

Responding to self-harm, including suicide attempts, in students

A guide to assist secondary schools



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Emotional safety

This resource refers to the topics of self-harm and suicide and may elicit an emotional response as you engage in the material. It is important to recognise when you become triggered by the content of this resource and prioritise your mental health and wellbeing needs first and foremost.

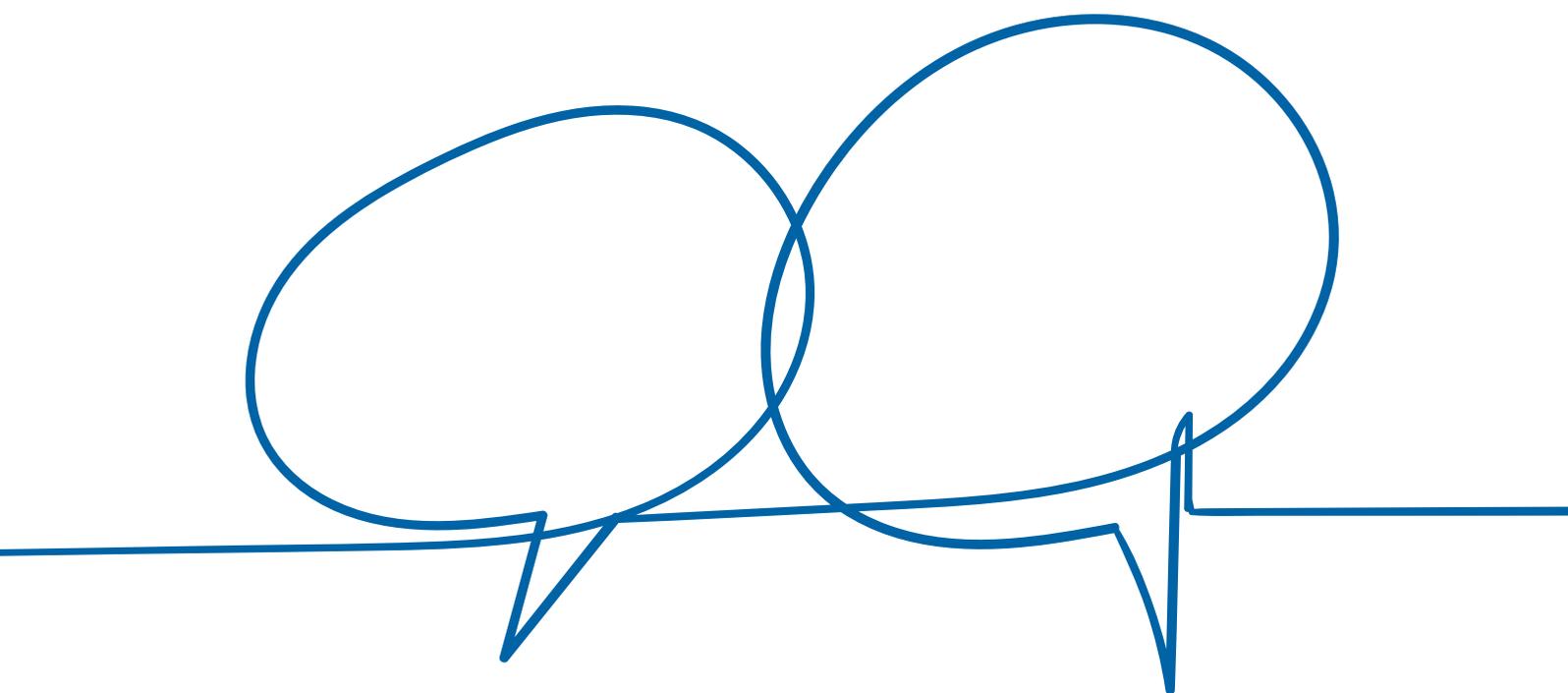
If you are reading this resource having been impacted by a recent self-harm incident, it is important that you take your time to consider your response and think about how you can maintain your wellbeing. As you work through the steps required to restore safety and build supports around the young person, take opportunities to debrief and connect with colleagues and access the supports available to you through the school, the Department and within your personal network. Modelling good self-care and help-seeking is just as important as demonstrating effective leadership following incidents of this nature.

Remember

As an employee of the Department of Education and Training (the Department) you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Responding to self-harm, including suicide attempts, in students

A guide to assist secondary schools



About the resource

This is a resource for all school staff, including school leadership and wellbeing staff. It will assist with:

- recognising and responding to instances of self-harm
- responding to the student's immediate needs and ensuring their safety and the safety of those around them
- providing timely and accurate information to parents/carers and educators
- restoring wellbeing.

An evidence-informed and timely response to supporting students who have engaged, or continue to engage, in self-harming behaviours in response to psychological distress offers the greatest opportunity to disrupt the cycle of self-harm and reduce potential ongoing mental health and wellbeing difficulties in the future (Hawton, Saunders & O'Connor 2012).

This resource complements existing Departmental policies, resources and mental health and wellbeing initiatives and should be referred to in relation to school operations [Reporting and Managing School Incidents \(including emergencies\)](#).

Throughout this document the term Koorie is used to refer to both Aboriginal and Torres Strait Islander people. Use of the terms Aboriginal, Aboriginal and Torres Strait Islander and Indigenous are retained in the names of programs and initiatives and, unless noted are inclusive of all Aboriginal and Torres Strait Islander peoples.

This resource aims to:

- guide the school's response following all disclosures, evidence and incidents of self-harm in students, irrespective of the intent
- provide a stepped approach to tasks required to restore safety and provide immediate mental health and wellbeing support within the school environment following disclosures and/or evidence of self-harm
- increase awareness of the complexity of self-harming behaviours and the need to access appropriately trained mental health professionals in order to minimise the adverse mental health and wellbeing outcomes of engaging in this behaviour.

This resource is not:

- suggesting that it is the role of educators to determine the intent of self-harm
- a practice manual about the interventions and support offered to students engaging in self-harming behaviours
- a clinical document
- a standalone resource for supporting students in emotional distress and displaying mental health vulnerabilities.

Section 1: Self-harm and suicide-related terminology

The information in this section is intended to increase understanding of some key terms. It is intended to enhance confidence and understanding of the signs that may indicate a student is engaging in self-harm.

Self-harm

Refers to people deliberately hurting their bodies with the intended outcome being to cope with the experience of distress ([headspace](#), [Self-harm factsheet](#)). Intent is the defining factor differentiating a suicide attempt from self-harm (Hawton, Saunders & O'Connor, 2012).

Common types of self-harm among young people include cutting (skin on the arms, thighs or wrists), burning the skin, picking at wounds or scars, self-hitting or deliberately overdosing on medication, drugs or other substances causing harm.

For some young people, engaging in self-harm will be a once-off and for others it will become a pattern of behaviour. Self-harm is a coping strategy in response to intense emotional pain or being overwhelmed by negative thoughts, feelings or memories. While self-harm and suicide do overlap, not everyone who engages in self-harming behaviours is suicidal.

Suicidal thoughts

Refers to thoughts about how to kill oneself, also referred to as suicidal ideation. Suicidal thoughts range in intensity and frequency from fleeting to more concrete, well thought out plans for killing oneself, or complete preoccupation with self-destruction. These thoughts are not uncommon among young people ([headspace](#), [Self-harm factsheet](#)).

Suicide

Refers to the act of intentionally causing one's own death (WHO, 2020). Data released by the Australian Institute of Health and Welfare in 2020 identifies suicide as the leading cause of death for young people aged between 15 and 24 years.

Suicide attempt

Refers to an act carried out by an individual with the intention to end their life. A suicide attempt is an act of self-harm with the intended outcome being death. Intent is the defining factor differentiating a suicide attempt from self-harm where intent is to cope with the experience of distress (Hawton, Saunders & O'Connor, 2012).

Suicidal behaviour

Refers to acts such as suicide and attempted suicide. This also includes suicide-related communications, both verbal and non-verbal, and expressing suicidal intent (Baldwin, Butler & Hannaway, 2017).

Vicarious trauma

'[Vicarious trauma](#)', often used interchangeably with 'secondary trauma' refers to loss of a positive sense of self and the world as a consequence of working with traumatised others (McCann & Pearlman, 1990).

Section 2: Enhancing understanding of mental health, mental ill-health, self-harm and suicide

About self-harm

Self-harm is the umbrella term used to refer to instances where a person deliberately harms their body (headspace, What you need to know about self-harm) irrespective of the motive or suicidal intent (Hawton, Saunders & O'Connor, 2012).

A person can engage in self-harm where the intended outcome is death, referred to as a suicide attempt. Alternatively, self-harm can occur in the absence of suicidal intent, where the intended outcome is to cope with distress. Intent, therefore, is what differentiates non-suicidal self-harm from suicide and suicide attempts. The interventions required to respond to self-harm, irrespective of the intent, differ due to the distinctly different functions of the self-harming behaviour. Both require support from trained mental health professionals to address the complexities of the behaviour and appropriately respond to the associated risk.

Research has found that around 1 in 10 adolescents will have engaged in self-harming behaviour in the previous 12 months (Daraganova 2016). Self-harm is categorised as a symptom of underlying emotional and psychological distress rather than an illness in its own right. It is often a function of an underlying mental health condition (Be You Suicide Prevention and Response; Self-harm).

Children under 12

The response required for children under 12 who are self-harming is different and requires increased sensitivity and compassion. Schools should seek support and guidance from Student Support Services or appropriately trained allied health professional.

The role of educators

The role of educators is to promote positive help-seeking behaviours, strengthen the awareness and development of safe coping strategies, and to enquire sensitively about what is going on for the student. Where an educator has concerns about the mental health and wellbeing of a student, referring to the wellbeing team for additional support is essential. Identifying self-harm early can help young people to develop other coping strategies and help prevent self-harm from getting worse.

Remember

Self-harm is not simply an act of 'attention seeking'. People who engage in self-harm will typically do so in private and go to great lengths to conceal any evidence of self-inflicted harm. For this reason, signs that someone is engaging in self-harm can be difficult to identify.

Educators play an important role in **noticing** and identifying where a young person is suspected to be engaging in self-harm and then taking appropriate action to support the young person.



Supporting resources

Notice is the first step in the *NIP it in the bud!* (*Notice, Inquire, Plan*) early intervention approach to recognising and responding to early warning signs of depression, anxiety and emotional distress communicated through self-harm ([SAFEMinds](#)).

Social contagion

Social contagion may occur when other children and young people are aware of, and are influenced by, their peer's self-harming behaviour, either through directly witnessing the behaviour or seeing photos or wounds after the event. This contagion may involve some encouragement among peers to join in the behaviour to increase their sense of belonging to a group or perhaps to demonstrate empathy for a distressed friend.

Research indicates that vulnerable young people (those already experiencing mental health difficulties) are at increased risk of perceiving the self-injurious behaviour as an effective coping strategy, particularly as adolescents identify strongly with their peers during this period of development and growth (Nock, cited in Jarvi et al., 2013).

It is recommended that the student is encouraged to hygienically dress and cover self-harm wounds, by using bandages and wearing long-sleeved clothing. This will protect their privacy and reduce the risk of self-harm being employed as a coping strategy.

It is important that staff assisting the young person are non-judgmental and do not use shaming or blaming language (Beyond Blue, [Self-harm and self-injury](#) guide for parents factsheet).

Self-harm and suicide

Self-harm and suicide are sometimes directly linked, such as in the case of a suicide attempt. However, most people engage in self-harm without intending to end their life.

Determining intent requires a comprehensive risk assessment conducted by an appropriately trained staff member or professional (e.g. mental health practitioner (MHP), staff trained in youth mental health, a Student Support Services (SSS) psychologist or social worker, a Doctors in Secondary Schools Program general practitioner (GP), a Secondary School Nurse, an external mental health professional, GP or hospital-based doctor or psychologist) to reveal what is underlying the self-harming behaviour and tasks required to ensure safety and restore wellbeing.



Supporting resources

[headspace](#) has resources for young people, schools, family and friends regarding self-harm and the reasons people engage in this behaviour.

The importance of language

The language we use to talk about mental health, mental illness and suicide can contribute to stigma (The National Communication Charter 2018, Life in Mind) and impact a person's willingness to engage with services and seek support to manage and improve their mental health and wellbeing outcomes.

The National Communications Charter launched in 2018 by *Life in Mind* is a resource that promotes the safe and consistent use of language when talking about mental health, mental ill-health and suicide. It recognises that everyone has a role to play in tackling stigma and preventing harm.

The table below is a helpful resource for schools to promote accurate and safe language about mental health.

National Communications Charter

Tool One: Language Guide – Mental Illness

Do say	Don't say	Why?
<ul style="list-style-type: none"> ✔ A person is 'living with' or 'has a diagnosis of' a mental illness 	<ul style="list-style-type: none"> ✘ Stigmatising terms such as 'mental patient', 'nutter', 'lunatic', 'psycho' 	Because using language that sensationalises mental illness can reinforce stigma
<ul style="list-style-type: none"> ✔ A person is 'being treated for' or 'someone with' a mental illness 	<ul style="list-style-type: none"> ✘ Someone with a mental illness is a 'victim', 'suffering from' 	Because terminology can suggest a lack of quality of life for people with mental illness
<ul style="list-style-type: none"> ✔ A person 'has a diagnosis of', or 'is being treated for' schizophrenia 	<ul style="list-style-type: none"> ✘ A person is 'a schizophrenic', 'an anorexic' 	Because it can label a person by their mental illness
<ul style="list-style-type: none"> ✔ The person's behaviour was unusual or erratic 	<ul style="list-style-type: none"> ✘ Words that describe a person as 'crazed', 'deranged' 	Because it is inaccurate and can imply the existence of a mental illness
<ul style="list-style-type: none"> ✔ Accurate terminology for treatments e.g. antidepressants, psychiatrists, mental health hospital 	<ul style="list-style-type: none"> ✘ Words such as 'happy pills', 'shrinks', 'mental institution' 	Because using colloquialisms about mental illness can undermine help-seeking behaviour
<ul style="list-style-type: none"> ✔ Seek help and support via help-seeking resources and services 	<ul style="list-style-type: none"> ✘ Language that trivialises mental illness, such as 'weak' or 'snap out of it' 	Because terminology used out of context can trivialise mental illness

Source: <https://lifeinmind.org.au/the-charter/national-communications-charter-language-guide>

Section 3: Responding to and managing an incident of self-harm impacting a school

Response activities – responding to an onsite incident

The [SAFEMinds Responding to Self-harm in Schools](#) flowchart on the following page provides a step-by-step process to guide schools when responding to incidents of self-harm.

Where an incident involves an international student and if the information is known, the reporting school must advise ISOC whether the Department has accepted responsibility for ensuring appropriate accommodation and welfare arrangements. Refer to the Department's policy for more information: [International Student Program \(ISP\)](#).

Immediate action required

- Ensure safety. School staff have a duty of care to support students and to take all reasonable steps to keep all students and staff safe.
- Implement the school's [Emergency Management Plan \(EMP\)](#).
- Contact relevant emergency services as appropriate (000).
- Contact the **Department's Incident Support and Operations Centre (ISOC) on 1800 126 126**. The ISOC will record the incident report using the Incident Report and Information System (IRIS) and a copy of the summary report will automatically be emailed to the school principal and to relevant areas in central office and the region.
- For more information, see [Reporting incidents in my school](#).

If a staff member witnesses an incident, receives a disclosure or forms a reasonable belief that a child has been, or is being, abused they must follow the [Four Critical Actions for Schools](#).



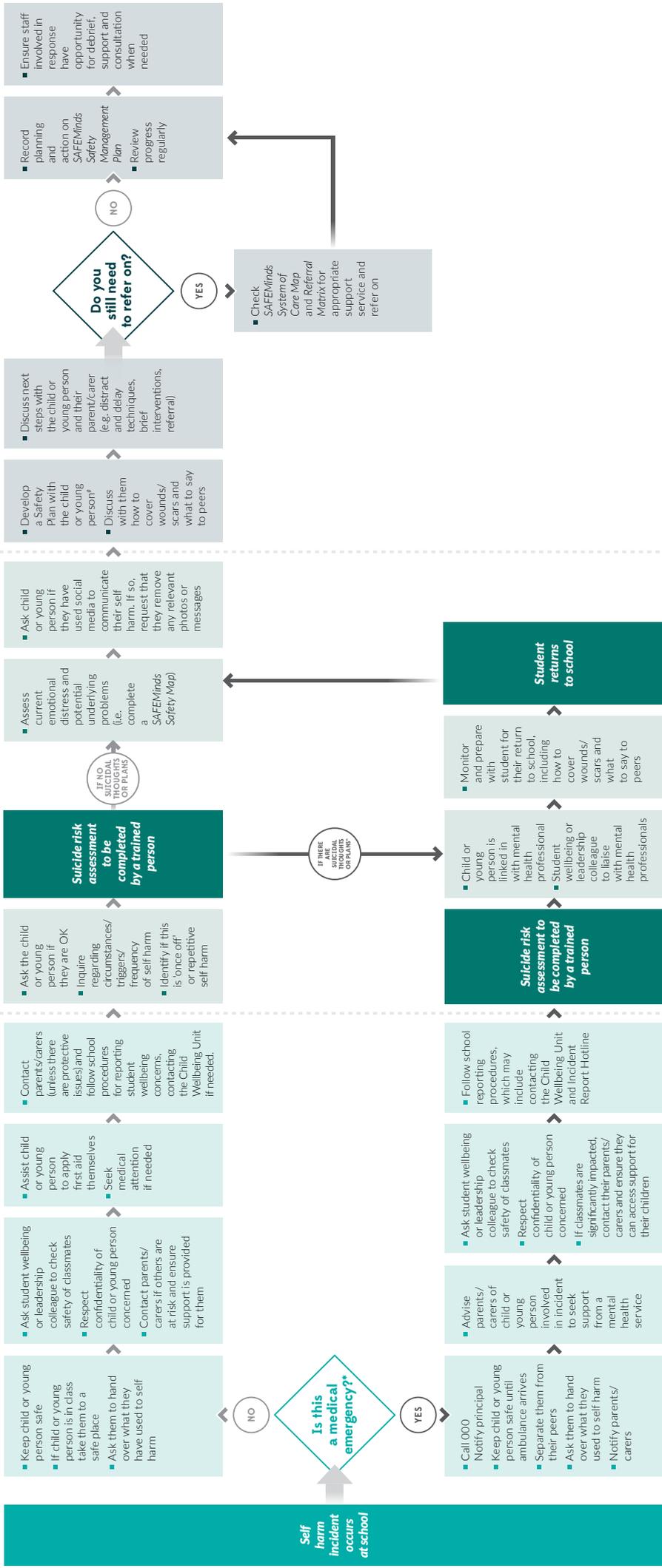
NOTICE Stay calm

INQUIRE Inquire sensitively and competently

PLAN Collaborate, Prepare, Act

REFER TO >

- SAFEMinds NOTICE TIP SHEET
- SAFEMinds INQUIRE TIP SHEET
- SAFEMinds SAFETY MANAGEMENT PLAN
- SAFEMinds SYSTEM OF CARE MAP
- SAFEMinds SAFE AND HEALTHY BODIES BRIEF INTERVENTION KIT
- SAFEMinds SAFE AND HEALTHY MINDS BRIEF INTERVENTION KIT



*** IN A MEDICAL EMERGENCY: Call an ambulance (000). If the student:**

- has taken an overdose or consumed poison
- is confused, disoriented or unconscious
- has bleeding that is rapid or pulsing

You may need to call the police if a student is violent or so distressed that they are unmanageable in the school environment.

*** PLEASE NOTE:**

- Suicide risk assessments should only be undertaken by a trained professional (e.g. school counselling staff or other mental health professional)

*** SAMPLE SAFETY PLAN:**

- When I feel stressed I will contact...
- When I feel the urge to self harm I will...
- If that doesn't help/work, I will...
- My supports are...

Responding to a self-harm incident that is not an emergency

Regardless of where an incident occurs, staff should endeavour to deliver a responsible duty of care and keep everyone safe in the environment (both at school settings, including school excursions and camps).

Some actions may occur simultaneously, as staff take on different responsibilities.

Actions required

- Where possible, **move the student** to a safe environment where further enquiry can occur in a sensitive manner that respects their privacy and reduces vicarious trauma impacts to students and staff.

- Once the student is in a safe environment, **request that the student hand over any instrument** that they could use to self-harm. If they refuse, contact the appropriate emergency services to ensure safety of the student and staff. Do not try to disarm the student against their will as this may result in you being injured as well. For more information, see [Restraint and Seclusion: Policy](#).

- First aid**
 - If possible, **arrange for the student to apply first aid immediately** under supervision of an appropriate staff member (e.g. school nurse or trained first aid officer) if required. It is beneficial to encourage the student to apply first aid, such as dressing wounds themselves, as this encourages self-care rather than self-harm. Encouraging the student to cover their wounds, regardless of severity, is recommended to reduce distress among students.

- Notify the leadership team.** It is a requirement of the Department that all incidents of self-harm, suicidal ideation and attempted suicides are reported to ISOC **1800 126 126**.

- Contact parents or carers** unless circumstances indicate that this should not occur. It is essential that this contact be approached with sensitivity and compassion. In most instances, this communication is best undertaken by a member of the wellbeing team, SSS or a member of the leadership team. Although students may be concerned about the school making contact with their parent/carers, all occasions of self-harm must be shared with

parent/carers in order to promote safety and accessing appropriate supports.

- Seek advice and professional assistance** from SSS. Support and advice is also available from [headspace](#), [Beyond Blue](#), Child and Youth Mental Health Services (CYMHS) or Child and Adolescent Mental Health Services (CAMHS). For more information, see [Child and adolescent mental health services](#).

- Get assistance to **follow up on the safety and wellbeing** of students who may have witnessed or have reported the self-harm.

- An appropriately trained staff member or professional (e.g. a MHP, staff trained in youth mental health, SSS psychologist or social worker, Doctor in Secondary Schools Program GP, Secondary School Nurse, an external mental health professional, GP or hospital-based doctor or psychologist) should **undertake a suicide risk assessment**. If no suitably trained staff are available, the student's parents or carers should be directed to have an assessment completed at hospital or by a community-based practitioner immediately.

- Make recommendations for referral** for mental health support either within the school (appropriately trained wellbeing staff or SSS) or external to the school as appropriate (e.g. [headspace](#), CYMHS or CAMHS). If the student has an existing relationship with a MHP, encourage the student and/or their parent/carer to inform them of the incident. Alternatively, obtain consent from the student for the school to communicate directly with the clinician.

- Consider a **Worksafe Notification** (13 23 60).

- Ensure there is a **debrief for all staff involved** in responding to the incident and that they are provided with information about self-care and the supports available to them.

- Consider what **post-incident follow-up** is required, including ongoing support for staff and students.

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- Ensure there is a **debrief for all staff involved** in responding to the incident and that they are provided with information about self-care and the supports available to them.

- Consider what **post-incident follow-up** is required, including ongoing support for staff and students.

Responding to a self-harm incident that is not an emergency

Where an incident occurs during a school activity, regardless of where the incident occurs, staff have a duty of care to take steps to prevent harm to everyone in the environment. This includes all school settings, excursions and camps.

Some actions outlined below may occur simultaneously by different staff members.

Actions required

- Where possible **move the student** to a safe environment where further enquiry can occur in a sensitive manner that respects their privacy and reduces vicarious trauma impacts to students and staff.

- Once the student is in a safe environment, **request that the student hand over any instrument** that may assist them to self-harm. If they refuse, contact the appropriate emergency services to ensure safety of the student and staff. Do not try to disarm the student against their will as this may result in you being injured as well. For more information, see: [Restraint and Seclusion: Policy](#).

- If possible, **arrange for the student to apply first aid immediately** under supervision of an appropriate staff member (e.g. school nurse or trained first aid officer) if required. It is beneficial to encourage the student to apply first aid, such as dressing wounds themselves, as this encourages self-care rather than self-harm. Encouraging the student to cover their wounds, regardless of severity, is recommended to reduce distress among students.

Responding to a self-harm incident that requires immediate emergency assistance

Some instances of self-harm require urgent medical attention. In the school environment, an urgent response is required, if the student:

- has taken an overdose or consumed poison – see [Victorian Poisons Information Centre \(131 126\)](#)
- is confused, disoriented or unconscious
- has bleeding that is rapid or pulsing.

Some actions outlined below may occur simultaneously by different staff members.

Actions required

- Call an ambulance (000) immediately.
- Take all reasonable steps to ensure the safety of all concerned, including requesting that the student hand over any instrument that may assist them to self-harm. Do not try to disarm the student against their will – this may result in you being injured. In the event they refuse, contact the appropriate emergency services to ensure safety of the student and staff. For more information, see [Restraint and Seclusion: Policy](#)
- Do not leave the class unattended to coordinate additional support for the student who has self-harmed. Use the school's existing emergency alert processes (e.g. use your mobile phone to call for help and/or send two other students together to seek help).
- Do not send the self-harming student anywhere alone. This includes to the school nurse. If you are on yard duty, call for help using your mobile phone or where this is not available, send two other students together to get help from the nurse or another member of staff.

- Stay with the student until you secure other adult supervision.
- Get assistance to check on the safety and wellbeing of students who may have witnessed or informed staff of the incident.
- Notify the leadership team. It is a requirement of the Department that all incidents of self-harm, suicidal ideation and attempted suicides are reported to ISOC 1800 126 126.
- Contact parents or carers. This contact requires sensitivity and compassion. Refer to [Communicating with parents/carers](#) for more information and suggestions regarding how to manage this communication. In most circumstances, a member of the school leadership or wellbeing team will manage this communication.
- Seek advice and professional assistance from SSS. Support and advice is also available from [headspace](#), CYMHS or CAMHS. For more information, see [Child and adolescent mental health services](#).
- Consider a [Worksafe Notification](#) (13 23 60).
- Ensure there is a debrief for all staff involved in responding to the incident and that they are provided with information about self-care and the supports available to them.
- Consider the post-incident follow-up that is required, including ongoing support for staff and students.

Responding to a self-harm incident that requires immediate emergency assistance

Some instances of self-harm require urgent medical attention.

In the school environment, an urgent response is required if the student:

- has taken an overdose or consumed poison; see: [Victorian Poisons Information Centre \(131 126\)](#)
- is confused, disoriented or unconscious
- has bleeding that is rapid or pulsing.

Some actions may occur simultaneously, as staff take on different responsibilities.

Remember

In most cases, self-harm is not a suicide attempt.

The physical severity of the self-harm is not a good indicator of suicidal intent because children and adolescents may be unaware of the seriousness of the risks associated with cutting, burning or hitting themselves, nor are they knowledgeable about the toxicity of supposedly harmless substances such as paracetamol.

If the self-harm has caused other students or staff to be distressed, offer them appropriate supports, check the safety of each individual and contact their parents/carers if appropriate.

Actions required

- Call an ambulance (000) immediately.
- Take all reasonable steps to ensure the safety of all concerned, including requesting that the student hand over any instrument that may assist them to self-harm. Do not try to disarm the student against their will – this may result in you being injured. In the event they refuse, contact the appropriate emergency services to ensure safety of the student and staff. For more information, see: [Restraint and Seclusion: Policy](#).
- Do not leave the class unattended to coordinate additional support for the student who has self-harmed. Use the school's existing emergency alert processes (e.g. use your mobile phone to call for help and/or send two other students together to seek help).
- Do not send the self-harming student anywhere alone. This includes to the school nurse. If you are on yard duty, call for help using your mobile phone or, where this is not available, send two other students together to get help from the nurse or another member of staff.
- Stay with the student until you secure other adult supervision.
- Get assistance to check on the safety and wellbeing of students who may have witnessed or informed staff of the incident.
- Notify the leadership team. It is a requirement of the Department that all incidents of self-harm, suicidal ideation and attempted suicides are reported to ISOC 1800 126 126.
- Contact parents or carers. This contact requires sensitivity and compassion. Refer to [Communicating with parents/carers](#) for more information and suggestions regarding how to manage this communication. In most circumstances, a member of the school leadership or wellbeing team will manage this communication.
- Seek advice and professional assistance from SSS. Support and advice is also available from [headspace](#), CYMHS or CAMHS. For more information, see: [Child and adolescent mental health services](#).
- Consider a [Worksafe Notification](#) (13 23 60).
- Ensure there is a debrief for all staff involved in responding to the incident and that they are provided with information about self-care and the supports available to them.
- Consider the post-incident follow-up that is required, including ongoing support for staff and students.

Managing internal communication

If a student has shared information about a self-harm incident or an ongoing pattern of self-harming behaviour with their friends, it is important to provide support to the student and also the peers who are aware of it. While these conversations can be challenging, the aim of the interaction is to ensure safety and reduce further distress.

Conversations about self-harm can be complex and can require clinical skills. It is recommended that the school wellbeing team and/or SSS hold the responsibility for these interactions.

Staff can also be impacted by a disclosure or knowledge of a self-harm incident involving a student. In this instance, it is important to remind staff of the support available via the EAP and encourage them to access their existing support network and self-care strategies.

When communicating with the student's friends

- Reiterate the importance of telling a trusted adult in the event they become aware of any behaviours that involves self-inflicted harm.
- In the event that friends have been sworn to secrecy, help them to understand that sharing this information will offer the best opportunity to keep their friend safe.
- Recognise the difficult position that sharing this information will put them in and remind them of the supports that are available to them.
- Where appropriate, provide suggestions for supporting their friend following a self-harm incident.

When communicating with the student

- Offer the reflection that it is encouraging that they can share with their friends that they are experiencing distress but help them to understand that it may be difficult for a friend to hear. Encourage them to talk to an appropriate adult who can help them access relevant support.
- Reiterate that your role is to help keep them safe and that you will support them to receive the support they need to manage their distress and develop ways of coping that do not cause harm to themselves.

- Be honest with them that, in order to keep them safe, you need to share this information with a member of the wellbeing team.



Remember

It is important to remind the young person of conditional confidentiality early in the conversation. Refer to [Conditional confidentiality](#).

Communicating with parents/carers

In most cases, a member of the school's leadership and/or wellbeing team is the most appropriate person to notify parents/carers of an incident of self-harm that has occurred at school, during a school approved activity, or that has come to the attention of school staff.

It is important that this occurs as it provides the parents/carers with an opportunity to support the young person. Where possible, this should occur in-person rather than via phone or email.

Below are some guiding principles to consider when preparing to engage with the parents/carers:

- Consider whether a member of staff has an existing relationship with the parents which will aid or potentially disrupt the conversation and subsequent actions required.
- Consider, and be sensitive to, the specific cultural or religious needs of the student and their family/community. For instance, the Department's [Marrung](#) policy outlines that schools must work in partnership with Aboriginal communities to respond to the needs of Koorie students. It is encouraged that relevant parties, such as Koorie Education Support Officers, are consulted.
- Communicate concerns in a clear and concise manner. Share the steps the school has taken so far and the details of what support the school can provide in the future. Clarify the roles and responsibilities of all parties and be prepared to repeat the concerns if necessary. It may take parents some time to comprehend the information being shared.
- Provide information about self-harm and why people engage in it. This will help build parent/carer knowledge and confidence for engaging with their young person.



Supporting resources

The headspace resource [understanding self-harm for families](#) offers useful information about self-harm which could be shared with parents/carers.

- Encourage parents/carers to take a caring and concerned approach to their child's self-harming behaviours, and resist being emotional.
- Parents/carers may have many questions. Be prepared to share the contact details for an appropriately trained member of the wellbeing team or external supports such as headspace, who can answer their questions if they are beyond the scope and expertise of your role.
- Provide them some additional information such as factsheets and emergency contact details. This will support the parents to feel they are not alone in supporting their young person. There are a range of resources on the [headspace](#), [Beyond Blue](#), [Raising Children Network](#), [Kids Helpline](#) and [ReachOut](#) websites.
- Take appropriate notes that can be placed on the student file.
- If a member of the school's leadership team is not involved in the meeting, ensure that they are informed that it has occurred and of the response of the parents/carers, so that appropriate additional steps can be taken if required.

However, there are some circumstances where notifying the parents/carers is inappropriate. For example:

- Where the student is an adult and they do not consent to their parent/carer being informed.
- Where a student under the age of 18 has been assessed by the school as being a mature minor for the purpose of this decision and does not consent to their parent or carer being informed. For more information, see: [Mature Minors and Decision Making](#).
- Where the student discloses abuse or neglect, and it is believed that contacting parents/carers may have an adverse effect on the student's safety and is therefore not in the student's best interests. In this instance, consideration should be given to notifying Child Protection.



Remember

SSS can support school staff to navigate situations where parents/carers are not contacted following an incident of student self-harm. In these instances, it is essential another adult with caring responsibilities for the young person is informed so they can put measures in place to ensure safety and appropriate support is offered. Information about an alternate adult with caring responsibilities for the student may be recorded as an emergency contact on the student's school file.

Documenting and recording

School staff should use school-based recording and other Departmental reporting systems such as [IRIS](#) to record **all** incidents of self-harm, whether they occurred at school, during school-approved activities, or offsite/out of school hours. The school-based recording and reporting should also record all threats of self-harm.

These records should include:

- the details of the incident and the school response, including steps taken to keep the young person and the broader school community safe
- details of the interactions between the school and parent/carer
- a detailed account from those who witnessed or disclosed the incident and the actions that the school is undertaking to support these students and/or staff
- clearly identified roles and responsibilities of all staff involved in the care and support of the student(s)
- the development of an appropriate safety plan and, if required, a return to school plan
- a record of any referrals to appropriate external services
- details about how the student will be supported and timeframes for reviewing the support processes in place for the young person involved in the incident.

All information about self-harm incidents needs to be kept securely to maintain privacy and confidentiality.

Managing external communication

Support from the Media Unit

The Department's Media Unit is available to provide support and advice 24 hours a day, 7 days a week about media to principals, including managing media enquiries on their behalf. This team of media experts supports principals to respond to newspaper, radio and TV requests and manage social media issues. **The media unit can be contacted on (03) 8688 7776.**

Importantly, the Media Unit works closely with key areas of the Department including the Legal Services Division and the Schools and Regional Services Group to ensure that public comments do not breach any laws.

In the event that the school is contacted by the media following a self-harm incident, it is recommended that the principal contact the Senior Education Improvement Leader (SEIL).

Refer to the Department's *Managing Trauma: a guide to manage trauma following a critical incident* for more information about preparing for media interest.

Managing media

The media are sometimes interested in reporting on youth self-harm and suicide and may contact the school for comment. Schools should never feel obliged to immediately respond to a request from the media. Taking time to prepare a response and seek appropriate guidance and support will ensure the communication is concise and accurate and minimises the risk of further harm.

If a media outlet contacts the school, it is important to:

- ask for their name and the media outlet they represent
- record their contact details (phone, email)
- ask for the timeframe they would like the information by
- request that they provide the questions in writing. This will allow time to consider the response.
- contact the media unit for support. For more information, see: [Media Requests and Attendance at Schools](#).

It is recommended that one person manages the liaison between media and the school. While it is generally the principal who is asked to speak on behalf of the school, another senior member of the school's leadership team may take on the spokesperson duties if appropriate.

Managing social media

Content posted to social media can significantly increase the risk of exposure to a self-harm incident among people.

While it can be difficult to ascertain what information has been posted online and how to restore safety, educators are encouraged to listen out for references and engage with students regarding what they have seen and heard.

Understanding what has been posted online can provide schools and external services (such as police) with timely information about levels of risk to enable additional supports or interventions to be offered.

For information about managing social media, see: [Cybersafety \(education.vic.gov.au\)](#). For advice about reporting or removing inappropriate posts, see: [eSafety Commissioner](#).



Supporting resources

The [eSafety Commissioner](#) has a range of tools and resources to help parents and young people have safe and positive experiences online.

[#ChatSafe](#) is an initiative of [Orygen](#) developed in partnership with young people. It provides tools and tips to support safe online communication about suicide.

Recovery activities – supporting students beyond an incident

The recovery phase refers to key activities that focus on restoring safety and improving the mental health and wellbeing of students, staff and families.

Key activities in this phase are:

- safety planning
- return to school planning
- identifying a support person
- consideration of reasonable adjustments to the student's program
- ongoing monitoring and support
- self-care for school staff.

Safety planning

A safety plan should be completed following an incident of self-harm or a suicide attempt. This ensures:

- the student is given the opportunity to identify activities and supports that promote positive mental health and wellbeing for them
- the school can create a safe and supportive environment, reducing potential triggers.

Where a student has been absent from school as a result of an incident of self-harm or a suicide attempt, a return to school plan should also be developed.

Safety planning with students who are self-harming

A safety plan is an opportunity for the student to consider their existing internal coping strategies and identify the activities they engage in that positively impact their mental health.

Empowering a student to share their experiences of what strategies have been helpful in the past and ideas about what is going to keep them safe in the future is an important step in strengthening their help-seeking behaviours and ability to cope with adversity.

Remember

In order to liaise and collaborate with relevant mental health services and other school-based staff involved in the care of a student, consent to share information practice principles must be applied.

The discussion about safety planning should reiterate to a young person that:

- help is available
- should they experience an escalation of risk and are unable to keep themselves safe, it is essential they immediately seek support from friends, trusted adults and/or emergency services.

Ideally, the safety plan should be developed jointly by the student, their parents/carers (if appropriate) and appropriately trained and skilled school staff. Alternatively, a mental health professional can develop a safety plan jointly with parents/carers and the student to be shared with the school with permission from the parent and student.

The plan will help the student identify how they will manage their emotional distress and detail alternative strategies and supports that might reduce self-harm behaviour. It is important to identify parts of the safety plan that apply during school hours, and those that apply outside of school hours. Most strategies and supports identified will apply to both circumstances. Clarify any limitations to enacting the safety plan during school hours.

In some instances, students will be receiving support from external mental health services and their input into the safety plan will be crucial.

A **safety plan** should:

- identify warning signs and potential triggers
- consider how to create a safe environment at home and school (e.g. reducing access to implements that can be used to harm oneself, increasing supervision, processes for communicating distress)
- identify reasons to live (protective factors)
- identify self-help strategies (e.g. listening to music, getting fresh air, talking to peers, meditation)
- list social support networks (family and friends)

- provide a timeframe for the review of supports in place
- provide school-related information – where to go, who the support person is, what is available from first aid, an agreement to cover up wounds as much as possible.

The plan should also provide coverage of support for periods when school staff, friends and family may not be available (for example, beyond the school day or during school holidays) as well as external services such as:

- [ehedspace](#) 1800 650 890, 9am–1am AEST
- [Lifeline](#) 13 11 14, 24 hours a day, 7 days a week
- [Suicide Call Back Service](#) 1300 659 467, 24 hours a day, 7 days a week
- [Kids Helpline](#) 1800 551 800, 24 hours a day, 7 days a week.



Supporting resources

Refer to [Appendix 4](#) for a safety plan template.

The [Beyond Now](#) safety planning app by Beyond Blue is another helpful tool to use with students.

[SAFEMinds](#) has a range of resources, including templates for schools to use when supporting students who are experiencing emotional distress.

[Be You](#) has a range of tools, resources and templates to assist educators engaging in [safety planning](#) with students following an incident of self-harm.

Student's return to school following a self-harm incident

If the student has been absent from school because of an incident of self-harm or a suicide attempt, careful planning for their return to school is an important step to creating a safe and supportive environment.

Collaborative planning

Planning should be done in consultation with the student, the parents/carers and any mental health professionals involved in the student's care. Planning should consider any ongoing risks of self-harm or emotional distress, including any triggers or challenges in the school environment. Planning should also identify strengths and positive and protective factors.



Remember

Keeping a young person safe following an incident of self-harm or a suicide attempt is a shared responsibility of the individual student, family and friends, school and mental health providers.

Schools can collaborate with specialist services to support outcomes for children and their families and streamline their experience across services. Schools may share information as required or authorised by law, such as to:

- meet duty of care, anti-discrimination, occupational health and safety obligations
- promote the wellbeing or safety of children, or to assess or manage family violence risk.

For more information see: [Privacy and Information Sharing](#) and [Child and Family Violence Information Sharing Schemes](#).

Reasonable adjustments

School staff should carefully consider any reasonable adjustments that are needed to enable the student to participate in education.

With everyone's consent, adjustments may include:

- a gradual re-entry with a focus on the student gradually returning to school full-time
- study exemptions and/or modifications to expectations, timelines and workload
- a plan to catch up on essential missed work (e.g. VCE assessment tasks)
- providing a separate space for students to complete assessment tasks, if needed
- permission to leave class when required to check into a pre-determined location (e.g. First Aid), if needed.

It is essential that decisions are made collaboratively and that the student's voice is at the centre of these conversations.

Where external services are involved in providing support to the young person, particularly in the case that the self-harm incident was a suicide attempt, consulting with them regarding how best to approach the return to school further aids the process and ensures that the school can continue to be a positive and supportive environment, contributing to the student's recovery and improved mental health.

Supporting students completing VCE

Schools may approve special provisions and arrangements for both classroom learning and school-based assessments to assist students to participate in classroom learning. For more information, see: [Special Provision for Classroom Learning and School-based Assessment](#).

Special Examination Arrangements may also be approved for students with disabilities, illnesses or other circumstances that affect their ability to access a VCE external assessment. Special Examination Arrangements applications are made to the Victorian Curriculum and Assessment Authority (VCAA) through the student's school. For more information, see: [Special Examination Arrangements for VCE External Assessments](#) or contact the Special Provisions team by email vcaa.special.provision@education.vic.gov.au or phone 1800 205 455.

Identify a support person

The student should also be offered support upon their return to school. This may involve a member of staff, the leadership or wellbeing team, or a combination of these.

Where possible, it is beneficial to have the student identify who they would nominate as their support person. Having an already established relationship is going to be beneficial and increase the likelihood that they access support if they become overwhelmed at school.

It is best if two or more people can be offered as support people to distribute the care and preserve the wellbeing of those staff involved in supporting the student. If this is not initially possible, it is suggested that efforts be made to increase the support team for the student over time.

Appropriate boundaries should be put in place and all parties should be clear on when and how support people can be accessed.

School-based support staff should not be available to the student outside the school location or hours. The student should be told about the community services available outside of school hours.

Key considerations:

- include the availability of the key contact person/s (times/days/location)
- clearly define roles and responsibilities
- ensure a process for documenting interactions and supports offered
- set a timeframe for reviewing the supports in place.

The support offered at school will complement the support provided by the student's family and should work collaboratively with any external mental health professionals involved in their care.

Remember

Mental health and subsequent risk is fluid and any planning and subsequent action represents a moment in time. Regular reviews are essential to appropriately modify and provide a supportive environment.

Resourcing

It is useful to identify a 'team' of school-based professionals who meet regularly to monitor any changes and identify and meet needs of the student. This team may consist of the student, the parents/carers, teacher, SSS and school-based wellbeing staff. This approach facilitates shared understanding and responsibility. When devising a return to school plan, it is important to offer options that the school can appropriately resource. For example, if the school offers increased supervision of the student, it is essential that resources are available to implement this strategy.

Providing the details of the supervision arrangements and any limitations to these, particularly over transitions such as break times and moving between classes, is key in ensuring the school fulfils its duty of care to the student.

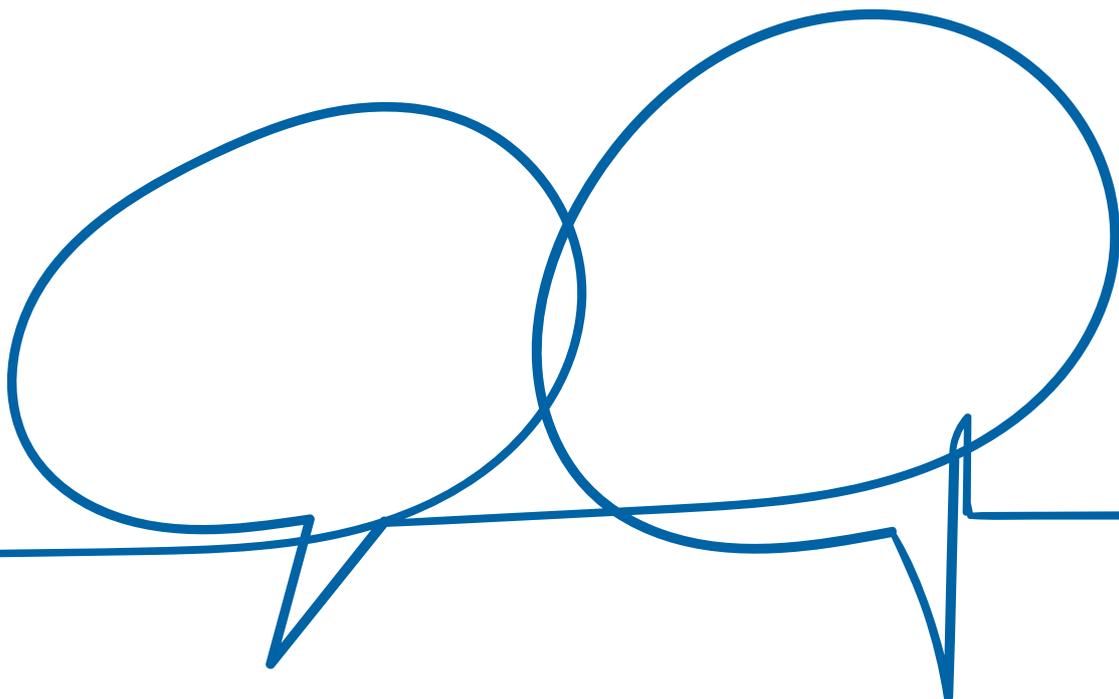
Regularly reviewing the return to school plan will allow the school to make amendments to the level of supervision it is able to provide in response to the changing levels of distress experienced by the student. Special consideration should be given to any excursions or camps that are scheduled following the student's return to school as well as other events that the student identifies as stressful. All decisions should be made in collaboration with SSS, parents/carers, the student (where appropriate) and any external mental health professional involved in supporting the student.

Ongoing monitoring of student safety and wellbeing

In addition to implementing the student's safety plan and return to school plan, it is important to continue to check in with the student to ascertain their mental health and wellbeing.

Encourage staff to be alert for any changes they observe in the student's behaviour, thoughts or emotions during class and to follow the school's process for enquiring sensitively. Staff who are concerned about the student's wellbeing should refer the student for additional support from the wellbeing support team at the school.

The Department's [Mental Health Toolkit](#) provides resources to support student mental health and wellbeing.



Self-care for school staff following an incident of self-harm or suicide attempt

Supporting students who are experiencing significant emotional distress and may be engaging in self-harm can be stressful and can leave you feeling emotionally fatigued. It is important that school staff seek their own support from colleagues, school leaders and/or professional services.

Enacting your own self-care strategies and support network is also critical during this time.



Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Alternatively, speak with your GP to arrange a Medicare-rebated Mental Health Care Plan.



Supporting resources

Be You has a range of wellbeing tools and resources for educators to support their mental health and wellbeing needs.

5 Ways to wellbeing, an initiative of the Royal Melbourne Hospital, has a range of tips and suggestions that promote positive mental health and wellbeing.

Further supports and information can be found at: Human resources: Employee Health, Safety and Wellbeing Services (education.vic.gov.au)

Health and wellbeing services for principals (including assistant and acting) are available. For more information, see: Principal Health and Wellbeing Strategy.

Self-care strategies to maintain and restore wellbeing following exposure to a self-harm incident or suicide attempt

- Look out for signs of traumatic stress (including burnout and vicarious trauma).
- Make time for rest as this is critical for your resilience.
- Contact friends and increase time with those whose company you enjoy.
- Schedule pleasant events and maintain a schedule and routine.
- Reduce the intake of stimulants (e.g. coffee, alcohol, energy drinks) to keep arousal levels within a manageable range.
- Eat well-balanced regular meals to help you maintain physical and emotional wellbeing, energy and balance. There is increasing evidence linking a good diet to mental health.
- Add some physical exercise into your daily routine.
- Use your support networks at home and at school (including reaching out to personal and professional mentors).
- Use relaxation activities (e.g. meditation or mindfulness).
- Talk through your experiences with someone you trust and use available support mechanisms to avoid being overwhelmed.

Source: *Managing Trauma: A guide to responding to a critical incident*

Section 4: Early intervention and prevention activities

Having a conversation about mental health and wellbeing

As an educator, you have a role in engaging a student in a conversation about their mental health and wellbeing. This conversation requires you to exercise sensitivity and compassion.

Being aware of the limitations of your role is critically important – it is not the role of an educator to diagnose and determine the appropriate therapeutic intervention. It is your role to gather information that will inform what happens next and support those who are responsible for coordinating the student’s care.

It is important that you remind the young person of conditional confidentiality early in the conversation, particularly if you suspect they are about to make a disclosure regarding their mental health and wellbeing.

Educators can and should engage a young person in a conversation about their mental health and wellbeing, demonstrating genuine curiosity and interest in how they are doing or feeling. Any information you gather provides an indication as to their level of emotional distress and the subsequent actions required to offer appropriate supports and ensure safety. Intervening at the earliest point where changes have been identified offers the greatest potential for improving the mental health outcomes for young people.

SAFEMinds Tips to Inquire offers some questions that you might ask the young person to start a conversation about their mental health and wellbeing such as:

- “Hey, are you okay?”
- “You haven’t seemed like yourself lately, is there anything you would like to talk about?”
- “Is there something I can help you with?”

Conditional confidentiality

When a student discloses their intent to self-harm or expresses their emotional distress through self-harm, school staff should carefully explain the limits to the student’s privacy and confidentiality. That is, that their personal and health information may be used or disclosed, even without their consent, in certain circumstances such as the following:

- to other school staff to enable school staff to appropriately manage the health, wellbeing and education of a child or group of children
- to external agencies or parents/carers if there is a serious risk to their health, safety or welfare
- to external agencies or parents/carers if there is a serious risk to another person’s health, safety or welfare
- to other school staff in order to be able to provide a suitable and safe workplace for all school staff (occupational health and safety obligations).

For more information, see: [Privacy and Information Sharing Policy](#).



Supporting resources

SAFEMinds Safety Map provides a list of factors that can be used to determine the significance of the student’s emotional distress and the impact that is having on the student’s usual functioning. Recording data against each of the factors will provide you with a suggested course of action.

Educators might say one of the below phrases when explaining conditional confidentiality:

- “Anything you tell me is confidential unless I’m worried about your safety or someone else’s safety. If I’m concerned, I’ll need to tell someone like the principal because your safety is the most important thing.”
- “Our conversation is just between you and me unless I become so worried about your safety that I need to get someone else involved. If that happens, we will discuss what details are to be shared with the principal (or another member of staff) to keep you safe.”

Remember

Consulting with colleagues for guidance and support is an important step in the process of ensuring that staff and the student receive the appropriate level of care.

The table below identifies key considerations for educators when engaging a young person in a conversation about their mental health and wellbeing. Seek professional support and guidance from your colleagues and avoid managing any concerns or difficulties on your own.

Key considerations when engaging a young person in conversation about their mental health and wellbeing

Do	Don't	Why?
Be as open with the young person as possible.	Engage a young person in a conversation in front of their peers, or in a space or at a time that is not conducive to inviting them to share their thoughts and feelings.	Young people will talk to people who they have a relationship with and do so where they feel safe.
Be transparent about limits of confidentiality.	Agree to keep secrets – it is possible that the young person’s safety is at risk from their self-harming behaviours.	In the event a young person discloses their self-harming behaviour to you, or you suspect they are a danger to themselves or others, it is crucial that you share this information with a member of the leadership team and their parents/carers in order to keep them safe and fulfil your duty of care to them.
Look after yourself: get some advice/support for yourself.	Make ultimatums or try to force the young person to stop as this is likely to make things worse. Furthermore, refrain from sharing personal information and/or crossing professional boundaries.	Supporting a young person who is engaging in self-harming behaviours is incredibly challenging for those supporting them. It is not uncommon to feel hypervigilant and concerned about the mental health and wellbeing of all students. Consulting with colleagues and seeking support for yourself will ensure your role and responsibility to supporting the student is clear and you feel confident in doing so.

How to ask a student if they are self-harming

If an educator has concerns or evidence that a student is engaging in self-harm, it is essential to enquire about these thoughts and behaviours. It is also important to consider who is the most appropriate staff member to have this conversation with the student. For instance, if the student has existing relationships with any wellbeing staff in the school, this would be the most appropriate staff member to have this conversation.

Some signs that indicate a student may be engaging in self-harm include:

- inappropriate clothing for the season, such as long sleeves during high temperatures
- unexplained burns, cuts, scars or other markings on the skin
- unexplained markings on the non-dominant hand
- avoidance of events where participation requires less body coverage, such as swimming carnivals or physical education classes.

How to have the conversation

- Use open ended questions and non-judgemental language, verbal and body language to communicate your support and efforts to keep them safe.
- Demonstrate your openness and care by using positive words and other non-verbal communication as you listen to the student's concerns. Vulnerable students will often be concerned and hesitant to disclose their thoughts and feelings of self-harm to adults for fear that they will be judged or that their experience will be too hard to handle or shocking.
- Know your personal limitations and ability to engage in this conversation.

It is important that schools have a clearly defined process for escalation and support for staff in response to a self-harm incident involving a student. This includes identifying which staff within the leadership or wellbeing teams notify when an incident occurs and which staff will coordinate the response. Ensuring clarity regarding the roles and responsibilities of all staff will further support the early identification and improved mental health and wellbeing outcomes for students engaging in self-harm. It is recommended that all staff review and familiarise themselves with this process and required actions annually.



Remember

A formal assessment of risk should always be conducted following a disclosure of self-harm. All evidence of self-harm needs to be appropriately assessed, reported to school leadership and recorded by the school as soon as practicably possible.

Understanding mental health along a continuum and its application within a school setting

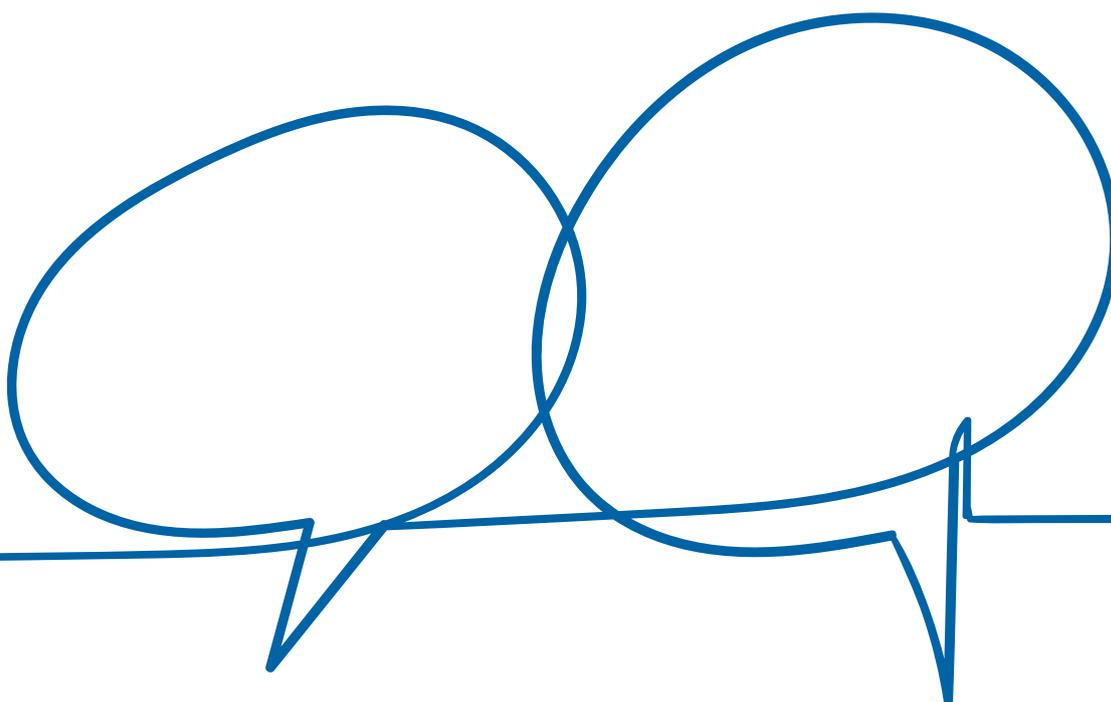
The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.

Mental health is an essential component of health and one cannot exist without the other. It is a state of wellbeing in which an individual realises his/her own abilities, can cope with normal life stressors and is able to effectively contribute and connect to their community.

It is helpful to view mental health and mental ill-health as existing at opposite ends along a continuum of mental health (Be You). Our position along the continuum is influenced by social, emotional and environmental factors. Children, young people and adults alike constantly move along the continuum as we face challenges and situations in everyday life that test our capacity to cope and alter our mental health. Children and young people will typically sit at the end of the continuum of positive mental health and going okay. They can face adversity and have the resilience to cope with daily stressors. The promotion of help-seeking messages and awareness of the strategies that foster positive mental health is fundamental to early intervention and prevention of future mental health difficulties.

The process of recognising where students are positioned along the continuum of mental health and engaging them in a conversation to understand the factors that are contributing to their current mental health and wellbeing is consistent with the SAFEMinds early intervention approach of *NIP it in the bud!* (Notice, Inquire, Plan).

The Mental Health Continuum



The Mental Health Continuum

Flourishing



If our mental health and wellbeing is *flourishing* we are:

- in a state of optimal functioning
- engaged with our environment
- connected to our community.

In a **school setting** this is a child who:

- is engaged in learning
- has good coping strategies
- is connected socially
- has the ability to problem-solve
- can maintain their energy and participation throughout the day.

Going okay



When our mental health and wellbeing is *going okay* we are:

- able to complete our daily activities such as work and study
- experiencing positive mental health with the absence of frequent or significant distress.

In a **school setting** this is a child who:

- maintains regular attendance
- approaches their learning with curiosity
- is socially connected
- experiences small observable changes in behaviour/emotions and/or social connection.

Going through a tough time



At the point in the continuum of emerging mental health concerns we are:

- experiencing difficulties maintaining daily activities
- experiencing *noticeable changes* in one of the domains of social, emotional and/or environment factors, evidenced by changes to behaviour, emotions and/or social connections.

In a **school setting** this is a student who:

- has come to the attention of an educator and/or a member of the wellbeing team
- is experiencing mild disruptions to their ability to engage in learning, behaviour, and social connections
- experiences periods of disruption and impact to their behaviour, emotions and/or social connections.

Severely impacting everyday activities



At the far end of the continuum where our mental health and wellbeing is *severely impacting everyday activities* we are:

- experiencing thoughts and emotions that are distressing
- demonstrating behaviours out of the norm for that student
- experiencing persistent negative emotions
- requiring additional support to alleviate the distress experienced.

In a **school setting** this is a student who:

- may be unable to maintain regular attendance
- is socially disengaged
- is not engaged in learning
- has identifiable emotional distress.

The role of educators and school communities in supporting the mental health of students

Schools play an important role in providing an education environment that is inclusive and positive and can foster the skills and capabilities required to support the mental health and wellbeing of all students.

Research indicates that whole-of-school approaches to building a positive and inclusive

culture of mental health and wellbeing facilitates optimal wellbeing outcomes for students. A whole-of-school approach is one that involves all members of the school community, from school leaders to staff, students and parents, each with an active role to play in building and embedding a positive culture of mental health and wellbeing.

For more information about whole-of-school approaches and Departmental tools and resources available refer to the [Mental Health Toolkit](#).

How to foster a safe, inclusive and positive culture of mental health and wellbeing at school

Do	Don't	Why?
Access additional Departmental and community-based resources to enhance the school's strategy of implementing a whole-of-school approach to mental health and wellbeing.	Attempt to embed a whole-of-school approach to mental health and wellbeing in isolation or without the support of the leadership team and education colleagues.	Best practice supports the whole-of-school approach to mental health and wellbeing to improve outcomes for students and the broader school community.
Remain engaged and aware of any changes to behaviour, emotions and/or social connections of students.	Attempt to identify and/or diagnose a mental health difficulty and/or condition.	It is not the role of an educator to identify and/or suggest the presence of a mental health difficulty or condition, but rather to notice changes and appropriately refer for additional support if required.
Consider the changes to behaviours, emotions and/or social connections observed in the context of the student's age and developmental stage. Seek professional support and guidance regarding how best to meet the needs identified.	Assume all change is the result of an emerging mental health difficulty and/or condition. Other influencing factors might be contributing to the change and/or emotional response observed such as recent individual, familial or environmental stressors or difficulties.	Consideration of age and development stage is relevant as some behaviours, thoughts and emotions are indicative of normal and expected development rather than an emerging mental health difficulty. Observable changes may also be due to cultural understandings or practices, or a result of a student's temperament or disability.

Supporting resources

Response and prevention

Department of Education and Training Victoria: policies and resources

- [Policy and Advisory Library](#)
- [Managing Trauma Guide](#)
- [Mental Health Toolkit](#)
- [Skills Training of Suicide Risk Management \(STORM®\)](#) resources (MHP and SSS workforce)
- [SAFEMinds: Schools and Families Enhancing Minds](#)
- [Suicide Risk Continuum Training \(SRCT\)](#)
- [Promoting mental health and wellbeing in your school.](#)

The importance of language

- [National Communications Charter; language guide](#)
- the [eSafety Commissioner](#) supports parents and young people to have safe and positive experiences online
- [#ChatSafe](#) tools and tips to support young people to communicate about suicide safely online.

Community mental health services

- [ehespace](#) 1800 650 890, 9am–1am AEST
- [headspace](#)
- [Understanding self-harm for families](#)
- [Beyond Blue](#)
- [Self-harm and self-injury](#)
- [Kids Helpline](#) 1800 551 800, 24 hours a day 7 days a week
- [ReachOut Australia](#)
- [Child and Adolescent Mental Health Services](#)
- [Lifeline](#) 13 11 14, 24 hours a day 7 days a week
- [Suicide Call Back Service](#) 1300 659 467, 24 hours a day 7 days a week.

Recovery

- [Be You](#)
 - [Mental Health Continuum](#)
 - [Wellbeing tools for you.](#)

Early intervention

- [SAFEMinds: Schools and Families Enhancing Minds](#)
 - [Tips to Notice](#)
 - [Tips to Inquire](#)
 - [Responding to self-harm in schools flowchart](#)
 - [Safety Map](#).

Safety planning

- [Beyond Now](#) safety planning app
- [Be You](#). Suicide Prevention. [Safety Planning](#)
 - [ehheadspace](#) 1800 650 890, 9am–1am AEST
 - [Lifeline](#) 13 11 14, 24 hours a day 7 days a week
 - [Suicide Call Back Service](#) 1300 659 467, 24 hours a day 7 days a week
 - [Kids Helpline](#) 1800 551 800, 24 hours a day 7 days a week.
- Returning to school after a self-harm incident:
 - [Be You](#). Suicide Prevention, [Responding after a suicide attempt; my return to school plan](#).

Resources for students and parents/carers

Resources for students

[Are you okay? Young people and mental health – Centre for Multicultural Youth](#)

[Self-harm – ReachOut Australia](#)

[Self-harm and self-injury – Beyond Blue](#)

[Self-harm – What is self-harm and who can help? | Kids Helpline](#)

Resources for parents/carers

[headspace - understanding self-harm for families](#)

[Suicide and teenagers – ReachOut Parents](#)

[Self-harm & teens: signs, causes, help | Raising Children Network](#)

[Teen suicidal thoughts & suicide attempts | Raising Children Network](#)

[Self-harm, a guide for parents – Beyond Blue](#)

[Self-harm explained | What can parents do? | Kids Helpline](#)

Resources for Culturally and Linguistically Diverse (CALD) parents and carers

[Conversations Matter: supporting CALD communities to talk about suicide – a guide for professionals](#)

[headspace - Considerations for Culturally and Linguistically Diverse Young People](#)

Glossary of terms and definitions

Be You

Be You is led by Beyond Blue with delivery partners Early Childhood Australia and headspace. It promotes mental health and wellbeing, from the early years to 18, and offers educators and learning communities' evidence-based online professional learning, complemented by a range of tools and resources to turn learning into action.

Child Information Sharing Scheme (CISS)

The CISS is established under Part 6A of the *Child Wellbeing and Safety Act 2005*. The scheme enables information to be shared by organisations and services prescribed as an information sharing entity to promote the wellbeing or safety of a child or group of children under the age of 18 years. Refer to the Child Information Sharing Scheme Ministerial Guidelines for further guidance about using the scheme.

Department confidential student files (DCS)

DCS files are student files prepared by members of the SSS team. These files are distinct from files kept by the school which hold details of enrolment. DCS files contain confidential information developed to detail therapeutic interventions, family history and reports from educators and family about the student. Principals are required to provide adequate storage facilities to ensure the confidentiality and security of the files on location at the school. Only qualified SSS staff members are certified to access the files.

Doctors in Secondary Schools

This Doctors in Secondary Schools program funds GPs to attend up to 100 Victorian government secondary schools up to one day a week. The GPs provide medical advice and health care to those students most in need up to one day a week. The objectives of the program are to:

- make primary health care more accessible to students
- provide assistance to young people to identify and address any health problems early
- reduce the pressure on working parents.

Duty of care

Under the Department's *Duty of Care* policy, all principals, teachers and other staff working with students in Victorian government schools owe a duty of care to those students and must take reasonable steps to reduce the risk of reasonably foreseeable harm to students. Refer to the policy for more information.

Emergency management plan (EMP)

Refers to a school's plan outlining the steps it will undertake to respond to a critical incident. The Department requires all schools to have an up-to-date school plan that addresses site-specific hazards and threats that have the potential to result in emergencies and critical incidents. As part of the planning process, schools will have told families how they will communicate with them in the event of a critical incident. Plans are reviewed and updated online annually by 1 September or following an emergency or critical incident.

Family Violence Information Sharing Scheme (FVISS)

The FVISS is established under Part 5A of the *Family Violence Protection Act 2008*. The scheme enables relevant information to be shared between certain prescribed entities, namely Risk Assessment Entities (RAE) and Information Sharing Entities (ISE), to assess or manage family violence risk, including risks to child, adolescent and adult victim survivors. Refer to the Family Violence Information Sharing Guidelines for further guidance about using the scheme.

Incident management team (IMT)

Refers to the team responsible for leading the school's immediate responses to a critical incident. Members of this team have been identified in the school's emergency management plan and will include the principal or delegate, members of the senior leadership team and those with wellbeing responsibilities.

Incident report and information system (IRIS)

Refers to the data management system that ISOC uses to record all emergencies and critical incidents that they receive from schools. Following details of the emergency of critical incident being recorded in IRIS a copy of the summary report is automatically emailed to the school principal and to the relevant area in central office and the region.

Incident support operations centre (ISOC)

Refers to the coordination unit that schools are required to contact (**1800 126 126**) in the event their school experiences an emergency or critical incident. Registering the report with ISOC will inform the SSS area team of the incident and initiate appropriate support from the team of allied health professionals. ISOC records the incident using the Incident Report and Information System (IRIS).

Mental Health Practitioners

Mental Health Practitioners (MHPs) are one of a number of Health, Wellbeing and Inclusion Workforces (HWIW) that operate to support Victorian schools and student outcomes. All government secondary schools are funded to appoint a suitably qualified mental health professional to provide direct counselling for students with mild to moderate mental health needs, coordinate supports for students with critical needs and enhance promotion and prevention activities in the school.

SAFEMinds; Schools and Families Enhancing Minds (SAFEMinds)

Is a joint initiative of the Victorian Government and headspace, the National Youth Mental Health Foundation, offering school communities a comprehensive learning and resource package that will enhance their capacity to effectively identify children and young people with early signs of mental health issues, offer school-based interventions and refer appropriately when needed.

School environment

Refers to any physical or virtual place made available or authorised by the school or school council for use by a student during or outside school hours, including a campus of the school, online school environment and other locations provided for a student's use (such as school camps, sporting events, excursions. For more information, refer to [reporting and managing school incidents \(including emergencies\)](#).

School incident management system (SIMS)

Refers to the six-step process outlining tasks schools are required to implement when faced with an emergency or critical incident at school as outlined below.

Step 1: Identify and respond immediately

Step 2: Report for support

Step 3: Ongoing support and recovery

Step 4: Investigate

Step 5: Review and close

Step 6: Analyse and learn.

The approach offers consistency across all three tiers of the Department (school, regional office and central office) and adopts a whole-of-Department framework to managing and minimising the impact of incidents that affect the health, safety and wellbeing of students and staff and disrupt school operations as a consequence. SIMS introduces an incident severity rating to triage the management of incidents and coordination of support.

Secondary School Nursing Program

The Secondary School Nursing Program (SSNP) aims to support the health and wellbeing of secondary school students in targeted secondary schools, with a focus on health promotion and primary prevention to improve student health, wellbeing and learning outcomes. Activities of the SSN may include health promotion, health education including classroom and small group sessions, and limited primary health care, including student assessment, referral and support. The SSN works collaboratively with students, teachers, wellbeing staff, school leadership and school communities to build capability and improve health outcomes.

Student Support Service (SSS)

Refers to a team of regionally based allied health professionals providing schools with support to ensure children and young people facing barriers to learning can achieve their educational and development potential. Schools seeking support from SSS initiate a referral requesting support and this is triaged and coordinated with area teams. In addition to specialist individual support to students, they offer workforce capability building for school staff, as well as group-based services and support.

Support from the Department's Legal Division

Principals of Victorian government schools and any Department staff member can seek legal advice from the Legal Division by contacting (03) 9637 3146 or legal.services@edumail.vic.gov.au

Respectful Relationships

The Respectful Relationships initiative supports schools and early childhood settings to promote and model respect, positive attitudes and behaviours. It teaches children how to build healthy relationships, resilience and confidence.

The Resilience, Rights and Respectful Relationships optional teaching and learning materials have been designed for teachers in primary and secondary schools to develop students' social, emotional and positive relationship skills. These materials support schools to deliver respectful relationships education through the Victorian Curriculum.

Suicide Risk Continuum Training (SRCT)

SRCT is a joint initiative of the Victorian Government and headspace, the National Youth Mental Health Foundation, offering mental health training to enable school staff to identify individual students at risk and respond appropriately.

Appendices

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Self-care for school staff following an incident of self-harm or suicide attempt

Supporting students who are experiencing significant emotional distress and may be engaging in self-harm can be stressful and can leave you feeling emotionally fatigued. It is important that school staff seek their own support from colleagues, school leaders and/or professional services.

Enacting your own self-care strategies and support network is also critical during this time.

Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Alternatively, speak with your GP to arrange a Medicare-rebated Mental Health Care Plan.



Supporting resources

Be You has a range of wellbeing tools and resources for educators to support their mental health and wellbeing needs.

5 Ways to wellbeing, an initiative of the Royal Melbourne Hospital, has a range of tips and suggestions that promote positive mental health and wellbeing.

Further supports and information can be found at: Human resources: Employee Health, Safety and Wellbeing Services (education.vic.gov.au)

Health and wellbeing services for principals (including assistant and acting) are available. For more information, see: Principal Health and Wellbeing Strategy.

Self-care strategies to maintain and restore wellbeing following exposure to a self-harm incident or suicide attempt

- Look out for signs of traumatic stress (including burnout and vicarious trauma).
- Make time for rest as this is critical for your resilience.
- Contact friends and increase time with those whose company you enjoy.
- Schedule pleasant events and maintain a schedule and routine.
- Reduce the intake of stimulants (e.g. coffee, alcohol, energy drinks) to keep arousal levels within a manageable range.
- Eat well-balanced regular meals to help you maintain physical and emotional wellbeing, energy and balance. There is increasing evidence linking a good diet to mental health.
- Add some physical exercise into your daily routine.
- Use your support networks at home and at school (including reaching out to personal and professional mentors).
- Use relaxation activities (e.g. meditation or mindfulness).
- Talk through your experiences with someone you trust and use available support mechanisms to avoid being overwhelmed.

Source: *Managing Trauma: A guide to responding to a critical incident*

Responding to a self-harm incident that is not an emergency

Regardless of where an incident occurs, staff should endeavour to deliver a responsible duty of care and keep everyone safe in the environment (within all school settings, including school excursion and camps).

Some actions may occur simultaneously, as staff take on different responsibilities.

Actions required

- Where possible **move the student** to a safe environment where further enquiry can occur in a sensitive manner that respects their privacy and reduces vicarious trauma impacts to students and staff.
- Once the student is in a safe environment, **request that the student hand over any instrument** that may assist them to self-harm. If they refuse, contact the appropriate emergency services to ensure safety of the student and staff. Do not try to disarm the student against their will as this may result in you being injured as well. For more information, see: [Restraint and Seclusion: Policy](#).
- If possible, **arrange for the student to apply first aid immediately** under supervision of an appropriate staff member (e.g. school nurse or trained first aid officer) if required. It is beneficial to encourage the student to apply first aid, such as dressing wounds themselves, as this encourages self-care rather than self-harm. Encouraging the student to cover their wounds, regardless of severity, is recommended to reduce distress among students.
- **Notify the leadership team.** It is a requirement of the Department that all incidents of self-harm, suicidal ideation and attempted suicides are reported to ISOC **1800 126 126**.
- **Contact parents or carers** unless circumstances indicate that this should not occur. It is essential that this contact be approached with sensitivity and compassion. In most instances, this communication is best undertaken by a member of the wellbeing team, SSS or a member of the leadership team. Although students may be concerned about the school making contact with their parent/carers, all occasions of self-harm must be shared with parents/carers in order to promote safety and accessing appropriate supports.
- **Seek advice and professional assistance** from SSS. Support and advice is also available from [headspace](#) or [Beyond Blue](#), Child and Youth Mental Health Services (CYMHS) or Child and Adolescent Mental Health Services (CAMHS). For more information, see: [Child and adolescent mental health services](#).
- Get assistance to **follow up on the safety and wellbeing** of students who may have witnessed or have reported the self-harm.
- An appropriately trained staff member or professional (e.g. a MHP, staff trained in youth mental health, SSS psychologist or social worker, Doctors in Secondary Schools Program GP, Secondary School Nurse, an external mental health professional, GP or hospital-based doctor or psychologist) should **undertake a suicide risk assessment**. If no suitably trained staff are available, the student's parents or carers should be directed to have an assessment completed at hospital or by a community-based practitioner immediately.
- **Make recommendations for referral** for mental health support either within the school (appropriately trained wellbeing staff or SSS) or external to the school as appropriate (e.g. [headspace](#), CYMHS or CAMHS). If the student has an existing relationship with a MHP, encourage the student and/or their parent/carer to inform them of the incident. Alternatively, obtain consent from the student for the school to communicate directly with the clinician.
- Consider a **Worksafe Notification** (13 23 60).
- Ensure there is a **debrief for all staff involved** in responding to the incident and that they are provided with information about self-care and the supports available to them.
- Consider what **post-incident follow-up** is required, including ongoing support for staff and students.

Responding to a self-harm incident that requires immediate emergency assistance

Some instances of self-harm require urgent medical attention. In the school environment, **an urgent response** is required, if the student:

- has taken an overdose or consumed poison – see: [Victorian Poisons Information Centre \(131 126\)](#)
- is confused, disoriented or unconscious
- has bleeding that is rapid or pulsing.

Some actions outlined below may occur simultaneously by different staff members.

Actions required

- Call an ambulance (**000**) immediately.
- Take all reasonable steps to **ensure the safety of all concerned**, including requesting that the student hand over any instrument that may assist them to self-harm. Do not try to disarm the student against their will – this may result in you being injured. In the event they refuse, contact the appropriate emergency services to ensure safety of the student and staff. For more information, see: [Restraint and Seclusion: Policy](#).
- **Do not leave the class unattended** to coordinate additional support for the student who has self-harmed. Use the school's existing emergency alert processes (e.g. use your mobile phone to call for help and/or send two other students together to seek help).
- **Do not send the self-harming student anywhere alone.** This includes to the school nurse. If you are on yard duty, **call for help** using your mobile phone or, where this is not available, send **two other students** together to get help from the nurse or another member of staff.
- **Stay with the student** until you secure other adult supervision.
- **Get assistance** to check on the safety and wellbeing of students who may have witnessed or informed staff of the incident.
- **Notify the leadership team.** It is a requirement of the Department that all incidents of self-harm, suicidal ideation and attempted suicides are reported to ISOC **1800 126 126**.
- **Contact parents or carers.** This contact requires sensitivity and compassion. Refer to [Communicating with parents/carers](#) for more information and suggestions regarding how to manage this communication. In most circumstances, a member of the school leadership or wellbeing team will manage this communication.
- **Seek advice and professional assistance** from SSS. Support and advice is also available from [headspace](#), CYMHS or CAMHS. For more information, see: [Child and adolescent mental health services](#).
- Consider a **Worksafe Notification** (13 23 60).
- Ensure there is a **debrief for all staff involved** in responding to the incident and that they are provided with information about self-care and the supports available to them.
- Consider the **post-incident follow-up** that is required, including ongoing support for staff and students.

Safety Plan template

This plan can help me to stay healthy,
connected and safe.

Name:

Date:

Review date:

School support people:

.....

2. Activities that help me feel safe and calm

For example:

- a warm shower or bath
- doing some exercise/getting outside
- playing with pets
- talking to friends
- listening to music/doing some art/journaling



1. My warning signs

For example:

- isolating in room
- getting cranky with others
- not wanting to talk
- too much screen time
- not getting enough sleep



3. People and places that can distract me

For example:

- being with friends at school
- playing team sports
- going to the shops with family/friends
- visiting extended family



4. How I can make my space safer

For example:

- removing sharp things from reach (scissors, knives, pencil sharpeners, etc)
- avoiding drugs and alcohol
- [for drivers] keeping car keys with parents/out of reach



5. Family and friends I can talk to for support

For example:

- parents/carers/other trusted adult
- sibling
- friends



6. Safe people and places at school

For example:

- library
- first aid room/attendant
- year level coordinator/house leader
- wellbeing team member



7. Professionals I can contact for help

For example:

- wellbeing team member
- private psychologist
- GP



8. Agencies I can contact for help

eheadspace

1800 650 890 eheadspace.org.au

Kids Helpline

1800 55 1800 kidshelpline.com.au

Lifeline

13 11 14 lifeline.org.au

Emergency 000

Local crisis services:



9. People I will let know about my safety needs/plan

For example:

- parents/carers
- grandparents
- counsellor/therapist, teacher and wellbeing
- internal school supports (e.g. teacher, Year Level Coordinator, first aid, member of wellbeing team)



10. The things that keep me going

For example:

- wanting to go on that holiday, wanting to achieve a particular career, wanting to be a parent one day, not wanting to hurt loved ones, etc.



11. Next steps for more support

If my school support people become worried about me, we have agreed they will contact the following people:

- parents/carers
- emergency contacts
- GP
- psychologist



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