



## **Submission**

# Intentional self-harm and suicidal behaviour in children

**June 2014**

*beyondblue*  
PO Box 6100  
HAWTHORN WEST VIC 3122

Tel: (03) 9810 6100

Fax: (03) 9810 6111

[www.beyondblue.org.au](http://www.beyondblue.org.au)

## Examination into intentional self-harm and suicidal behaviour in children

### *beyondblue*

*beyondblue*, the national depression and anxiety initiative, is pleased to present this submission on intentional self-harm and suicidal behaviour in children, to the National Children's Commissioner at the Australian Human Rights Commission. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety, and the links between these disorders and self-harm and suicidal behaviours.**

*beyondblue* is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments. *beyondblue* adopts a public health approach, which focuses on improving the health of the whole population, across the lifespan. *beyondblue's* programs are tailored to meet the needs of specific population groups, across a range of settings, including educational settings, workplaces, health services and online.

### *beyondblue's* response to the intentional self-harm and suicidal behaviour in children inquiry

In examining intentional self-harm and suicidal behaviour in children and young people, it is important that the Commission considers the evidence that has already been established through relevant inquiries, consultations and national and state-based suicide prevention policies. These include:

- the [Senate Inquiry into Suicide in Australia](#) (2010)
- the [House of Representatives Inquiry into Early Intervention Programs aimed at Reducing Youth Suicide](#) (2011)
- the [Reducing Youth Suicide in Queensland Final Report](#) (2011)
- the Legislative Assembly of the Northern Territory [Select Committee on Youth Suicides](#) (2012)
- the New South Wales [Child Death Review Team Annual Report](#) (2012)
- [Trends and Issues Paper Number 19: Child deaths – prevalence of youth suicide in Queensland](#) (2014)
- Western Australian Ombudsman [Investigation into ways that State Government departments and authorities can prevent or reduce suicide by young people](#) (2014)

## 1. Why children and young people engage in intentional self-harm and suicidal behaviour

Self-harm and suicidal behaviours are complex, and have multiple contributing factors, including social, psychological, biological, genetic, cultural, spiritual, environmental and economic factors. The *beyondblue* 'Youthbeyondblue fact sheet – Self-harm and self-injury' (see [Attachment A](#)) describes some of the common reasons why young people harm themselves. It is important to note that **for most young people self-harm is a coping mechanism, not a suicide attempt.** However, people who

self-harm are more likely than the general population to feel suicidal and to attempt suicide, and the risk of accidental suicide is much higher in this group of people.

The *beyondblue* ‘Youthbeyondblue fact sheet – Suicide prevention – knowing the signs’ (see [Attachment B](#)) provides an overview of some of the contributing factors that may lead to suicidal behaviour in young people. People who have survived a suicide attempt report that, rather than wanting to die, they wanted their unbearable pain to end.<sup>1</sup>

There are clear links between mental illness and suicidal behaviour. Some research suggests that **mental illness may be present in 90 per cent of suicide cases, with more than 80 per cent untreated at the time of death.**<sup>2</sup> Other researchers question the validity of this data, as it is underpinned by the psychological autopsy methodology.<sup>3</sup>

People with a mental illness are more likely to experience serious suicidal ideation (that is, thoughts about suicide) than people not experiencing a mental illness.<sup>4</sup> The likelihood of suicidality increases significantly if a person experiences multiple mental illnesses (see [Table 1](#)) – for example, suicidality in people experiencing an affective, anxiety and substance use disorder is almost 50 times higher than among those without a mental illness (39.2 per cent compared to 0.8 per cent). The risk of suicide in people with a mental illness is significantly higher after discharge from hospital or when treatment has been reduced.<sup>5</sup>

	Suicidal ideation (per cent)	Suicide plan (per cent)	Suicide attempt (per cent)
No disorders	0.8	0.2	np
Affective disorders	16.8	2.4	2.1
Anxiety disorders	8.9	2.4	2.1
Substance use disorders	10.8	3.5	3.1
Any mental disorder	8.3	2.2	np

**Table 1:** Prevalence of 12-month suicidality by 12-month mental disorder class<sup>6</sup>

Note: Totals are lower than sum of disorders as people may have had more than one class of mental disorder

np: Not available for publication

While there is a strong association between mental illness and suicide, it is important to note that **most people who experience mental illness are not suicidal** - “If the suicide rate is ~500 per 100,000 among clinically depressed people, it is ~5 per 1000, or ~0.5 per 100 depressed individuals. That means probabilistically, you can say with ~99.5% likelihood that no depressed person will kill him/herself imminently” (Caine, 2012).<sup>7</sup>

There are also a **range of other factors that may predispose a young person to consider suicide** – this includes hopelessness; life event stress; problem-solving deficits; impulsivity; aggression;

perfectionism; impaired coping skills; rumination; negative automatic thoughts; non-suicidal self-injury; cognitive restriction; and attentional fixation.<sup>8,9,10</sup>

## 2. The incidence and factors contributing to contagion and clustering involving children and young people

According to the Queensland Commission for Children and Young People and Child Guardian (2011) as many as **42 per cent of child suicides could be related to contagion**, that is, exposure to another's suicide. Internationally, it has been estimated that between 1 and 5 per cent of all suicides by young people occur in the context of a cluster.<sup>11</sup> Studies have shown that adolescents are the age group most affected by suicide contagion.<sup>12</sup> A Canadian study with adolescents aged 12 – 17 years has shown that young people who reported the suicide of a schoolmate were significantly more at risk of suicide than those with no exposure, with the effect most prominent in the youngest age group.<sup>13</sup>

Some young people, especially those who are already experiencing difficulties and life stresses, may identify with the person who has suicided. This may normalise the behaviour, and contribute to the thinking that suicide is an option. **Being exposed to suicide heightens the risk of contagion and therefore postvention services and resources need to be made available for all young people exposed to the suicide** – both those directly known to the person who suicided, and also those who may not have known the young person, but who may have heard about the suicide.

## 3. The barriers which prevent children and young people from seeking help

Children and young people, like adults, experience many barriers which impact on their likelihood to get help for depression and anxiety, and self-harm and suicidal behaviour. Despite the strong evidence on the effectiveness of treatment, **over 80 per cent of males and nearly 70 per cent of females with mental disorders aged 16 – 24 years do not use any professional services for their mental health problems.**<sup>14</sup> Australia's only nationally representative survey of child and adolescent mental health also documents the low levels of help seeking among children – **while 13 per cent of young people aged 4 to 17 years report experiencing mental health difficulties, only a minority (25 per cent) have received help in the previous six months.**<sup>15</sup>

The low level of help seeking among children and young people reflects the broader population, in which over half of adults do not use professional services for a mental health problem.<sup>16</sup> It is important that young people have the knowledge, skills and ability to access professional care, as while the mental health issues of some young people will be transient, it is now well recognised that the symptoms of mental health disorders are often apparent from a young age, with half of all diagnosable mental health disorders estimated to started by the age of 14 years, and approximately 75 per cent of mental illness emerging before the age of 25.<sup>17</sup>

The **most common barriers to seeking help, across the community**, are stigma; concerns about confidentiality and trust; poor mental health literacy; knowledge of available services; lack of accessible services; and a preference for 'self-reliance'.<sup>18,19</sup> People's beliefs and culture also impact their behaviour and attitudes towards seeking help and the effectiveness of different treatment

options.<sup>20,21, 22</sup> Among children aged 4 to 17 years the major barriers to obtaining help include practical issues, such as the cost of attending services, not knowing where to get help, and long waiting lists.<sup>23</sup>

To overcome the barriers to help seeking, **it is important that there are a range of treatment options that meet the needs of children and young people** – for more information on the types of programs and practices that effectively target and support children and young people, see the response to question 7.

#### **4. The conditions necessary to collect comprehensive information which can be reported in a regular and timely way and used to inform policy, programs and practice**

To collect comprehensive information on self-harm and suicidal behaviour in children and young people there needs to be national agreement on:

- what information should be collected
- who should be responsible for collecting this information
- when the information should be collected and reported on
- how and why the information is collected, reported on and used.

The National Committee for Standardised Reporting on Suicide has identified priorities and plans for achieving standardised and accurate reporting of suicide (for more information, see: <https://suicidepreventionaust.org/project/national-committee-for-standardised-reporting-on-suicide-ncsrs/>). The gathering and reporting of data on child self-harm and suicide is included in the Committee's reform agenda, and should be supported as part of suicide data improvements across the lifespan.

#### **5. The impediments to the accurate identification and recording of intentional self-harm and suicide in children and young people, the consequences of this, and suggestions for reform**

The death of a child by suicide is an extremely sensitive issue. The number of deaths of children attributed to suicide can be influenced by varying coronial reporting practices across jurisdictions and states. Issues associated with the compilation and interpretation of suicide data are explained by the Australian Bureau of Statistics (2011) when presenting the 'Causes of Death' data – see: [www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Explanatory+Notes12011](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Explanatory+Notes12011)

As explained by the ABS (2011): *“Suicide deaths of children are an extremely sensitive issue for families and coroners. The number of child suicides registered each year is small and is likely to be underestimated, more so than for other age groups. Consequently, data produced for child suicides would likely be subject to ABS procedures to protect confidentiality and, as a result, could not be reliably analysed. For these reasons, this publication does not include detailed annual information about suicides for children aged under 15 years in the commentary or data cubes...”*<sup>24</sup>

[www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Appendix12011](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Appendix12011)

## 6. The benefit of a national child death and injury database, and a national reporting function

A national child death and injury database, that provides standardised information across all states and territories, will improve the usefulness and impact of data on deaths by suicide and self-harm behaviours. Accurate statistics underpin successful suicide prevention strategies, including their development, implementation, evaluation, and accountability for achieving outcomes. Understanding prevalence and individual risk profiles for children's suicide and self-harming behaviour is imperative to developing meaningful prevention and intervention strategies.

## 7. The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours

There is a range of effective *beyondblue* prevention and early intervention programs that target and support children and young people engaging in self-harm and suicidal behaviours. There include:

- ***beyondblue* Support Service** – the *beyondblue* Support Service provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, a web chat service from 4pm to 10pm, and an email response service. There is a high level of use of web chat by young people – while approximately 30 per cent of Support Service users are aged 15 – 24 years, this age group makes up nearly 50 per cent of web chat users. The Support Service is not a suicide or crisis line, however suicide-related issues are discussed in approximately 6 per cent of web chats, and users are supported to access services to best meet their needs.
- **KidsMatter Primary** – this mental health promotion, prevention and early intervention framework is being implemented in 2,000 primary schools across Australia. Independent evaluations of the program have demonstrated that it improves staff and parent capacity to support children's mental health and wellbeing, and improves children's mental health on standardised measures over two years. By improving the mental health and wellbeing of primary school students and providing greater levels of support for those experiencing mental health problems, this program will help to reduce the level and impact of self-harm and suicidal behaviours in children and young people. This program complements and supports the *beyondblue* KidsMatter Early Childhood program, which is also being implemented in early childhood settings across Australia.
- **MindMatters** – this program extends the KidsMatters framework into high schools. It is currently being redeveloped and will be rolled out to 1,500 secondary schools by mid 2016. The framework specifically addresses adolescent development in a secondary school context, and will strengthen staff knowledge and skills, and provide the starting point for whole-school implementation of evidence-based mental health strategies and programs.
- **SenseAbility** – this strengths-based resilience program is designed for those working with young Australians aged 12 – 18 years. It includes a suite of modules developed to enhance and maintain emotional and psychological resilience. To date, approximately 1,820

secondary schools have ordered the SenseAbility program, which represents approximately 66 per cent of all schools nationally.

- **Resources for parents and guardians** – *beyondblue* has developed two information resources specifically for parents and guardians. The *beyondblue* guidelines on ‘How to prevent depression and anxiety in your teenager: Strategies for parents’ and the ‘Parent’s guide to depression and anxiety’ provide practical strategies and information to assist parents and guardians to understand mental health problems and how best to support their young person.
- **Youthbeyondblue website and apps** – for more information, see response to question 9.

## 8. The feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of children who engage in intentional self-harm and suicidal behaviour

Public education campaigns are an important component of an evidence-based public health response to a health issue. *beyondblue* has utilised public education campaigns to effectively increase awareness and knowledge of depression and anxiety disorders across the community. These campaigns have formed part of *beyondblue*’s comprehensive response to depression and anxiety, which includes:

- communicating about depression and anxiety
- developing programs and partnerships across different settings and sectors
- building the capacity of individuals, communities, health services, workplaces and educational providers
- contributing to, and advocating for, healthy public policy
- building and promoting knowledge through research and evaluation.

While campaigns can lead to population-wide changes in awareness and knowledge of an issue, to achieve behavioural changes other public health strategies, such as those outlined above, are needed. To reduce the number of children who engage in intentional self-harm and suicidal behaviour, it is recommended that other public health strategies, such as capacity building and developing programs across different settings, are used. Embedding messages on self-harm and suicidal behaviour into the suite of existing mental health promotion, prevention and early intervention programs targeting children and young people, and those who support them, will help to reduce the number of children who engage in this behaviour.

## 9. The role, management and utilisation of digital technologies and media in preventing and responding to intentional self-harm and suicidal behaviour among children and young people

Digital technologies and media have an important role in responding to self-harm and suicidal behaviour among children and young people. *beyondblue* research suggests that young people are increasingly obtaining information on health problems online. The *beyondblue* Depression Monitor, a longitudinal community-wide survey of 3,200 people, suggests that between 2005 and 2012 there was a significant increase in the proportion of people aged 18 to 24 seeking information about

depression from the internet (from 49 per cent in 2005 to 72 per cent in 2012), and a decrease in the proportion of people seeking information from a GP/doctor (from 40 per cent in 2005 to 24 per cent in 2012). Given the importance of the internet as a place to find information and support for mental health problems, it is essential that effective, evidence-based information and services to support children and young people are available through this medium.

In addition to the *beyondblue* Support Service, which provides counselling via web chat, email and telephone, *beyondblue* also provides information on depression, anxiety and suicide to young people through the Youthbeyondblue website ([www.youthbeyondblue.com](http://www.youthbeyondblue.com)). This site has recently been re-launched to include updated content and images that appeal to the target audience of people aged 12 – 25 years. The site includes the Youthbeyondblue key messages of *Look* for the signs of anxiety and depression, *Listen* to your friends' experiences, *Talk* about what's going on and *Seek help* together. The text-based content is enhanced through a series of video blogs and links to other relevant resources.

*beyondblue's* online support for children and young people is also expanding to include a number of apps and online programs. The '[Brave online](#)' program is a treatment program for childhood and adolescent anxiety. A number of other programs are in development, and will be available later in 2014 and made freely available to the Australian community. These include:

- 'Music as a canary' app, which will examine whether automatic monitoring of young people's music use, physical activity and social networking can predict changes in depression risk.
- 'Check in' app, which will assist young people to approach a friend who they think is struggling.
- 'Conversations' resources, which will include a range of multi-media resources to support young people to have a conversation with someone they are concerned about, and parents to have a conversation with their child about depression and anxiety.

While digital technologies and media have a significant role to play in effectively responding to self-harm and suicidal behaviour in young people, it is important that the risks associated with online technologies are also acknowledged and considered. The Young and Well Co-operative Research Centre (<http://www.youngandwellcrc.org.au/>) has conducted significant research investigating young people's use of technology, and optimal ways to engage young people and improve mental health through this medium. The suite of research projects and resources developed by this Centre should inform any new projects or services targeting intentional self-harm and suicidal behaviour among children and young people.



- 
- <sup>1</sup> Seiden, R. (1978). Where Are They Now? A Follow-up Study of Suicide Attempters from the Golden Gate Bridge, *Suicide and Life Threatening Behaviour*, 8(4).
- <sup>2</sup> Mann et al. (2005). Suicide Prevention Strategies: A Systematic Review. *Journal of American Medical Association*, 294 (16), 2064 – 2074.
- <sup>3</sup> Heidi Hjelmeland, Gudrun Dieserud, Kari Dyregrov, Birthe L. Knizek & Antoon A. Leenaars (2012). Psychological Autopsy Studies As Diagnostic Tools: Are They Methodologically Flawed? *Death Studies*, 36: 605–626, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3662079/pdf/udst36\\_605.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662079/pdf/udst36_605.pdf)
- <sup>4</sup> Slade, T., Johnston, A., Teeson, M., Whiteford, H., Burgess, P., Pirkis, J. & Saw, S. (2009). *The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing*. Department of Health and Ageing: Canberra.
- <sup>5</sup> Martin, G., Swannell, S., Harrison, J., Hazell, P., & Taylor, A. (2010). *The Australian National Epidemiological Study of Self-Injury (ANESSI)*. Brisbane, QLD: Centre for Suicide Prevention Studies. Accessed online 28 May 2014: [www.suicidepreventionstudies.org/uploads/ANESSI%20Report%20Publication.pdf](http://www.suicidepreventionstudies.org/uploads/ANESSI%20Report%20Publication.pdf)
- <sup>6</sup> Slade, T., Johnston, A., Teeson, M., Whiteford, H., Burgess, P., Pirkis, J. & Saw, S. (2009). *The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing*. Department of Health and Ageing: Canberra.
- <sup>7</sup> Caine, E.D. 2012. *Challenges for Suicide Prevention: Evaluating U.S. Public Health Approaches*. Accessed online 12 May 2014: [http://www.nzsuicideprevention.org/uploads/8/2/0/8/8208328/eric\\_caine\\_suicide\\_prevention\\_challenges\\_26\\_sept\\_2012.pdf](http://www.nzsuicideprevention.org/uploads/8/2/0/8/8208328/eric_caine_suicide_prevention_challenges_26_sept_2012.pdf)
- <sup>8</sup> Grover, K.E. et al (2009). Problem Solving Moderates the Effects of Life Event Stress and Chronic Stress on Suicidal Behaviors in Adolescence. *Journal of Clinical Psychology* 65(12), 1281–1290.
- <sup>9</sup> Wenzel, A. & Beck, T.A. (2008) A cognitive model of suicidal behavior: Theory and treatment *Applied and Preventive Psychology*, 12 (4), 189-201.
- <sup>10</sup> Speckens, A.E. & Hawton, K (2005). Social Problem Solving in Adolescents with Suicidal Behavior: A Systematic Review. *Suicide and Life-Threatening Behavior* 35(4), 365 - 387.
- <sup>11</sup> Gould M.S., Wallenstein, S. & Kleinman, N. (1987). *A Study of Time-Space Clustering of Suicide: Final report*. Atlanta: Centers for Disease Control and Prevention.
- <sup>12</sup> Zenere, F. (2009). Suicide clusters and contagion. *Principal Leadership*, 10(2), 12-16.
- <sup>13</sup> Swanson, S.A. & Colman, I. (2013). Association between exposure to suicide and suicidality outcomes in youth. *Canadian Medical Association journal*, 185(10), 870-877.
- <sup>14</sup> Slade, T., Johnston, A., Teeson, M., Whiteford, H., Burgess, P., Pirkis, J. & Saw, S. (2009). *The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing*. Department of Health and Ageing: Canberra.
- <sup>15</sup> Sawyer et al. (2000). *Mental health of young people in Australia*. Mental Health and Special Programs Branch: Commonwealth Department of Health and Aged Care. Accessed online 2 June 2014: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-young-toc>
- <sup>16</sup> Whiteford, H.A., Buckingham, W.J., Burgess, P.M., Pirkis, J.E. Barendregt, J.J. & Hall, W.D. (2014). Estimating treatment rates for mental disorders in Australia. *Australian Health Review*, 38, 80 – 85.
- <sup>17</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distribution of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6), 593-602
- <sup>18</sup> Gulliver, A., Griffiths, K.M. & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 10 (113).
- <sup>19</sup> Wilson, C.J., Bushnell, J.A. & Caputi, P. (2011). Early access and help seeking: practice implications and new initiatives. *Early intervention in psychiatry*, 5 (Suppl. 1), 34 – 39.

---

<sup>20</sup> Wilson, C.J., Bushnell, J.A. & Caputi, P. (2011). Early access and help seeking: practice implications and new initiatives. *Early intervention in psychiatry*, 5 (Suppl. 1), 34 – 39.

<sup>21</sup> Jorm, A., Allen, N., Morgan, A. & Purcell, R. (2009). *A guide to what works for depression*. Melbourne: *beyondblue: the national depression initiative*.

<sup>22</sup> Jorm, A., Allen, N., Morgan, A. & Purcell, R. (2010). *A guide to what works for anxiety*. Melbourne: *beyondblue: the national depression initiative*.

<sup>23</sup> Sawyer et al. (2000). *Mental health of young people in Australia*. Mental Health and Special Programs Branch: Commonwealth Department of Health and Aged Care. Accessed online 2 June 2014:

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-young-toc>

<sup>24</sup> Australian Bureau of Statistics (2011). *3303.0 - Causes of Death, Australia, 2011*. Accessed online 28 May 2014: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Explanatory+Notes12011>

# Self-harm and self-injury

**There are many reasons why people deliberately injure themselves but generally it is about coping; coping with intense emotions that are hard to express or handle alone.**

By looking after your emotional health and learning to cope in less hurtful ways you can create new habits that look after your mind and your body.

## WHAT IS SELF-HARM OR SELF-INJURY?

Self-harm or self-injury refers to people deliberately hurting their bodies and is often done in secret without anyone else knowing. Some young people do it once, others do it to cope with particularly stressful events, while others use it as a way of coping over time. When they feel pressured or distressed they self-harm; for them it becomes their habit for coping.

The most common type of self-harm among young people is cutting but

### Urgent Assistance

If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact your doctor or local mental health crisis service, or go to your local hospital emergency department. Do not leave the person alone, unless you are concerned for your own safety.

there are many other types of self-harm including burning or punching the body or picking skin or sores. People who deliberately injure themselves are not trying to kill themselves, they are trying to find a way to cope with difficulties and distress.

Self-harm can be something that someone tries once, or it can become a habit as they search for relief from distress. The problem is that this relief is only temporary, and the circumstances usually remain.

## WHY DO PEOPLE HARM THEMSELVES?

Many young people describe self-harm as a way of coping with feeling numb or intense pain, distress or unbearable negative feelings, thoughts or memories. They are trying to change how they feel by replacing their emotional pain or pressure with physical pain. Some people harm themselves because they feel alone, and hurting themselves is the only way they feel real or connected. While others self-harm to punish themselves due to feelings of guilt or shame or to 'feel again'. Some young people who self-harm are experiencing depression and/or anxiety.

For most young people self-harm is a coping mechanism, not a suicide attempt.<sup>1</sup> There is however a risk that a person may accidentally hurt themselves more than they planned. So the risk of accidental suicide is much higher in people who self-harm.

People who repeatedly self-harm may also begin to feel as though they cannot stop, and this may lead to feeling trapped, hopeless and suicidal. People who self-harm are also more likely than the general population to feel suicidal and to attempt suicide.<sup>2</sup>

## IF YOU ARE SELF-HARMING

Self-harm is not a long term solution. Self-harming might be working for you at the moment but it does not help to sort out why you are feeling the way you do. Sometimes you need to learn and practise some new ways of coping before you can

THERE ARE SOME MORE COMMON EXPERIENCES THAT CAN TRIGGER SELF-HARM, THESE MAY INCLUDE:

- difficulties or disputes with parents
- school or work problems
- difficulties with boyfriends or girlfriends
- physical health problems
- anxiety
- depression
- bullying
- low self esteem
- sexual problems
- alcohol and drug abuse
- distress and intense emotions.

give it up. It is also important to look after yourself, to minimise harm and to stay safe.

There are other ways for people to express how they feel that do not cause harm, and by doing this they can improve their sense of control and wellbeing, too.

Your first step is to decide that you want things to be different, that you want a longer term solution to how you feel. Then it is about setting realistic goals that you can work towards.

It might take a little while, and there might be some hurdles along the way, but it is important to keep trying and get the support that you need.

To get support from others it means you have to tell them about what is happening, and sometimes that's what can stop you from getting help. It can be hard to talk

with the people who care about you if you are worried about how they will react to your self-harm.

**When you first talk to people about it they might be shocked and have difficulty understanding it but that does not mean they will not support you. It just means they might need some time to learn more and talk with you about how they can help. Others might be relieved to talk with you about it; they might have seen your scars but not known what to say.**

**You can take your time to explain your situation, or you might tell them everything at once. And you might choose to only tell the people that you think won't judge you and will support you.**

## REPLACE YOUR SELF-HARM WITH SOMETHING LESS HARMFUL

Try a few of these to see if they work for you.

- Try holding ice cubes on your hand – cold causes pain but is not dangerous to your health.
- Wear a rubber band on your wrist and snap it when you feel the need.
- Use a red pen to draw on the areas you might normally cut.
- Work it off with exercise.
- Scribble with red pen on a piece of paper.
- Eat a chilli.
- Try deep breathing and relaxation exercises.

- Try and focus on something around you, something simple, watch it for a while and see if that can distract you from the negative thoughts.
- Talk with someone.
- If you find it hard to remember your options, write them down or put them in your phone to refer to when you need it.

## GET SUPPORT

A mix of supportive friends, family and a health professional can help you to achieve your goals.

- It's good to work on some things that you can do for yourself but you do not to have to face this challenge alone.
- Choose some supportive friends that you can talk to when you feel you need to.
- Do not expect friends to keep 'secrets' about your self-harm if they are worried for your safety. They will want to help keep you safe and sometimes that means calling on other adults, health professionals or support services.
- Find a health professional in person, online or over the phone. A counsellor, psychologist or doctor can help you to work out what is triggering your self-harm, and begin to work with you on managing your difficult thoughts and feelings.
- Let others know how you feel when things don't go to plan. Don't build up worries, anger or disappointments – talk about them.

## LEARN MORE ABOUT YOUR HABITS

- Write down when you self-harm, what happened before and how you felt. This can help you to work out your triggers and the feelings that you need to begin to handle better.
- Set some realistic goals for how you might begin to cope better and how you are going to know if it is working.

## MAKE SOME HEALTHY LIFESTYLE CHOICES

- Look after your physical health – eat well, exercise daily, try to have a regular sleeping pattern.
- Spend time doing things that you enjoy, with people you enjoy being with.
- Avoid or try limiting the amount of alcohol and drugs you use. Drugs and alcohol use can intensify the feelings that you are having.
- Look after your injuries – bandage and clean your injuries to avoid infection.

## CALL FOR HELP

- If you hurt yourself more than you intended to, get medical advice from your local doctor or hospital or [healthdirect.org.au](http://healthdirect.org.au)
- If your thoughts change from wanting to harm yourself, to being hopeless and thinking about suicide, talk to someone about it — *beyondblue* are always available to talk you through times that are overwhelming or feeling hopeless.

## HELPING A FRIEND

---

It is not always obvious whether someone is self-harming but if you are concerned about them it is important to talk with them about it. Let them know what you have noticed, that you are worried and that you would like to help.

It can be a hard conversation at first – what you hear might be a bit scary but if you remain calm, then you might have the opportunity to talk more about it and help them through their difficult time. You may want to tell them to stop because it makes you uncomfortable but there are some more helpful ways to approach your friend.

### LOOK

- Look out for your friend. If you are worried about them let them know and talk about it with them.

### LISTEN

- By listening you can begin to understand what is happening and why.
- Be open to hearing what is happening without judgment and with respect.
- Don't assume you know all about it.

### TALK

- Let them know you are there for them. You might find it hard to understand but you can support them.
- Be realistic; self-harming can take a while to stop. Encourage them when you notice that they have coped with difficult things without self-harming and help them to achieve the goals they set for themselves.

## SEEK HELP

- Encourage them to seek help from family, counsellors or health professionals.
- Support services are available online, in person or over the phone. Help them make the first call if they don't know what to do.
- Access information about self-harm so you can learn more about what is happening and how you can help.
- Ask for advice from family or health professionals on how you can help your friend. Call a helpline anonymously to ask these questions if you are not sure who you can confide in.

## SPEAK UP

- If you are worried about the safety of someone who is self-harming it is important to let someone else know. You cannot support them on your own. Try to speak to them about this first and talk with them about who else they would be happy to talk (for example family, doctor, *beyondblue*). It is important that they don't feel that things are being taken out of their control and that everyone will suddenly know about their self-harm.
- Let them know if you feel uncomfortable about their self-harm; what you can and can't cope with. Decide how you can support them in a way that works for both of you. For example your friend might call you when they are distressed but you might ask them not to tell you the detail of how they have hurt themselves.

## TAKE CARE OF YOURSELF

- Supporting someone who is self-harming can be emotionally exhausting.
- Try to find the balance between supporting them and looking after yourself.
- Look after your physical health; eating well, exercising daily and sleeping regularly.
- Look after your emotional health; talk with someone about what is happening. You can respect your friend's privacy but still have a conversation with someone about how it is affecting you and what you should do to help your friend.
- Online and phone support services can also help you in these situations.

**Giving up self-harm and developing new habits for coping with intense emotions can take time. You have to find what works for you. In the meantime it is important to look after yourself. Get support, talk to your friends, and build things into your life that you enjoy and find rewarding. If you know someone who is self-harming offer your support, be patient, and support them to get the help they need.**

## References

- <sup>1</sup> Klonsky, E. D. (2007). The functions of deliberate self-injury: a review of the evidence. *Clinical Psychology Review*, 27 (2), pp. 226-239
- <sup>2</sup> Martin, G., Swannell, S. V., Hazell, P. L., Harrison, J. E. & Taylor, A. W. (2010). Self-injury in Australia: a community survey. *Medical Journal of Australia*, 193 (9), pp. 506-510.

# Where to find support



## For help with how you're feeling

### *beyondblue*

[www.youthbeyondblue.com](http://www.youthbeyondblue.com)

Learn more about anxiety and depression and how to talk about it with your friends, or talk it through with our Support Service.

 1300 22 4636

 Email or  chat to us online at [www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)

### Kids Help Line

[www.kidshelp.com.au](http://www.kidshelp.com.au)

1800 55 1800

### headspace

[www.headspace.org.au](http://www.headspace.org.au)

[www.eheadspace.org.au](http://www.eheadspace.org.au)

1800 650 890

### ReachOut

[Reachout.com](http://Reachout.com)

## Urgent Assistance

If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact your doctor or local mental health crisis service, or go to your local hospital emergency department. Do not leave the person alone, unless you are concerned for your own safety.

### Lifeline

[www.lifeline.org.au](http://www.lifeline.org.au)

13 11 14

### Suicide Call Back Service

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

1300 659 467

## For more info on self-harm

### headspace

[www.headspace.org.au/is-it-just-me/find-information/self-harm](http://www.headspace.org.au/is-it-just-me/find-information/self-harm)



[facebook.com/beyondblue](https://facebook.com/beyondblue)



[twitter.com/beyondblue](https://twitter.com/beyondblue)

Donate online [www.beyondblue.org.au/donations](http://www.beyondblue.org.au/donations)



# Suicide prevention

## Knowing the signs

It is not always possible to know if someone is thinking about suicide; people don't often talk directly about it, sometimes their communication is indirect and even unclear. If you or someone you know is thinking about suicide keeping safe is the first priority. From there it is about finding the support you need to refocus your thoughts, develop other options and rebuild hope.

## WHY DOES SUICIDE HAPPEN?

---

Suicide is a complex issue and is a relatively rare event in young people, however when it does happen it has tragic consequences and sets off deep ripple effects for individuals, families and the whole community.

There are a broad range of reasons that might contribute to a young person considering suicide. It's related to their mood, what has happened in the past, what is happening currently in their lives,

## Urgent Assistance

If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact your doctor or local mental health crisis service, or go to your local hospital emergency department. Do not leave the person alone, unless you are concerned for your own safety.

how they are coping and how supported and connected they feel.

Young people who think about taking their life often believe that nobody cares about them, that they don't belong and that things are hopeless. They are often exhausted by their distress and unable to think clearly through any other options. They might be so unhappy that they are unable to sleep, eat, or enjoy any part of their life.

People with conditions such as depression, bipolar disorder, eating disorders and substance abuse are more likely to think about suicide.

Feelings of hopelessness and thoughts of suicide can be much worse following very stressful experiences. These might include a relationship breakup or traumatic life event, feeling totally alone and without any friends or family, grief after the death of someone close, losing a job or failing a big exam.

## WARNING SIGNS

---

Sometimes there are things that people say or do that can help you begin to understand how they are feeling. It might be the words they use (“No one cares about me anymore.”), a change in how they act around you, or perhaps a dramatic change in their mood. Young people might display one or more of these behaviours at times of stress. If you see these signs then it is important to ask about what is going on, how they feel and whether they are thinking about suicide.

Other warning signs for suicide include:

### HOW THEY MIGHT FEEL

- Sad, angry, ashamed, rejected, desperate, lonely, irritable, overly happy or exhausted.
- Trapped and helpless: “I can’t see any way out of this.”
- Worthless or hopeless: “I’m on my own— no one cares. No one would even notice I was gone.”
- Guilty: “It’s my fault, I’m to blame.”

### WHAT THEY MIGHT BE DOING

- Spending less time with family and friends.

- Isolating themselves, pushing people away.
- Talking or writing about death, dying or suicide and giving away possessions.
- Stopping doing things that they previously enjoyed.
- Increasing alcohol and/or drug use.
- Doing dangerous, life-threatening actions without concern for their safety.
- Changing their approach to their physical health; changes in sleep, diet, level of exercise.

### WHAT ELSE THEY MIGHT SAY

- “They’d be better off without me.”
- “I just don’t fit in anywhere.”
- “What is the point? Things are never going to get any better.”
- “I just can’t take this anymore.”
- “Nothing I do makes a bit of difference, no one can help me.”
- “If I died no one would miss me.”

## IF YOU ARE SUICIDAL

---

Many young people think about suicide but for most young people that is as far as it gets; they do not go on to act on their thoughts and take their own life.

Having suicidal thoughts can be scary. You may have never had them before, or perhaps the thoughts have been there for a while and you are not sure what to do. You may be ashamed to talk about it or worry that people will not take you seriously and just tell you to “Get over it”. In the short term you need to find ways to stay safe. Once you are safe you can work out how you are going to get the help you need.

## LET SOMEONE KNOW

- Share how you feel with someone you trust and feel comfortable with, a family member, teacher, doctor or other health professional
- Try and think about it as any other conversation. You can describe what has happened, how you feel and what help you need. It's best to be direct so that they understand how you feel.
- Be prepared for their reaction. Often people who learn that someone is suicidal can be quite confused and emotional at first. Just keep talking and together you can find a way through it.
- Ask your friends/family member to help you find support; in person, online, over the phone.
- Understand that others do care. It is important to have support from your friends but if you tell them about your suicidal thoughts you cannot expect them to keep it a secret. They want to be able to help you stay safe and that usually means calling in extra help.

## STAY SAFE

- Remember that thoughts of suicide are just thoughts; you do not have to act on them. These thoughts might only last a few minutes; you might feel differently in a few hours.
- Postpone any decisions to end your life. Give yourself time to get the support you need.
- Remove anything in the house that you might use to impulsively harm yourself – maybe give it to a friend.
- Keep crisis line phone numbers or web links in your mobile phone for easy use.
- Avoid being alone. Have someone near you until your thoughts of suicide decrease.

- Avoid drugs and alcohol. They can intensify how you feel and make decision making harder.

### Make a safety plan

- Make a list of things that you can do when you notice your suicidal thoughts returning. Include things that calm you down, things you enjoy, e.g. talking with friends and things that help you to refocus your thoughts. For other ideas see [suicidecallbackservice.org.au/are-you-thinking-about-suicide-or-self-harm/making-a-safety-plan](http://suicidecallbackservice.org.au/are-you-thinking-about-suicide-or-self-harm/making-a-safety-plan)
- Think about who you can contact (*beyondblue*, Kids Helpline, headspace, ReachOut, Lifeline, Suicide Callback Service).

## DECREASE STRESS

- Cut back on commitments, postpone major decisions until you are more able to make them, ask to take on different responsibilities at home or at work, or take time out to do activities you enjoy.

## FIND WHAT WORKS FOR YOU

- Set yourself some tasks to do on a day to day basis, or even hour by hour if you need to. Reward yourself as you achieve small goals.
- Learn about different coping strategies, including mindfulness. [smilingmind.com.au](http://smilingmind.com.au) helps you to practice mindfulness; a useful tool to manage suicidal thoughts.
- Do some physical exercise every day, preferably outdoors, no matter how hard it is to get going. Not only will this help to give a natural boost, it should help you to sleep better at night.

- Consider asking a friend to 'buddy' with you for regular exercise sessions.
- Notice the times that you feel a bit better. These times might be short at first, 5-10 minutes, but as you learn to cope in different ways these times should become more frequent and last longer.
- Do things regularly that you enjoy. Catch up with friends, neighbours and family members, or perhaps join a group doing something that interests you.
- Try to challenge how you think about things. By thinking in more realistic, positive and reassuring ways you can influence how you feel. It's about changing your unhelpful thoughts to thoughts that can help you to move forward and feel more in control.

#### Helpful thinking:

- Is this situation as bad as I am making it out to be?
- "I don't think that went very well, but I guess I could try again."
- "I wish that hadn't happened, but it has, so I just have to accept it".
- Is there something I can learn from this situation, to help me do it better next time?

#### Unhelpful thinking:

- "What is the point? Things are never going to get any better."
- "Nothing I do makes a bit of difference, no one can help me."
- "That was a disaster. Nothing ever works out for me."
- "It's never going to work."
- Get support from a health professional in person, online or over the phone. A health professional can help you work out how you are feeling and offer ideas about ways to approach the problem. They can offer a different perspective and help you to achieve your goals. For

more information on what service to contact, see [Where to find support](#).

## FOR A FRIEND

It can be hard to understand why someone wants to take their own life but whatever your reaction, it is important to talk with them about it. It can be a challenging, unfamiliar and uncomfortable conversation to start but it might be life-saving. This website offers some practical suggestions on having a conversation about suicide: [conversationsmatter.com.au](http://conversationsmatter.com.au)

Most people who feel suicidal recover from these intense feelings but it's often difficult to know what to say or how to make sure the person is safe. As a friend you can support them and let them know that there is help available; they are not alone. Support from other friends, family and health professionals is also essential at these times.

### LOOK

- If you notice any of the warning signs and are worried about a friend talk about it with them.

### LISTEN

- Make time to listen. Sometimes listening is what the person really needs as it helps to 'let it out'.
- Let them know you are there if they need to talk.

### TALK

- Ask them directly about suicide. "You've been really down lately and you haven't been going out for weeks, I'm wondering how you are feeling? I'm wondering if they might be so bad that you are thinking about killing yourself and if you have made any plans?"

- Talking about suicide gives young people a chance to share how they feel and explore what they might need to feel better.
- If you think you said the wrong thing, try again. Let them know you care, that you found it hard to hear, but that you want to help them. You don't need to have all the answers but you can help them to stay safe while they get other support.

## SEEK HELP

- Encourage them to talk with someone who can help – their parents, teachers, doctor or a local counsellor. Another great option is *beyondblue*, Kids Helpline or Lifeline.
- Family, friends and health professionals can make a big difference in helping people stay safe and find positive reasons for living. See the information on the back for health service contact details.

## SPEAK UP

- If your friend is joking or talking about suicide, giving possessions away, or saying goodbye then you need to take it seriously. You might tell their parents, partner or trusted adult, or contact emergency services for help.
- Even if you promised not to tell, what's most important is that your friend needs your help to stay safe. You can talk with them another time about why others had to get involved. Suicide is not an easy situation to cope with. It's not your sole responsibility to take care of your friend. It's OK to ask for the support of others.

## TAKE CARE OF YOURSELF

- Supporting someone who is suicidal can be confronting and emotionally exhausting.
- Try to find the balance between supporting them and looking after yourself.
- Be clear about your boundaries – telling them they can call you 'any time' might mean that you miss out on much needed sleep. Know what your limits and boundaries are. If you run yourself into the ground you won't have anything to offer your friend.
- Look after your physical health: eat well, exercise daily and get regular sleep.
- Look after your emotional health too; talk with someone about what is happening. You can respect your friend's privacy but still talk to someone about how it is affecting you and what you should do to help your friend.
- Online and phone support services can also help you in these situations.

Many young people think about suicide when things seem impossible or like there is no way out. Most young people find a way to shift their thoughts from this sense of hopelessness and despair to thoughts about their future. They make small changes each day to how they think, who they spend time with and what they do. It is about refocusing their thoughts on what they can change, and moving on from the things that they cannot.

**If you have thoughts about suicide talk to someone about it – support is available. If you know someone who is thinking about suicide, talk about it with them. Keeping safe is the first priority and from there you can support them to find the help they need.**

# Where to find support



## For help with how you're feeling

### *beyondblue*

[www.youthbeyondblue.com](http://www.youthbeyondblue.com)

Learn more about anxiety and depression and how to talk about it with your friends, or talk it through with our Support Service.

 1300 22 4636

 Email or  chat to us online at [www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)

### Kids Help Line

[www.kidshelp.com.au](http://www.kidshelp.com.au)

1800 55 1800

### headspace

[www.headspace.org.au](http://www.headspace.org.au)

[www.eheadspace.org.au](http://www.eheadspace.org.au)

1800 650 890

### ReachOut

[Reachout.com](http://Reachout.com)

## Urgent Assistance

If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact your doctor or local mental health crisis service, or go to your local hospital emergency department. Do not leave the person alone, unless you are concerned for your own safety.

### Lifeline

[www.lifeline.org.au](http://www.lifeline.org.au)

13 11 14

### Suicide Call Back Service

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

1300 659 467



[facebook.com/beyondblue](https://facebook.com/beyondblue)



[twitter.com/beyondblue](https://twitter.com/beyondblue)

Donate online [www.beyondblue.org.au/donations](http://www.beyondblue.org.au/donations)