



# Non Suicidal Self Injury

Submission prepared by

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For the National Children's Commissioner examining:  
Intentional self-harm and suicidal behaviour in children.

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## About Rosemount

Rosemount Good Shepherd Youth and Family Services was established in Marrickville in 1982, with the aim of addressing the social and economic exclusion of young people and their families.

Rosemount services see 1,370 young people per year with area specialists in psychology, education, counselling and youth work.

Our services include:

- **Counselling:**
  - Individual
  - Family
  - Sexual Assault Survivor
  
- Early intervention and prevention mental health and wellbeing programs for students
- Professional development workshops for educators working with young people experiencing mental health issues.
- Alternative education
- **Microfinance:**
  - Low interest loans
  - No interest loans
  - Financial Counselling

In 2011, we responded to the growing needs of school communities around student wellbeing and mental health. This involved working closely with at-risk students, their teachers and parents in a select number of schools in low socio-economic areas. In addition to this, we are delivering Mental Health Professional Development workshops to a wide range of educators from schools across Sydney.

## Preface

For the majority of young people who self-harm, the intention is not to suicide.

In the majority of cases, self-harm behaviour is utilised as a means to cope and control, rather than a suicidal behaviour. It is for this reason that the Rosemount practitioners refer to Non Suicidal Self Injury (NSSI) rather than linking it to suicidal tendency.

We strongly recommend the Commission adopts the term Non Suicidal Self Injury so as to clearly differentiate between self-harming behaviour and suicidal behaviour. The Diagnostic and Statistical Manual (v.5) used by clinicians to diagnose disorders also uses this terminology.

Rosemount Good Shepherd, along with many other service providers, has noted an increase in the number of adolescents presenting with self-harming behaviours. When our Counselling team identified a correlation between NSSI and the experience of bullying, we set about exploring the issue further.

In 2013, we invited a Masters of Forensic Psychology student from the University of NSW to complete a six-month placement with us which involved an extensive literature review. We also established a Deliberate Self Injury Committee to provide reflection and feedback on the research from both a theoretical and therapeutic perspective. The Committee consisted of:

- Phil Nunn, Psychologist
- Dr Kristy Martire, Senior Lecturer, UNSW
- Sandra Sutalo, Executive Support Officer, Catholic Social Services NSW & ACT
- Carolyn Evans, Research Officer, Rosemount Good Shepherd
- Lyn Harrison, Psychologist and CEO, Rosemount Good Shepherd
- Emma Hubner, Master of Psychology student, UNSW

As with much of our mental health work, besides supporting a young person individually through counselling, we believe the best support can be achieved for young people by working with their ‘gatekeepers’ or those who have the biggest impact on their welfare; eg their educators, parents and peers.

As with many of Rosemount Good Shepherd’s programs, our approach to NSSI has been developed in response to an understanding of need from the grassroots level. We realised schools we were working with were experiencing increasing numbers of students who were presenting with self-harm behaviours and that educators were unsure of how they should appropriately respond.

In 2014, Rosemount Good Shepherd launched the *Self-Harm Workshop for Educators* which has been designed to promote a better understanding of deliberate self injury as it may present within a school context. It provides teachers with practical strategies to work collaboratively with these students and their families to ensure they receive appropriate support from external mental health professionals. It sits alongside our full day course for educators entitled *Mental Health and Young People*. Both courses are in keeping with the *MindMatters* framework, the national mental health initiative for secondary schools.

Rosemount conducts a number of workshops with students and parents with the aim of contributing to the wellbeing of students who are experiencing or at-risk of experiencing mental health issues. We continue to develop these workshops in accordance with the needs of the students with whom we work.

All quotes in **blue** throughout this document (also found in the Appendix) have been taken from the transcript of an interview with a 28 year old who was previously a Rosemount client.

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

NSSI is a maladaptive coping strategy that is used to cope and / or control.

### Coping

NSSI is used in response to profound and overwhelming emotional pain.

It provides temporary relief of intense feelings such as:

- Anxiety
- Depression
- Stress
- Emotional numbness
- Sense of failure
- Self loathing
- Low self-esteem
- Perfectionism

*“It was about putting actions to feelings that I couldn’t explain...trying to manage emotions and control things that seem to be out of control.”*

From a practical point of view, self-injury is an easily accessible behavior for teens whom have not yet developed the skills needed to deal with high levels of emotion. For some it is more accessible than drugs and alcohol.

It creates a rush of adrenaline and release of endorphins (brain chemicals that relieve pain and can produce euphoria). These create very real physical feelings of relief.

The behaviour can be psychologically addictive because, to the self-harmer, it works; it enables them to deal with intense stress in the current moment and provides tangible relief.

*“People use self-injury in a lot of ways that other people use drugs or alcohol, or food or sex...to try to feel better in the short run.” (Whitlock, 2010).*

### Controlling

The act of self-harming in NSSI provides control over something when everything else feels out of control. It is used to manage and control emotional pain - through experiencing physical pain. It can be an attempt to communicate feelings and a need for support.

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

It can be argued that there is a contagion effect with regard to exposure to NSSI. However, those who respond to media, peers, popular culture can be identified as having risk factors prior to exposure. To reduce contagion, attention needs to be paid to the quality of information the young people receive and the forum within which it is provided.

*One in 10 adolescents demonstrate self-harming behaviours. (Bonta, Kankans, Lopes & Villasenor, 2003)*

### Appropriate Response

While exposure to NSSI through peers, social media, media, popular culture and movies has been linked to an increased risk of initial engagement, there is a recognised benefit in introducing NSSI into education. Similar to sex education not leading to promiscuity; providing information and responding to questions on NSSI does not cause undue distress among young people, even those already identified as potentially requiring support (Robinson 2012). Rather, it is the appropriateness of the response that is critical to the final outcome.

### Victims of Bullying

Anecdotally, Rosemount Counsellors reported a significant correlation between NSSI and bullying with a number of clients engaged in NSSI also having experienced being a victim of bullying. Further investigation is needed to understand the impact of bullying, the acceptance and policies related to bullying in a school community, and how bullying can contribute to NSSI behaviours.

### Wellbeing & Demographic Factors

NSSI is a coping and control maladaptive strategy. Young people who score a low rate of wellbeing are at a higher-risk of displaying NSSI behaviours. There is potential that schools and areas where young people have a lower rate of wellbeing (schools in lower socio-economic areas where students are experiencing higher levels of disadvantage) are likely to have higher incidents or clusters of young people displaying NSSI behaviours.

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

There are a number of barriers which prevent children and young people from seeking assistance.

#### Barriers include:

- Lack of trust in adults.
- The young person perceives that NSSI as a maladaptive coping strategy actually works. It delivers instantaneous relief (similar to alcohol and drug abuse).
- The response a young person received when they first sought help was inappropriate:
  - They felt shame
  - Their feelings were not validated
  - They were directed to an unsuitable source of assistance.
- Wanting independence / ability to feel in control - ‘I’m old enough to deal with my own problems’.
- Lack of knowledge:
  - Not understanding the significance of the problem (anxiety/depression) - feeling it is their own fault.
  - Not knowing where to go to get help.
- Stigma associated with mental health issues / or the problem with which they are trying to deal (especially in relation to victims of sexual assault).
- Stigma associated with accessing counsellors.
- Lack of trust in school counsellor - worried all the teachers will hear of problems.
- Limited access to parents (two working parents / broken home etc).

#### Misunderstood Issue - No ‘quick fix’

There is also a misunderstanding of the issue. Often, if a young person is receiving assistance, the expectation of their carers / educators etc can be that they are ‘better now.’ The process for working with NSSI takes time. It can be a life-long maladaptive strategy and there is no ‘quick fix’. Young people and their carers need to understand that it is a behaviour that can be receded back into. There needs to be empathy and understanding for young people who self-harm.



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

#### **Centralised System of Reporting**

A centralised system for collecting and processing NSSI behavior data would be beneficial. This system would need to include data entry from schools, external therapists, doctors, social workers, hospitals and community organisations.

#### **Consistent Criteria for Reporting**

In order for the centralised data to be beneficial, reporting criteria for NSSI would need to be accurately defined and all those required to report would need to be made aware of the processes and criteria which exists for NSSI to be reported. Ideally this knowledge would be shared through overall NSSI professional development workshops for educators to improve the outcomes for students.

#### **Reporting Process**

To prevent data skewing, the centralised system of reporting would need to ensure the same individual is only being entered once. While maintaining client confidentiality, schools, external therapists and community organisations will all need to be able to record data into the database while ensuring as best as possible that the individual's case has not already been counted.

**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.**

There are a number of impediments to accurate data collection.

**Non Disclosure**

Data collection in this area is difficult as young people who self-harm are reluctant to seek help. Self-harm is a deeply personal coping and control mechanism; the nature of the behavior is a reaction to issues of trust, so often people do not disclose this type of behaviour. One Rosemount client reported that she hid her NSSI behaviour for up to two years.

Assisting educators to recognise the signs of students at-risk, or who are self-harming, will increase the number of students that can be helped. In-school workshops for students will assist peers to recognise the signs and know how to get help for their friends.

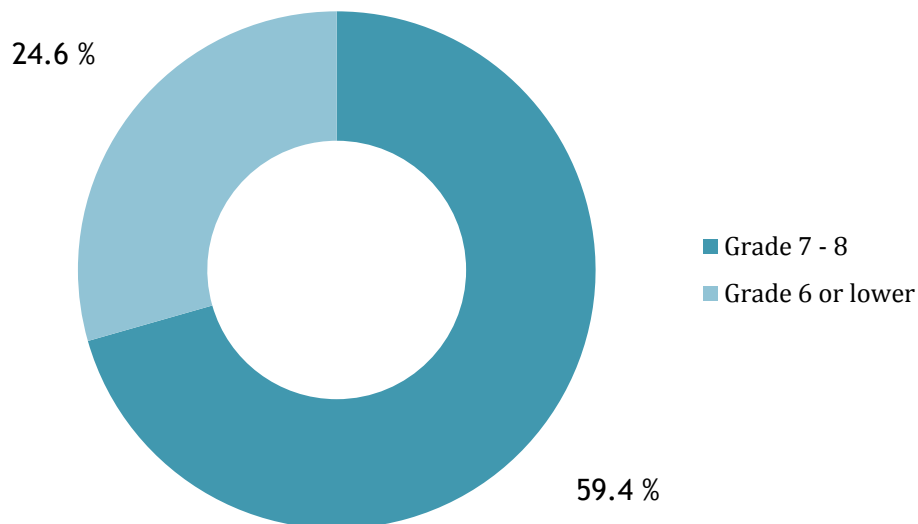
**Client Confidentiality**

There are issues of client confidentiality that can make reporting of NSSI difficult. Young people need to be able to trust the person they choose to disclose to in order for the outcomes to be positive. A process of reporting that maintains confidentiality is paramount and this would need to be designed and articulated consistently across all school systems.

**Early intervention**

Early intervention is critical for achieving positive clinical outcomes. Data that is currently being captured is taking a snapshot of students in Year 9. This is not necessarily reflecting the age within which the NSSI behaviour first occurs. We are finding clients have been self harming from as young as 10 or below and often in Year 6. If data is to be used to achieve the best outcomes, this data will need to examine a younger cohort of students.

**Age of NSSI Onset**



*Bonta, Jankans, Lopes & Villasenor, 2013*

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

### **Advocacy**

Once the full extent of the incidence of NSSI is known, it will be possible to advocate successfully for funding for services and programs that effectively assist those who experience NSSI behaviours.

### **Access to support & Early Intervention**

An increased understanding within the community will help to ensure those experiencing NSSI gain access to the most appropriate support as soon as possible.

We know that with any mental health issue, early intervention increases the likelihood of positive clinical and social outcomes. In the case of NSSI, this is particularly important as inappropriate responses to such a call for help can cause a young person to internalise their feelings and behaviours for a much longer period than is necessary, exposing them to further mental health risks and a longer and more intense recovery period.

## 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.

### Counselling

Access to appropriate counselling is the **critical** element to achieving positive clinical outcomes for any young person engaged in NSSI.

Beyond counselling, our 30 years of experience in working with young people has shown that the most effective results can be achieved when information and support is provided to those who are the ‘gatekeepers’ - those that young people go to for help. Most often, these include the young person’s educators, friends and parents.

### Educators - Early Intervention, Providing Appropriate Responses and Referral

Educators come across the highest number of young people and are most often the adults that are with them for the greatest period of their time. Mental health issues significantly impact learning and engagement with education, and students experiencing such difficulties need the understanding and support of their teachers and schools. Schools are a pivotal link in the chain between identifying a student who has a problem, through to them accessing the most appropriate professional mental health support.

Our research revealed that how a teacher responds at the time of disclosure or discovery is critical to being successful in changing that young person’s behaviour. The research and our experience in working with schools have also indicated that teachers are both individually and collectively unsure of how to respond to a student who is self-harming.

Rosemount developed a series of mental health professional development workshops for educators providing them with the information, strategies and referral processes they need to respond effectively to young people experiencing mental health and NSSI issues. Teachers have responded very positively to the workshop series, often noting the distress they feel when confronted with NSSI and mental health behaviours and the relief the information provides them in knowing how to best assist their students.

*“If they’ve trusted that teacher enough to disclose self-harm, then that teacher really needs to follow through until that young person has enough support.”*

**Friends - Building resilience, coping strategies and healthy relationships**

We recognise that there is a need to educate students specifically on this issue, however, it is not clear about how best to proceed with this. We know it is better that students receive good information and have an appropriate forum to ask questions and have them answered, but until schools are at a stage where they are confident they can respond appropriately, there is a hesitancy to proceed.

Rosemount is trying to minimise the risk factors that we know overlap with self-harming behaviours, such as poor peer relationships, managing conflict, problem solving and conflict resolution, managing emotions and academic stress. The workshops we currently offer recognise the importance of building resilience and coping strategies, all of which assist young people to feel in control and provide alternatives to NSSI as a coping behaviour.

**Parents /Carers - Increasing understanding, identifying signs, appropriate response, reassurance and referral**

We know from our 30 years experience of working with young people experiencing personal and educational challenges, that parent/carer understanding and support is vital for them to make significant progress.

Parents frequently are concerned about their lack of knowledge of issues surrounding mental health and extreme adolescent behaviours such as self harming. The parents we deal with are often in crisis mode as their children are struggling with significant issues and they are anxious to get any sort of support.

Information that could be provided to parents to educate them about mental health issues and NSSI would be beneficial for young people. A key focus of this support would be to teach them how to best respond when they learn of things such as self harming behaviour or suicide ideation. It is also important for them to know that NSSI is not necessarily an attempt at suicide, but should be taken very seriously as a communication for help. It would also be beneficial for them to know how to access the best support for their child in these situations.

Rosemount currently offers adolescent & family counselling as well as parenting workshops. It would be good for more parents to have access to information on adolescent mental health and wellbeing issues.

*“Neither of my parents knew what to do with that kind of behaviour and I didn’t know how to explain it to them in a way that would calm them down as well.”*

## 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 around NSSI needs to be intimately controlled for two reasons:

1. NSSI is a complex issue. Public campaigns tend to need simple messages in order to be effective.

Given that the response to NSSI is critical to the clinical outcomes of the client, any public education would need to involve the transfer of knowledge to appropriately respond as well as coping strategies for those experiencing NSSI. Furthermore, the graphic nature of NSSI may cause unnecessary harm and linkage to suicidal tendency which would be damaging to those experiencing NSSI and their loved ones.

We would recommend that public campaigns focus on wellbeing rather than NSSI.

2. Given the link to contagion of media/social media, public education surrounding this issue needs to be more intimately controlled.

Targeted programs within schools would enable service providers to work with educators to ensure those at-risk receive appropriate support. Studies have found that education regarding NSSI does not cause undue distress among young people, even those already identified as potentially requiring support. (Robinson, 2012)

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.

Once again, the clinical outcomes for the client depend on the appropriateness of the initial response. For NSSI, digital technologies and media could only be useful strategies if they are designed to re-enforce one-on-one counselling support. They cannot be effective as stand-alone solutions to complex issues requiring in-depth therapy and the learning of new strategies for coping and building resilience to replace the NSSI behaviour. There is no quick fix to NSSI behaviours.

*“It’s got to be a collaborative approach...with teachers and school counsellors and maybe there’s an external therapist, the parents; everybody working together to ensure that that young person is supported.”*

## Appendix I

### 2014 TRANSCRIPT OF INTERVIEW WITH A YOUNG PERSON WHO EXPERIENCED SELF-HARMING BEHAVIOUR AS A TEENAGER AND WAS A CLIENT AT ROSEMOUNT. THIS YOUNG PERSON IS NOW 28 YEARS OLD.

INTERVIEWER: Young people self harm to cope with overwhelming emotion or control the feeling of being out of control how do you relate to that?

YOUNG PERSON: I know that for me I didn't quite understand what was going on, it was more about putting words to feelings that I couldn't name, not words I guess, but actions to feelings that I couldn't explain.

Yeah, and all the issues you go through when you're a teenage, it all seems so, they're really intense and it all seems so much more powerful when you look back on those years, and yeah, it's definitely about trying to manage emotions and control things that seem to be out of control.

INTERVIEWER: Some people would see self harm as attention seeking or as being manipulative, I wondered how you would respond to that:

YOUNG PERSON: Someone once told me that it's not attention seeking, its attention needing. Now whenever I hear someone say its attention seeking, I think well, maybe its not actually seeking, maybe they do actually need some attention and support because nobody does that sort of stuff if they are getting adequate support and there is somebody actually helping them out with what they need. And, as for manipulating, that's the oldest one in the book really, it comes across as manipulative because a young person might go up to a person and tell one person and then they might tell another person, or they might put it on display, but it's more about them saying "I am in so much pain that I don't know how to ask for help. I don't know how to tell you before I do it that I need help." I remember I used to say "well, if you don't do this, then I'm gonna hurt myself", and it wasn't so much that what they were doing would make me hurt myself, it was that I didn't know how to manage those feelings and that's the only way that I could explain it. So, it comes across as that, but that's not actually the primary intention, it just ends up like that sometimes.

INTERVIEWER: So, did you actually tell someone about your self-harming or did people notice?

YOUNG PERSON: I started very young, I started when I was ten and it was a year and a half or two years before somebody actually found out and I ended up telling the school counsellor and of course, she told my parents. I know that when my mum found out that she was really really shocked. Neither of my parents knew what to do with that kind of behaviour and I didn't know how to explain it to them in a way that would calm them down as well.

INTERVIEWER: In terms of teachers in schools, how do you think they should respond if a young person tells them they're self harming?

YOUNG PERSON: Be compassionate and respectful that the young person deserves some sort of privacy, so it's not like, they shouldn't broadcast it around the school. At the same time, they need to be getting that young person some kind of support. Um, offering to go with them to the school counsellor, perhaps sit with them during that meeting. If they've trusted that teacher enough to disclose that or to open up about self-harm with them, then that teacher really needs to follow through until that young person has enough support. And, it's not that that teacher need to be the sole port of call, it's that they can say, I can't actually help you with the psychological things, but I can be there for moral support.

INTERVIEWER: Mmm, that's a very good distinction actually to make.



YOUNG PERSON: Yes.

INTERVIEWER: So, can I ask you, who or what helped you manage that self-harming behaviour?

YOUNG PERSON: Um, it took a long time for me to get proper help, and I know that from getting inadequate assistance when I was younger, it took longer for me to actually get the right help and for me to continue to seek out the right sort of help. The people for me that made a difference, were those that didn't judge, They just took day by day and said "ok, that's just, you know, a slip up, we'll move on to the next one" rather than saying "that's it, we're going to punish you now." The amount of times that I was punished for a behaviour that I was already punishing myself for things that I hated about myself and that I felt guilty about, having somebody else do that it was like, well, now you're just making me feel like I want to actually do it again.

Um, also having someone that I could talk to and trust enough that they would do what needed to be done, but hear me out first. So, say if I needed to, say if my parents needed to find out, or if I needed medication or any of those sorts of things, saying well, "this is what I'm thinking of and this is what I'd like to do, how do you feel about doing that or going ahead with it?" Because, anything that was done behind my back, I was like, well, how can I trust you? How can I believe that you are going to be there and bat in my corner and support me?

INTERVIEWER: So, do you have any other thoughts about how schools have been helpful in terms of this issue?

YOUNG PERSON: Yeah, it's got to be a collaborative approach, you know with teachers and school counsellors and you know, maybe there's an external therapist that gets involved, the parents; everybody working together to ensure that that young person is supported during school hours and out of school hours. Um, and not using punishments I guess, like detentions and suspensions, like I said before, because I know that my school used suspension as a way of managing my behaviour because it was too disturbing for other students and they didn't actually address what was going on for me, or provide that support and I think if a young person is going through so much turmoil in their life, then they need that support to be able to manage while they're going to school or perhaps they do need time off or whatever's going on for that individual young person, rather than having a blanket rule.

INTERVIEWER: Sure. I think you've given us some amazing insights really, are there any final comments you'd like to make?

YOUNG PERSON: Um, not really.

INTERVIEWER: Ok, well thanks XX I think there are some wonderful learnings there for teachers and for school communities.

## Appendix II

2006 SELF-HARM INFORMATION BOOKLET CREATED BY A YOUNG PERSON AT ROSEMOUNT

# Breaking Free



**Information about self-harm for  
young people**

About the Author  
Devised, designed, written and with original artwork  
By 19 year-old self-harmer.

## About Self-Harm...

### What it is and isn't and who does it...

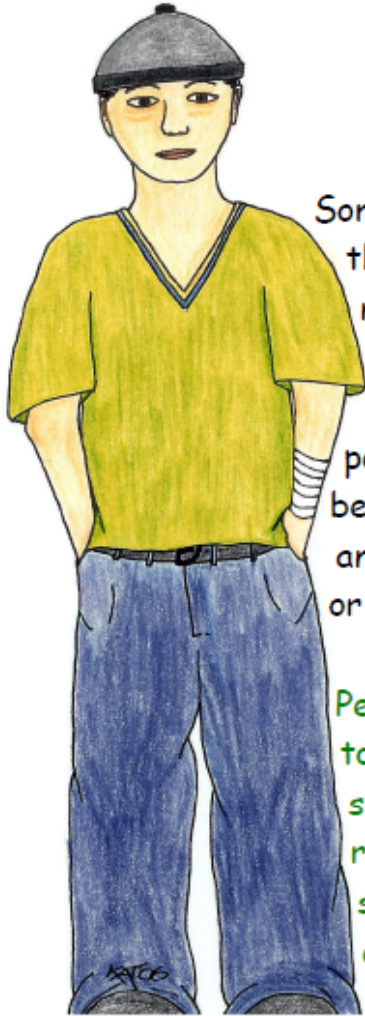
Self-harm is also known as self-injury, cutting, self-mutilation, self-inflicted violence, skin-picking, slashing or some people adopt their own name for their actions. Self-harm is when you deliberately hurt yourself. This includes cutting, burning, bruising, biting or scratching your skin, hitting yourself with your fists or an object and/or deliberately banging your head against things or something that causes marks or bruising that last longer than an hour (Secret Shame website). Self-harm is a way to deal with negative feelings or may be used to communicate to others how bad you are feeling.

It's not self-harm if you do it for body decoration/art, to fit in or to be cool. Self-harm is generally not attempted suicide or parasuicide (fake or half-hearted suicide attempt), although the two subjects are closely related. People who self-harm and are also suicidal, will often make a distinction between acts of self-harm and suicide. *"I need to hurt myself but I don't want to die" - Jayne (16 year old self-harmer)*. It is not a way to manipulate others' behaviour or feelings nor is it attention seeking. It is however attention **needing** - a way for people who self-harm to express to others that they are in emotional pain/distress and/or need help.

Although most people who self-harm are females aged between 12-25, it doesn't mean that others don't self-harm. "It's a person-who-has-no-other-way-to-cope thing, not a teenage thing." ([www.selfinjury.org](http://www.selfinjury.org)). Self-harm has few boundaries and can happen regardless of your age, gender, culture, how much money you have, your job, where you live or where you were born.



## Why do people Self-Harm?



Some people self-harm because they have gone through some sort of trauma, abuse, loss or neglect. Some examples are family breakdowns, death of a loved one, physical, emotional and/or sexual abuse, neglect, war, bullying, perfectionism and rejection. Other reasons may be because the person is very sad (depressed) or anxious or may be because they are using drugs or trying to stop using drugs.

People hurt themselves for many reasons, often to release the "bad" feelings they feel inside such as anxiety, anger, loneliness, sadness or in response to a trigger. Examples of triggers for someone to self-harm are often really strong emotions that can be caused by other people's comments, stressful events or situations, flashbacks, body memories, or self-hatred/disgust.

Sometimes the person needs to feel pain - enough to match what's happening inside or to feel alive. Another reason is that seeing blood is calming - a way to know that their pain is flowing away from them or to let the "bad stuff out". Their problems seem to be smaller for just a few minutes or longer, giving them a feeling of relief. Once the relief wears off, it is sometimes followed by strong feelings of guilt, shame or self-hatred, building another urge to self-harm. This is called the cycle of self-harm.



# How to react?

## For friends and family...

- Don't freak out - stay calm, open-minded and non-judgemental
- Listen to what the person is feeling and take them seriously
- The severity of the injury is **never** an indicator on the how big or small the problem is, either way the person still needs your help and support
- Making jokes, smart remarks or dismissing the person will **not** help the situation, instead let the person know that you care and are trying to understand what's happening
- Encourage them to seek help from someone they trust or a trained professional (eg. Counsellor, GP, youth health nurse, youth worker etc)
- Don't get offended if they don't choose to talk to you or handle it your way. Letting someone know that they harm themselves can be very overwhelming, regardless of how you react
- A self-harmer may not admit that they need help because of feelings of shame, guilt and low self-worth
- You are not responsible for the person harming themselves, even if they say you are, however it is their way of coping in difficult times and this needs to be respected.



## Alternatives to Self-Harm?

- Go for a walk, jog, run, swim, skate etc.
- Listen to music
- Make red ice-cubes (food-dye and water) and hold it to where you want to cut
- Scream in an open space
- Choose an object (eg. a paper-clip) and list 30 different uses for it
- Talk to someone
- Flick an elastic band on your wrist
- Put some Tabasco sauce on your tongue
- Draw, write, sing about it
- Wax your legs
- Do something nice for yourself (go to the movies, have a hot bubble bath, make your favourite snack)
- Cuddle your pet (or cuddle someone else's pet)
- Destroy an old phone book
- Take a cold bath
- Draw on your skin with a red, felt-tip pen
- Hit your pillow
- 
- Rub Deep Heat or Vapour Rub under your nose,



For more alternatives visit:  
<http://www.selfharm.net/fself.html>



### Organisations:

1. See your GP to discuss what's happening and get a referral to see a mental health expert.
2. Find a local headspace centre and make an appointment  
[www.headspace.org.au/headspace-centres](http://www.headspace.org.au/headspace-centres)
3. Check out what services are available through your local hospital's children and adolescent mental health unit.



### Extra reading:

- *A Bright Red Scream - self-mutilation and the language of pain.* By Marilee Strong
- *Inside Out, Outside In, Wounding while healing.* By Northern Centre Against Sexual Assault (NCASA - VIC)
- *Cutting: Understanding and Overcoming Self-Mutilation.* By Steven Levenkron
- For more books search for 'self injury' on [www.amazon.com](http://www.amazon.com)





***Self-harm stays  
strong in your  
fear and  
misunderstanding...***

***Don't be afraid to  
talk about it...***

***Understand it and  
get help today...***



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