



# PROJECT AIR

A PERSONALITY DISORDERS STRATEGY

## Project Air Strategy for Schools

**Young people with complex mental health issues**

**A whole of school approach to understanding and responding to emerging personality disorder, trauma history, self-harm and suicidal behaviour and difficulties with identity, emotions and relationships**

### Part 1

**Identifying, understanding and responding to young people with complex mental health issues**



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OF WOLLONGONG  
AUSTRALIA



# Learning outcomes

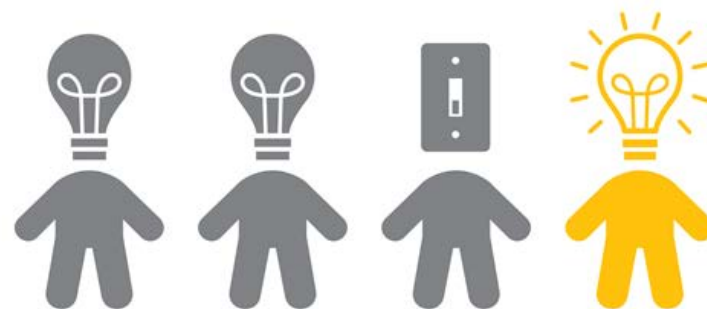
## Develop:

- An understanding of young people with complex mental health issues
- An understanding of the different roles of teachers, welfare team, school counselling staff and health workers in supporting intervention and treatment
- Strategies to engage and support a young person



# Resource orientation

## Working with young people with complex mental health issues



Understanding and responding to emerging personality disorder  
trauma history, self-harm and suicidal behaviour and  
difficulties with identity, emotions and relationships



## Personality disorder in young people – the facts

Everyone has a personality. However, this may become a personality disorder when personality traits become pervasive, inflexible, and deviate markedly from cultural norms, causing significant impairment or distress for the individual.



### Common experiences of young people with emerging personality disorder

For a young person with emerging difficulties the ordinary challenges of adolescence and young adulthood are heightened. Emotions are felt more intensely and interpersonal relationships can be particularly challenging. It is common for young people experiencing emerging difficulties to feel misunderstood, hopeless, and confused as to what is going on for them. If a young person is experiencing emerging symptoms, they may not understand what is happening or why their journey towards adulthood is more difficult than that of their peers. It is important to recognise that young people may be experiencing these unique challenges and require a caring position that is centred on compassion and understanding.

Young people with emerging difficulties often resort to unhelpful behaviours to manage their emotions such as self-harm, drug and alcohol use, binge eating, social withdrawal, aggressive behaviour, and risky sexual behaviour. While these behaviours result in short-term relief by numbing overwhelming emotion, over the long-term they lead to increased distress and poorer functioning.

Problems with emerging difficulties may also be confused with conduct disorder in young people. A key difference between these disorders is that people with conduct disorder violate societal norms and the rights of others through aggression, destruction, and deceitfulness. On the other hand,

people with personality disorders often do not realise the consequences of their behaviour. The message that they are trying to send through their behaviour is often misinterpreted as manipulative, attention-seeking or empty "bad" behaviour. In reality, what the young person is often communicating is a need for attachment and for their pain to be heard.

### Early warning signs of emerging personality disorder

- Unstable self-image
- Frequent mood swings
- Self-naming behaviour
- Difficulty regulating emotions
- Preoccupation with real or imagined abandonment

- Excessive self-criticism
- Disruptions in attention
- Impulsivity or risk-taking
- Abuse of drugs or alcohol
- Thinking about death or suicide
- Social isolation and difficulty making friends
- Aggressive behaviour or high irritability



## Key principles for working with young people with complex mental health issues

- Be compassionate
- Listen and validate the young person's current experience
- Take the young person's experience seriously
- Maintain a non-judgemental approach
- Remain calm, respectful and caring
- Engage in open communication
- Be clear, consistent and reliable
- Convey encouragement and hope
- Monitor your own internal reactions
- Do not misattribute extreme distress or impairment as "normal" adolescent difficulties
- Create a welcoming and understanding environment that encourages open discussion about mental health among young people and adults
- Work collaboratively with the young person, parents, guardians, schools and health professionals
- Be aware and supportive of diversity in identity and background, including the Indigenous, culturally and linguistically diverse (CALD), and the LGBTQIA (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual) community
- Prioritise the education of the young person, including school attendance and completion of school work
- Support and make reasonable adjustments to assist a young person's return to school after a mental health emergency
- Reinforce the young person's strengths and resilience while implementing trauma-informed care where appropriate

## Self-harm: how to respond

Self-harm involves deliberately harming oneself physically via cutting, burning, hitting, scratching, biting, or consuming harmful substances. A young person may engage in self-harm behaviour without suicidal ideation. However, self-harm is a risk factor for suicide and consistent responses founded upon compassion are therefore required.

### Why do young people self-harm?

Self-harm often used by and control difficult and overwhelming feelings or to gain some kind of relief from emotional pain. It may also be used to express anger, to feel 'something' or to communicate a need for help.

Young people who self-harm may have been experiencing a range of problems:

- Difficulty getting along with family members or friends
- Feeling isolated or bullied by someone
- Relationship breakup
- Current or past physical, sexual or emotional abuse or neglect
- Loss of someone close such as a parent, sibling or friend
- Serious or ongoing illness or physical pain

Research indicates young people are especially at risk if they have these additional characteristics: have a personality disorder or other mental disorder, Aboriginal or Torres Strait Islander background, LGBTQIA, in out-of-home care, female, or live in a rural area.

### How to respond

Talk to the young person in a compassionate way, and ask them what is going on for them. Assess the risk using the flowchart below and make a plan for the person, which usually includes referring the young person to the appropriate care and welfare support.

It is important to note that a young person who self-harms may experience shame and self-loathing about their behaviour. It is therefore vital to have these discussions in a caring manner that highlights the struggles that the young person is going through and provides opportunities for support from adults.

### Strategies for managing social contagion

Social contagion refers to the process whereby one instance of self-harm within a school or community increases the likelihood that other instances will occur. Students with complex mental health concerns may be more vulnerable to social contagion and self-harm because they may believe it to be an effective coping strategy.

- Provide a safe and confidential environment for students to share their feelings and issues
- Educate young people on identifying distress in themselves and teach positive coping skills
- Aim to increase the protective factors in the young person's life
- Inform students about professional help and where it is available in the school setting and outside of schools
- Talk to students who self-harm and their parents/careers about the importance of keeping visible signs of self-harm private
- Identify and monitor young people at risk, and provide one on one support where appropriate
- Ask students who self-harm to refrain from discussing it with other students
- Discuss concerns with parent/careers, unless making contact would place a student at risk due to child protection issues
- Provide parent/careers with information about self-harm and support options for families
- Educate students on the appropriate use of social media and the dangers associated with the internet (for example, how quickly posts can go viral)



## Diversity in young people

We are all different. Our family history, culture, language, sexual orientation, and gender identity all shape who we are. It therefore influences the way we perceive, treat and acknowledge mental health as well.

### Complex mental health issues and diversity

It is important to consider the influence of diversity within the school and broader community and how this may be influencing the mental health of young people. This will facilitate a greater understanding of the needs of a young person with complex mental health issues, inform conversations and interventions in a way that is culturally sensitive and recognises these differences can assist.

### Who is at risk?

Although every student will have unique life experiences, there are particular groups that are at a significantly greater risk of experiencing mental health outcomes.

### The Australian Aboriginal community:

- Are twice as likely to experience high or very high levels of distress
- Are three times more likely to be hospitalised for intentional self-harm
- Have a suicide rate which is twice as high than that of non-Indigenous people
- Community prevalence surveys have reported rates of between 4-16% for personality disorder in remote communities

The British colonisation of Australia has had major impacts on both physical and mental health including the introduction of new diseases, the removal of ancestral land, and loss of Indigenous culture

- The forced removal of Aboriginal children from their families and placement in institutions (Stolen Generation Policy) had devastating impacts on Indigenous culture and the mental health of not only the individuals directly involved, but the ongoing and future generations of their family and community
- The interconnected issues of cultural dislocation, personal trauma, grief, loss, and the ongoing stresses of discrimination, racism, alienation and exclusion are acknowledged to contribute to the heightened risk of mental health problems, substance misuse and suicide for Indigenous people

### Culturally and linguistically diverse (CALD) young people:

- May experience significant barriers to accessing mental health services
- Adapting to a new culture can be highly stressful when there are broad differences in beliefs, language, values and customs
- Help-seeking patterns vary across cultures, with ethnic minorities often less likely to seek mental health treatment and more likely to present in crisis
- The impact of migration and resettlement leave young people vulnerable to higher rates of post-traumatic stress disorder, depression, and psychological disturbance due to the impact of displacement and resettlement
- Many refugees have also experienced war and trauma, often resulting in the loss of family members

This impact is also felt by second-generation CALD (i.e. young people born in Australia but their parents were not), who are likely to face specific issues to do with self-perception and being caught between their 'her' culture and that of their 'family' culture.

### Lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual (LGBTQIA) community:

- 50% of the abuse (physical, threats, and other forms of homophobia) young people from this community face occurs in schools
- Are more than twice as likely to have anxiety disorders
- Have higher rates of depression and mood disorders
- Have a higher prevalence of suicidal thoughts, plans, and attempts
- Have a lifetime suicide attempt rate of 31%



## PROJECT AIR STRATEGY FOR PERSONALITY DISORDERS

[UQW](#) > Project Air Strategy for Personality Disorders

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**2017 PERSONALITY DISORDER CONFERENCE**



**SUPPORT BPD AWARENESS WEEK**



*Thank you for visiting the Project Air Strategy for personality disorders. We are enthusiastic mental health workers, consumers and carers looking to improve the lives of people living with a personality disorder. For us, AIR symbolises life and hope, and is something light yet powerful. The gonzo on our team thinks it means "Affect Integration and Recovery". We just hope it is helpful.*



### JUST IN

- [2017 Treatment of Personality Disorder Conference - Save the Date](#)
- [New Video - Implementing the Project Air Model](#)
- [Latest research - Do people with Borderline Personality Disorder recover?](#)
- [Air Notes 7 2016 - our latest newsletter](#)
- [Lived Experience - Sonia's Story](#)

### SCHOOLS SKILLS INTERVENTION



**Schools, Teachers & Students**

### PARENTING SKILLS INTERVENTION



**Parenting**

### FAMILY & CARER SKILLS INTERVENTION



**Families and Carers**



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? **NEED HELP**

### OUR PARTNERS



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# Why wellbeing?

- Better student outcomes

Higher levels  
of wellbeing



Better  
mental  
health



More pro-  
social and  
responsible  
lifestyle

More Yr 12  
completions



Paying attention to student wellbeing also acknowledges the pivotal role of education in preparing students for a rewarding life beyond school

Australian Catholic University and Erebus International (2008)  
*Scoping study into approaches to student wellbeing: Literature review.*  
Report to the Department of Education, Employment and Workplace  
Relations: Canberra



# What the evidence says



- There are a number of elements that affect student wellbeing identified in the literature, which can be grouped broadly into the following:
  - creating a safe environment;
  - ensuring connectedness;
  - engaging students in learning;
  - promoting social and emotional learning and
  - a whole-school approach.
- These elements are all interconnected and should be viewed as interdependent aspects of wellbeing.
- **Schools need to offer students emotional as well as physical safety**



# School Excellence Framework

Wellbeing is one of the five learning elements of the School Excellence Framework

## Excellence in wellbeing

The school has in place a comprehensive and inclusive framework to support the cognitive, emotional, social, physical and spiritual wellbeing of students, which measurably improves individual and collective wellbeing





# The Wellbeing Framework For Schools

- A commitment to wellbeing and a planned approach to wellbeing
- Students, teachers and staff, and members of the wider school community have a shared understanding of the behaviours, attitudes and expectations that enhance wellbeing and lead to improve student outcomes
- Individuals care for self, and contribute to the wellbeing of others and the wider community



**THE WELLBEING  
FRAMEWORK FOR SCHOOLS**



# LEARNING, TEACHING & LEADING

## INDIVIDUAL & COLLECTIVE



# For any teacher, anywhere

- We all communicate with young people
- School is a structured environment that can support young people with complex mental health issues
- What is your role? Teachers, support teachers, year advisors, deputy principals, principals, school counsellors and school psychologists
- What is the context of school and department policies?



# Core Principles

## Active Communication and Intervention

- Active communication:
  - With staff
  - With school students
  - With families and community
- Active intervention:
  - Promote appropriate intervention and help seeking
  - Look after needs of students
  - Look after needs of staff
  - Look after yourself



# Adolescent development

## Adolescent Brain Development:

The cerebral cortex accounts for about **75%** of the entire human brain.

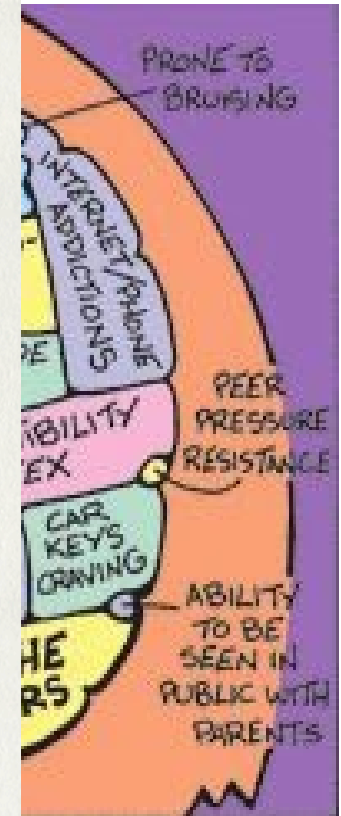
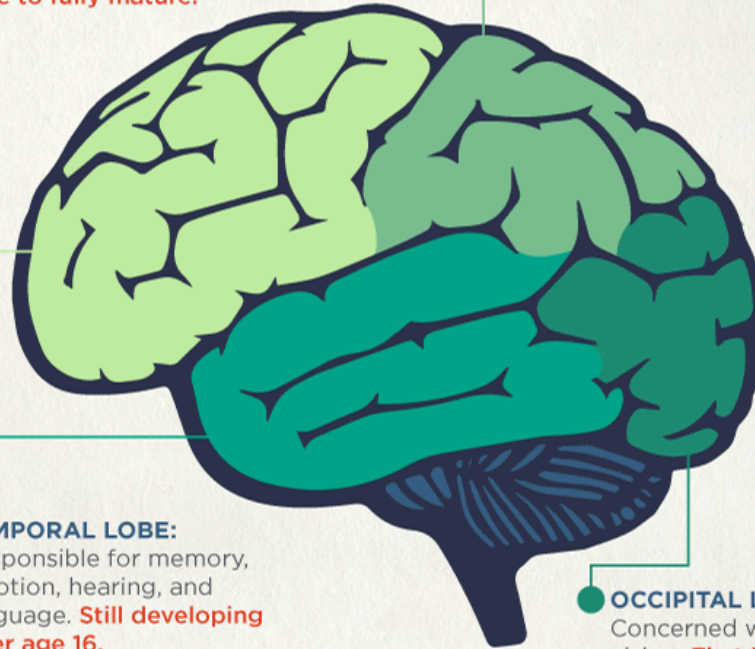
It is divided into four areas, called lobes, which control specific functions. These develop and mature in order, from **BACK TO FRONT**.

**FRONTAL LOBE:** The thinking center, or CEO of the brain. Controls decision-making, problem solving, judgment, and self-control. **The last lobe to fully mature.**

**PARIETAL LOBE:** Receives and processes sensory information from the body. **Immature until age 16.**

**TEMPORAL LOBE:** Responsible for memory, emotion, hearing, and language. **Still developing after age 16.**

**OCCIPITAL LOBE:** Concerned with vision. **First lobe to fully develop.**





# Mental health and young people

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## Mental Disorders?

Schizophrenia, Bipolar Disorder, Depression, Post Traumatic Stress Disorder, Anxiety Disorders, Eating Disorders, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, Borderline Personality

**COMMON**

1 in 5

**DISABLING**

1 in 20

**EARLY ONSET**

75% by age 24

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# Complex Mental Health

It is useful to consider a combination of needs and factors as contributing to 'complexity'. These are likely to have a:

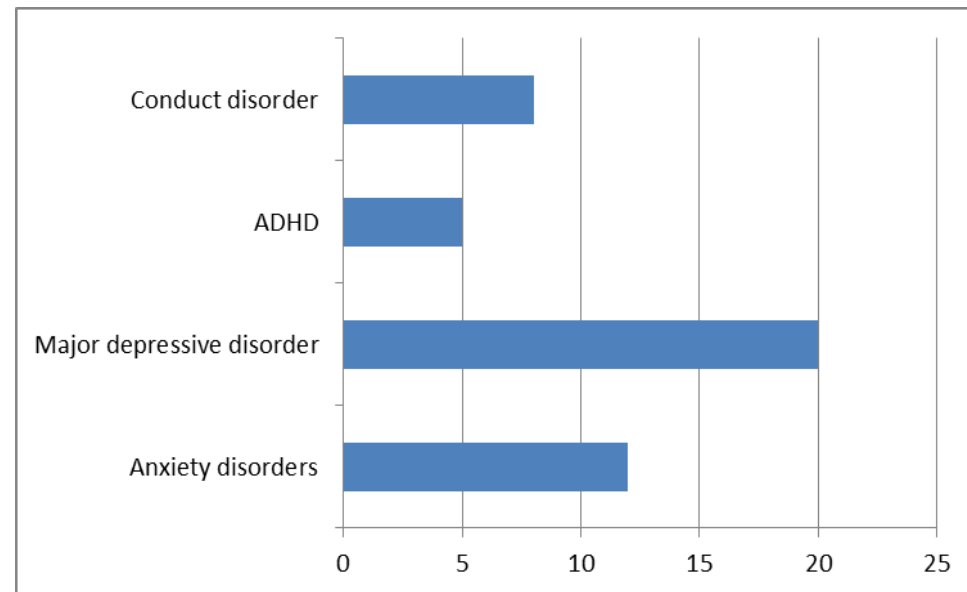
- Significant impact on functioning
- Impact across settings (home, school, community)
- Include challenging behaviours that place themselves or others at risk
- Require a targeted response from a range of services (internal and external)
- Long duration: not due to a specific single event, but part of a longer history of difficulties ( > 12 months)



# Schools are already supporting students with complex needs

- 40% of students (4-17yo) with emotional or behavioural issues had school staff suggest help was needed
- 1 in 9 students with emotional or behavioural issues received school based service (8% received 1:1 counselling)
- 51% students with mental disorder received informal support from an adult within the school system e.g. teacher (cf. 14% students without disorder)

Days absent in previous 12 months due to disorder



**“What are the risk factors that are associated with complex mental health issues in young people?”**



# Child protection in Australia 2014-15

1 in 35 children received child protection services.



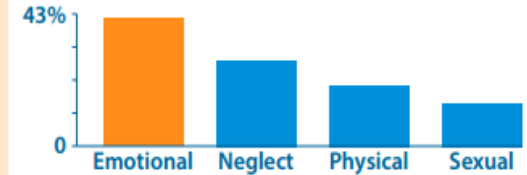
57,861 children were on care and protection orders.



Indigenous children were 7 times as likely as non-Indigenous children to receive child protection services.



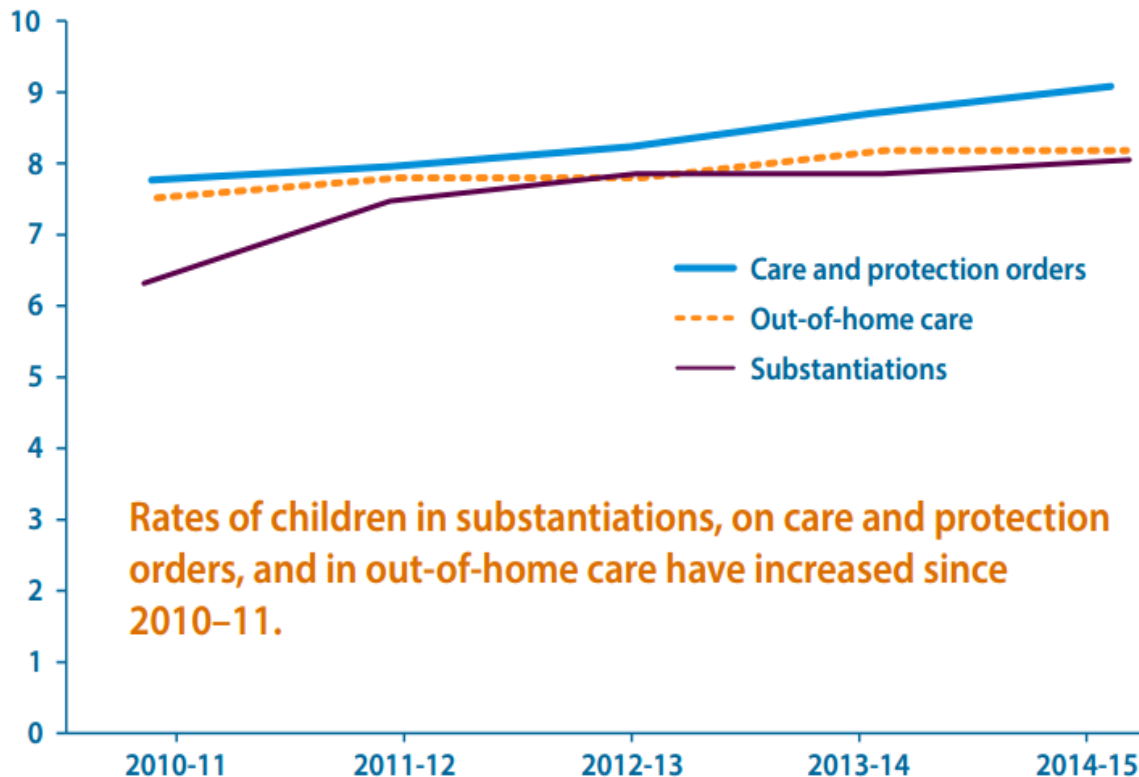
Emotional abuse was the most common type of abuse substantiated.



Children from lower socioeconomic areas were more likely to be the subjects of substantiation.



Rate per 1,000



Rates of children in substantiations, on care and protection orders, and in out-of-home care have increased since 2010-11.

9 in 10 children in out-of-home care were in relative/kinship care or foster care.



Half of foster care households (52%) had multiple children placed.





# Attachment

- An emotional relationship that develops between an infant and caregiver growing from day-to-day interactions
- When a caregiver fails to respond predictably, or responds with anger, or is ambivalent to **their** infants distress this can lead to attachment difficulties
- Key task in infancy is to learn to regulate emotions and attention
- In the first 5 years, children become specialists in the problems experienced in their families and their families way of handling problems
- Early attachment patterns can act as a template for future relationships



# Students at higher risk...

- Males and females equally vulnerable
- Culturally and linguistically diverse (CALD)
- Aboriginal
- Refugees
- LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual)
- Home stress or breakdown

→ more vulnerable to negative evaluation from others ... which increases symptoms



# Understanding complex mental health issues – the example of Chloe...

- Unstable self-image
- Frequent mood swings
- Self-harming behaviour
- Difficulty regulating emotions
- Preoccupation with real or imagined abandonment
- Excessive self-criticism
- Disturbances in attention
- Impulsivity or risk-taking
- Abuse of drugs or alcohol
- Thinking about death or suicide
- Social isolation and difficulty making friends
- Aggressive behaviour or high irritability



# Helping schools help with mental health



# Understanding complex mental health issues – the example of Chloe...

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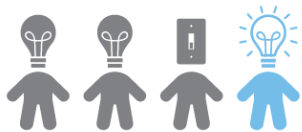


# Isn't this “normal” adolescent behaviour?

**Frequency:** How frequent is the behaviour?

**Duration:** How long has the behaviour been occurring?

**Severity:** How severe or extreme is the behaviour?



# We want students to...

Come asking for our help

Tell us their problem clearly

Accept our help

Do what we tell them to do

Improve

Recognise their improvements

The family acknowledges the improvement

Thank us for our work



# Stigma words

**Stigmatising**

**Language for respect and hope**

Manipulative

Trying hard to get their needs met

Attention seeking

Attention needing

Drama queen/melodramatic

Trying hard to get their needs met

Overreacting

Having a rough time

Non-compliant/  
uncooperative

Choosing not to

Needy/dependent/attention  
seeking

Feeling vulnerable and insecure



**“A little understood  
complex mental health  
issue  
- personality disorder”**



# Emerging personality disorders

- When personality traits become **pervasive, inflexible, and deviate from cultural norms**, causing significant distress for the individual this may become Personality Disorder
- Approximately **6.5%** of the Australian population meet the diagnostic criteria for Personality Disorder
- **Borderline Personality Disorder** is the most frequently recognised – also described by people with the disorder as having a ‘hypersensitive soul’ or ‘thin skin’ – and changeable sense of identity – and emotional pain



# Early warning signs – A I R

Affect	Identity	Relationship
High emotional sensitivity	Changing sense of self	Social isolation
Increased response to emotional stimuli	Aggression/impulsivity	Problematic peer relationships
Slow return to baseline	Withdrawal/avoidance	Ineffective validation from parents/carers



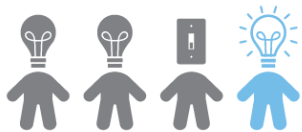
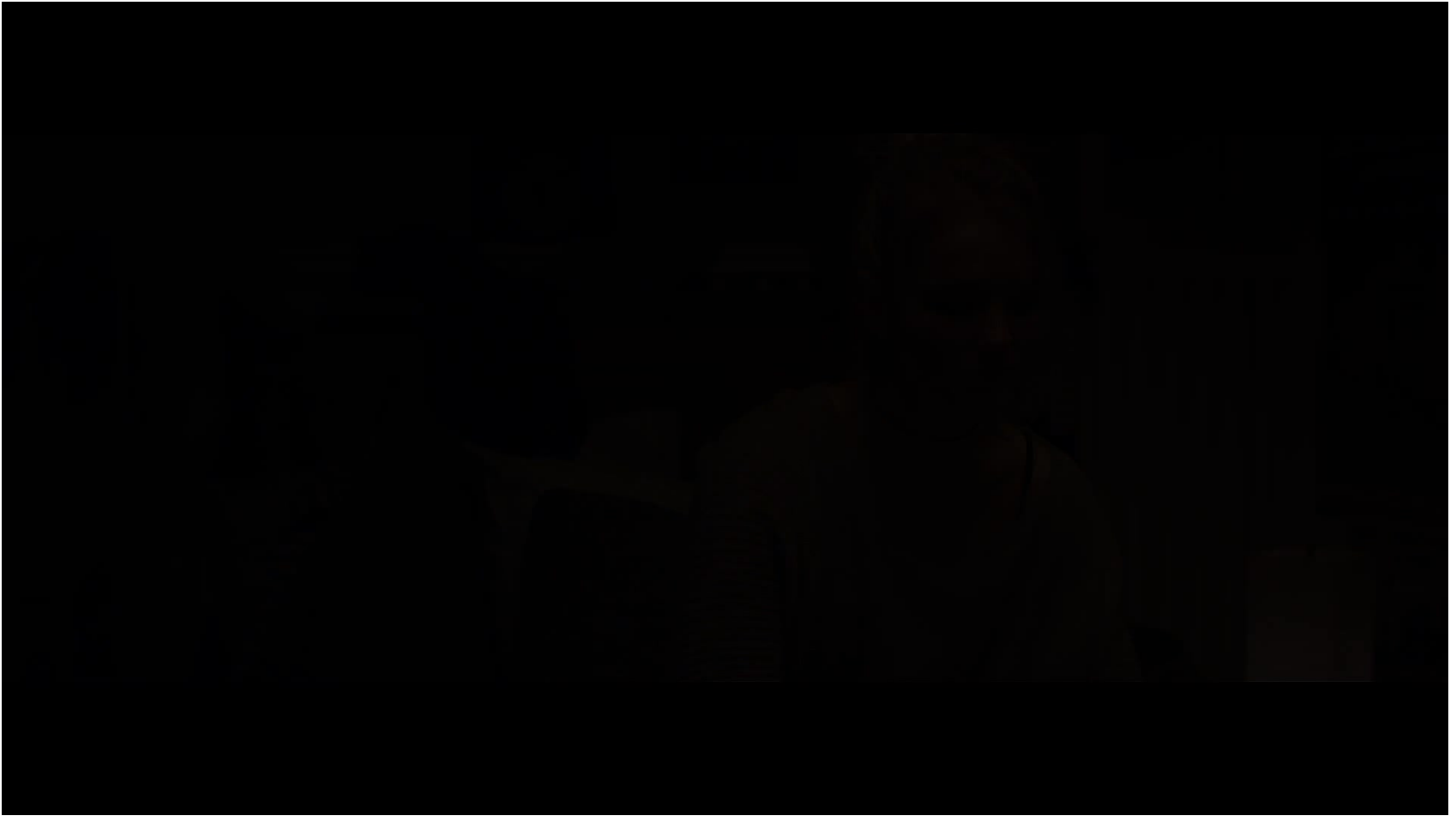
# Australian Government - 8 Key Recommendations

1. Borderline Personality Disorder is a legitimate diagnosis
2. Structured psychological therapies should be provided
3. Medicines should not be used as primary therapy
4. Treatment should occur mostly in the community
5. **Adolescents should get structured psychological therapies**
6. Consumers should be offered a choice of psychological therapies
7. Families and carers should be offered support
8. **Young people with emerging symptoms should be assessed for possible Borderline Personality Disorder**





# Helping schools help with mental health



# Whole of school approach

- **Creating** a safe and supportive environment
- **All staff** to be involved in **identifying students at risk**
- **Notice and respond** to changes in behaviour and behaviours of concern
- Working with **school counselling** and health staff
- Goal is early identification and **effective responses**
- Working as a **team** and **supporting** each other
- **Collaboration** between student, staff and parent/caregiver



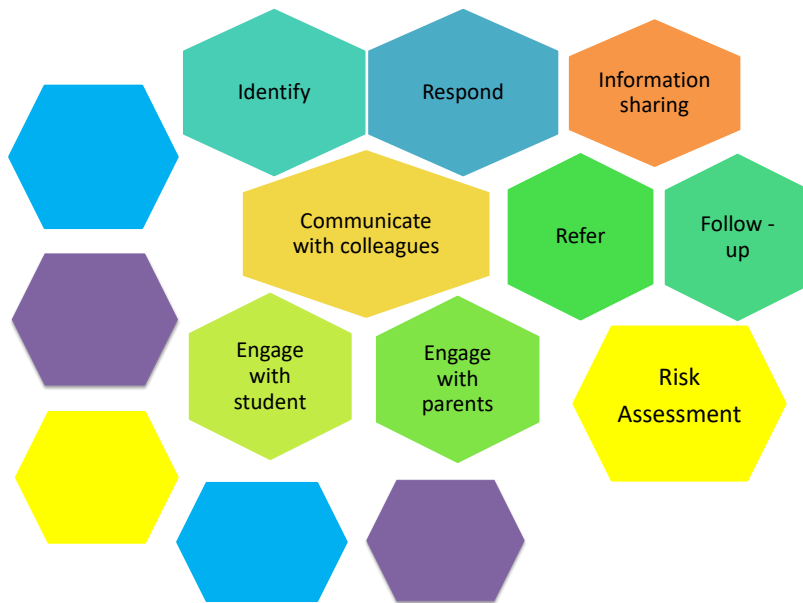
# How do we as a school respond to young people with complex mental health needs?

Open workshop – areas to consider:

Who does what?

Who are our links?

How do we communicate?



# Disability - the legal and policy framework

- The Disability Standards for Education 2005 require schools to treat students with disabilities **on the same basis as** students without disability.
- The Standards include obligations for making **reasonable adjustments** to student's learning program and /or learning environment in reasonable time
- Parents and where appropriate students with disability **must be consulted** on the personal adjustments that will be provided

## International

- United Nations Convention on the Rights of Persons with Disability (2008)

## National

- Disability Discrimination Act 1992
- Disability Standards for Education 2005
- National Disability Strategy 2010-2020
- National Disability Insurance Scheme 2013

## State

- Anti-discrimination Act 1977
- Ombudsman Act 1974
- Disability Inclusion Act 2014
- NSW Disability Inclusion Plan 2015



**“What can help students  
with complex mental health  
issues at school?”**



# What can help students?

- **Reasonable adjustments** to ensure support and engagement of student in school
  - An ‘adjustment’ is a measure of action take to assist a student with disability to participate in education and training on the same basis as other students
- **Quiet time** – providing a space for the young person to “re-calibrate” rather than traditional isolation techniques like detention – staying at school is highest priority
- **Grounding** – mindfulness activities, tactile activities (e.g. kinetic sand), bringing their awareness to the present



# What can help students in the classroom?

- **Sensitively offer help** – “I see you need help with...”
- **Visual supports** – e.g. timetables, display ‘class rules’
- **Reward not punishment** – punishments such as isolation can often make the young person feel worse. Instead, reinforce positive behaviour through reward
- **Praise the behaviour, not the person** – young people may internalise statements such as “good/bad boy”. Acknowledge good decisions and choices
- Help students to name their feelings by giving them possible **interpretations** of their **underlying feelings**





# What can help students in the school environment?

- **Compassion** – not necessarily agreeing with their behaviour but seeking to understand (‘stepping inside their shoes’)
- **Trust** – connect and develop a positive relationship over time and be a stable figure for them
- **Encouragement** – seek to ensure they can be their best and experience successes to build identity
- **Person-centred** – talk to them in a way that assumes that they are capable of making choices, can try to understand themselves and can change behaviours
- **Boundaries** – maintain your role as teacher



# What can help students in the school environment?

- **Reduce 'reactivity'** – try to create a calm environment with less interpersonal stress
- **Relationships** – keep an eye on peer relationships and seek to ensure they are safe and healthy. Identify any necessary social skills and teach them
- **Education** – help the young person and others to understand their problems
- **Treatment** – specific structured psychological treatments have good outcomes – access through school counselling service staff
- Maintain **structure** and **consistency**



# Discussion: Why traditional disciplinary responses don't work well with this group



Role of:  
Trauma  
Shame

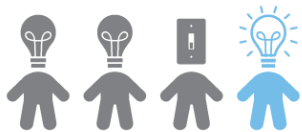
Interpersonal sensitivity

Need for attachment

Fear of aloneness

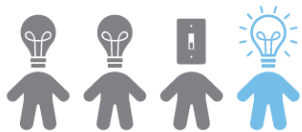
Difficulties with trust

Poor problem solving skills



# Summary – role of schools

- Prevention, identification, early intervention
- Identify and respond to young people with mental health issues and refer them to appropriate supports
- Supporting a young person identified at risk or in crisis and also minimising contagion/risk to others
- Creating school cultures that promote help-seeking
- Importance of preparedness and postvention planning to support the whole school community and minimise risk of contagion



# Concluding thoughts

Debrief

Thank  
you



SCHOOLS, TEACHERS & STUDENTS





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### Part 2

**Identifying, understanding and responding to young people with complex mental health issues**

**Focus on self-harm and risky behaviours**



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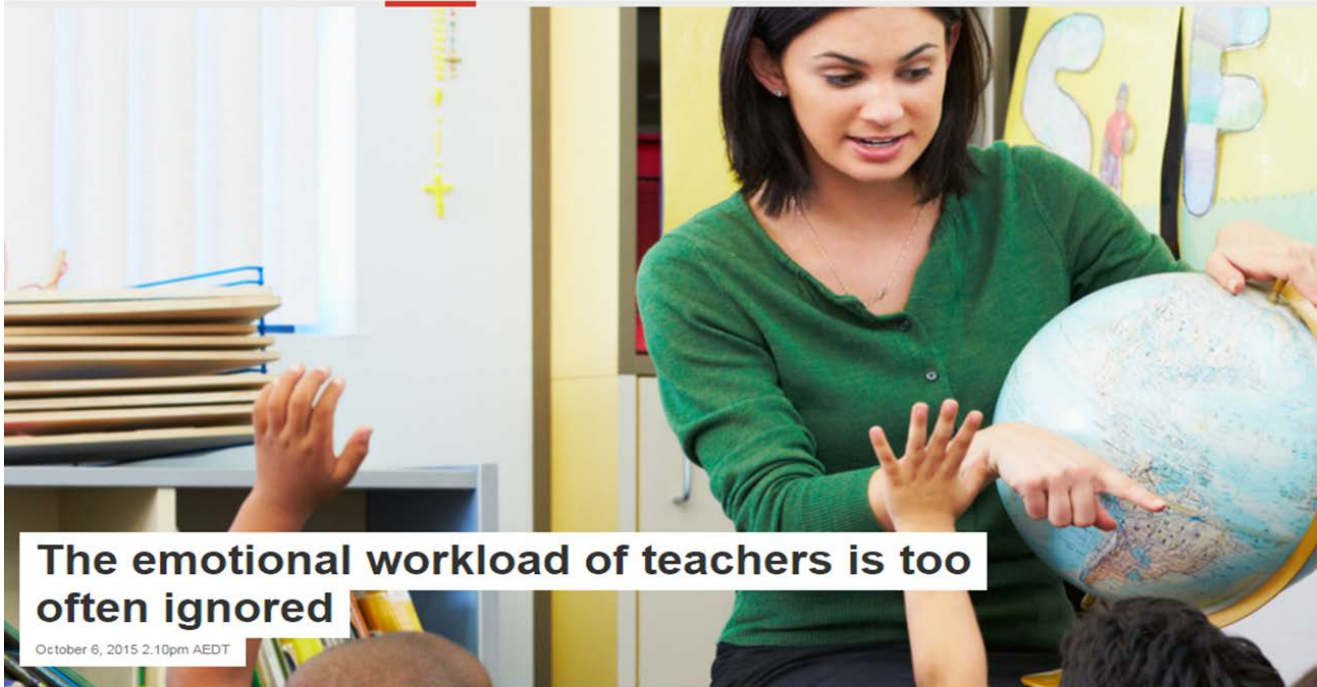


# Teacher wellbeing

## THE CONVERSATION

Academic rigour, journalistic flair

Arts + Culture Business + Economy **Education** Environment + Energy Health + Medicine Politics + Society Science + Technology



### The emotional workload of teachers is too often ignored

October 6, 2015 2:10pm AEDT

Teaching is more emotionally taxing than most people realise, from [www.shutterstock.com.au](http://www.shutterstock.com.au)

Email

Twitter

Facebook

LinkedIn

158

39

153

[Research](#) shows nearly one in three Australian teachers are so unhappy in their profession they consider leaving within their first five years of employment. That means 16,000 teachers currently in Australia's classrooms are finding the challenge of managing their professional lives too great.





# Learning outcomes

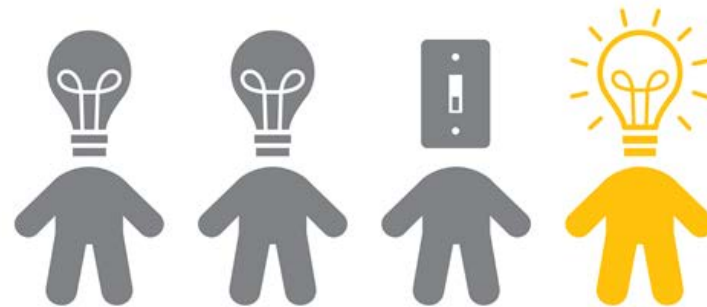
## Develop

- Further understanding of complex mental health issues
- An understanding of the different roles of teachers, welfare team, school counselling staff and health workers in supporting intervention and treatment
- An understanding of self-harm and how to respond
- An understanding of social contagion in the school setting
- An understanding of other risks including suicide and how to respond
- Further skills to engage and support a young person and their family/carers
- The role of self-care and teacher wellbeing



# Resource orientation

## Working with young people with complex mental health issues



Understanding and responding to emerging personality disorder  
trauma history, self-harm and suicidal behaviour and  
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- [New Video - Implementing the Project Air Model](#)
- [Latest research - Do people with Borderline Personality Disorder recover?](#)
- [Air Notes 7 2016 - our latest newsletter](#)
- [Lived Experience - Sonia's Story](#)

### SCHOOLS SKILLS INTERVENTION



### PARENTING SKILLS INTERVENTION



### FAMILY & CARER SKILLS INTERVENTION



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UNIVERSITY OF WOLLONGONG AUSTRALIA



# Helping schools help with mental health



# Understanding complex mental health issues – the example of Chloe...

Problem behaviours often occur in a complex mental health picture ...

- Unstable self-image
- Frequent mood swings
- **Self-harming behaviour**
- Difficulty regulating emotions
- Preoccupation with real or imagined abandonment
- Excessive self-criticism
- Disturbances in attention
- Impulsivity or risk-taking
- Abuse of drugs or alcohol
- **Thinking about death or suicide**
- Social isolation and difficulty making friends
- Aggressive behaviour or high irritability



# Whole of school approach

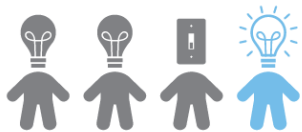
**Helping Schools Help with Mental Health**  
A Project Air Strategy film





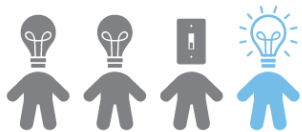
# What is our current approach to addressing self-harm and suicidal behaviours?

- **Roles and responsibilities**
- **Policies and procedures**





**“What do we know about students engaging in self-harm and suicidal behaviours?”**



# Self-harm

- Cutting, scratching, or pinching skin, enough to cause bleeding or a mark which remains on the skin
- Banging or punching objects or self to the point of bruising or bleeding
- Ripping and tearing skin
- Carving words or patterns into skin
- Interfering with the healing of wounds
- Burning skin with cigarettes, matches or hot water
- Compulsively pulling out large amounts of hair
- Deliberately overdosing on medications when this is not meant as a suicide attempt



# Self-harm

**1 in 10 adolescents self-harm**

Of those, 1 in 8 present to hospital

Rates have significantly increased over the past several decades

23% of young women aged 16-17 years have self-harmed in their lifetime

At risk: young women, mental illness, out-of-home care, ATSI, LGBTQIA, remote areas, immigration centres, juvenile justice, personality disorders



# Suicide

1 in 13 have seriously considered attempting suicide in the previous 12 months (12-17 years)

1 in 20 had a plan (12-17 years)

1 in 40 reported a suicide attempt in the previous year (12-17 year)

Suicidal behaviours are more common in females and young people with major depressive disorder

Suicide is the leading cause of death in 15-17 year olds

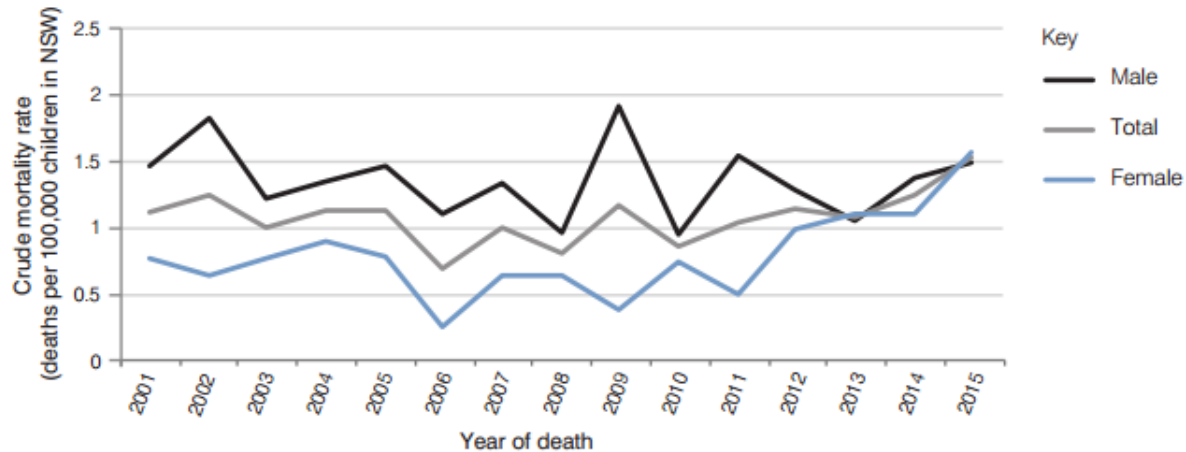
Males more likely to have died by suicide than females



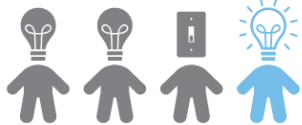
# Child Death Review Team Data 2015

- Increasing numbers of young women

Figure 16: Deaths by suicide of young people under 18 years: by gender 2001-2015



- Younger age – 25% of all suicide deaths 15 year olds
- 77% had a history of self-harm, suicide attempts and/or had discussed thoughts of suicide....However, a small number showed no indication of suicidal behaviour or intent



# Reasons behind self-harm and suicide

## Self-harm

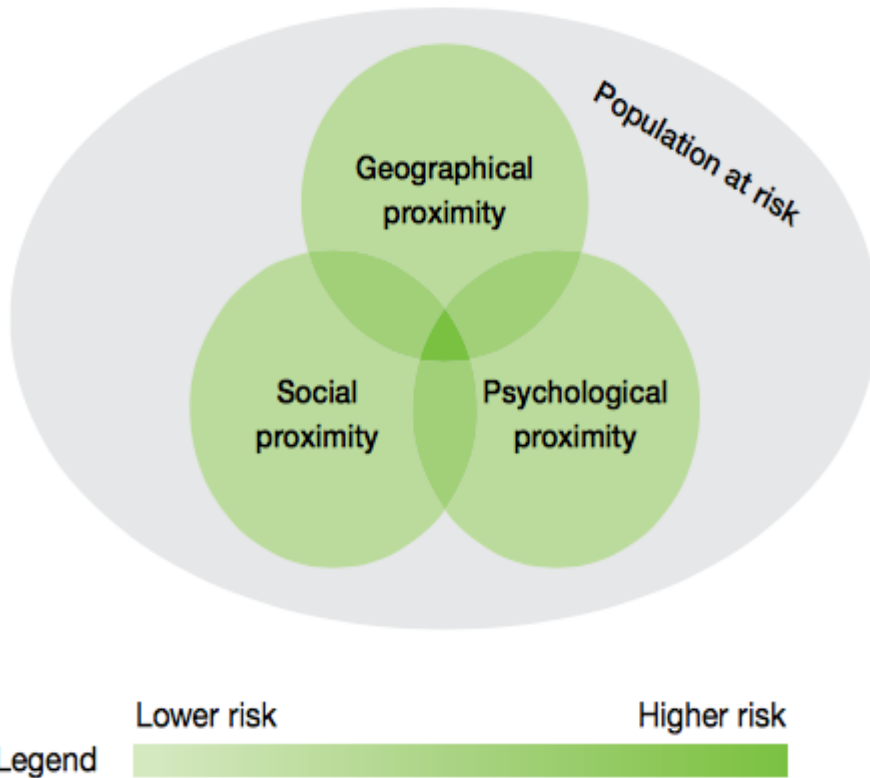
- To escape from unbearable anguish (stop bad feelings\*)
- To express anger towards oneself (self-punishment\*)  
(Klonsky, 2006)

## Suicide

- To escape or relieve unmanageable emotions and thoughts – relief from unbearable emotional pain. They feel their situation is hopeless, feel worthless and believe that other people would be better off without them
- Desire to communicate with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help  
(May & Klonsky, 2013)



# Social contagion - suicide



## Risks:

- Witnessed
- Exposed through social media
- Shared experience (e.g. bullied)
- Closeness – friends, classmate, shared family connection

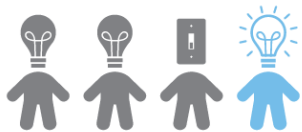
## Responses:

- Avoid simplified explanations
- Monitoring
- Talking openly to students about what is going on – for them to talk about their feelings
- Link to mental health care



# Social contagion – self harm

- Less evidence for social contagion of self-harm but some students may be a greater risk- particularly those with a mental health disorder
- Steady increase in self-harm portrayal in print media, movies and online – normalisation of behaviours
- Role of social media and online forums – positive and negative

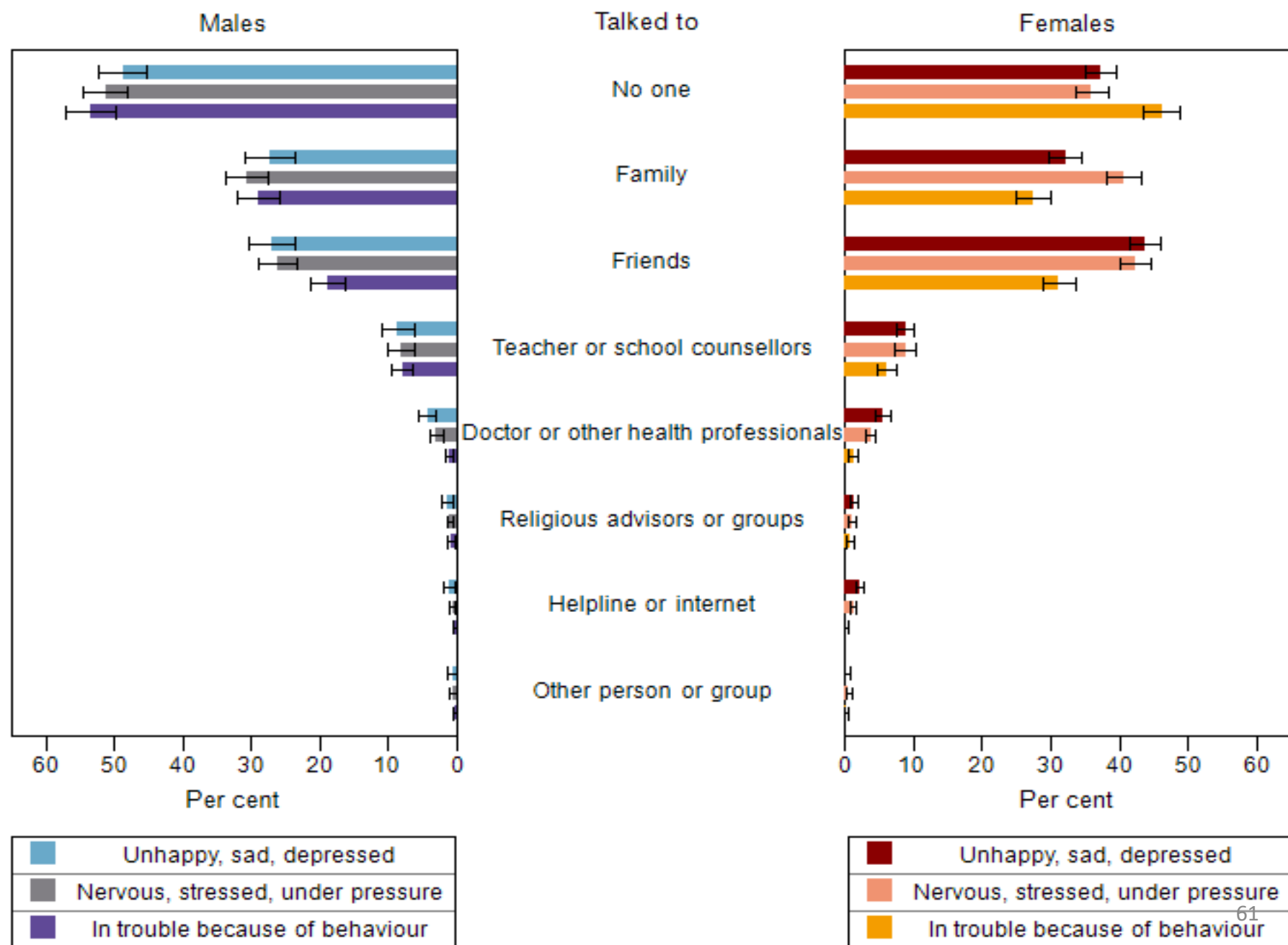




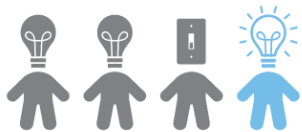
**“We have a problem in  
ensuring those at risk  
seek help”**



Person spoken to about psychological distress by sex, secondary school students aged 12-17 years, NSW, 2014



# “How do we respond to students who are self-harming?”





SCHOOLS, TEACHERS & STUDENTS

## Fact Sheet

# Self-harm: how to respond

## Self-harm: how to respond

Self-harm involves deliberately harming oneself physically via cutting, burning, hitting, scratching, biting, or consuming harmful substances. A young person may engage in self-harm behaviour without suicidal ideation. However, self-harm is a risk factor for suicide and consistent responses founded upon compassion are therefore required.

### Why do young people self-harm?

Self-harm is often used to try and control difficult and overwhelming feelings or to gain some kind of relief from emotional pain. It may also be used to express anger, to feel 'something' or to communicate a need for help.

Young people who self-harm may have been experiencing a range of problems:

- Difficulty getting along with family members or friends
- Feeling isolated or bullied by someone
- Relationship breakup
- Current or past physical, sexual or emotional abuse or neglect
- Loss of someone close such as a parent, sibling or friend
- Serious or ongoing illness or physical pain

Research indicates young people are especially at risk if they have these additional characteristics: have a personality disorder or other mental disorder, aboriginal or Torres Strait Islander background, LGBTQIA, in out-of-home care, female, or live in a rural area.

### How to respond

Talk to the young person in a compassionate way, and ask them what is going on for them. Assess the risk using the flowchart below and make a plan for the person, which usually includes referring the young person to the appropriate care and welfare support.

It is important to note that a young person who self-harms may experience shame and self-loathing about their behaviour. It is therefore vital to have these discussions in a caring manner that highlights the struggles that the young person is going through and provides opportunities for support from adults.

### Strategies for managing social contagion

Social contagion refers to the process whereby one instance of self-harm within a school or community increases the likelihood that other instances will occur. Students with complex mental health concerns may be more vulnerable to social contagion and self-harm because they may believe it to be an effective coping strategy.

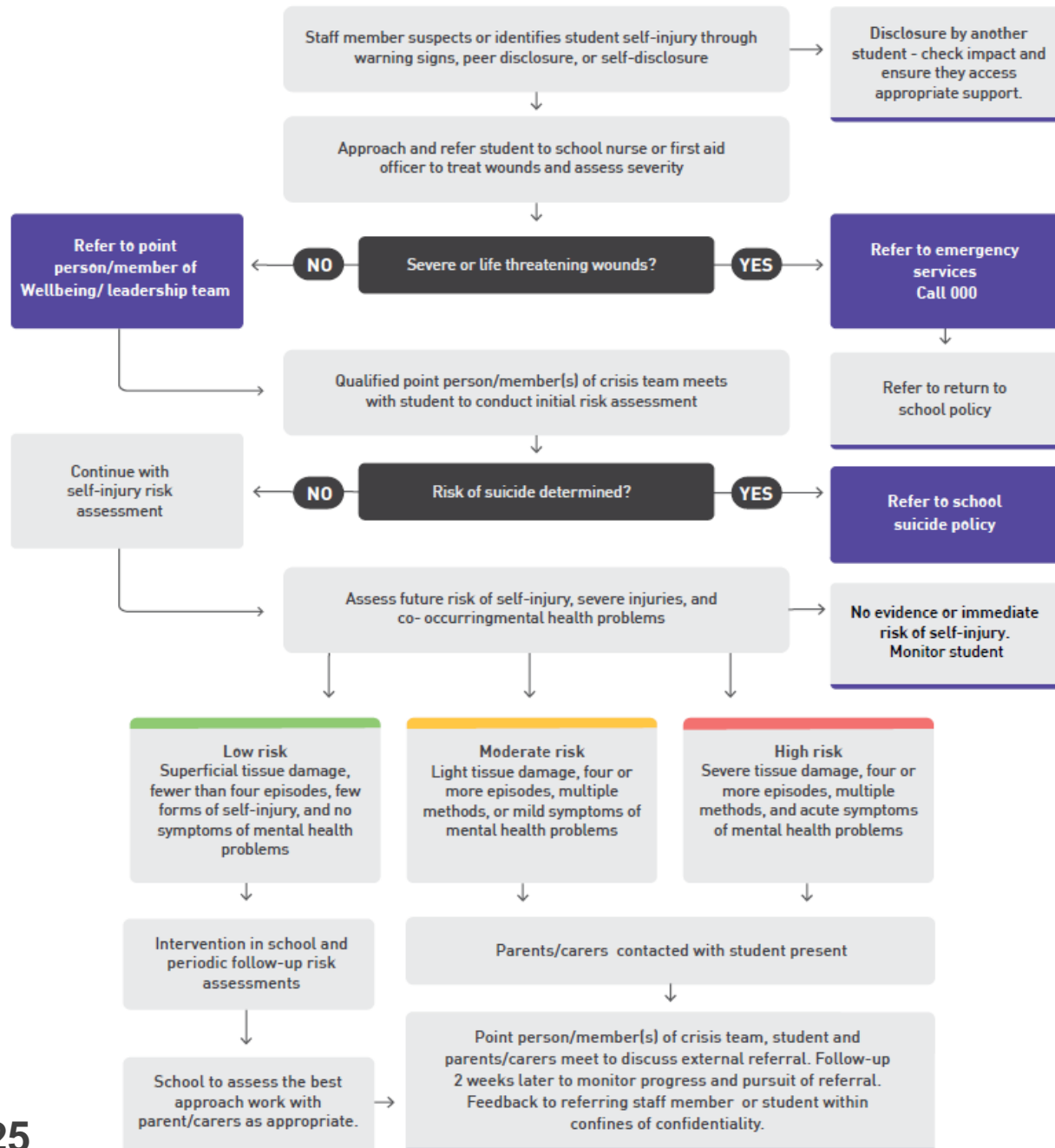
- Provide a safe and confidential environment for students to talk about their feelings and issues
- Educate young people on identifying distress in themselves and teach positive coping skills
- Aim to increase the protective factors in the young person's life
- Inform students about professional help and where it is available in the school setting and outside of schools
- Talk to students who self-harm and their parents/carers about the importance of keeping visible signs of self-harm private
- Identify and monitor young people at risk, and provide one on one support where appropriate
- Ask students who self-harm to refrain from discussing it with other students
- Discuss concerns with parents/carers, unless making contact would place a student at risk due to child protection issues
- Provide parents/carers with information about self-harm and support options for families
- Educate students on the appropriate use of social media and the dangers associated with the internet (for example, how quickly posts can go 'viral')



[www.projectairstrategy.org](http://www.projectairstrategy.org)



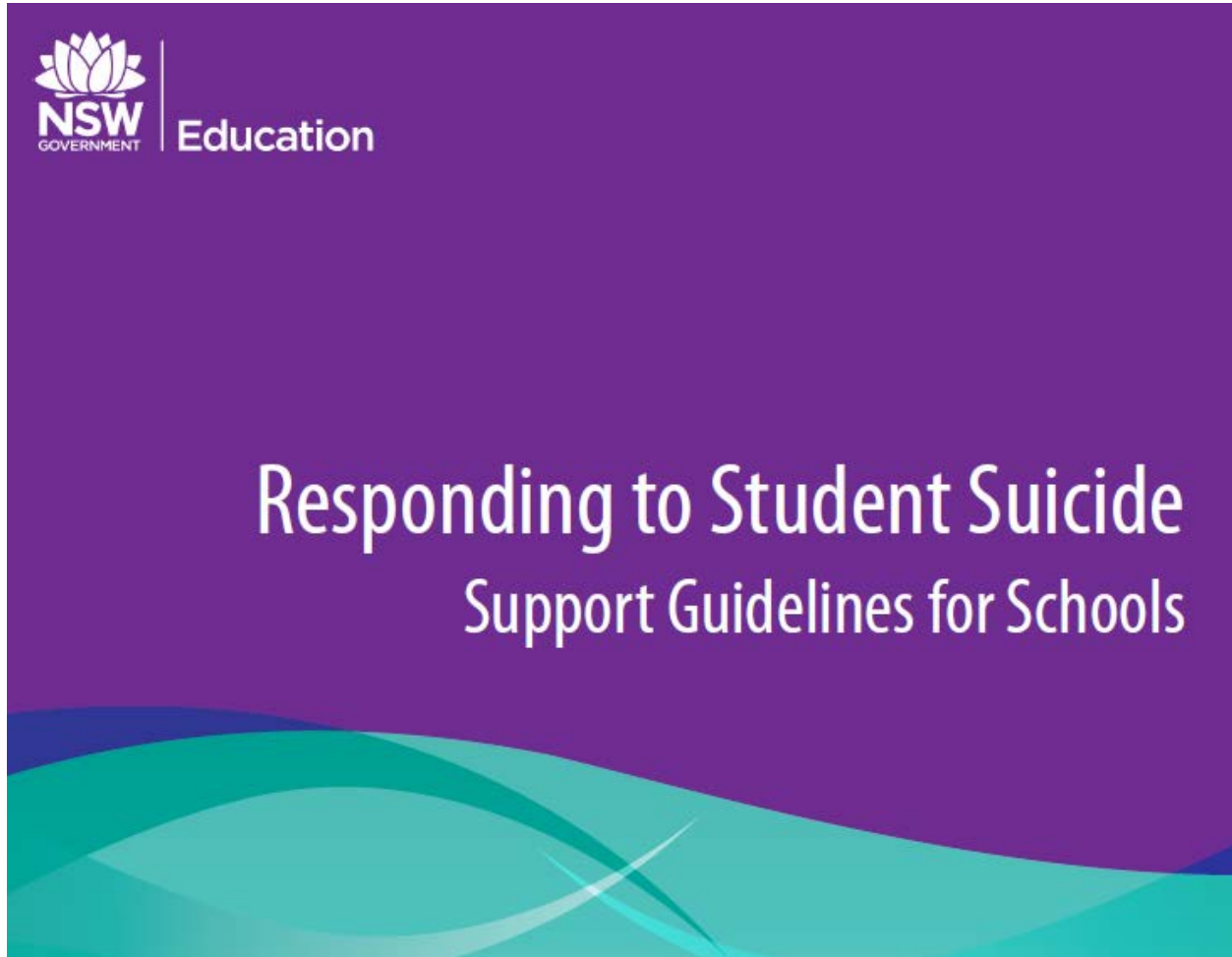
# Responding to self-harm



**“How do we respond to students who are at acute risk of suicide?”**



# November 2016



Guide pg. 5-6

# Responding to acute risk: immediate interventions for a suicidal person

- Do not leave the person alone
- Inform senior staff and the counselling staff at your school
- Inform others and gain support (may be from medical practitioner, crisis team, mental health service, hospital, family members, carers or others)
- Provide a clear explanation to the person of the steps you are taking
- Never agree to keep a plan for suicide secret
- Do not use guilt or threats
- Find out what and who has helped in the past
- Reduce access to the means of suicide where possible

## ***After crisis:***

- Establish a Care Plan - within your school setting this can be facilitated by school counselling staff





# Precipitating events

Stressful and traumatic events, including interpersonal conflict, can serve as **tipping points** for young people already experiencing other risk factors of suicide.

Argument or relationship breakdown with a close friend or family member

Distress about school

Relationship breakdown with a boy/girlfriend

Event which may have left the young person feeling vulnerable or embarrassed eg bullying, cyber-bullying



# Behaviours of concern

- Threats, plans, talking, writing about, hinting at suicide/death including note, letter, texting, social media
- Changes in behaviour, e.g. giving away possessions, increased risk taking without concern for their safety, increasing interest in death, tidying up affairs
- Expressing feelings of hopelessness, worthlessness
- Withdrawing from friends, teachers and family including increase in absenteeism



# Behaviours of concern

- Drop in school performance, disinterest
- Taking less care in their appearance
- Inability to cope with the stress associated with HSC years
- Sudden increase in substance misuse
- Increased anger/agitation, aggressive behaviour, impulsivity
- Self-harm



# Some challenges associated with risk of suicide

Not always possible to identify students who may be at risk.  
Risk is dynamic:

- Depression and mood disorders
- Schizophrenia and psychosis
- Substance use disorders
- Borderline Personality Disorder
- Recent suicide death of peer or family

Combination of risk factors often poses significant risk



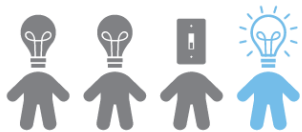
# “How do I work with parents who may have their own mental health issues?”



# What about parents with complex mental health problems?

## Strategies:

- Compassion, respect, avoid judgement, and be honest
- “Good enough” communication
- Be aware of your own non-verbal communication – sensitivity to shame, guilt, fears of parent
- Aim to provide what is reasonable even though you may feel pulled into providing more help and assistance than what is usual
- These principles are good practice for all parents



# Do we need to make any changes to our school approach to addressing self-harm and suicidal behaviours?

- **Roles and responsibilities**
- **Policies and procedures**



# “Teachers self-care”





# Summary

- Suicide is the leading cause of death in young people
- Prediction is difficult, but emotional pain and interpersonal factors are strong correlates – including self-harm and previous problems
- Be aware of the role of emerging mental health conditions – including personality disorder
- Schools provide opportunity for early intervention and detection
- Work with services – school counselling staff, School-Link, headspace, GPs
- Communication is essential to manage risk and possible contagion
- Put in place self-care strategies



# Concerned about a child or young person?

Report your concerns to your principal

Principals:

- The Mandatory Reporter Guide can assist you to determine what to do:  
<http://www.keepthemsafe.nsw.gov.au>
- Suspected risk of significant harm – report to Child Protection Helpline on 133 627
- If you are uncertain regarding risk threshold contact the Child Wellbeing Unit on 9269 9400



# Employee Assistance Program (EAP)

- EAP is an independent, confidential and free professional counselling service
- It can be used for personal or work-related problems

**Employee Assistance Program**  
Health and Safety Directorate



Phone EAP provider hotline to make an appointment:  
Davidson Trahaire Corpsych: 1300 360 364



# Concluding thoughts

Debrief

Evaluation

Thank you

SCHOOLS, TEACHERS & STUDENTS

