



**MENTAL HEALTH
FIRST AID®**
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GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE ENGAGING IN

NON-SUICIDAL SELF-INJURY

Purpose of these guidelines

These guidelines describe how members of the public should provide mental health first aid to an Aboriginal person engaging in non-suicidal self-injury. The role of the mental health first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful of cultural differences in understanding and treating mental health problems. More information about culturally appropriate mental health first aid for Aboriginal people can be found in the following guidelines, which are available at <https://mhfa.com.au/resources/mental-health-first-aid-guidelines>

- *Cultural Considerations and Communication Techniques: Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*
- *Communicating with an Aboriginal or Torres Strait Islander Adolescent.*

Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of and experience in mental health.

The development of these guidelines was funded by a grant from the National Health and Medical Research Council. Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged. Enquiries should be sent to Mental Health First Aid Australia: mhfa@mhfa.com.au

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How to use these guidelines

In these guidelines the word Aboriginal is used to represent all Australian Aboriginal and Torres Strait Islander peoples.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be engaging in non-suicidal self-injury. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person engaging in non-suicidal self-injury. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental health problems. Be aware that the individual you are assisting may not understand mental health in the way that you do. Try to be familiar with their way of understanding.

These guidelines are designed for those providing mental health first aid to Australian Aboriginal people and may not be suitable for other cultural groups or for countries with different health systems.



THE GUIDELINES

BOX 1

FACTS ON NON-SUICIDAL SELF-INJURY

What is non-suicidal self-injury?

The term non-suicidal self-injury is used to refer to situations where self-injury is not intended to result in death.

What are the signs that indicate a person may have been self-injuring?

The most common methods of non-suicidal self-injury are⁽¹⁾:

- Cutting (41%)
- Scratching (40%)
- Deliberately hitting body on hard surface (37%)
- Punching, hitting or slapping self (34%)
- Biting (15%)
- Burning (15%)

Frequent, unexplained injuries of the types described above, or concealing skin that is injured, may indicate that self-injury has been occurring. However, some people will go to great lengths to conceal their injuries, and it might be hard to pick up some of these signs.

How common is self-injury?

An Australian national survey in 2008⁽¹⁾ found that 4.8% of Aboriginal people had engaged in non-suicidal self-injury in the past year and 17.2% had done so at some point in their life. Aboriginal people were found to be twice as likely as non-Indigenous Australians to self-injure at some point in their life.

Why do people engage in non-suicidal self-injury?

People who engage in non-suicidal self-injury do so for many reasons.⁽¹⁾ These include:

- To manage painful feelings (57%)
- To punish oneself (25%)
- To communicate with others (6%)
- Other reasons (58%)

Less than 3% cite their reason as combating suicidal

thoughts, seeking a rush or high, or to deliberately scar themselves. Self-injury is rarely used as means of seeking attention due to the intense shame most people feel about their wounds and scars.

What is the relationship between non-suicidal self-injury and suicide?

People who engage in non-suicidal self-injury are at a higher risk of a suicide attempt. About 10% of people who have injured themselves in the last four weeks had made a suicide attempt in the last year, and about 60% have had thoughts of suicide. Some people injure themselves when they are having thoughts of suicide.

It is not easy to tell the difference between non-suicidal self-injury and a suicide attempt. You should ask the person if they are suicidal, however, do not assume that people who self-injure are suicidal. If you are helping an Aboriginal person who is having thoughts of suicide, please refer to the *Guidelines for providing mental health first aid to Aboriginal and Torres Strait Islander people experiencing suicidal thoughts or behaviour* (<https://mhfa.com.au/resources/mhfa-guidelines-for-other-cultures#mhfaatsi>).

What are the physical and mental health risks of self-injury?

Injuries to the skin often go untreated (e.g. people may be unwilling to seek sutures for wounds or may not undertake good wound care to keep injuries from becoming infected), meaning they can take a long time to heal, and there may be complications from infection. Hitting body parts against hard surfaces may result in small fractures, which may become complicated if untreated.

Over time, self-injury can become the central strategy for coping with problems, making it very hard to use more adaptive ways of coping. For some people, self-injury can be a very difficult habit to break.

BOX 2

IN ORDER TO PRACTICE CULTURAL COMPETENCE WHEN SUPPORTING AN ABORIGINAL PERSON WHO YOU BELIEVE IS ENGAGING IN NON-SUICIDAL SELF-INJURY YOU SHOULD:

- Learn about the behaviours that are considered warning signs for self-injury in the person's community
- Take into consideration the spiritual and/or cultural context of the person's self-injury
- Distinguish between cultural practice and non-suicidal self-injury by being aware of local cultural practices and by engaging the help of local Aboriginal health workers, respected Elders or respected Aboriginal community members
- Be aware that non-suicidal self-injury, such as cutting and burning, is fundamentally different to ritualistic, culturally accepted Aboriginal ceremonial or grieving practice
- Be aware that not all Aboriginal communities have ritualistic practices that involve cutting and self-injury.

What should I do if I find someone injuring themselves?

If you interrupt someone who is self-injuring, you should intervene in a supportive and non-judgemental way. Remain calm and avoid expressions of shock or anger. Tell the person that you are concerned for them and ask whether there is anything you can do to alleviate their distress. However, only take action if you judge it safe to do so.

Ask the person whether any medical attention is needed. If you have relevant physical first aid skills, you should offer physical first aid for the injury without being insistent. If the wound or injury is serious, you should take the person to the emergency department or contact emergency services. If the person has harmed themselves by taking an overdose of medication or consuming poison, you should call an ambulance, as the risk of permanent harm or death is high. If urgent medical attention is required and an ambulance is called, let the person know that you have called for help and that you are there for them until help arrives.

What should I do if I suspect someone is self-injuring?

If you notice self-inflicted injuries, you should not express a strong emotional response of anger, fear, revulsion or frustration. Do not ignore the injuries. Take all self-injuring behaviour seriously, regardless of the severity of the injuries or the intent. If someone is showing their injuries, they may be hoping for the opportunity to discuss them with someone.

How should I talk with someone who is deliberately injuring themselves?

Discuss your concerns with the person in a private place. Be supportive without being permissive of the behaviour. Use a calm voice when you are talking and do not express anger or a desire to punish the person for self-injuring. Reassure the person that you are not disgusted by them and that they are not a bad person.

Keep in mind that 'stopping self-injury' should not be the focus of the conversation. Instead you should look at what can be done to make the person's life more manageable, or their environment less distressing.

If you feel as though you are unable to talk to the person who is self-injuring, you should help them to find someone else to talk to.

What should I say?

Express concern and actively listen

Tell the person that you want to help and that you are concerned about their need to self-injure. Use 'I' statements instead of 'you' statements when talking with the person (e.g. "I feel worried/angry/frustrated when you..." instead of "you make me feel worried/angry/frustrated..."). Ask the person questions about their self-injury, but do not put pressure on them to talk about it. You should ask open-ended questions about the person's feelings and self-injury, e.g. "can you tell me how you were feeling before you hurt yourself?" Reflect on what the person is saying by acknowledging their experience as they are describing it.

Focus your entire attention on the person. Be aware of what your body language is communicating about your attitudes. Be prepared for the expression of intense emotions and allow for periods of silence, giving the person time to process what has been talked about.

Give support and reassurance

Express empathy for how the person is feeling. Validate the person's emotions by explaining that these emotions are appropriate and valid. Acknowledge the emotional pain behind their self-injury, and let the person know that they are not alone and that you are there to support them. Work collaboratively with the person in finding solutions, e.g. by finding out what they want to happen and discussing any possible actions with them.

Let the person know the ways in which you are willing to help. You should try to help the person think about their self-injury not as a shameful secret, but as a problem to be sorted out. Reassure the person that there are sources of help and support available, and explain what treatment might involve and how they could benefit from it. Express optimism about the benefits of treatment and the possibility of learning other ways to cope.

What do I do if the person is not ready to talk?

Respect that the person might not want to talk about their self-injuring. If this is the case, you should behave in a supportive and non-judgmental way. If the person does not want to talk right away, you should let the person know that you are available to listen to them when they are ready. If the person is reluctant to talk, you should ask them what would make them feel safe enough to be able to discuss their feelings.

Do not promise the person that you will keep their self-injury a secret. If you need to tell somebody about the person's self-injury to keep them safe, you should speak to the person about this first.

BOX 3

THINGS TO AVOID WHEN TALKING TO SOMEONE ABOUT NON-SUICIDAL SELF-INJURY

- Don't minimise the person's feelings or problems.
- Don't use statements that don't take the person's pain seriously, e.g. "but you've got a great life" or "things aren't that bad".
- Don't offer drugs, prescription pills or alcohol to the person.
- Don't accuse the person of attention seeking.
- Don't try to make the person stop self-injuring, e.g. by removing self-injury tools.
- Don't give the person ultimatums, e.g. "If you don't stop self-injuring you have to move out".
- Don't use terms such as 'self-mutilator', 'self-injurer', or 'cutter' to refer to the person.
- Don't gossip or talk to others about the person's self-injury without their permission.
- Don't try to solve the person's problems for them.
- Don't make the person feel guilty about the effect their self-injury is having on others.
- Don't use shame as a way to change the person's behaviour.

Encouraging alternatives to self-injury

Encourage the person to seek other ways to relieve their distress and to use coping strategies that do not involve self-injuring. Suggest some alternative coping strategies and discuss with the person what might be helpful for them. You should encourage the use of positive coping strategies that help them to get through the urge to self-injure. Help the person think of other ways to reduce their distress, e.g. having a hot bath, listening to loud music, or doing something kind for themselves.

Share any information you have available about alternatives to self-injury, e.g. factsheets that are available in a language the person is able to read. Provide information on phone services that provide anonymous support to people in distress and encourage the person to develop a list of trusted people and services that can provide support during periods of distress.

Encourage the person to share their feelings with other people, such as a close friend or family member, when they are feeling distressed. Encourage the person to speak to someone they trust next time they feel the urge to self-injure and to talk about their feelings rather than self-injuring.

Even though you can offer support, you are not responsible for the actions or behaviours of someone else, and cannot control what they might decide to do.

Seeking professional help

Self-injury can be a symptom of a mental health problem that can be treated. You should encourage the person to seek professional help. Talk with them about who they can see for help, e.g. an Aboriginal health worker, a GP or a community mental health service.

Help the person map out a plan of action for seeking help. Let the person remain in control over seeking help as much as possible. Suggest and discuss options for getting help, rather than directing the person on what to do. Do not force the person to accept treatment.

You should check if the person is already getting help for their self-injuring. If the person is receiving psychiatric care, ask if their treating professional knows about the injuries.

Provide praise for any steps the person takes towards getting appropriate professional help. Follow-up with the person to check whether they have found professional help that is suitable for them.

You should seek appropriate professional help for the person if:

- The person asks you to
- The person expresses a desire to die
- The injury is severe or getting more severe, such as cuts getting deeper or bones being broken
- The self-injurious behaviour is interfering with daily life
- The person has injured their eyes
- The person has injured their genitals.

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What if the person continues to self-injure?

Don't expect the person to be able to stop self-injuring immediately. Self-injury cannot be stopped overnight, and people will need time to recover and learn healthy coping mechanisms.

If you live with the person, you should ensure that adequate first aid supplies are available.

Additional considerations if the person is an adolescent

Do not promise the adolescent that you will keep their self-injury a secret. If the adolescent doesn't want to talk to you, then you should help the adolescent find a trusted adult to talk to.

You should suggest and discuss options for getting professional help, rather than directing the adolescent about what to do. Help them map out a plan of action for seeking help and let them remain in control as much as possible. Talk about how you can help them to seek treatment and whom they can talk to, e.g. a parent, an Aboriginal social worker or health worker, a community liaison officer, or a community mental health service. Offer to go along with them to see a GP, Aboriginal mental health worker or other mental health professional.

1. Martin G, Swannell S, Harrison J, Hazell P, Taylor A. The Australian Epidemiological Study of Self-Injury (ANESSI). Brisbane, Australia: Centre for Suicide Prevention Studies; 2010.

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