Seeking solutions to self-injury

A GUIDE FOR SCHOOL STAFF

What can you do when you're not the counsellor?

Centre for Suicide Prevention Studies
The University of Queensland, Brisbane, Australia

SEEKING SOLUTIONS TO SELF-INJURY:
A GUIDE FOR SCHOOL STAFF
SECOND EDITION

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Contents

1. A guide to this booklet

Self-injury can be a confusing behaviour, and really worrying when someone you know self-injures. In preparing this guide we consulted families, health care professionals, school staff and parents of young people who self-injure, as well as the young people themselves. This guide was developed to help school staff understand self-injury, and find some effective ways to intervene, whatever your role in the school.

Within each section of this book, key concepts have been highlighted in bold. If you are not after detailed information at this stage, and were to just skim through the type in bold, this would be enough to give you some useful and practical ideas about self-injury. The plain text contains all the basic information for you as a staff member to understand self-injury. If you are interested in additional or more detailed information, feel free to read the text.

2. What is self-injury?

Self-injury is a term that can mean different things to different people. For the purpose of this book we understand self-injury to be **the deliberate destruction or alteration of body tissue without suicidal intent**.

Further information:

In the research guiding this book, alcohol abuse and anorexia nervosa are not usually included as forms of self-injury, although it can be argued they are indeed both forms of self-abuse. The focus of the research into self-injury is primarily on cutting, scratching, self-punching/hitting/slapping, hitting a part of the body on a hard surface, biting, burning, ingesting chemicals or substances or otherwise damaging the body to relieve bad feelings inside.

The issue of 'without suicidal intent' is an important one. Ninety per cent of self-injurers do so to control overwhelming feelings. We acknowledge that occasionally a young person will state that they self-injure because they want to die – usually because many parts of their lives seem difficult or too hard to manage, and they are 'at the end of their tether'. The focus of this booklet is really to help you manage the young people you are most commonly going to have to work with.

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. Males and females, rich and poor, and people from different cultural backgrounds - all can self-injure. You don't have to have a mental illness to need to self-injure.

Further information:

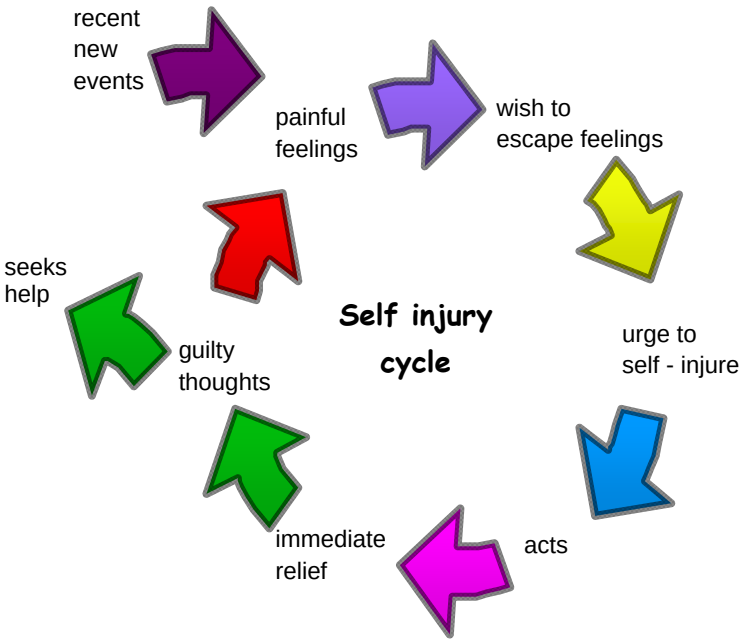
A large national study conducted recently found that some groups of people are at increased risk for self-injury:

- *Those who are psychologically distressed*
- *Those with mental disorders or symptoms (e.g. anxiety, depression, post-traumatic stress, eating disorders, dissociation or personality disorders)*
- *Those who misuse alcohol or other substances*
- *Those who have experienced childhood trauma or abuse*
- *Those who cannot identify or communicate their feelings*
- *Those who tend to cope with stress by blaming themselves*
- *Those who do not feel comfortable asking their family for support during times of stress*
- *Those who tend to be impulsive*
- *Those who do not identify as heterosexual*

Risks do not cause the problem. Rather, risks tend to be cumulative, and each one contributes to an increased likelihood of the act of self-injury occurring in the first place, or an increased likelihood of repetition.

4. The cycle of self-injury

Liebenluft et al (1987) provide a useful 5-stage description of self-injury that can be helpful in understanding the experience of these behaviours:



Adapted from: Leibenluft, E., Gardner, D. L., & Cowdry, R. W. (1987). The inner experience of the borderline self-mutilator. *Journal of Personality Disorders* 1, pp. 317–324.

This picture describes how a person can get into a cycle of self-injury.

1. The cycle **begins with an event that usually involves a feeling of loss, rejection or abandonment**. This new event may remind the person of an old problem. The upset feelings increase over time

despite attempts to think about something else, or otherwise avoid them.

2. The **pain becomes intolerable** (sometimes called 'psych-ache'), maybe developing into depression, or alternatively, anger. A feeling of emotional numbness may become part of the picture.

3. **Alternative ways to reduce the pain fail**, and though all sorts of attempts are made to avoid self-injury, a critical level is reached and the **urge to self-injure becomes the 'only alternative'** (it may have appeared to work in the past).

4. The aftermath **may involve an initial feeling of relief, but this is usually short lived**. Guilty thoughts creep in, and friends and family may be avoided. Sometimes at this point there **may be 'an urge to tell'**, or even a search for help. If help is not recognised or is actively spurned, then the cycle may begin again.

Further information:

The precipitating factors to the event

Different reasons have been proposed to explain why an event may trigger the beginning of the cycle of self-injury for a person:

- *Biological reasons: 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.*
- *Psychodynamic: Some people who have had rough times in their early days ('vulnerable' individuals) may experience a new situation according to 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.

- *Behavioural: Self-injury can become a learned behaviour and sometimes a habit.*
- *Social and Cultural: Self-injury is more common in marginalised and oppressed people and cultural groups.*

The immediate sensations following the behaviour

Research has found that there are many reasons someone might repeatedly feel the urge to self-injure. These sensations include:

- *Releasing unbearable mounting tension*
- *Relieving feelings of aloneness, alienation, hopelessness, or despair*
- *Combating desperate feelings or thoughts*
- *Discharging rage or anger*
- *Self-punishment – either because they feel bad inside and cannot change the feeling, or in some way to purify the inner self*
- *Attempting to feel alive again; the external injury accompanied by pain brings them back to reality*
- *Regaining a sense of control over inner feelings or combating some sense of having 'lost it'*
- *Self-soothing; after damage from the self-injury, finding ways to look after the wounds and therefore themselves*
- *Reconfirming of personal boundaries and a sense of self*
- *Communicating with others; letting them know how bad they were feeling but could not express in words*
- *Expressing conflict*

- *Bringing them 'back' from dissociative states.*

What some young people say about their self-injuring behaviour.

Perhaps the best way to understand the experience of people who self-injure is to listen to what they themselves 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 at a time of day or somewhere private or 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*
- *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).*

5. How do I know if a student self-injures?

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

- Being **withdrawn**, more private, quieter than usual, or perhaps even 'secretive'
- **Not participating** in activities they usually participate in
- **Mood changes** - up one minute down the next
- Getting **angry** or easily upset
- **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)

6. How do school staff help a student who self-injures?

When we ask young people what school staff can do to help someone who self-injures, they invariably say **they do want to talk to their teachers and other school staff about it**. Some school staff are concerned that talking openly about self-injury will actually make it worse. But that is not our experience. Talking one to one is unlikely to be harmful.

Self-injury can be frightening and difficult to understand. What is most important is that 'you are there for' the student. **Listen, try not to judge, cringe, or freak out; try to understand and to accept that, for the young person, the choice may seem to be the only one. Along the way all of us will be trying to help them find alternatives**.

We do know that **'supportive family and friends' is the most common reason given by those who manage to give up self-injury**. If young people feel they are 'connected' (that is not 'isolated'), and know they can phone a friend to talk things through, this will go some way to protect them. In fact, being part of any caring group, with some common purpose and where they gain some sense of meaning, can be helpful even if they don't tell anyone they self-injure. School staff members are in a prime position to offer a supportive and caring environment to students who self-injure. This provides a way for them to feel connected, while they are receiving planned treatment from a health professional.

We do need to do more research work to discover what protects 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. In the future we will probably have a much clearer picture of how all the causal factors fit together for someone who self-injures, and how best to intervene. But, for now, the critical thing is that they have access to support, and to someone who will stay with them for the whole journey.

What do I do if I become aware, through a disclosure or other means, that a student is/is likely to be self-injuring?

Most schools will provide some training in student protection procedures each year, to ensure that staff are aware of the steps to follow when concerned about a student. **Self-injury comes under the procedures for student protection in schools**, and it is important to revisit this information regularly so that you are aware of reporting and record keeping procedures.

If you are worried about a student, the first step is to talk with them and offer support. In your conversation with this student, about a very delicate matter, the following guidelines may help you:

- Talk openly with the person in private; don't hold back or pretend you have not noticed. You may have to choose the right moment, and an aggressive or intrusive approach will not help
- Explore the best understanding you can reach about why they have hurt themselves. Check with the student that your understanding is correct, and take the time to get it right first time. You may have to wait for the right opportunity, and would not want to explore these things over and over; that is not helpful for you or your student
- Be understanding rather than judgmental. Listen and try to make sense of it from their point of view. Their life experience may have been very different from your own
- 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 uncomfortable for you, but if your goal is to really help things change then, as an adult, you may have to put up with some discomfort

Thank the student for sharing this information with them. **Explain to them that it is your duty of care to look after them from this point, and that you will need to support them in talking to the school counsellor**. If the student refuses to go with you to seek help, apologise and explain that you are still obligated to report your concerns to someone who can help them, to figure out where to go from here to keep them safe. You may have a list of student protection contacts in your school, and can report to one of these as per your school procedures.

The Principal or a member of the leadership team will need to know as soon as possible. The student protection contact will make sure that all reasonable steps are taken to inform the people who need to know, support other students, and control the flow of information. The student protection contact will discuss with the student when and how to let parents or guardians know about the incident.

Never leave a student alone immediately following a disclosure. Stay with them until someone else can attend to them. If the young person has self-injured, they may already be feeling some emotional relief, and therefore unlikely to self-injure again in the next few hours. Nevertheless, they should be offered some immediate support.

If I am worried about the possibility of a student self-injuring?

If you are worried about a student generally, but unsure whether they are self-harming, the first step again is to talk with them and offer support.

If they do disclose self-harm, or other concerns requiring further support,?

Then you should follow the procedure on the previous page.

If you feel the student requires further support, but they have not disclosed further at this point, you should encourage them to talk to the school counsellor, as well as report those concerns yourself to the relevant pastoral/student protection staff. Continue to monitor the student.

If a student presents with a self-injury needing immediate first aid care?

Though it is difficult, it is important to **remain calm** in the face of self-injury. If there is a wound of any nature, ensure this is carefully covered and that the student is taken to a private space where the school nurse or someone with first aid training can **attend to the injury**. The injury will need to be taken care of as per first aid procedures. If a cut needs suturing, then arrangements will have to be made with a local emergency department.

Ideally, a parent will be called to accompany the student. If this cannot happen, a staff member should accompany the young person to ensure that the hospital processes are followed through without stigma or verbal abuse to the young person. Yes, the student may need your support and protection. After all they do not need system-induced trauma to add to their other problems. Emergency Departments (ED) may see self-injury as minor (and in any case self-induced), and therefore able to be left till later (especially if they are particularly busy at the time you arrive). Waiting many hours in an ED can be traumatising – both from the frustration of waiting, and all the sights and sounds. The presence of an adult may ensure timely action, and a degree of respect for your student.

Once the student has been taken care of, and you have followed procedures as per the previous two pages, it is important to seek support for yourself as soon as possible after the event. You must ensure you have a chance to debrief.

In the long term?

Once the immediate concerns have been dealt with then there is a need for a safety plan – for the self-injurer, their family, their friends and associates**.** The guidance counsellor and a team of staff, which may include a counsellor outside of the school, will work with the student and their family around this plan. **School staff may need to be involved and will be made aware of the steps applying to them within the plan.**

The school counsellor may need to provide education and support to teaching staff, thorough discussions, debriefs and by giving information such as this book, and by providing counselling services for staff. If you require any of these supports, but they have not been provided, it is important to speak to your school counsellor.

All school staff will need to be on the alert for further incidents, or copycat events. These need to be reported immediately.

Be aware, self-injury in itself may not be a matter of life and death, but it is a risk factor for suicidal thinking and behaviour if it is not dealt with successfully. Therapy outside the school may be needed and may need to be ongoing. The longer self-injury goes on without resolution of underlying problems, the more therapeutic intervention that is likely to be needed. Your initial report is important.

Ensure you continue to provide opportunities for your student to feel connected and accepted in their school community. Keep communication open with the student, but place limits on disclosures, particularly if you know they are seeing a counsellor e.g. “Are you still seeing the counsellor?” “That may be an important thing to share in the safety of the counselling room” or “We may need to reconnect you with someone with whom you can talk more about that. Can I help you to do that?”

Concerns for the friendship group and other peers?

Schools are closed environments and we need to be aware that copycat events (contagion) do occur. This may happen because the student who is self-injuring is seen to receive considerable attention. For other struggling and/or needy students this may lead to jealousy. **There have also been occasions where the student who is self-injuring puts pressure on peers to support them by self-injuring also**, even though they may not otherwise have chosen to engage in this behaviour.

So, it is important to provide knowledge - without glorifying the problem. It is not necessary to make public statements, except to ensure that students are aware of student protection policies and procedures around their care and safety. For those students who ask about a particular student, a short truthful and rather boring statement will reduce the risk of copycat. ("X is struggling with some emotional problems at present. We have informed her family, and are working with them to help change things.") The 'informed her family' is important, because it is factual, but also because a few students may want their family to know about some of their struggles, and may be encouraged to share at this point. Alternatively, students may have been unaware that family and student protection contacts will immediately become involved in such instances. This may deter the few who are at risk for copycatting to gain attention from peers.

The immediate friends of a student who is self-injuring may need a bit more information and support. A short meeting with them as a small group, followed by each of them having the opportunity, from time to time, to vent current problems for 15 minutes to a teacher or counsellor, may serve to allay fears, and keep the situation under control. It may also be necessary for the school counsellor to contact the parents of friends, so that they are aware to look out for any signs of distress.

Practical support you and the counsellor may be able to assist with

The following **protective factors are things that your pastoral team and counsellor will consider carefully as points of intervention, to help to motivate and support a self-injuring person back to health**. It may be useful to keep these in mind, as they may be things e.g. a positive school climate that you can contribute to, or help to encourage or facilitate as their school teacher.

- 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 climate and achievement
- Supportive caring parents, or another supportive family member
- 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 the student trusts and who gives meaning in their life)
- 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

7. The counselling role

The counsellor at school or outside school will work with the student on a number of coping strategies suggested by people who self-injure. If you look up self-injury help sites on the Internet, you will find lists of alternative coping methods (like the one below). 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. **These ideas are often best introduced by someone with training in the area of counselling, as a small part of their therapy, which overall will be aimed at dealing with the causal factors.**

- *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*
- *Focus on goals for next week*
- *Practise relaxation exercises, breathing slowly*
- *Focus on the moment how they are feeling right now; keep at it till the bad feeling goes away (it will!)*
- *Explore rituals to replace self-injury. Rituals 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 they have to complete*

before they can get on with their 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!

- *Draw a butterfly on your hand*
- *Write the work 'love' on your arms*
- *If the urge is strong, try using ice – either to 'scratch' the skin, or to hold until your hand is ice-cold and hurts*
- *If the urge is still strong try using a rubber band around the wrist 'flicking it until' you hurt enough.*

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 also be useful to you in general conversation working with a student who self-injures. Don't misunderstand – we are not trying to turn you into a therapist. We are sure you would not want that responsibility, but as a way of thinking, it has some merit.

Key questions a counsellor may explore, which may assist in finding the beginnings to a solution that you may play a role in as the teacher:

- *When does self-injury NOT happen?*
- *What was happening during those days or weeks?*
- *What were other people doing?*
- *How were people getting on?*
- *Who was supporting you, the young person, during this time?*
- *Were there just ordinary everyday things happening, or were there special events?*

If any of these are happening, ask the young person if they can repeat the good or positive event or time.

8. 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 life not being 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 or protective 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 questions from professionals who assumed they were suicidal, when they were just 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 a student might have thoughts of ending their life it is really important you speak to the student, encourage them to see a mental health professional and follow the student protection strategies and pathway in your school.

9. A note about therapies

The young people we interviewed had a range of experiences with professionals and others 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 for effectiveness.

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 negative 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 both 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.

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 practise 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 practising 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 the whole situation is becoming more serious. Either way you may feel that a professional mental health assessment is really important. Make these decisions early if you can, encourage your student to visit their GP, or a local youth mental health service (like CYMHS or Headspace).

If you leave it too long, then there may be a crisis and neither you nor your student may know where to turn. 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 the skill to deal 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 medically 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.

As we noted earlier, the best thing is to ensure your student does not go to an Emergency Department alone. You should, in the first instance, contact the student's parents and ensure they are able to attend with their child. If they cannot do this you may have to stand in. Again, it may not be a fun experience, but you may be able to stop further traumatising experiences from occurring, or remind staff that this is the only way that your student can manage their emotions at this time, and they should be careful not to make things worse by an abusive or stigmatising approach. But remember, you may need to discuss things with your best friend or other colleagues or your partner afterward, just to debrief and clear your own feelings.

10. 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) Tel: 1800 55 1800 – www.kidshelp.com.au
- Lifeline (instant telephone support – special expertise in self-hard) Tel: 13 11 14 - www.lifeline.org.au/Get-Help/Get_Help
- SANE Australia (complaints about services or media/support) Tel: 1800 187 263 – www.sane.org
- Aboriginal and Islander Community health Service – www.aichs.org.au
- Alcohol and Drug Information Service – www.adin.com.au
- Child and Youth Mental Health Services – Queensland www.health.qld.gov.au/rch/professionals/cymhs.asp
- Child and Youth Mental Health Services – New South Wales http://www0.health.nsw.gov.au/mhdao/camhs.asp
- Child and Adolescent Mental Health Services – Victoria http://www.health.vic.gov.au/mentalhealth/services/child/
- Southern Child and Adolescent Mental Health Services – South Australia http://www.flinders.sa.gov.au/mentalhealth/pages/camhs/6695/
- Child and Adolescent Mental Health Services – Western Australia http://pmh.health.wa.gov.au/general/CAMHS/

Other Mental Health Websites

- Beyondblue (information about depression) – Tel: 1300 22 4636 - www.beyondblue.org.au
- Headroom (mental health information for young people) – www.headroom.net.au

Other Mental Health Websites (Continued)

- LiFe (Commonwealth funded site with all information on suicidality) – www.livingisforeveryone.com.au
- Mental Health Associations across Australia – Tel: 1300 794 991 – www.mentalhealth.asn.au
- MoodGym – www.moodgym.anu.edu.au/welcome
- National Institute of Mental Health (US site – good information on mental health) – www.nimh.nih.gov
- Psychcentral – www.psychcentral.com
- Reach Out! (by young people for young people- broad information) – www.reachout.com.au
- Reality Check – www.realitycheck.net.au
- Mobile Safety Services – www.ruok.com.au
- Young Adult Health – Tel: 1300 13 17 19 – www.cyh.com

Websites – Self-injury Specific

- LifeSIGNS (Self-injury Guidance and Network Support – www.selfharm.org
- Lysamena Project on Self-injury: Christian-based self-injury information and resources – www.self-injury.org
- RecoverYourLife – www.recoveryourlife.com
- S.A.F.E. (Self Abuse Finally Ends)Alternatives® – www.selfinjury.com
- Self-injury on Wikipedia – www.wikipedia.org/wiki/self-harm
- Self-injury Support – www.sisupport.org
- Selfinjury.net – www.selfinjury.net
- Self-injury: a struggle – www.self-injury.net
- The National Self-harm Network – www.nshn.co.uk
- Understanding Self-Harm – www.harm.me.uk
- Young people and self-harm – www.selfharm.org.uk/default

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