TEENAGERS AND SELF HARM

What every parent and teacher needs to know

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INTRODUCTION

Written for parents, teachers and health professionals, this resource is intended to provide crucial up-to-date information for understanding and responding appropriately to teenagers who self-harm.

There are many misconceptions surrounding self-harm which can all too often affect the way concerned parents or professionals respond to teenagers using this behaviour.

It is not uncommon for teenagers to report that they had a 'bad experience' when they've tried to seek help and came away feeling judged and demeaned, instead of understood and supported, making it less likely that they will seek help again. It is needful that we begin talking openly and frankly about the issue of self-harm; neglecting to do so will only ensure it remains a taboo subject, leaving a growing number of teenagers with few avenues of support and likely to be left to suffer in silence.

Though there is considerable agreement across the emerging literature on self-harm, there is also presently a diversity of opinion about how best

it should be defined and about the kind of interventions and therapy most helpful for use with teenagers. More research is needed. However, opening up discussion about self-harm and grasping what is already known about it, are vitally important first steps in tackling this problem with sensitivity, competence and resolve.

Since teenage self-harm occurs in the context of many other factors, it may be helpful to explore just some of the common yet very difficult challenges facing teenagers, parents and teachers on the journey they all participate in, which is adolescent development and maturation towards adulthood. It is vitally important to understand self-harm in relation to all the emotion, struggle, attainment, failure, joy, grief, hormones and competition of that contested space we call *adolescence*.

Few of us would want to repeat the teenage phase of our development, yet we are forced to reengage with its elements – albeit as adults, since we are inextricably caught up in the great struggle of *becoming* which our teenagers face, simply because they cannot do it alone and need us to help them, even though they often fail to realise it.

MAPPING THE TEENAGER 'TERRITORY'

The Parenting Trap

There are no perfect parents, no perfect families and there are definitely no *experts* when it comes to dealing with teenagers. If you think otherwise, you'll inevitably be proved wrong!

Sure, there are neglectful and dysfunctional parents and families that damage their children and teens. However, most parents are just doing the best they know how; they are caring and concerned and very considerate of the needs of their children. Of course, some parents are so concerned with getting parenting right, that they 'make a rod for their own back' by being over-protective and overindulging their teenagers (better known as 'snow plough parenting'), or, alternatively, use *command and demand* strategies that end in acute conflict, powerlessness and frustration.

We can very easily fall into the trap of trying to parent teenagers long after they no longer accept our parenting and should be allowed to experience responsibility for their own lives and choices. If we press on regardless, in childrearing mode – expecting they'll listen and respond to being told what to do, we stand the chance of seriously jeopardising the future possibility of a mutually respectful relationship with them.

It's no easy thing to relinquish rescuing or control, but there comes a point when relinquish it we must, if our teenagers are to begin to grow up into adults and if we are to make room for an amicable future relationship with them as cohabitants of the adult world.

Age can be deceptive

Our current notion of adolescence is unfortunately out of date and out of touch with the physical development, awareness, experience, communication capacity and behaviour of modern teenagers. This can mean that our parenting style and approach can be out of synchrony with the age of our teenager, just as some teaching and behaviour management strategies may also be overdue for age related adjustment and revision.

Many 14 year old teenagers (and sometimes even younger) are sexually active, experimenting with drugs, using alcohol and expecting a degree of autonomy unimaginable a few decades ago. We may not like it, but it is a reality that we simply have to come to grips with and approach in a constructive way. This doesn't mean that we have to abandon our values, but it does mean that we may need to reassess what is achievable with our teenagers and what we can reasonably expect of ourselves as parents.

Gender does matter

Boys are not girls and girls are not boys. Yes, you might think this is yawningly obvious, but such differences have all too often been minimised or overlooked. We now know that differences in male/female physiology and even brain anatomy, result in significant differences in coping, emotion expressiveness and social behaviour. These need to be taken into consideration both at home and at school.

Science is progressively informing us of new complexities of upheaval occurring in the teenage brain, hormones and body during adolescent development and that there are important differences between boys and girls, not just in learned behaviour, but in how their physiology affects their experience and behaviour.

Both genders have their own unique needs and issues of learning, interpersonal relations and making the transition to adulthood. Add to this other factors like how they are targeted by advertisers trying to influence their patterns of consumption by exploitatively manipulating issues such as body image, self-acceptance, peer recognition and group inclusion and it isn't hard to understand why they are sometimes unpredictable and impulsive.

Because there are real emotional and behavioural consequences for teenagers – both male and female, resulting from our choice of approach when it comes to the issue of gender, it is important for us to get it right.

It's a teenagers 'job' to challenge boundaries

Teenagers are meant to challenge boundaries, because they have to learn how to act with autonomy and independence, in readiness to leave home and fend for themselves.

Parents often find teenage experimentation with language, behaviour and boundaries very difficult. They sometimes want to keep their emerging adolescents as children, or want them to quickly grow up, not realising that this entails a significant and necessary shift from parenting children to *coaching beginning adults*.

This shift in emphasis isn't easy for teachers either, who have the pressure of performance expectations in an environment that is socially artificial and increasingly unmanageable. They find it very difficult to make the time to work with issues of *adolescent to adult transition* and must often exercise demand and command strategies – which at best have limited effectiveness. Teachers everywhere lament how difficult it is to facilitate learning in schools, as well as managing behavioural issues of increasing complexity.

Teenagers require a particular approach

Demanding and commanding works with children, but not with teenagers.

On the other hand, indulging teenagers to pacify them and keep the peace is usually equally disastrous. This isn't what they need and is rarely what they really want.

Teenagers do usually respond to reasonable boundaries and can nearly always be co-opted in a process of rational negotiation, setting and cooperating with fair and sensible ground rules, with some degree of success.

If asked what they think would be a reasonable: amount of time on the computer; time for getting home; list of household chores; way for family members to speak to each other; or consequences for breaking an agreement or negotiated ground rules, they will likely be as conservative as their parents or teachers might be in what they suggest and are prepared to go along with.

It can also be effective to suggest to teenagers that they themselves take the initiative in suggesting how they might contribute to their family household and manage homework and their social activities, as a way of avoiding being told or dictated to by parents. So long as they are coached in being reasonable, the need for safety and in being respectful in how they approach this and if their parents are prepared to accept some compromise and to 'cut them some slack', things can be made to work out for everyone. Part of this equation is of course the need to periodically revisit and review what has been agreed, to see how well it is working.

Encouraging responsibility

Teenagers, as emerging adults, need progressively to be put in control of and made responsible for themselves and their social, financial and other responsibilities. How else can they begin to learn how to become resilient and competent adults, unless they experience the consequences of their choices?

They may of course try and use puerile regression (becoming a child again) to escape responsibility when it doesn't suit them and to manipulate adults into giving them what they want. Consistency of approach of parents and teachers is essential here. Emerging adults cannot have it both ways; they should not be permitted to demand adult freedoms one minute and to want to be indulged and rescued like a dependent small child the next. Successfully making the transition from childhood to adulthood means no going back, but still requires consistent adult encouragement and psychological support to manage times of vulnerability, upset, difficulty and anxiety along the way.

Learning adult help-seeking

Part of helping teenagers to grow in maturity is to model for them appropriate forms of adult help-seeking.

This does not mean finding someone to rescue them from the consequences of their own poor decisions, or substitute parents who will indulge them, but supportive and constructive adult assistance, to be able to make sense of their experience, engage them in thoughtful problem solving and to learn strategies for dealing with difficulties, whether financial, personal, interpersonal, or to do with work or study.

In common with seasoned adults, they need to be known, understood, have their emotional experience validated and be able to access wise counsel when they seek it and are receptive to it.

Parents and teachers need to work together

Though teenagers may sometimes set parent against teacher in dealing with problems or in trying to escape having to face uncomfortable experience, they do not benefit from this and need the adults around them to confer and cooperate in their best interests.

Many of the same issues occurring at home may be evident at school, but if not tackled in concert across both environments, can see conflicting management strategies being used by parents and teachers, counterproductive for everyone concerned.

Wherever possible teachers and parents need to exchange notes and work together in the same endeavour to coach teenagers making the transition to adulthood.

Building positive foundations

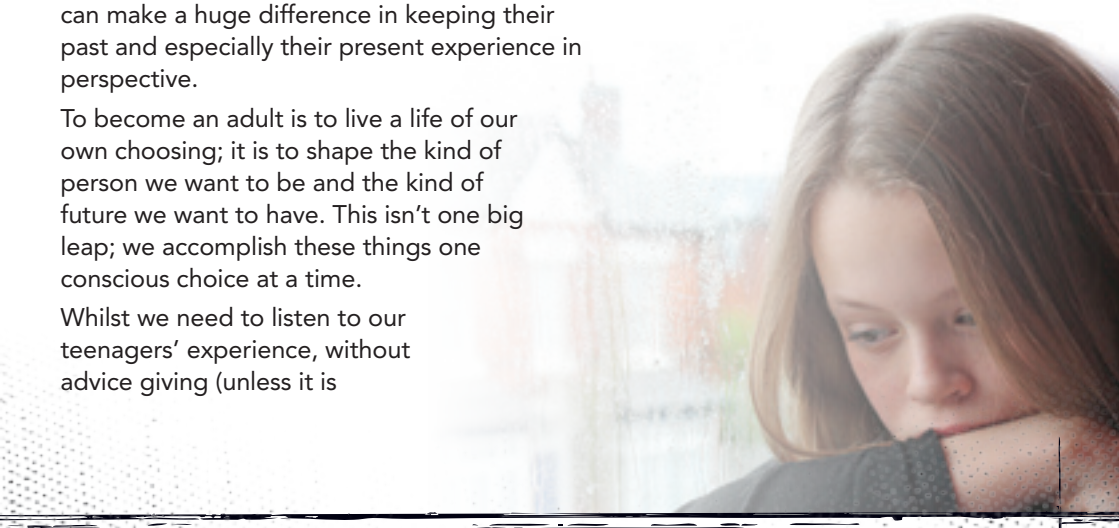
One of the most helpful things we can do for our teenagers is to help them build an optimistic psychological *default setting* by properly listening to them, acknowledging their experience and feelings, followed by encouraging them in thoughtful problem solving and constructivity.

Fatalistic thinking is common amongst teenagers. Many have come to believe that their childhood experiences somehow determine their destiny. It is true that we may have scars of our past, but they are much less determinative than we might prefer to think and whilst they remind us of where we have come from, they do not have to determine where we are going or who we become. It can be helpful to ask: what do you want your life to be like, or, what kind of person do you want to become?

Not having some degree of future time orientation – something they look forward to or are striving towards, can leave them with only their past or perhaps not so pleasant present experience to ponder. The healthy balance is much more to acknowledge and constructively manage their experience of the present – both positive and negative, but as well have something they are reaching towards. Even small aspirations, if meaningful, can make a huge difference in keeping their past and especially their present experience in perspective.

To become an adult is to live a life of our own choosing; it is to shape the kind of person we want to be and the kind of future we want to have. This isn't one big leap; we accomplish these things one conscious choice at a time.

Whilst we need to listen to our teenagers' experience, without advice giving (unless it is



requested) or judgment, we can encourage them to consider positive and constructive choices and setting small attainable goals for themselves. But if we are to help them realise how a life can be built *one positive choice at a time*, of course nothing speaks louder than our example.

Helping teenagers to build positive foundations also has much to do with whether they and we choose to focus on *what is right with them*, rather than what is wrong with them. Some repetition in returning to this theme can be most helpful in keeping things in perspective, both for them and especially for us.

Zero tolerance to bullying but permitting challenging interactions

The majority of teenage referrals to psychologists and psychotherapists, due to depression, anxiety and self-harm, are female. And whilst this has much to do with gender related factors which are also reflected in the adult population, female bullying and the effect of exclusionary alliances or the 'mean girl' effect are often implicated.

Much justifiable attention has been given to male bullies in the school yard, yet little attention seems to be given to the arguably at least as harmful phenomenon of female bullying. Girls can sometimes be quite cruel to each other and though not inflicting physical violence (though this is on the increase), can be ruthlessly hurtful emotionally and cause much psychological injury.

Being part of and accepted by a peer group is crucially important for girls, which is why the use of power by a leading girl in a group in excluding an individual and as well compelling the group to effect this exclusion, is so potent and potentially damaging. For a girl to be shunned is this way can be intolerable and can lead to high levels of distress.

For schools especially, it is vitally important to be vigilant and proactive in countering bullying behaviour of all kinds. Having an anti-bullying policy is no substitute for *action* leading to prevention and early intervention. Certainly, if we are to reduce the incidence of self-harm in teenage girls, this potential contributing factor needs to be taken seriously.

Of course, interpersonal and group interactions of a challenging nature need to be accommodated in order for teenagers to grow in resilience and become prepared for the adult world. Rescuing them from a reasonable degree of peer or school yard 'rough and tumble' may potentially contribute as much to them finding themselves unable to cope as the effect of peer mistreatment.

It is possible to differentiate between acceptable and unacceptable behaviour, between ordinary 'rough and tumble' and hurtful bullying. But it does require considerable thoughtful effort of observation, gaining the confidence of students and creating opportunities for them to be listened to and to have their experience validated, with sufficient privacy and discretion not to make matters worse.

No failure of necessary vigilance or duty of care, by adults responsible for the care of children or teenagers, should be viewed lightly. And given where bullying can lead and the damage it can do, only a policy and action of zero tolerance will suffice.

UNDERSTANDING AND RESPONDING TO SELF-HARM

Self-harm is becoming increasingly common

Teenage self-harm is now a common problem seen by many teachers, school counsellors, mental health workers, psychologists and psychotherapists. It is a problem that has significantly increased over the last several decades and is most common amongst females. From the outset it is important to realise that it is much more complex and potentially serious than mere juvenile attention seeking.

Though it is often triggered by experiences like bullying, or difficulties in relationships at home or with peers, it appears most fundamentally associated with struggling to regulate strong emotions – being unable to change or manage an overwhelming or unpleasant emotion state.

Some researchers in this area think that a combination of a particular biological disposition (involving difficulty with interpreting facial emotion cues), along with a history of learning that emotions should be negated, may give rise to emotion regulation difficulties. If a teenager feels uncomfortable with emotions and they tend to negate them, they may lack the ability to react to emotions at a low level of tension or severity. With growing stress and tension they may find it increasingly difficult to find an appropriate or effective behavioural response and may resort to self-harm. It will be interesting, as research advances in relation to teenagers' use of social media, what implications diminished physical face-to-face encounters with peers and others might have for this particular difficulty.

Another reason not to rush to judgement in thinking that self-harm is a distasteful malady of immature or wayward youth, is that adults too are known to engage in this behaviour, many of whom likewise struggle with emotion management. Furthermore, adults use all kinds of equally unhelpful means of escaping or ameliorating unwanted emotion states, such as alcohol, prescribed and illicit substances, food, cigarettes, gambling and even 'retail therapy', yet none of these tend to attract the same stigma and are mostly culturally acceptable.

Self-harm should be taken seriously

Though many teenagers who self-harm may not have a desire to kill themselves, such behaviour may still express a powerful state of despair – which needs to be taken seriously. And, though self-harm is most often not suicidal behaviour, with practice it makes suicide potentially a less foreign and statistically more likely behaviour.

Some research suggests that self-harm can be a stronger predictor of a future suicide attempt than a prior suicide attempt in adolescents with depression.

Another factor is that if a dangerous method of self-harm is used, death might result unintentionally, or because of not being able to obtain help in time to address unexpected consequences.

How we respond to self-harm in teenagers needs to be thoughtful, decisive and commensurate with their particular circumstances, experience and background issues. Our response must be one that ensures safety at the same time as avoiding overreaction – which can cause shame and embarrassment and may discourage future help-seeking.

What is self-harm?

Self-harm is any behaviour where the intent is to deliberately cause harm to oneself. It may involve scratches through to deep wounds requiring sutures, or burns requiring medical treatment. Self-harm can be a transient behaviour that is triggered by particular stressful events – and which resolves relatively quickly, or a longer term theme of behaviour that is associated with a more serious psychological or mental health disorder. It may begin as a mild repetitive behaviour which increasingly becomes a habitual way of responding to emotional discomfort or distress.

METHODS OF SELF-HARM

Cutting or burning oneself

Skin picking, hair pulling, or head banging

Taking an overdose of tablets

Swallowing hazardous materials or substances

METHODS OF SELF HARM MAY INCLUDE:

Over/under-medicating (such as insulin)

Punching or hitting oneself

Abusing alcohol or some other substance

Over or under-eating

Driving recklessly

Having unsafe sex

Why do teenagers self-harm?

There are many factors that motivate teenagers to self-harm, including the need to express and escape from deep emotional distress and pain, or a situation they experience as unbearable. Self-harm can be a way of coping with feelings of sadness, self-loathing, emptiness, guilt or rage. It may in some cases be a way of inducing caring and concern in others.

Self-harm can create permission to withdraw from social responsibility and the heavily felt expectations of others by creating a 'sick role', or by attracting a mental illness diagnosis, which unfortunately is often too hastily applied to teenagers on being sent to the family doctor or some other health professional.

Self-harm can be an act of power – a way of experiencing personal agency *(I exist, I matter and I can make things happen),* which may be absent from other areas of a teenager's life – especially if their experience of adults is mostly demanding and commanding. It can be a way of expressing feeling that can't be put into words, or of feeling *something* rather than just feeling numb.

However, one can never and should never assume the motive for self-harm, because it may also be because a person does actually want to kill themselves.

As counterintuitive as it may seem, self-harm can help a person feel better, despite possibly being quite painful. If it didn't help in some way it wouldn't be used. Not only can *wounding pain*, like cutting or burning, shift an emotion state, it also prompts the release of endorphins which have a soothing effect; endorphins are a natural pain reliever that gives temporary relief and a sense of peace. The addictive nature of this feeling can make stopping self-harm difficult.

The down side of self-harm

One of the major drawbacks of self-harm as a modifier of emotion experience is that it doesn't deal with the issues that prompted its use in the first place. When used as a method of managing emotion experience, in the absence of more helpful ways of learning to respond to the inevitable difficulties of daily life, it can become a stubborn compulsion that is difficult to budge.

Short term relief of self-harm is often followed by feeling ashamed and guilty, which encourages secretiveness and isolation. Keeping self-harm a secret from family and friends can be both difficult and lonely. It can also be dangerous, where the effects of some forms of self-harm are underestimated.

Inevitably, secretiveness tends to foster suspicion in friends and family, with the potential to negatively affect relationships. The alarm and reaction of parents to discovering that their teenager is self-harming and their tendency not to differentiate it from attempted or rehearsed suicide, can result in a strong reaction and a sometimes escalating drama of interventions that leave the teenager feeling publically exposed, highly embarrassed and socially alienated from their peers who may quickly label them as mentally disturbed or strange.

This can all lead to feeling even more lonely, worthless and trapped.

MYTHS ABOUT SELF-HARM

Lots of misconceptions exist about self-harm (whether it involves cutting or some other means) – especially about a teenager's motives and mental state.

MYTH: *Self-harm is just attention getting*

The fact is, in most cases self-harm is done in secret and to parts of the body (such as with cutting and burning) that are hidden from view – such as thighs, upper arms or abdomen. Should self-harm be used for inducing caring and concern in others, or even if it appears quite minor in method and something occurring amongst peers in a group, professional advice should still be sought without delay.

MYTH: *Teenagers who self-harm are mentally ill*

Whilst some teenagers who self-harm do suffer from some degree of anxiety or depression, or as a result of psychological trauma, this should never be assumed. And anyway, some degree of anxiety and depression is common in the general population and in individual cases is only considered a problem if it is sufficiently severe. Many teenagers who self-harm have no discernible mental disorder. More often than not they are struggling with difficult developmental or life issues and emotion regulation and need competent assistance to develop the skill and capacity to tackle and manage these.

MYTH: *If the self-harm is only minor it shouldn't be considered serious*

Whether self-harm is serious or not for any individual teenager is something that should never be assumed and should be thoughtfully and carefully assessed by someone competent to do so. One must still carefully consider the underlying goal of the self-harming behaviour and what is happing in the life and experience of the teenager using this behaviour. Though self-harm may begin in a minor way, it can become habitual, addictive and more dangerous as time goes on.

MYTH: *If they've secretly been self-harming they won't want to disclose it*

This may be the case, but should never be assumed. If someone shows them care with calm, is not judgmental and does not intend to betray their trust, they may in fact be relieved to be able to tell someone about not only their self-harm but what they are experiencing that has prompted it. Caring acceptance without judgement is more often than not a great door opener and can lead to a person not only feeling valued and understood, but also being amenable to accepting help.

MYTH: *Teenagers that self-harm are from dysfunctional lower socioeconomic families*

The use of self-harm to manage emotional distress is common in affluent and poorer neighbourhoods *and* families. It is no respecter of social class or standing.

Though teenagers in affluent families may be favoured with more opportunities than those from poorer families, they still face many of the same pressures as other teenagers. In fact, they may have more expected of them because of their privilege. Privilege doesn't ensure a happy experience any more than being poorer destines a person to an unhappy one.

WARNING SIGNS OF SELF-HARM

Clothing can of course hide physical injuries and emotional pain can be covered over with a deceptive public persona. Nevertheless, warning signs that a teenager is self-harming may become evident. There are signs you can look for and you don't have to be sure that a teenager is self-harming to reach out to them if you are worried. If they are unreceptive to your approach, you may be able to ask someone they confide in or trust to enquire about how they are. And sometimes it can be helpful to be specific in asking about how things are going at home, at school, with their peers, their study, or in dealing with an issue you know they are facing. *Warning signs of self-harm might include:*

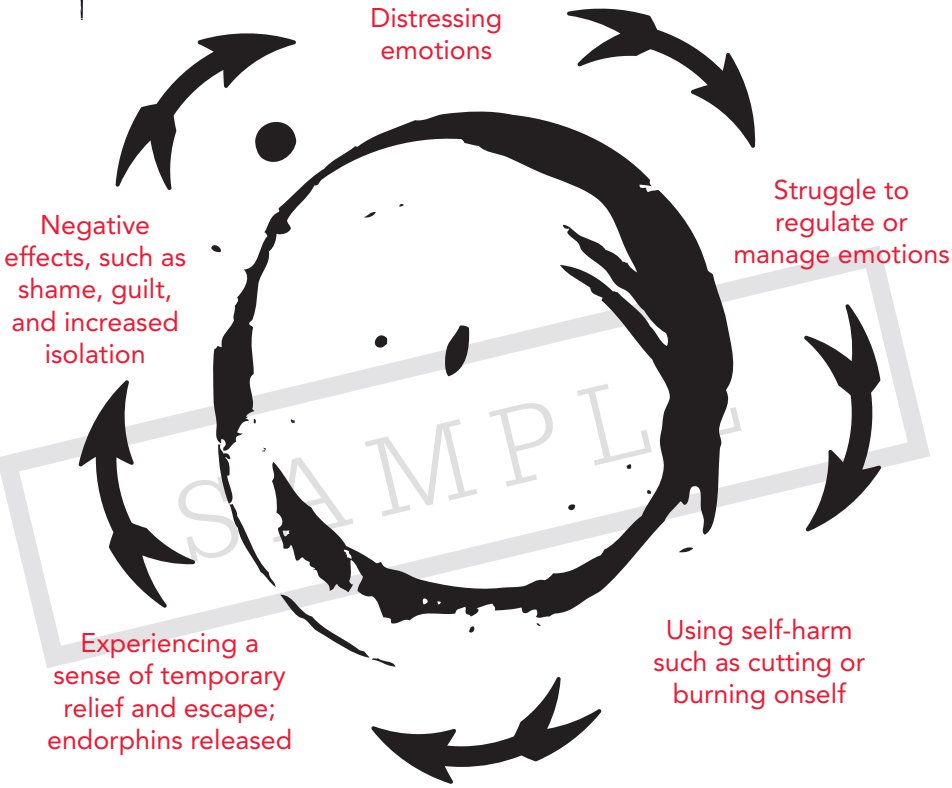
WARNING SIGNS OF SELF HARM MAY INCLUDE:

- A tendency to always want to keep their arms, thighs, or abdomen covered even in hot weather
- Unexplained cuts, bruises, burns, or abrasions
- Changes in eating and sleeping habit
- Blood stains on clothing, towels, bedding or tissues
- Explaining frequent 'accidents' by saying 'I'm just clumsy'
- Secretiveness – spending long periods of time in the bathroom or bedroom
- Withdrawal from friends and family
- Carrying in their belongings sharp objects or a means of burning, like razor blades, a shard of glass, needles, sharp metal, or a cigarette lighter, or some form of acid
- Using alcohol or drugs
- Lowering of academic performance
- Becoming increasingly irritable and aggressive
- Talking of self-harm or suicide
- Giving away personal possessions
- Expressing a feeling of failure, uselessness, or a loss of hope

RISK FACTORS

A number of factors can make a teenager vulnerable to self-harm and these often exist in combination.

CYCLE OF SELF-HARM



SELF-HARM VERSUS SUICIDAL BEHAVIOUR?

As already mentioned, though many teenagers who self-harm may not have a desire to kill themselves, such behaviour may still express a powerful state of despair – which needs to be taken seriously. And though self-harm is most often not suicidal behaviour, with practice, it makes suicide potentially a less foreign and statistically more likely behaviour. And as some research suggests, in the case of adolescents with depression, it can be a stronger predictor of a future suicide attempt than a prior suicide attempt.

Despite this worrying correlation between self-harm and suicide, it is important not to confuse or conflate the two. There are several reasons for this:

- ✘ Though self-harm should be risk-managed to prevent escalation and increased danger, our response to suicidal thinking and suicidal behaviour will necessarily be more decisive and in many circumstances less concerned about impinging on any wish to protect privacy or confidentiality.
- ✘ It is the commonly held view of health professionals that the personal autonomy of individuals who disclose suicidal thinking – and especially suicidal intention, should be considered subordinate to a duty of care and responsibility to intervene protectively.
- ✘ Responding to self-harm with the same degree of intervention applied to suicide – unless the nature of the self-harm is life threatening or dangerous in nature and implication, may be an overreaction with potential to put a teenager using self-harm with no suicidal intent at greater risk; not only due to precipitating anger and resentment towards service providers, but also by thrusting the teenager into a place of diminished amenability to seeking assistance in future.
- ✘ When self-harm and suicidal behaviour are conflated, there is also potential for teenagers to leverage the fear of suicide wrongly associated with minor self-harm, as a means of emotionally blackmailing adults. However it is very important not to assume this without proper investigation and professional advice.

BECOMING PART OF THE SOLUTION: HOW TO HELP

If a teenager is in the process of engaging in self-harm

Some basic 'rules of thumb' for responding include:

- ✘ Remain calm, avoid overreaction and expressions of shock or anger (remember self-harm is a common coping mechanism)
- ✘ Express concern and support for them, not judgement about the behaviour
- ✘ Avoid trivialising the issue or situation that the teenager thinks may have triggered their self-harm
- ✘ Ask if there is anything you can do to help alleviate their distress or the 'bad' way they are feeling
- ✘ Consider carefully if any medical attention is needed and discuss with them what you think is needed
- ✘ Begin a conversation about the value of professional support and reassure them that every effort will be made to protect their privacy if they will accept support

If you suspect a teenager has been injuring themselves

Some basic 'rules of thumb' for responding include:

- ✘ Deal with your own feelings first: you may feel shocked, embarrassed, disappointed, or angry. By acknowledging your own experience, you will likely be more capable of remaining calm and showing concern and support
- ✘ Before you express concern, be sure to prepare yourself for the possibility of hearing things that you may not be comfortable hearing
- ✘ Create an opportunity of privacy and express your concern calmly and without judgment. People who self-harm often already feel shame and embarrassment.
- ✘ Offer support, not any kind of ultimatum or punishment
- ✘ Encourage them to talk about whatever it is that they think might be fuelling or triggering their self-harming behaviour
- ✘ Put the focus of attention on their understanding of their experience and the circumstances that have led to self-harm, rather than their injuries
- ✘ Begin a conversation about the value of professional support and reassure them that every effort will be made to protect their privacy if they will accept support

When decisiveness is required

- ✘ In the case of a teenager disclosing suicidal thoughts, professional intervention should be sought immediately.
- ✘ If the a teenager has harmed themselves by taking an overdose of medication or consuming poison, call an ambulance to avoid any risk of permanent harm or the risk of death. It is of vital importance to identify as accurately as possible the name of the medication, poison or substance used, for assessment by the medical staff.
- ✘ First aid may be sought for minor injuries, where a qualified first aid person can also decide whether referral to a doctor is required.
- ✘ For any major injury medical assistance should be sought, whether from a local medical clinic, GP, hospital accident and emergency, or a flying doctor or paramedical service. It is usually possible to gain immediate and sound advice by telephone in conversation with these service providers.
- ✘ In any circumstance where it is disclosed or evident that a teenager is at real risk of suicide, has perhaps attempted suicide, or has suicidal intent, professional intervention should be sought immediately.
- ✘ In any circumstance where a teenager discloses suicidal thinking and especially intent, or appears to have attempted suicide and yet is unwilling to seek or accept immediate assistance, it is best to initiate an intervention that does not require their consent. This can be done by calling the Police. In circumstances where no police are available (such as in a remote community) improvised action by concerned adults until police assistance arrives may be necessary.

Seeking professional help

Whether or not to seek professional help for a teenager engaging in self-harm is a delicate matter and is really about exercising careful consideration. Certainly, avoiding seeking help due to embarrassment, or not wanting to divulge 'family business' may, in a case of potential escalation of the behaviour, be putting the teenager at further risk. In the case of quite minor self-harm there may be less urgency in seeking professional intervention. However, it is usually advisable to at least begin a conversation with a health professional for a collaborative monitoring of the situation and to pick up on and respond to any signs of escalation in the behaviour. Early intervention is always better than having to deal later with a more entrenched pattern of self-harm.

Much care and thought needs to go into encouraging a teenager to accept help and to ensuring the very best arrangements for their privacy and ease of access to sessions. Arranging session times that clash with favourite classes at school, or that jeopardise an important work commitment or routine, will only likely serve as a discouragement to attend sessions and to engage with them helpfully.

Psychotherapy for emotion regulation problems and self-harm

There is still a lack of research about the most effective psychotherapies for emotion regulation difficulties and self-harm and so there are gaps in our knowledge. Some of the psychotherapies that have been found to be helpful include: Acceptance and Commitment Therapy, Mindfulness, Dialectical Behavioural Therapy, Gestalt Therapy, Cognitive Behavioural Therapy and Existential Psychotherapy. This is by no means a comprehensive list of potential psychotherapies, nor should too much emphasis be placed on them anyway, since robust research in the field of common factors contributing to positive outcomes in therapy suggests that the type of psychotherapy used by a helping professional or program is far less significant than the therapeutic relationship the helping professional can foster with the client.

Because of how much courage it can take for a teenager to divulge their experience and confide in a therapist, it is vitally important to ensure that the psychotherapist or psychologist selected has a good track record of building rapport with teenagers, can offer consistent and reliable availability of sessions (if needed) and is willing to collaborate and consult with school staff, parents and the teenager's GP, should that be important to achieving the best outcome for the teenage client.

Working together

Ideally, significant adults concerned about a teenager who is self-harming will discuss and agree on the best approach to take and continue to communicate to ensure consistency and to review progress. Reasonable and circumstantial obstacles can get in the way of this, but suffice to say, it is important for helpers not to be acting at cross purposes, but to be part of an effective concerted effort.

A basic protocol for teachers and schools

Some schools may already have their own protocol or guidelines in place for responding to students who are found to self-harm. If not, the following guidelines might be a useful starting point:

- ✘ Ensure that the principal or deputy principal and/or the school counsellor is informed of the student's self-harming behaviour, unless there is particular reason not to do so
- ✘ Contact the teenager's parents – unless there are particular reasons why they should not be contacted. Provide the parents with a copy of this information booklet, so that they can better understand what is happening and how best to be supportive
- ✘ Suggest the parents commence a conversation with an appropriate health professional to guide them in how to respond. Request that the parents keep the school in the loop, to enable everyone to provide support in concert
- ✘ Document any observations about and/or incidents of self-harm or other behaviour relating to addressing this issue with the student (most schools have formal incident reporting formats for this)
- ✘ Liaise with any other agencies that are involved in supporting the student with their self-harming behaviour and try to work together
- ✘ Ensure that appropriate crisis telephone numbers are visually exhibited in the school and are available in a pocketable format for students
- ✘ Ensure that all staff have access to a copy of this information booklet
- ✘ Don't hesitate to seek support for yourself or other staff if needed

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Best Match Service Providers

General Practitioner

General Medical Practitioners play a crucial role in their communities in monitoring and maintaining the health of families. This familiarity makes them often the trusted 'first port of call' for physical injury or issues of mental health.

Most GPs do not routinely prescribe medication such as antidepressants to teenagers, since it is always preferable to explore other approaches and psychotherapy before considering medication. They can provide referral to subsidised psychology and mental health services of the Primary Care Networks and may know trusted private psychotherapy or psychology practitioners whom they can recommend.

Before requesting a GP referral to other subsidised services, it is best to discuss whether this entails needing a mental health plan. Such a plan does require a diagnosis, which some people find undesirable due to percieved stigma.

headspace: youth counselling and mental health services

headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. No GP referral or mental health plan is required to access this service. Teenagers can self-refer and parents and teachers can seek free advice.

The service is designed to make it as easy as possible for a young person and their family to get the help they need for problems affecting their wellbeing. This covers four core areas: mental health, physical health, work and study support and alcohol and other drug services.

headspace centres are located across metropolitan, regional and rural areas of Australia. Centres are built and designed with input from young people so they don't have the same look or feel as other clinical services.

They are there so young people can access the type of health worker they need. This could be a GP, psychologist, social worker, alcohol and drug worker, counsellor, vocational worker or youth worker. A number of centres also have Aboriginal and Torres Strait Islander health workers, welfare workers and family therapists.

To find a headspace centre near you, go to:
www.headspace.org.au/headspace-centres or phone: 03 9027 0100

Primary Health Networks: Psychology and Mental Health services

These networks offer psychology and mental health services in many locations across Australia – including outreach into regional and rural locations. Services are subsidised by the Federal Government and may be offered free or attracting a gap payment. Though immediate access may in some locations be limited due to waiting lists, these services are often prepared to give priority to teenagers with issues of a serious nature.

These services do require a GP referral and mental health plan. Such a plan will include a diagnosis, which some people may find undesirable due to percieved stigma.

To find a Primary Health Network service near you, simply Google: PHN Map Locator and select your area. If you have any difficulty locating a service that covers your area, email phn@health.gov.au

Private Psychologists/Psychotherapists

Private providers of psychology and psychotherapy services are available in city, regional and sometimes in rural locations. The best way to obtain their details may be via Yellow Pages. It will be important to ensure that the practitioner you select works with teenagers. Using a private service may mean being able to obtain assistance at relatively short notice and will often mean that pratitioners are quite experienced.

Providers of these services may require a GP referral and mental health plan (though psychotherapists do not usually require one). Such a plan will include a diagnosis, which some people may find undesirable due to percieved stigma.

Telephone/Videoconferencing Psychologists/Psychotherapists

Psychology and psychotherapy services are available by telephone and video conferencing, with sessions being arranged usually the same day or within 24 hours. This is a private service offering appointments with a choice of practitioners on a fee for service basis. Appointments can be made by phone or online. This service is suitable for teenagers, as well as for parents and teachers, to obtain much needed support and advice.

No GP referral or mental health plan is required.

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TEENAGERS AND SELF HARM

What every parent and teacher needs to know

This is a truly impressive document, beautifully written and easy to read. It provides comprehensive and sensitive coverage of the major clinical issues relating to teenage self-harm while remaining succinct and understandable to people without specialist training. Treatment options are clearly identified. This booklet should be compulsory reading for parents, teachers and others who are concerned with the well-being of young people facing the complex and often frightening challenges of adolescence. I will certainly make use of this booklet in my own practice.

Dr Mary Seth-Smith, PhD (Psych) MAPS,
Director & Principal Psychologist
Presence of Mind Pty Ltd

Teenagers and Self-harm, provides parents and teachers with a clear description of a not well understood but ever more common behaviour among adolescents. It is an important resource for dealing with an often confronting and complex problem.

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Dr John Ashfield is a bestselling author, educator and psychotherapist, known all over Australia for his efforts at providing people with simple yet effective self-help strategies for taking care of their mental health. His books have received wide acclaim and endorsement and with nearly one and a half million copies in print, he is the most read author of mental health promotion literature in Australia.

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