Supporting young Aboriginal people who self-harm

A GUIDE FOR FAMILIES AND COMMUNITIES

The Centre of Best Practice in
Aboriginal & Torres Strait Islander
Suicide Prevention
Adapted by Orygen and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention from a resource booklet for parents and carers developed by researchers at the University of Oxford.

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**Disclaimer** This guide includes general information based on clinical and cultural expertise and experience, however, it does not replace seeking help from a qualified healthcare professional if you have any concerns about a young person self-harming.

**Orygen and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention acknowledges** Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and waters of Australia, and all of the lands on which the consultation for this co-designed resource was carried out, including the Whadjuk and Wardandi Noongar, Yawuru, Bardi, Yamatji Elders, and their peoples. We honour and respect their wisdom in our work to improve the mental health and social and emotional wellbeing of children, young people and their families.

Cover photo by Kathleen Cox Photography. [https://www.facebook.com/kathleencoxphotography/](https://www.facebook.com/kathleencoxphotography/)
About the guide

This guide has been developed with the families and communities of young Aboriginal people.

Young Aboriginal people co-developed the guide with valuable contributions from an Aboriginal Expert Advisory Group, Aboriginal and non-Aboriginal Health Workers, and Aboriginal families and communities from across Western Australia.

This guide aims to help families and communities understand what they can do to support a young Aboriginal person who is self-harming.

For the purposes of this guide, a young person is anyone under 25 years. Names used throughout this resource are pseudonyms.

The term Aboriginal is used, in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to the Torres Strait Islander community.
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Self-harm and suicide are serious concerns for families and communities across Western Australia.

In Australia the rate of self-harm among young Aboriginal people is at least three times higher than among non-Aboriginal young people.(1) However, the actual rate of self-harm may be higher than statistics suggest, as some young people do not seek medical attention after self-harming.

Young people often self-harm because they feel they can't cope with their feelings or situation any other way, or because they haven’t had the opportunity to learn other ways of coping. In some cases, young people have learned self-harm from others.

Sometimes young people tell family of community members that they are harming themselves, but often carers find out through other means. Regardless of how you’ve found out, it’s important to know that you can help.

When you find out that a young person you care for is harming themselves, it’s reasonable to have feelings of anger, sadness, guilt, shame, fear, a sense of helplessness, and confusion about what to do or who to turn to.

This guide is designed to help you move through these feelings so you can support the young person to find solutions and other ways to cope.

It’s important to know that you are not alone.

Introduction

Morning glory on beach.
Photo by Kathleen Cox Photography.

BACKGROUND

This project was conducted with Aboriginal community-controlled organisation partners across Western Australia, including:

- Derbarl Yerrigan Health Service
- Geraldton Aboriginal Medical Services
- Langford Aboriginal Association
- South West Aboriginal Medical Services
- Yorgum Healing Services

The mental health and Social and Emotional Wellbeing teams in these organisations contributed their time, expertise and resources, and supported us to conduct focus groups with Aboriginal families and young people.

The project was guided throughout all phases of the research by an Expert Advisory Group comprising two Aboriginal Psychologists (Karen Ugle and Tania Hirvonen), a senior academic with a background in mental health, youth resilience and suicide prevention (Associate
Professor Maree Toombs), and Head of Aboriginal and Torres Strait Islander Lived Experience Centre at Black Dog Institute (Leilanni Darwin). Professor Pat Dudgeon, Director of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention provided project oversight and governance.

We met with people in remote communities, the community mental health services in Geraldton, Bunbury and Broome, and headspace centres in Broome and metropolitan areas. The Kimberley Mental Health and Drug Service and the Kimberley Empowered Young Leaders Group also provided important contributions.

Many families consulted during the development of this resource talked about the impact of trauma experienced across several generations. This trans-generational trauma has often come from the policies of colonisation – including the forcible removal of Aboriginal people from family and Country – and can impact negatively on a young Aboriginal person’s sense of identity and belonging.

Many grandparents and parents reported experiencing pain and grief watching young relatives struggle with mental health and drug and alcohol issues. They talked of the important need for families, communities and Elders to help young people to reconnect with their culture and strengthen their identity.

Photo by Michale Magar, Geraldton Regional Aboriginal Medical Service. This photograph represents the journey of a young Moodji Maaman [strong man] who feels trapped in the white man’s world he lives in while longing to connect to his culture and learn the history of his elders to keep the stories alive. Always was always will be.
About self-harm

WHAT IS SELF-HARM?

Self-harm is deliberately hurting oneself. Self-harm can include:

- burning;
- cutting;
- hanging;
- hitting or bruising;
- scratching;
- suffocation;
- overdosing on drugs, alcohol (grog) or medication, deliberately or by mistake; and
- risky behaviours (e.g. playing chicken with cars or trains, driving too fast when angry).

“Self-harm is a crisis that extends beyond mental health to include social, cultural and emotional factors.”
Focus group member

“It’s important for parents to know they are not the only ones going through this.”
Robert, young Aboriginal health worker

“We have to look out for our communities, stick up for one another.”
Melanie, young Aboriginal mental health worker

“So many young people who self-harm feel that no-one is listening to them”.
Michael, young Aboriginal person

“As health professionals and communities, we need to understand and respect children and young people have the right to have a voice, the right to be heard. We need to listen and hear what is making them hurt.”
Louise, Aboriginal health practitioner

“Parents, carers, families and communities need to know and understand that they are not alone - Self-harm is an issue for all our mob across Australia.”
Lara, Aboriginal health worker

Although some people who self-harm may be suicidal, self-harm is a way of managing painful emotions without being a suicide attempt. However, self-harming can result in accidental death.
EARLY SIGNS AND SYMPTOMS TO LOOK OUT FOR

Young people may show emotional, behavioural, or physical symptoms of self-harm such as:

• acting out at school;
• being angry all the time;
• being withdrawn from friends and family;
• being protective of their bags;
• blaming themselves for problems;
• covering arms or legs – wearing long sleeves or pants;
• low mood or depression;
• lack of interest in life;
• being more secretive than usual;
• not swimming or changing clothes around others;
• saying they are a failure, worthless, useless, hopeless, feeling ‘no good’; or
• unexplained cuts, burns, bruises or blood on clothes.
FACTORS THAT MAY INFLUENCE A YOUNG PERSON TO SELF-HARM

Every young person and family is different. There are a range of social, family, environmental and individual factors that may lead to self-harm.

Figure 1. Individual, family, social and environmental factors influencing self-harm.

- cultural obligations
- drug and/or alcohol misuse
- financial problems
- gambling
- grief and loss/trauma
- family conflict
- domestic violence
- family history of self-harm/suicide
- family pressure
- separation/divorce
- neglect or abuse
- poor communication
- SEWB/mental health issues
- very strict/always yelling
- access to self-harm methods
- friends who self-harm
- jealousy
- not many friends
- peer rejections
- racism/discrimination
- school bullying
- Internet and social media, e.g., Facebook, TikTok
- changing schools
- community conflict
- dysfunctional communities
- involvement in justice system
- isolation
- loss of community, language/country
- nothing meaningful to do
- overcrowding/homelessness
- depression or anxiety
- drug and alcohol use
- feeling abandoned, frustrated, desperate or no-good
- Fetal Alcohol Syndrome Disorder (FASD)
- lack of belonging
- loss of cultural identity
- no self-control
- no motivation or sense of hope
- poor body image
- poor problem-solving
- sexual abuse
- sexual identity (LGBTIQ)
- transgender changing
- trauma
Factors that Help Families and Young People Stay Strong

Connections to family and kinship, community culture, Country and identity can strengthen a young person’s Social and Emotional Wellbeing and improve their mental health. Things that can help strengthen and maintain these healthy connections include doing activities with family/friends such as:

- going on Country;
- going fishing;
- keeping culture strong;
- sharing good stories;
- spending time with family; and
- yarning with Elders.

The Social and Emotional Wellbeing wheel (below) shows how culture, family and community are important when it comes to maintaining mental wellbeing and a strong sense of self. This model of wellbeing was developed by Aboriginal people, for Aboriginal people.

Figure 2. Social and Emotional Wellbeing Wheel.

Gee, Dudgeon, Schultz, Hart & Kelly, 2013 on behalf of the Australian Indigenous Psychologists Association. Adapted by Koorie Youth Council (kyc) for the Ngaga-dji (Hear me) project. Illustration by Jacob Komesaroff from original art by Tristan Schultz, Relative Creative.
REASONS YOUNG PEOPLE SELF-HARM

Some young people self-harm to help to cope with:

- grief and loss;
- gossiping/yarn carrying and bullying (in person and on social media); or
- real or imagined rejection (e.g. feeling rejected for their gender identity or sexuality).

Some young people self-harm to:

- cover-up emotional pain;
- express emotions such as hurt, anger or frustration;
- have people they love take notice of them;
- identify with friends who may be self-harming;
- manage emotions;
- regain a sense of control over feelings or problems;
- seek care from others; or
- stop feeling upset, angry or frustrated.

Self-harm can be a form of escape, a call for help or a suicide attempt. Families consulted during the development of this guide told us young people said things like:

- “I don’t want to be here”;
- “No one cares”;
- “I don’t want to be alone”;
- “I’m no good”;
- “I am feeling no good inside”;
- “I’m not worthy”; or
- “I don’t belong in my skin”.

Sometimes young people threaten to self-harm or suicide to get their own way. They may say: “If you won’t let me do something or give me something I’m gonna kill myself.”

You may want to give in to these threats but it’s important not to. Instead, teach young people positive ways of asking for things, help them to understand the reasons for your decision and suggest things they could do instead.
Getting help

It is important to get help early. Self-harm can be a serious problem if:

• can lead to scarring or negative long-term health problems;
• is often repeated;
• may be linked to depression, anxiety, poor body image, or drug and alcohol misuse which may require specific treatment; and
• places young people at greater risk of suicide.

It is also really important for you to:

• look out for any changes in everyday behaviour;
• show you are always there and ready to listen; and
• be open to getting help for yourself and/or the young person.

WHEN AND WHERE TO GET HELP

If you notice a change in a young person’s mood or behaviour, get help through your local hospital or clinic as soon as possible. They can make an assessment and may refer the young person for a treatment plan or counselling via services such as:

• Aboriginal Medical Service Social and Emotional Wellbeing Services;
• Community Child and Adolescent Mental Health Service;
• drug and alcohol services; or
• headspace centres.

“It is never too early to seek help.”
Aboriginal health counsellor
OTHER THINGS TO SAY AND DO

Here are some things that other families have found helpful when supporting a young person who has self-harmed:

- ask if something is worrying them and how they feel;
- be straight up when yarning about/dealing with self-harm;
- explain that you want to come up with a solution together (e.g. visit a doctor, nurse or counsellor at the local clinic or hospital, headspace, or Child and Adolescent Mental Health Service);
- discuss ways to make them feel safe and less likely to self-harm (e.g. storing medicines safely or removing sharp objects);
- discuss other ways to manage strong feelings; (see sections: Helping a young person feel better (p 22) and Alternatives to self-harm (p 23))
- let them know you love them and are there for them;
- let them know their emotions are real and important;
- listen to them and take them seriously;
- have a yarn and suggest going for a walk or drive;
- take them to a favourite place where they feel safe and connected with Country – where they have space to talk further with you (e.g. park, river or beach);
- help them talk through their problems and solutions;
- help them identify what causes them to self-harm;
- reassure them that things can be better in the future;
- remind them of their strengths and abilities;
- stay calm and focus on what is going on for them; and
- watch for signs of bullying or abuse.

“You need to listen really hard – deep listening – like djadjiri you know. Bring these cultural ways back.”

Jenny, Aboriginal mental health counsellor

“You need to reach out and tell our kids they are special, that you love them, then maybe just sit a while and take the time to listen.”

Rachel, Aboriginal mental health counsellor and parent
“Just listen, no judgement, no shame, just listen. They just want someone to see them, hear them and acknowledge them.”
Jamie, Aboriginal young person

“You need to check social media – young people will vent on social media. You need to take that seriously – it could be the only place they feel safe to share what’s going on for them.”
Lorraine, Aboriginal mental health worker

“It’s about building the capacity of young people and showing them ways to cope and to have hope.”
John, mental health counsellor

If they say things like:
• I haven’t got anyone who I feel I can trust to hold me;
• no one really cares or listens to me;
• I feel so alone; or
• no one understands me.

You might say things like:
• I’m your mum/dad/family and I/we love you and we do care for you. Let’s find someone you can trust together;
• I am here for you. Let’s work together to think of someone you can talk to; or
• there is no shame in talking. It’s okay to feel different.

“It doesn’t matter who you are to a young person, it’s your support that is important.”
Susie, Aboriginal youth counsellor

It’s important to avoid saying things like:
• Oh stop talkin’ stupid;
• Oh you’re just seeking attention;
• You’ll get over it; or
• You’ll be fine.

When addressing self-harm behaviours it is important to:
• make time to ask how the young person is really doing (e.g. ask “are you really okay?”);
• ask direct and safe questions; and
• address the issues as soon as practically possible.
WHAT IF THERE HAS BEEN TALK OF SUICIDE?

It’s hard to hear a young person you care for talk about suicide. If they do, it is important to ask some difficult questions in a calm and direct way. You can ask:

- Have you been thinking about suicide or ending your life?
- Do you have a plan?
- How do you plan to do it?
- Have you decided when you are planning to do it?
- What you are sharing with me is much bigger than us, and because I care for you, I would like to keep you safe. Can we talk to someone at the local health centre so that we can work out ways to keep you safe?

Life’s a journey, you’re important and you have a role to play in your family and community.
Photo by Kathleen Cox Photography.
Case study one: a mother’s story

It can be really hard. Just recently my daughter told me out of the blue on the way to school that she doesn’t want to be here anymore. I remained calm, I asked her “what do you mean love? You don’t want to be here in the car going to school? Here with me?”

I thought maybe she wanted to go live with her father, she sometimes threatens to do that when we have a fight.

But she said, “No, I mean here, I don’t want to be here anymore”.

It really shook me up, but I just pulled up the car and sat there, stayed calm and talked to her, asked what was going on. I just sat with her for a couple of hours and then we drove home. There was no way I was leaving her at school and going to work. I told her how much I love her, and asked if she would like to talk to a counsellor.

She is going to a counsellor now and seems to find it helpful. You can’t ignore their feelings. You have to take them seriously.

Aboriginal mental health worker and mother
WHAT IF THE YOUNG PERSON WON’T TALK TO ME OR REFUSES HELP?

If the young person is reluctant to talk with you or get help, you will need advice from your local doctor, health practitioner, clinic nurse or helpline.

Try to identify people within your family or community that the young person may be willing to talk with such as a:

- family member;
- close friend;
- person from a local sporting group;
- community Elder; or
- local clinic worker.

If the young person does not want to talk to you about their feelings, ask if they would like to:

- make a time to talk with the clinic. Say “this is really important, and this is much bigger than us, let’s make an appointment at the clinic so you can speak with a doctor or counsellor”;
- yarn with a family member or and Elder they trust; or
- phone a helpline.

See sections: Help: Local (31 p) and Help: General (32 p) at the end of this guide for the contact details of services in your local area, and for national supports, including 24-hour helplines.

Take talk of self-harm and suicide very seriously

It is important to understand that even when you do everything you can, the young person may self-harm again. Do not give up on young people, walk alongside them to get the help and support they need; it can be a long journey to recovery.
“Young people need to be empowered to set up their own boundaries, to feel strong in themselves, so they don’t repeat the trauma of their families.”
Colin, young Aboriginal person

Togetherness is life’s teachings, radiating light so one can see ahead, so to never fall.
Photo by Kathleen Cox Photography.
Managing a crisis or injuries from self-harm

If you are concerned about any serious injuries, burns or an overdose, seek emergency medical help around for empty pill bottles, needles, or other risky items. This information will help in getting the right treatment.

“In an emergency dial 000 (police or ambulance) or Lifeline on 13 11 14.”

“There is a lot of distrust with hospitals and doctors in seeking medical attention but it’s really important to reassure young people that it’s worth getting help.”

Nikki, Young Aboriginal person with lived experience of self-harm

“In Metropolitan Areas or Country Towns”

In an emergency, go to your local hospital emergency department or call an ambulance.

“It’s important to get medical help most of the time, to get connected for the mental health side of things, but it is also really important to get help to avoid serious infections including hepatitis C.”

Brad, Aboriginal health practitioner

“In Remote Communities and Towns”

In an emergency, go to the local clinic, 24-hour nurse call out station, ring the police or remote area nurse.

Try to find out what has happened. If the young person will not or cannot tell you, look

If a young person is hospitalised for self-harm, they should be seen by a mental health worker to assess their mental wellbeing (risk to themselves and/or others).

It is your right to make sure the young person has been assessed.
**FIRST AID**

**Cuts and wounds:**
- If the cut is bleeding, apply pressure using a bandage or clean towel.
- Clean the wound with water and apply a clean bandage (make one if necessary).
- If the wound is infected go to a clinic nurse or doctor urgently.

**Scars:**
- If the young person is worried or ashamed about their scars there are creams that may help them fade. Explain that most scars fade over time.
- **See sections:** [Help: Local](31_p) and [Help: General](32_p) at the end of this guide for other places you can go for help.

**Burns and scalds:**
- If the burn or scald is red or blistering cool with cold water for 10 to 30 minutes, then cover with Gladwrap.
- Don’t use ice, antiseptic creams or butter on the burn.
- Burns can be really serious no matter how big or small.

Ring an ambulance or go to the clinic nurse or doctor if the burn:
- is larger than a 20 cent piece;
- looks deep (even if there is no pain);
- involves the airway, face, hands or is between their legs;
- has brown, black or white patches or looks leathery; or
- is caused by chemicals or electricity.

You also need to get help if the young person is having trouble breathing.
Because many young people use self-harm to cope with difficult feelings, it is important to help them find other ways to cope with strong emotions.

Some young people find that joining local sports or social activities and spending time with other young people is a good way to avoid self-harm.

“Feeling seen, heard and respected will help delay the impulse to self-harm, feeling like a valued human being will help young people stay strong and have a strong heart. When you are feeling solid you don’t want to self-harm.”

Maureen, Aboriginal social and emotional wellbeing counsellor

HELPING A YOUNG PERSON FEEL BETTER

You may want to suggest things like:

• collecting bush tucker;
• connecting with animals (e.g. horses, birds or household pets);
• contacting a friend;
• cooking;
• drawing, writing, music or art;
• going for a walk;
• going to a place that feels safe to connect with Ancestors and Country;
• going fishing, camping or hunting – doing something that involves family;
• going to the local skate park, pool, or youth group;
• listening to their favourite music;
• playing video games, cards or other games;
• practicing deep listening;
• practising yoga, meditation, or deep breathing; or
• writing down feelings in a journal.

Photo by Kathleen Cox Photography.
**ALTERNATIVES TO SELF-HARM**

There are a range of safe ways that young people can release painful emotions such as:

- clenching an ice cube in their hand until it melts;
- drawing on their skin with a pen instead of cutting;
- playing sports or doing physical exercise;
- using a punching bag;
- hitting a pillow or other soft object;
- playing or creating loud music; or
- setting goals – having something to look forward to.

“It is really important to have safer ways to release inner pain. Young people who self-harm are hurting – that child inside feels that they are not being seen or heard as going through a crisis.”

Lisa, Aboriginal mental health counsellor

“Breathing is important. Teaching about deep breathing has so many benefits for everyone – it helps people to centre, to slow down and to think clearly.”

Janine, Aboriginal mental health counsellor

Everyone is different. Find out together what works for the young person, and don’t blame yourself or them if alternatives to self-harm don’t work.

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Photo by Joshua Penny, Geraldton Regional Aboriginal Medical Service. Blackboy Rising. “this photograph reminds me of the tops of a grass tree from my father’s Country, Albany. Although it was taken near Geraldton, it took me back to when I was a kid going hunting with my pop and uncles...”
FOCUS ON KEEPING STRONG – BUILDING RESILIENCE

Recovery from self-harm can be a long journey, and there is risk of a setback, which may be beyond your control.

Throughout the journey, remind the young person about their family, their community and their Country – the factors that help keep them resilient.

Trying to help the young person may sometimes be frustrating, but the time when they push you away is often the time that they need you most.

Even if the young person doesn’t seem to be listening, they may consider what you say and talk to you about it later.

Keep letting them know you are there for them and that you love them.

Even through the stormiest of times, the sun will always rise and bring light and warmth to you. Photo by Kathleen Cox Photography.
Case study two: a young Aboriginal person’s story

I didn’t want to be here ... I was in a dark hole, I couldn’t see the light for the future. When you are down in the dark you can’t listen, you don’t want to hear that everything is going to be alright, that people care, because you don’t care ... You need someone to help you to look outside of yourself.

The turning point for me was going to the beach with a friend and looking at the sunset and thinking this is the last sunset I will ever see. Something inside me switched on - that aha moment - I love the sunset. I didn’t want this to be the last sunset I ever saw.

I started to think about how I love my work, my family and friends and my dreams for the future and I found my hope. It was only then that I could really hear the care that was there for me.

You need to help young people find their own sunset moment, connect them back to Country, take them into open so they can open up to the care.
Getting support for yourself

It’s important for you to look after yourself so that you can support the young person to stay strong.

When it comes to getting support for yourself, think about:

• who you want to talk to about the young person’s self-harm;
• their possible reactions;
• balancing the young person’s right/need for privacy with your right/need for support; and
• speaking to a counsellor or calling a helpline about how best to talk with family and friends.

Keeping self-harm a secret can make things more difficult for families and young people to get the help and support they need.

“It’s a really tricky situation. It’s important for families to have support too. Talking to people you trust can help.”
Fran, Aboriginal mental health outreach worker

“After having a yarn you could say, ‘would you be okay if either we, or me as your carer, tell someone else so we can get the support you need’.”
Shayne, Aboriginal youth counsellor
KEEPING YOUR SPIRIT STRONG

It’s normal for family and community members to experience strong emotions, such as guilt, self-blame, shame or anger regarding the young person’s self-harm. It’s important that you look after yourself as well as the young person and your family. Recovery from self-harm can be a long journey, so you need to care for yourself. You can do this by:

• becoming aware of physical signs of stress, such as difficulty sleeping, depression or feeling winyarn (weak, feeling no good).
• asking family and friends for help to talk about your feelings;
• going to your local doctor or counsellor;
• going out with friends or family;
• doing some yarning/story-telling, exercise, or painting;
• connecting with men’s, women’s or healing groups in the community;
• going out on Country, collecting bush tucker;
• only doing the things that really need doing; and
• taking time off work if you can.

Three elements of healing: Through spiritual, psychological and physical connections with Culture and Uthudu (Country), the Arnmanu (Aboriginal people) can develop or maintain a balanced/healthy wellbeing. For together the three are crucial for each one’s survival”.

Photo by Heidi, Geraldton Regional Aboriginal Medical Service.
HEALING AS A FAMILY

When the time is okay, have a yarn with the young person about who in the family should know about their self-harm, and how and what you are going to tell them. Ask if they would like to be included in the family yarn. Set boundaries on the young person’s behaviour and maintain discipline.

If appropriate, explain to their brothers, sisters or close family that the young person is struggling at the moment and, as a family, you need to look after them. You do not need to give details.

Some family members may not understand why a young person would self-harm, so it helps to plan how you will manage different reactions.

Brothers and sisters may feel angry and think that the self-harming is selfish and causing distress in the family. It is important to:

• Let your other children know you are there for them too; tell them you love them and you are there to listen if they need to talk.

• Watch for similar behaviours in your other children – help them manage their feelings: e.g. talking, relaxation, sports or art.

It is also important to look after yourselves as a family, in order to overcome the distress and pain that everyone has experienced.

“Remind your family that they are not winyarn [weak], they are mooditj [solid]. When the dust settles, when the young person is feeling better, sit down and have another yarn. It is important to start the healing journey as a family, to try to understand the underlying feelings that caused the young person to self-harm.”

Nikki, young Aboriginal person with lived experience of self-harm

“It is important to view this as an opportunity to ask the young person if there are things happening in the family that are worrying them or upsetting them. Thank them for sharing their concerns and then be prepared to address them without being defensive. Perhaps do family counselling.”

Lorraine, Aboriginal mental health worker

“It’s about checking in with others and making time for young people.”

Shayne, Aboriginal youth counsellor
Never be afraid of searching for new horizons, you may just surprise yourself with new beginnings.
Photo by Kathleen Cox Photography.
Case Study 3 – a Grandfather’s story of hope

My daughter rang me to tell me what happened. She was very distraught, she found him and got him to the hospital - she couldn’t bear to lose another son...

I went there straight away and I just sat at the side of his bed and put my hand on his. He had his eyes closed. I told him his mother loves him with all her heart. I told him I had loved him since the day he was born, and I had watched him grow into a beautiful strong young man. I told him I was really proud of him and that I wanted him to stay on this earth so I could see him really come into himself - to be the man he was destined to be. I told him, I don’t want to grieve at your graveside too. I knew he heard me, I squeezed his hand and he squeezed my hand back. I feel very hopeful he will be okay.
Help: local

The following Aboriginal community-controlled services have programs to address the physical, social, emotional, and cultural wellbeing of families and young people in Western Australia.

**South West**

Bunbury, South West Medical Service. +61 8 9726 6000.

**Mid West**

Geraldton Regional Aboriginal Medical Service – Suicide Prevention Team. +61 8 9956 6555.

**Goldfields**

Kalgoorlie Bega Garnbirringu – Clinical Services. +61 8 9022 5500.

**North West**

**KIMBERLEY**

Broome Regional Aboriginal Medical Service. +61 8 9192 1338.

Derby Aboriginal Health Service. +61 8 9158 4200.

Kimberley Aboriginal Medical Service and Emotional Wellbeing Team. +61 8 9194 3200.

Kununurra Ord Valley Aboriginal Health Service. +61 8 9180 839 697.

Halls Creek Yuri Yungi Medical Service. +61 8 9168 6266.

**PILBARA**

Newman Puntukurnu Aboriginal Medical Service. +61 8 9111 1777.

South Hedland Wirraka Maya Aboriginal Health Service Aboriginal Corporation. +61 8 9172 0400.

Roebourne Marwarnkarra Health Service – Social and Emotional Wellbeing Program. +61 8 9182 0801.

**Perth Metropolitan**

Derbarl Yerrigan Aboriginal Health Service. +61 8 9421 3888.

Yorgum Healing Services. +61 8 1800 469 371.
Help: general

Help for families and community members

- Professional help: general practitioners, school nurses, counsellors.
- Emergency, police and ambulance. Dial 000 (24 hours a day, seven days a week (24/7)).
- Suicide callback service: +61 1300 659 467. Telephone or online counselling 24/7.
- Lifeline, +61 13 11 14. Crisis support via phone, text or chat 24/7.
- MensLine Australia: +61 1300 78 99 78. Telephone or online counselling 24/7.

Help for young people

- Professional help: general practitioners, school counsellors, school nurses, headspace centres.
- Child and adolescent mental health services or adult mental health services. Most services do not need a referral.
- BeyondBlue, +61 1300 22 46 36. Mental health support via phone, text or chat 24/7.
- e-headspace, +61 1800 650 890 (9am–1am AEST). A free and confidential telephone counselling service for young people aged 12–25 years.
- Kids helpline, +61 1800 55 1800. Telephone or web chat counselling 24/7.
- Lifeline, +61 13 11 14. Crisis support via phone, text or chat 24/7.
- Qlife, +61 1800 184 527. Telephone or web chat 3pm to midnight daily. Offers LGBTI peer support and referral.
- Suicide Callback Service, +61 1300 659 467. Telephone or online counselling 24/7.
- Crisis care helpline, +61 1800 199 008. After hours response to reported concerns for a child’s safety and wellbeing and referrals for people experiencing crisis.
- 13 YARN, 13 92 76 crisis support via phone (24 hours/7 days). 13 YARN is the first national support line for Aboriginal and Torres Strait Islander people in crisis.
Related resources

**AIMhi stay strong app** This app is designed to promote wellbeing by reviewing strengths, worries and the goals or changes people would like to make in their lives.

**Beyond Blue** offers many types of support and healing to strengthen and connect with family and community.

**Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.** The Centre’s resource directory has a range of culturally appropriate resources developed and/or adapted by Aboriginal and Torres Strait Islander people for Aboriginal young people, families and carers regarding suicide, self-harm and suicidal ideation.

**Deadly Thinking** is a one day social and emotional wellbeing workshop to raise awareness about factors influencing depression, anxiety and suicide.

**iBobbly** is an app developed in the Kimberley for use with young First Nations people.

**Love and hope video** is a song about connection and belonging written by Aboriginal people.

**Yarn Safe for Aboriginal young people** is a headspace campaign created with the help of 12 Aboriginal and Torres Strait Islander young people. Its aim is to help young Aboriginal and Torres Strait Islander Australians seek help for mental health.

You are the centre of your inner self.  
Photo by Kathleen Cox Photography
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Sunset from reef. Photo by Kathleen Cox Photography.
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Photo by Kathleen Cox Photography.