more information about self-injury the following resources may be useful:

National Services

- *Kids Help Line (instant telephone support – special expertise for young people) (1800 55 1800) www.kidshelp.com.au*
- *Lifeline (instant telephone support) (13 11 14) www.lifeline.org.au*
- *SANE Australia – forums for people experiencing mental illness and their carers (complaints about services or media/support) (1800 187 263) www.sane.org*
- *headspace www.headspace.org.au*
- *Reach Out! (by young people for young people - broad information including for parents/guardians) www.Reachout.com.au*
- *Head to health (online mental health resources and services) headtohealth.gov.au*

Services for Caregivers

- *Parentline – Qualified counsellors available for telephone counselling for parents.*
 - **WA** – (08) 9368 9368 or 1800 111 546 (free for STD callers) 8am-8pm, 7 days a week
 - **Qld & NT** – 1300 30 1300 (cost of local call) 8am-10pm, 7 days a week
 - **Vic** – 13 22 89 (cost of a local call) 8am-midnight 7 days a week
 - **SA** – 1300 364 100 (cost of a local call) 24 hours, 7 days a week.
 - **NSW** – 1300 1300 55 (cost of a local call) 9am-9pm Mon-Fri; 4pm-9pm Sat-Sun.
 - **ACT** – (02) 6287 3833 (cost of a local call) 9am-5pm Mon-Fri
 - **Tas** – 1300 808 178 (cost of a local call) 24 hours, 7 days a week.

State-based Services

- *Child and Youth Mental Health Services (State specific):*
www.health.qld.gov.au/
www.health.vic.gov.au/mentalhealth/services/child/
www.health.nsw.gov.au/mhdao/camhs.asp
www.health.wa.gov.au/services/detail.cfm?Unit_ID=370
www.dhhs.tas.gov.au/mentalhealth/mhs_tas/gvt_mhs/child_and_adolescent_mental_health_services
health.act.gov.au/c/health?a=sp&pid=1316133581&site=51103&servicecategory=23
www.health.nt.gov.au/Mental_Health/index.aspx
- *YouthLink and YouthReach South – Free and confidential counselling and support services for young people*
www.youthlink.perthwa.net
- *Youth Focus provides youth mental health services across WA*
youthfocus.com.au
- *Way Ahead Mental Health Association NSW*
wayahead.org.au

Additional Mental Health Websites

- *Beyondblue (information about depression)*
www.beyondblue.org.au
- *The MoodGYM*
moodgym.com.au
- *National Institute of Mental Health (US site – good info on mental health)*
www.nimh.nih.gov
- *Psychcentral*
www.psychcentral.com

Websites – Self-Injury Specific

- *Shedding light on Self-Injury* www.self-injury.org.au
- *Self-Injury Outreach and Support* sioutreach.org
- *Self-Injury and recovery Research and Resources (SIRRR) information and resources about self-injury for young people and parents/guardians*
www.selfinjury.bctr.cornell.edu
- *ASHIC: American Self-Harm Information Clearinghouse*
www.selfinjury.org/
- *LifeSIGNS: Self Injury Guidance and Network Support*
www.lifesigns.org.uk
- *RecoverYourLife.com* www.recoveryourlife.com/
- *S.A.F.E. Alternatives®: Self Abuse Finally Ends*
www.selfinjury.com/
- *The International Self-Mutilation Awareness Group*
<http://flmac.tripod.com/ismag/index.html>
- *The National Self-Harm Network* <http://www.nshn.co.uk>
- *To Write Love on her Arms*
<https://www.facebook.com/towriteloveonherarms>

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