Be You in Focus Webinar Transcript

Self-harm in the school setting

Facilitated by Nicola Palfrey, Meg Cordery, Paula Henderson and Hannah Jamieson

Nicola Palfrey (National Clinical Manager, headspace schools):

Good afternoon, and welcome to the broadcast. Thanks for joining us from across the country and I hope you're having a lovely day. My name is Nicola Palfrey and I'm the National Clinical Manager at headspace Schools, and I'll be facilitating the discussion this afternoon.

If you're attending this webinar live this afternoon, you'll be getting a certificate of participation shortly after this. This will come in your inbox in the next week or so and you'll be able to download the certificate within that e-mail. You will also get an e-mail with the resources that have been shared today.

Any of the links and additional information and resources that the pedal mentioned will be sent out to you. You'll also get a recording of the session as well as some Q and A's. We have received thousands of registrations for today's webinar and this shows the interest in this topic.

There will be a recording, available for those that have registered, and can't attend today, or if you want to share it with your colleagues. There will also be lots of questions that have come through in the registration that can come through in the Q&A section today. We will try to group them together and get through as many of them as we can. However, those that we don't get through, we will send out a Q and A sheet afterwards, as well, to hopefully address those. There isn't a chat box in today's webinar, which might be a bit unusual, but you can submit your questions through the Q and A manager, and we'll be sorting through those and feeding them through to the panellists as we are going today. If you've already submitted a question, there's no need to resubmit it. I've got them all listed here, hundreds and hundreds of them that have come through, so we'll do our best to get through those and then let's get on with it.

I would like to start off with an Acknowledgement of Country. I would like to say hello to you from the lands on which I'm joining, which is the lands of the Ngunnawal people, and pay my respects to Elders past, present and emerging. I also want to welcome you from wherever you are joining us today across the country. We know we've got participants from all over the country and we want to acknowledge the contribution that Aboriginal and Torres Strait Islander communities and traditions lend in this space.

Hello to our panellists, all our panellists today are part of the Be You initiative. I'll now introduce the members of our panel, Hannah Jamieson, Meg Cordery, and Paula Henderson.

So welcome. I'll ask you ladies to introduce yourself. So, Hannah, do you mind kicking us off?

Hannah Jamieson (National Education Advisor, Be You):

Hi everybody, my name's Hannah Jamieson, I'm based in Victoria, it's lovely to be with you. I'm the National Education Advisor and have previously been an educator for over 15 years working in secondary schools.

Nicola Palfrey (National Clinical Manager, headspace schools):

Thanks, Hannah. Welcome and welcome to Meg.

Meg Cordery (Clinical Lead, Queensland, Be You):

Good afternoon everybody. My name is Meg Cordery. I'm located in Queensland in the Brisbane office. I'm from Queensland and I'm a social worker by background. Most of my professional career has been working in youth mental health, first in the headspace Centre network with direct practice and now headspace Schools Division! Thanks for having me.

Nicola Palfrey (National Clinical Manager, headspace schools):

Thanks Meg, great to have you along and welcome Paula.

Paula Henderson (Clinical Lead, Western Australia, Be You):

Hi everyone. My name is Paula. I'm joining you from Perth this afternoon. I am the Clinical Lead for Western Australia and my background is occupational therapy. I've worked as a mental health occupational therapist for a number of years, across all different age groups, but I did also spend some time working for eheadspace, so I feel like I've got a little bit to contribute to this topic.

Nicola Palfrey (National Clinical Manager, headspace schools):

Wonderful. Thank you to all of you for participating, and I think it's helpful to have those different perspectives from different backgrounds, direct client service delivery, working in schools, as educators and clinicians.

I asked Hannah, Meg and Paula if they would mind doing it Q&A style, because I think it's more interesting and you also have a wealth of knowledge and discussion often leads to rich conversations. There's been hundreds and hundreds of questions, as I said, but there's some key veins running through those questions, so hopefully we will get through them today.

I just want to take a moment to make sure that we recognize that, as we're going into it, a topic such as self-harm, it's important that we take notice and care of ourselves and others. I want, just before we launch into it today, for you to think about what you are going to do for yourself. Whenever we speak about adversity, difficulties, mental health issues, we all come with our own lived experiences in life, whether it's personally, professionally or in the broader family or friends' network. So, I encourage you all to think about what you can do to look after yourself. If you need to step out at any point, please do so.

If you want to take a little break and not return, you can do that, you'll get the recording, so please, I encourage you to look after yourself. So, creating a safe, inclusive space. Just following on from that, there is always support available. We spend a lot of our lives, as educators, or health professionals, clinicians, thinking about the well-being of others. I encourage you all to think about yourself, and the resources that are available for yourself and your colleagues, as well. When we might get upset distress triggered by something that's talked about. There's no shame in that, we always encourage help seeking in others. So, I'd ask you to extend the same to yourself.

Be You is the national initiative funded by the Commonwealth Department of Health. It's led by Beyond Blue, and we're one of the proud delivery partners as headspace Schools, alongside Early Childhood Australia. And really, our business is to work with learning communities and schools to support and promote the mental health and wellbeing of children and young people. As headspace Schools, we work in the primary and secondary school settings. And the work that we do was always based on the latest and best evidence. It includes online professional learning for educators, and tools and resources to implement a whole learning community approach to mental health and wellbeing. And we also have a team of amazing consultants, as you'll hear from today, who are located and based across the country, in every state and territory.

If you haven't linked in with your local Be You consultant or team, we encourage you to look that up and reach out to us after today.

The vision is very simple: for every Australian early learning service in school is positive, inclusive, resilient community, where every child, young person, educator, and family can achieve their best mental health. So, it's a straightforward mission. As you know, it's not easy to achieve, particularly when you've had the couple of years that we've had here well, globally, really. Certainly, in Australia we've had the full gamut of the kind of adversities- natural disasters, economic issues, family breakdown, pandemics, all of it, and I think it's fair to say that we're all aware and cautious about the impact of that on the young people and children in our lives, as well as our peers, colleagues as well.

Without further ado, I think, it is good to see what we're going to cover this afternoon, so let's get into our learning objectives for this afternoon. As a clinician, myself, having worked in headspace centres, private practice in health settings, I’ve worked with a lot of young people who engage in self-harming behaviours of all types. And this first question - Why on earth do they engage in it?

It’s something that puzzles a lot of adults. So, we're going to try and unpack that a little bit and try and understand what's behind the behaviour that these children and young people are engaging in. We look at some of the myths surrounding self-harm, unpack them, dissect them, and have an honest discussion about it. We’ll look at strategies. What can we do about it if we're worried about a young person who eats suspect, or we know, is engaging in self-harming behaviours in the school setting? And really, importantly, look at the impact on educators of managing these behaviours. So hopefully we'll get that triangulation of what's going on for the young person for families and for the adults in their lives that are supporting them.

There's a lot of language around mental health issues, but particularly, self-harm. When we're talking this afternoon about self-harm, we're talking about people deliberately hurting their bodies. It's usually done in secret and on places not seen by others. So, top of the thigh those sorts of things. People are doing it in private, and their aim is certainly not for others to become aware of this behaviour.

The most common type of self-harm is cutting. I'm sure everyone's heard of, or experience evidence of other people engaging in this behaviour. But there's many other types of self-harm. We had several questions about this before in the registration. What does it include? So, for the purposes of this, we're thinking about these common types of self-harm, cutting, burning, punching, kicking themselves, picking skin or sores, kind of deliberately causing harm to themselves. We could widen the definition if we wanted to. I think we all engage in self-harming behaviours, that sometimes when we're stressed, it might be spending too much money, or drinking too much or engaging in risky behaviours.

But for the purpose of this afternoon, we're talking about deliberate hurting of oneself and one's body. You may also have heard of the term NSSI – non-suicidal self-injury, it's clunky term.

But it's probably what we're talking mostly about today, is an act to harm oneself without the intent to die. So, it's not a suicide attempt. It is usually to reduce uncomfortable or distressing emotions, and it can be repetitive in nature. So, it's an act, in and of itself, the product, not being an attempt on your life. It often is referred to as self-harm or deliberate self-harm. But we just wanted to clarify today, when with the panel, are talking about self-harm, we're talking about NSSI, as distinct from suicide attempts.

The aim for this afternoon when we're pulling this together, we obviously, within Be You, do professional learning ourselves. We try to keep ourselves across all the topics, the emerging topics. What the consultants are saying in schools, what educators are reporting, what the headspace centres for example, are talking about. And self-harm is the topic of the year. It's something that is coming time and time again, that educators are really worried about. The other thing I wanted to say upfront, is, we are well aware of the concern of our primary school age students, and there's a lot of questions about that, so we will be covering off that, to some extent, in this session today as well.

But we're going to start relatively broad, and I'm going to throw to Meg, firstly, if that's OK Meg? It seems like lots of things in the mental health space, but particularly self-harm it is fraught with myths and misconceptions. I was wondering if you could kick us off by introducing us to some of the myths and dispelling them, confirming them, taking us through them.

PANEL SESSION:

Meg Cordery (Clinical Lead, Queensland, Be You):

Certainly thanks, Nicola. You've touched on at least one of them in the description of self-harm, and that was around that question, I guess, is it a suicide attempt, but there are some other common ones. And I'll touch on just a couple of those. So, the first is attention seeking - that it's simply attention seeking, and the other is that it's maybe a phase or a trend. With regards to attention seeking, and we did explore this a little bit in that previous slide, but basically, self-harm is a personal act, and it's most often done in private. It's also done to parts of the body that are often hidden, and not visible. We also know that the most common reason people give for self-harm is to be able to cope with either painful experiences or psychological distress. So, in saying that, most people engage in self-harm to change how they were feeling, rather than to draw attention from others. Research does show that there is a small percentage of people who do report the aim is to elicit a response from others. Essentially, though, I see this as help seeking.

For some young people, self-harm might be the most successful strategy that they have found to elicit support and help from others. What I would say is also harm should be taken seriously, and it should be treated as an opportunity to start a dialog with a young person. Have a chat about what's going on for them. What are their positive coping strategies, and what are their key supports?

In terms of it being a phase or a trend, there's no evidence to suggest that self-harm is associated with any trend. It can and does occur in people of all ages, socio economic status, ethnicities. It is true, though, that it's more common in young people.

It's important to not trivialize or dismiss the behaviour as a phase or a trend, and to say that “they're an adolescent, you know, we can expect this”.

And it's also equally important that young people know, if they choose to disclose self-harm, they will receive a compassionate, and an informed response. The alternative can very possibly create a negative association, with help seeking. And that can have lifelong impacts.

In terms of suicide attempt, which is the last one we mentioned. This one's probably what frightens people the most, is the assumption that a young person is attempting to end their life. In most cases, we know that this is not true. The opposite is true. Self-harm for many people is a way to cope with daily challenges in a way to stay alive. It can be for some a way to gain a sense of control or to feel connected into what's real. I do want to acknowledge, though, that there's a real risk of inflicting more serious injury than intended and it is important also to highlight that self-harm is a significant risk factor for suicide.

So, it's important that we do a thorough risk assessment for any young person who is self-harming and that we use direct questioning to assess for suicide or suicidal thoughts. Finally, I just wanted to add that touching on these myths is important, because there's a lot of stigma and shame around self-harm. And these can contribute to, or be a driver, I guess, of efforts, to keep the behaviour hidden. So, the more that we can educate ourselves around, what is self-harm, and how can we provide an informed response to that.

Nicola Palfrey (National Clinical Manager, headspace schools):

Meg, that's fantastic, I have so many little questions pinging off my head. I've got to get you to elaborate on a couple of key points if that's OK. I'm just wanting you to unpack a little bit for the audience. We've said that self-harm can be kind of, the opposite to suicidal attempt. It's helping people keep, feel contained and alive, but then we say it's a risk factor for suicide. So, can you kind of just unpack that a little bit for me? How they can be associated but aren't associated?

Meg Cordery (Clinical Lead, Queensland, Be You):

Yeah, so, it's not a causal relationship. And what I mean by that is it, just because somebody is engaging in the behaviour of self-harm does not mean that they are necessarily experiencing suicidal thoughts, or that they will one day take their life. We all have risk factors. That's the reality is, in terms of our history and our current circumstances, there will be risk factors for all of us.

Nicola Palfrey (National Clinical Manager, headspace schools):

OK, so that's why that risk assessment is important. So, whilst we can assume that it is, we kind of assume that it isn't either, so we want to kind of go through and unpack it with the young person. That's helpful.

The other thing I just wanted to pick up on is, it works, doesn't it? Like the people engaged in it because it helps. That's the thing that's what's so, counter-intuitive, oftentimes. I'm 50 - adults of my generation - I think I was sharing this with you guys, but I was at uni, my unit supervisor was doing their PhD on "self-mutilation'. And the only population 25 years ago, that engaged in self-mutilation, as it was called, was the prison, male, prison population. So, over the last couple of decades, it's gone from being a behaviour in an extreme setting to mainstream behaviour.

So, I think that's often what some of the real confusion is, because we don't have a lot of parents of adolescents don't have a "Oh, we did that at that age". Not like, they got drunk in the park, or they might have tried smoking or something like that. So, but it does work, there's, you were mentioning there's good reasons for kids doing it, isn't there?

Meg Cordery (Clinical Lead, Queensland, Be You):

Yeah, look, it's a coping strategy. It's a behaviour, it's something I guess we might in a clinical sense, call it maladaptive. It's a coping strategy. And so, the idea is, if that's working for them in that moment, it's not advised that we would ask a young person to cease self-harming immediately, if we were to find out they were doing that. Because unless we're able to equip them with other, helping coping strategies to get through the challenges they face, we may be taking away something that is vital for them.

Nicola Palfrey (National Clinical Manager, headspace schools):

Tt's a good point. And that's a hard thing. I think for people to hear sometimes that we're kind of not trying to squish it straightaway and leads on nicely. Hannah, I would like to jump to you, if that's OK. Thank you, Meg, that was an awesome way to kick us off. Meg is talking there specifically, once you start working with a young person clinically, you can understand the purpose of the self-harm, what other strategies they might have, to manage what self-harm is, you know, handling for them. But what's an educator's role in this space? If they are concerned about a young person, if they, are disclose to, or they suspect that they are engaging in self-harming behaviours? What's the role of an educator?

Hannah Jamieson (National Education Advisor, Be You):

I think, there's some really interesting points there. And I think it's really important to acknowledge for educators that self-harm can feel it's really confronting. Particularly when in a classroom setting, you're trying to manage a diverse group of young people. You might have concerns about whether that young person has told their friends, or whether other people have seen it. I think that's something we will touch on soon. I want to really highlight, for educators, you are part of a management plan with this young person. You're not the sole person to do this. So, I really want to encourage educators to know that it wouldn't be and shouldn't be expected that you're the only person to manage this distress with this young person. So, you know, you might have heard when Meg said “OK, we're not stopping it immediately”. You might think, “Oh, my goodness, this is something that will I have to hold”. It's not that you're part of a larger plan. From an educator's perspective, I'd really encourage you to see if, if we go back to our teaching practice. The self-harm is a behaviour. The self-harm is not a mental illness in and of itself. So, it's around, as with every other behaviour we'd see in the classroom - there's a message behind that behaviour. What is, the message that, that behaviour is trying to tell us?

One of the things I'd really encourage you to think about is, as you develop a management plan with your young person, as you’re part of developing, the management plan around supporting a young person who's in distress is to really think about your own reactions. Quite often, I know that we want to, and I was so glad Meg, that you said that about “How do we ask a young person to stop this?” is quite often as a teacher, we don't want any harm to come to our kids. We have a duty of care. And so, it's around making sure that you're keeping the young person safe while they're in your class, while they're in your care, but that there is a limit to that.

It really is about, yes, you should be available to support your young people, but that there is a limit. You set a limit around your availability and then outside of that time where your duty of care extends that there's someone else to take that on board, whether that be clinicians, parents, carers, whoever that might be as well.

I think some of the things as well, and Meg and Paula, feel free to jump in here, is that, quite often, there can be some shame around, from a young person's perspective around when they have self-harmed.

And so, I think it's really important from an educator's perspective that we don't add to that shame, with layering on that shamed by being angry. You know "What did you do that for that?" kind of really questioning. We're trying to make sense of it, ourselves, aren't we? We want to understand. You know, it seems sometimes, for some people who may not have experienced it, it might seem really counter-intuitive that a young person would want to hurt themselves. So it's really important that we don't come at this situation, and I know, I'm conscious that it's much more easily said than done, but you don't come at it with anger or a sense of "why are you doing this?" Because, like, with a lot of young kids in our classroom, they might not be able to tell us why. They might not have the language to tell us why. And so, I try and see the self-harm as a message. It may not be directed to us, you know, but there's something behind that.

And I'd really encourage you to come at this being really gently curious around what, what part do I have? What small part of, what part of this do I have in helping that young person to be able to communicate better around their distress and their pain?

Nicola Palfrey (National Clinical Manager, headspace schools):

Hannah, the single, biggest question we had out of the hundreds was what to say, what does an educator say? Have you got any tips on actual language?

Hannah Jamieson (National Education Advisor, Be You):

OK, first things first, before you say anything, I think is, no matter how much you're freaking behind the scenes, is try and appear calm, which can be, you know, it's the duck above the water sort of thing. Something around, I think acknowledgment is really powerful. This young person has felt, for better or worse, whether you've noticed it, or they've told you, there is this little opportunity in time to at least acknowledge pain.

And so, it could be something along the lines of "I'm sorry, that this has hurt you", or "that looks painful and acknowledgement or thank you that you felt safe enough to tell me" and "I want to be here to help you deal with this".

There are no promises in that statement or "I am going to...." There's no "We will fix this..." and acknowledgment, something like "that looks like it hurts", or "I can see that you're really upset. I can imagine that this is really difficult". "Thank you for feeling safe to share that", or "I'm here, and I can see that you're distressed". It's the acknowledgment.

Nicola Palfrey (National Clinical Manager, headspace schools):

Thank you and you don't have to have all the answers, right? It's the young person and in the curiosity. I think it's an overused word. But I think as a stance around "help me to understand what's going on, and what I can do for you".

Hannah Jamieson (National Education Advisor, Be You):

There is a message. There is a message there. Like with any behaviour we'd say in our classrooms, it's just something that we film, it's really confronting.

Meg Cordery (Clinical Lead, Queensland, Be You):

I just wanted to add, I love these two terms, I guess for an approach is non-blaming and respectful, curiosity. I just wanted to add those.

Nicola Palfrey (National Clinical Manager, headspace schools):

Yeah, thank you. Paula, welcome. I'd love to hear from you. One of the other most dominant questions or themes or questions coming through is families, and I feel like I'm throwing this one to you, maybe off script a little bit, but I think we have talked around it. But, any strategies, again, language, what's the best way to engage parents and speak to parents about their children if they're not interested, if they're resistant, if you think they're going to be angry about it? All those things that Hannah has been talking about that you don't want to do as an educator. Any tips for engaging parents in these conversations?

Paula Henderson (Clinical Lead, Western Australia, Be You):

I think Hannah raised some really great points, which I guess can be similar tips for families and parents as well, but acknowledging that yeah, it is a really difficult topic, and it's going to be quite emotive as well. I guess, as, educators, when you're speaking to families or parents about concerns of the young person's behaviour, would that be self-harm in this instance, kind of going into that conversation, knowing that it is going to be fairly tricky, but, again, don't feel like you need to have all the answers. Because I can tell you right now, that even as professionals, in different circumstances, different scenarios, even if, you know, we've all had many young people over our time working professionally that have self-harmed. Yeah, I can tell you now that each of those different young people had a completely different set of scenarios and situations, personally. So, it's never going to be a one size fits all. So, acknowledging that, you have concerns, and that, having that empathetic ear, being willing to listen, and being willing to really understand potentially what that family situation is and what they're going through. So, you may be surprised to find out or maybe not that maybe having these conversations with families, this information might not necessarily be new to them.

They may have an inkling that something's not right with a young person. And obviously, they're well placed to know that to being, in that really close family relationships. You may find some mutual ground there if there's, I guess, replicated concerns from yourself as an educator, and also, the family. But, similarly speaking, there may not be, either. So that, that conversation might, you might be bringing something new to the table that they may not be aware of. And so, knowing that, that is an emotional topic, and looking after yourself around that, and never feeling like you're alone in that either.

I guess my advice to educators would be if you're feeling like this is something that's really burdensome, please do feel free to reach out. And that could be with a supportive colleague. It might be, so you're not holding all that risky yourself, or not holding all that information and that relationship yourself. It's a shared care arrangement with the school and the family and the young person. And if that, you know, for a lot of people, that will go a long way. But if it doesn't, and you're still feeling personally impacted by your work, there's absolutely no shame at all in, in seeking professional support, as well. For educators and people in the workplace, that often can be like your employee assistance program. Most schools will have something like that set up, that employees can confidentially access and talk to someone professionally around what they're experiencing.

So it goes hand in hand, in terms of our stance, around wanting to establish a mentally healthy community and school culture, where it's OK to speak up, and it's OK to help seek, in fact, that can be a real sign of strength and a positive. And as an educator, and as an adult, in that circumstance, what a great sort of role modelling you can do to model, that kind of self-care as well for young people. I know you are logged on today, because you're interested in this space. Hopefully, you are looking at strategies from a whole school perspective as well. So, if you're thinking about it in that lens, you know, that also makes sense to be able to try and work on a systems level and also at the individual and family level.

Nicola Palfrey (National Clinical Manager, headspace schools):

I think that's interesting. This parallels across all the different levels out there, in terms of self-care and looking after yourself and so forth, and young people can't self soothe or regulate until they are taught the skills to do. So, you don't come out of the womb of those skills. And so, self-harm can often be an indication of a deficit in that space that you don't actually know when things are really tough, how to, to stop feeling distress, and that goes across, as we said, all levels. The other thing I'm wondering, Paula, can families feel shame about as well? But they might be embarrassed that I didn't know that can reflect on their parenting or something if the young person's engaging in this behaviour.

Paula Henderson (Clinical Lead, Western Australia, Be You):

Yes, for sure. Yeah, that can be quite a common reaction. And it can be quite shocking. Particularly, like I said before, if they, if this is new to them or they hadn't had any kind of awareness because we know that young people can be quite secretive with this kind of behaviour. So, it may be a shock to them and it's OK if that's the case. So, taking some time to process your own emotion, and I really like what you said, just now Nicola, it reminded me of something.

I pulled up a quote today as a, I guess, a point to kind of come back to, around what we've been discussing with emotional regulation. That being a learned skill is that, I guess, “Remembering that the healthy expression of emotion is the goal for everyone involved with the young person, not just the young person themselves”. Yeah, and I really liked that, and it is something that we can all strive to do better with when it comes to regulating our emotions, and for young people that are self-harming, unfortunately, that has been their learned behaviour over time, to manage really distressing emotions. We know that over time, if there's willingness to change, that we can learn other ways to manage and process really challenging emotions, and how better to do that as adults to model that to young people as well.

Nicola Palfrey (National Clinical Manager, headspace schools):

I like it, it’s like the collaborative problem solving, and when I was learning about that, it was my favourite notion of young people. This was in the space of trauma informed schooling, but the same stuff. So, kids' behaviour, their behaviour, as we said, everything they do is communication. It’s often a lack of skill, not a lack of will. So, it's a skill deficit in being able to concentrate or to feel safe or to express emotions in a way that is more acceptable or not wilfully wanting to be the most distressed kid in the class or the most disruptive. So, it's a skill deficit which when we frame it like that, we often feel like we know what to do as adults. Oh, I can work with you, If I know, if this is something, I can help you with.

Thank you, guys, I'm just aware this is a great topic, I'm going to dive a little bit into what we can do. So, we talked about that, Paula I'm going to come back to you, Meg. What can we do? We've talked about it being, you know, self-harm, People engage in it for a whole range of reasons.

Are there common threads, though, in terms of how we can support young people to move on, and, and find alternate strategies than self-harming.

Meg Cordery (Clinical Lead, Queensland, Be You):

Yes, certainly. I think, I'll just want to re-iterate my point around, as much as we might like a young person, to cease that behaviour immediately, once we become aware of it. I guess, it's the long-term aim. Yes, but it's unrealistic to expect that every young person will be able to do that immediately. So, in saying that, I think our first aim will be a harm minimization approach, and what I mean by that is thinking about, how can we reduce harm.

So, there's many parts to that. One might be around how do we take care of injuries or wounds? How do we ensure that any things that we might be using to cause injury are disinfected and clean? That we might be thinking about education. So, talking with a young person about, you know, what function does this play in their life? What role does it play and what other coping strategies do they have that we might be able to bolster? Who are their key supports? Essentially, we're looking at safety planning and building in those key supports into that process.

Nicola Palfrey (National Clinical Manager, headspace schools):

And if does the educated do that, or is that the role of other professionals to kind of do that safety planning?

Meg Cordery (Clinical Lead, Queensland, Be You):

So, I would certainly think that would be a well-being staff member in a school system, so potentially in a government school, maybe a guidance officer. In a private school, maybe a school psychologist. So, I would think that that could be the role of that work, that wellbeing staff member, but also, that could also be the role of the clinician. If a young person is willing to engage with a clinician, or an external mental health provider, then they might actually be the one who's best place to do safety planning with the young person, and then it would always be encouraged to have good information sharing processes in place with schools. Being mindful of confidentiality.

Nicola Palfrey (National Clinical Manager, headspace schools):

Sure. So, Hannah how can educators know what to do then? How do they intersect with a safety plan?

Hannah Jamieson (National Education Advisor, Be You):

I think that's a really important point, is having, as part of developing that plan, and whoever the main person is, they're developing it.

So let's say it's the school psychologist or a counsellor, the external psychologist to make sure that the lines of communication are open, so that the educators know, as much as they need to know, and it might not need to be everything. But then, that they know what the plan is.

If a young person is still self-harming or self-harms in the class, or is showing wounds or discloses further injuries; that taking your point Meg, that we can't cease this behaviour immediately is around, OK, what steps does a clinician or parents or caregivers feel needs to happen? So, do I need to let somebody know? So, young person has shown me further injuries, or let me know, and I should, as an educator, as part of this plan, is around “ok, here are any additional steps and what do I need to do - is to let parents know”. Is there a conversation or something that I could be part of?

So, it's really important that when we do our safety plan that the educator is included in if they come across information, what do they need to do from there? Absolutely.

Nicola Palfrey (National Clinical Manager, headspace schools):

Certainly, when I've worked with young people in schools and it's worked well, it's that sharing, which is around empowering the young person to use their own strategy. Because part of that training, the support is training oneself to notice distress. That you can activate stuff. So, working in that team can be really helpful.

Hannah Jamieson (National Education Advisor, Be You):

If a young person can feel that they can say: "No, this has been a really, really tough day for me. Last night I'd injured myself again or hurt myself last night. Today's a really tough day. Can I have 10 minutes of this time? And this is with secondary aged kids - "I need to go for a walk, I need to do some colouring in. Can I listen to my - I'm was going to say my iPod? That shows my age, doesn't it? "Can I listen to music, while we're doing the work in class? Because these are the strategies, that are going to help me". So, yes, if they felt safe to tell me about what's happening for them, they might have to access to other supports, I might say, I'm going to, to see one of the clinicians at school, or I've got an appointment. Or mum knows, or my GP knows.

But here at the other things, I'd also like to try, and that might be stuff that you, as an educator, you can be really well placed to notice, where we're very good at noticing the things that work for kids. I want to kind of come at this with the strengths base. We know the things that kids are really good at. And so, you might say, "Hey, I noticed that you're really into your music. Would that be one of the things that could help?" Because when our young people are distressed and they clearly are when they're self-harming, we could help with those suggestions. Because I might not be able to access them at this stage.

Nicola Palfrey (National Clinical Manager, headspace schools):

No one can. When you're distressed, you can't access your frontal lobe, so you can't remember, any of the strategies that work for you, so you need to be reminded.

Hannah Jamieson (National Education Advisor, Be You):

As an educator. Sometimes you can feel really powerless, can't you? That I just want this to stop. I want this young person not to hurt themselves. So, we can feel useful somehow, in saying, I could help you know, I know this can't stop immediately, but here are some other things that I've noticed you've done to calm yourself that could, that can help you to feel useful as an educator.

Nicola Palfrey (National Clinical Manager, headspace schools):

And it could be running up to the front office and delivering some notes, taking a long walk back. Do you know what I mean? It doesn't have to be super clinical or difficult.

I'm going to ask one really quick, to whoever wants to cover it, and then I want to dive into younger kids. Wounds: What does it mean? There are lots of questions! Do we ask kids to cover up? What does it mean if they don't cover them up? Is it a good sign? Is it a bad sign? Who wants to take that one?

Paula Henderson (Clinical Lead, Western Australia, Be You):

It's a very difficult one to answer because again, it's individualized, and I feel like there's not one size fits all approach, or one rule that applies to all. So, there's a few things to consider here. I feel personally for me there's a difference between when I'm thinking about the wound healing process. There is a difference between fresh wounds that are needing to be dressed, and when there's still an active phase of healing versus those that might have healed and will have scar tissue or you might see the faint remains of a scar that will fade over time. So obviously, that makes a difference because it will make a difference to the physical appearance of the wound and where that's placed on.

As an example, we're talking about like the forearm and things. So, you know, a jumper might cover that up at school or it may not, depending on if it's summer for short sleeves, those sorts of things. There is a need for some degree of openness in terms of an educator being able to discuss this with the student that has self-harmed is what is really needed, in this case. Because you'll need to try and understand where that young person is coming from. And you'll also want to be able to have, hopefully, an open and understanding conversation about why this might be particularly tricky. And what I'm getting at here is that when young people are showing their self-harming scars, obviously it can be something that other young people will pick up on and there'll be some natural curiosity. Or there might be some comments made. “What happened to you? Have you been cutting yourself? You know, what's happening there?”

Because we know that young people really like to talk, and peers are obviously really important to their friendships and their general sense of well-being as well - wanting to be accepted and all that sort of stuff. So, in terms of there being a blanket rule, I guess, you know, that's going to come down to each individual school and their own policy.

But my take home message with that would be to try to be as open as much as possible, to understanding what is happening for that young person, and what their preferences are. So even if that doesn't at the end of the day, align with the school's policy around covering up or not covering up the injury, at least you'll be able to invite some openness around why that's happening. And that goes a long way to validating that person's distress and why they might be self-harming in the first place. But we also understand that a visible scar for others can spark some curiosity. And we're trying to, where possible, minimize exposure for other young people because it can be distressing to see scars, open scars. And there might be some questioning around that.

But I also wanted to mention that, and this is something that probably, usually, takes place after a bit of time and space from recovering from self-harm, so to speak. So perhaps that young person has worked really hard on coming up with alternative strategies to their self-harming and it might be something that they're not actively doing anymore.

But the scars might still remain, so also acknowledging that for that young person that might actually be a marker of success, so to speak, of how far they've come in their recovery journey. So, we don't want to minimize that either, because that's often going to be really tied up with that person's sense of identity. And it might add to somebody that stigma around there being shame attached to self-harm. It’s really a tricky space, and I probably haven't given you a clear answer, but I'm bringing a few things to think about when we're addressing the young person, but we're also addressing it from the school's perspective, as well in terms of policies and things like that.

Nicola Palfrey (National Clinical Manager, headspace schools):

I think your answer is great, Paula, because I think it's the right one (answer), which is it depends.

And the other thing I would add is, I mean, I certainly have young people who attend to swimming carnival in Year 10 in a time when they haven't done so the whole time, because they were too embarrassed by their scars and wounds was a major event in their life. However, they will also open to a conversation, which that might impact other young people.

So, we also have to give young people credit that if we speak to them about these things, that we're really glad for you, that this feels like a success. But in this setting, we’re a bit concerned about X, Y, or Z. So, we've got to give young people credit too, that they will have conversations, and they will be concerned about other people, so we can have conversations.

There is one question. I think there was a straight yes or no answer to it. I'm going to answer it. One of the questions is, if we suspect a young person is self-harming and they're wearing long sleeves under the uniform, should we demand they pull up their sleeves. The answer is no.

We did not do that, as it’s not going to get us anywhere. How would you feel if somebody did that to you? So, I think this question comes from a place of distress. It comes from what do we need to know, what's our (an educator’s) the duty of care? What do we need? And I've had lots of young people who have had those experiences, (such as) why are you wearing that? It's boiling hot outside, you know, take that jumper off. Do this, do that? No, it's going to push people away, and leaves them on their own.

Meg Cordery (Clinical Lead, Queensland, Be You):

Its intrusive, I think it's quite an intrusive thing to do and not giving the young person any agency.

Nicola Palfrey (National Clinical Manager, headspace schools):

That's right, it’s much better to say “I'm concerned about you. Can we have a chat?”

Hannah Jamieson (National Education Advisor, Be You):

I think one of the things that is (a takeaway) from here for, for educators is to really make sure that they have an understanding of what the school’s policies are. Or if they're a department school, what the department's policies, and for school leaders who are here today, I think it's really important to start thinking about what needs you might have identified around staff training.

So, one of the most important things that can come out of this is helping your staff to understand about self-harm. So, from this, how are you going? What further training can you access for your staff? Who might need a bit more of an in-depth training? And what should the majority of our educator population, what mental health, general mental health literacy training can we have?

So, there might be layers of depth around what, different parts of your staff may need to access. But having a chance to really have a think about your school's policy, so that you're clear on who does what. And what happens.

Nicola Palfrey (National Clinical Manager, headspace schools):

Thank you. I want to make sure we cover two key areas.

So, one, maybe we can cover off succinctly, if possible, is the risk of contagion. Meg are you happy to chat to that quickly. Is it catching? Does self-harm of one young person lead to increases in self-harm in other young people?

Meg Cordery (Clinical Lead, Queensland, Be You):

So, we know that exposure to self-harming in others, whether that be family or friends, does increase the risk of self-harm in adolescents. And we also know that's particularly true for young females and for cutting. There are various reasons for that, the obvious one is that they are drawn to each other through shared experience. The ability to relate to one another. Potentially there's an element of experimentation during adolescence or being accepted into a peer group. But what I just wanted to end with is, it's (self-harm) a behaviour. So, for it to become a pattern of behaviour, it needs to serve a function or meet a need. There may also be a point of experimentation for some young people, but unless it serves the function in terms of coping with a challenge they're experiencing, it won't become a pattern or recurrent.

Nicola Palfrey (National Clinical Manager, headspace schools):

Yeah. It's true. I've heard lots of people say, 'I've tried it (self-harm), but it didn't work', and we are like 'good'. Primary school aged children. This is one we've had lots of questions about chatter. So maybe just leaning into it this way, and then we'll get a bit more in depth into it. But for primary school educators who are tuning in today, if they hear kids talking about self-harm or suspecting that other kids (are self-harming), 'how do we intervene? what do we do? what should our response be?' Is it any different in a primary school setting than it would be in a high school setting to, for just that bit, to start off with? And then in terms of kids on the playground or kids in class chatting about self-harm?

Meg Cordery (Clinical Lead, Queensland, Be You)

I just wanted to say, for me, all discussion of self-harm should be redirected to a one-on-one space. It's not appropriate to intervene or have group discussions about self-harm because that does increase exposure, and therefore, risk. So, yeah, redirecting to a one-on-one space, and in a primary school setting for me, I think that parent or carer involvement is essential. It's developmentally unusual for that age, even though it is increasing in prevalence anecdotally. But, yeah, we certainly would need to see the family as a key support and part of the management plan.

All:
(In agreement)

Nicola Palfrey (National Clinical Manager, headspace schools):

I think, we've already mentioned that self-harm equals distress in the adults that realize that young people are engaging and it never more so in younger kids. I think all of us are aware of that. We get contacted about it, you hear about it in professional development, there's kind of a younger and younger people getting really, really distressed at young kids engaging in these behaviours.

Paula, what can we do? Is there again, is there a difference in approaches for working (with primary school aged children). Meg has talked about some of them, I think that that redirecting and one-on-one conversations are great.

She mentioned families, can you elaborate on that, and how you might work with young people or person in primary school that might be talking about engaging in self-harm or engaging in self-harm?

Paula Henderson (Clinical Lead, Western Australia, Be You):

I think it's probably not, I mean, obviously we need to be sensitive to the younger age, but it's not from an educator's perspective, I wouldn't think as too different to what you would do in a secondary school, because as Meg had previously mentioned any talk or witnessing of scarring or suspicions of self-harm needs to always be taken seriously. So, having some further conversation around that, but, you know, with a family or what can they do to support their young person.

And I have mentioned particularly, because it is obviously a younger cohort that we're talking about, getting some professional help would probably be one of the key things that would be discussed or encouraged, as we can't force families to do that. But encouraging professional help. So as a school, it can be handy to know what other local agencies and services are out there that you could potentially refer to or give you information about. And again, being that source of information, so you can equip yourself with the right tools and information about self-harm. So even coming along today, getting a basic understanding is going to go a long way to be able to have those, or increase your confidence to have those conversations with families. So, I guess I'd encourage people to keep being curious; keep finding out information after today. There are some great fact sheets that have just been developed on the Be You website about help seeking, so, how to navigate the mental health system. So, if that's something that you want to learn more about, because, let's face it, like a lot of health care systems, it does change quite can constantly.

So, having your head around that, even just from a basic perspective around what would your first point of call be? So, for example, a family might want to take their young person or their child to a Family doctor or a GP for an initial assessment before some further professional support. And then from there, further referrals might be made to other local agencies that specialised in mental health. But that can often be a good place to start, and even just having a general awareness. So, for example, that children as well as adults obviously entitled to a mental health care plan from a GP as well, which allows the Medicare rebate concessions with a professional mental health worker.

Just having some basic knowledge can be helpful, and powerful too. So, don't assume that, even if it seems like common knowledge to a lot of people, this might be the first time that you have to actively seek mental health support. So, it's a whole new kind of world and system to have to navigate, which sometimes can be a little bit confronting and daunting, at first.

Nicola Palfrey (National Clinical Manager, headspace schools):

Yes, daunting and I think for little kids, primary school aged kids. The good thing to say is that it can be well managed. You know, that's, I think that's another message.

The other thing we really are almost out of time, it's going really fast, is one of the things about kids talking to other kids. I think one of the really important things that we talked about in setting this up, was with thanking the child and letting them let go of the responsibility. So if the primary school aged kids tells you (as an educator, or an adult) that “Joey” is hurting himself, (say as an educator or adult) thank you so much for letting me know and we’re going take care of it, we're going to take care of him and checking in with them and making sure they're OK. And being very deliberate and specific that this is no longer their (child’s) burden to hold. And I would say that goes up through adolescence as well, but particularly in Primary School.

Hannah Jamieson (National Education Advisor, Be You):

(It’s important to) not making assumptions about the young person. Whether it's primary or secondary school, and I think about following up. We talk about this ‘chatter’, particularly if we are hearing it in primary schools. Follow up on the rumours, so if someone saying, I saw this, or I heard this, or I saw this happening on social media, we (the educator) have to follow that up. We can't leave it be. I know that for some educators, what you might be dealing with is parents who are coming (to you) and saying my young person isn't self-harming but they're seeing their friends are self-harming.

And I think it's really about; I know young teenagers particularly can be really cross with us when we have to raise this with other young people's parents and making sure that you're emphasizing to young people if they share concerns about their friends, there are some things that they can't keep confidential. Yes, they might be really angry. So, your friends might be very angry that you've told someone about this, but you've actually come from a place of caring. I think it's, there's some things we can't keep to ourselves, they’re too big, and this young person needs further assistance.

Nicola Palfrey (National Clinical Manager, headspace schools):

Thank you, yeah, I think it's really important, they (the young person) get cranky, but they get it, because it shows care. Meg, anything you really wanted to say, that we haven't had a chance to say.

Meg Cordery (Clinical Lead, Queensland, Be You):

Self-harm should be taken seriously; give a young person agency. Help them make an informed decision about their actions, about whether they expose others to self-harm. To help they share information, help them make an informed choice.

Nicola Palfrey (National Clinical Manager, headspace schools):

Thank you. And Paula, any last thoughts?

Paula Henderson (Clinical Lead, Western Australia, Be You):

There were still some topics that we didn't get to, which is totally fine. But I guess my final message would be don't forget yourself in all this. Make sure you actively look after yourself, because obviously, we are talking about a topic that can be distressing. And you know, it is important that now it's a bit cliche, but you obviously can't fill from an empty cup. So, make sure that you are taking time out from your work life to try and get that balance. And if you notice that that's running low, have a few key things that you can go to, like you would encourage young person.

We talked earlier about you know you want to be some other activities that we could do to kind of either use as a bit of a distraction or to use as another way of processing difficult emotion until that kind of dissipates. Well, it's the same for us (educators).

If we're noticing our stress levels are increasing, what are those warning signs that we might not be coping so well, and if so, what are some things that we can actively put in place. And I know that in these times particularly as you mentioned at the beginning Nicola, at about the rough sort of 12 months plus that we've had. It's easier said than done.

But, you know, we can be that great role model for young people, and children. So, let's start with ourselves and go from there.

Nicola Palfrey (National Clinical Manager, headspace schools):

Excellent point, Paula and we didn't get to everything. We will send out the Q and A's for key topics that we thought we haven't covered when we have reviewed the questions. But I want to thank our panellists. It felt like a flying start and went super quick. I really enjoyed the conversation. I thought it was fantastic to hear from all your perspectives. It could have gone on for another hour. But thank you, Hannah, Meg and Paula.

It's done. And you can relax now. I want to thank everybody who's joined us, over 900 participants, which is amazing. Be You have resources we've recommended: both Be You resources and external resources, which you will see on the coming slides.

Be You offers a whole range of resources and supports from program directories to access to consultants, to implementation, to suicide prevention and postvention work. I encourage you to check it out, and be in touch, if you have any further questions.

The resources, as I said, the Be You resources and the subsequent resources, sorry, external resources from other agencies, including some apps, is available in a list in the resources and will be sent out, as well with the information Pack.

You can learn more about Be You - to register, visit our website, or follow socials. And you'll be across different settings, early learning, primary and secondary schools, as well.

And finally, I want to thank you all for coming. I encourage you to complete the survey. It really helps us, and it'll pop up at the end of the session. I really encourage your feedback. We want to make these sessions as useful as possible. I know it feels rushed at the end. We just wanted to get the content out there, so you will receive an email containing the link to the participation certificate, the recorded webinar, resources, recording FAQs, so on, and so forth.

Please visit our website for further resources. Otherwise, thank you, and take care.

END TRANSCRIPT