Orygen

The National Centre of Excellence in Youth Mental Health

Looking the other way

Young people and self-harm

The rates of self-harm among young people in Australia are unacceptably high and many young people and their families are not seeking help. Those that do often report ineffective and sometimes harmful responses. We need to stop looking the other way and respond to this critical issue.

KEY ISSUES

- The number of young people engaging in self-harming behaviours is high. The 2015 Child and Adolescent Mental Health and Wellbeing survey found that approximately one in ten Australian adolescents had engaged in self-harming behaviour. Among young women aged 16-17 years, 22.8 per cent had self-harmed in their lifetime.[1]

- This is consistent with a 2010 Australian community prevalence survey where 24.4 per cent of young women and 18.1 per cent of young males (aged 20-24 years) reported they had self-injured in their lifetime.[2]

- Understanding the prevalence and outcomes of self-harm is challenging as there is no ongoing national data collection or monitoring system available to record self-harm presentations in Australia beyond those which result in a hospital admission.

- Around half of young people who self-harm will not seek help for their self-harming behaviours, citing considerable stigma and a lack of understanding about self-harm in the community.[3] Almost half of adolescents who sought help for self-harm did so through a school-based service.[1]

- When they do seek help, some young people report negative and damaging responses from front-line health professionals, which includes dismissiveness, trivialisation and scepticism regarding the motivations for their behaviour (i.e. just 'attention seeking'). Many are not provided with adequate follow-up care and others choose not to seek help in the future as a result of these experiences.

- Parents, schools and other community members are struggling to respond to young people who self-harm and there is a demonstrable need for improved awareness, guidance and strategies on how to effectively respond.

- Evidence for effective interventions is limited. In part this is due to self-harm not being measured as an outcome in studies examining the impact of interventions on a range of related areas of mental health including anxiety, depression and suicide prevention.

- Young people want to talk about and be involved in responses to self-harm rather than have it ignored. In particular they want the opportunity to address the underlying psychological distress, including their overwhelming negative feelings and thoughts.

" Sometimes people who self-harm don't ask for help because people are like "Shhh! We don't talk about that".

Young person

[1] Lawrence, D et al (2015) The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of Health, Canberra, p 103.

[2] Martin, G. et al (2010) Self injury in Australia: a community survey. Medical Journal of Australia, 193, 506 - 510.

[3] Michelmore, L & Hindley, P (2012) Help-Seeking for Suicidal Thoughts and Self-Harm in Young People: A Systematic Review, Suicide and Life-Threatening Behavior, 42, 507-524.

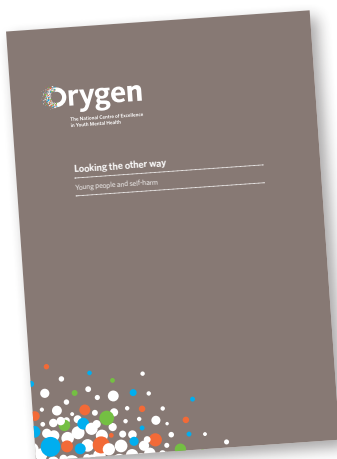**There is a need to address the poor responses to young people who self-harm in the community through:**

- Workforce development to ensure that acceptable standards of care are provided to all young people who present with self-harm, by health professionals and front-line responders.

- Building the capacity of school communities to prevent and respond to self-harm through the development and provision of evidence-based guidelines and programs to support staff, students and parents. There is also a need to improve mechanisms for referral between schools and community mental health services in responding to self-harm behaviours.

- Addressing the stigma and misunderstandings about self-harm through the development of resources for parents and community members developed in partnership with young people and parents with a lived experience of self-harm. These resources should assist them in understanding the reasons behind the behaviour and provide strategies to respond effectively.

Responses to self-harm in young people could be best delivered through a systemic, multi-sectorial approach, including:

- National and cross jurisdictional leadership in articulating a policy response to address the prevalence of self-harm among young people.

- Establishing and linking sentinel monitoring systems in a sample of hospitals across the country to address the current lack of national data collection and monitoring and drive system change.

- The development of a suite of multi-site studies that can robustly test the effectiveness of interventions for self-harm in young people; this should be underpinned by a systemic early intervention approach delivered within existing mental health services.

- Addressing the identified gaps in research and evidence on self-harm by:
  - including outcome data for self-harm in other program trials and studies of youth mental health interventions;
  - developing multisite and compliant online platforms to engage large populations;
  - building the evidence-base for effective prevention and early intervention programs for self-harm among high-risk groups such as Aboriginal and Torres Strait Islander young people and young people in detention; and
  - investigating the relationship between self-harm and other risk taking behaviours (particularly in young men).

There are opportunities to improve interventions and treatment responses for young people who self-harm through the use of reputable and evidence-based e-mental health technologies. To achieve this:

- A central registry is required which can provide information on web-based program and mobile apps based on fidelity of content, clinical expertise of the program designers and accessibility for high risk populations. This should include an interface which is readily accessible by clinicians, young people and their families.

- A duty-of-care policy and practice framework is required that can provide clinical and ethical governance to care delivered to young people via online platforms.

Orygen
The National Centre of Excellence in Youth Mental Health

Looking the other way
Young people and self-harm

To read the full paper, visit orygen.org.au