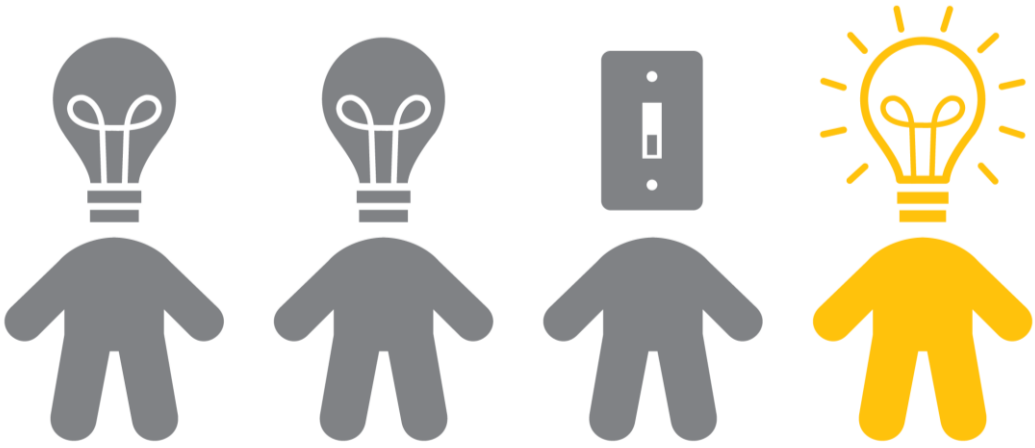
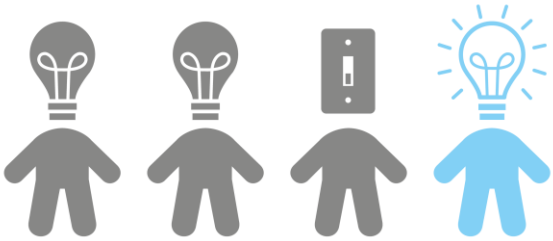
PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Working with young people with complex mental health issues



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

SCHOOLS, TEACHERS & STUDENTS



Project Air Schools

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Definitions

Young people
In this guide the term 'young people' has been used generically to refer to people aged 12-25, but with a particular focus on school students - children and adolescents. 'Adolescents' and 'students' are used interchangeably with 'young people' throughout this guide.

Education staff
The term 'education staff' has been used throughout this guide to refer to any member of staff within a school or education system who engages in regular interaction with students. This includes teachers, support staff, school counsellors, senior psychologists and school principals.

Personality disorder
Personality disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Guide for Mental Disorders (DSM). Personality disorder refers to personality traits that are maladaptive, and pervasive in a number of contexts over an extended duration of time, causing significant distress and impairment. For young people, the diagnosis may be termed 'emerging personality disorder'. This term may be applied if a young person does not meet full diagnostic criteria but is presenting with some personality disorder symptoms.

What do you need help with?

"I've never heard of a personality disorder"	… see page 10
"How do I know whether a student has a personality disorder?"	… see page 12
"I'm finding a particular parent/carer difficult to work with"	… see page 42
"Aren't self-harm and suicide the same thing?"	… see page 17
"I don't know how to help a student that is self-harming"	… see page 22
"I'm feeling really burnt-out and need support"	… see page 40
"I need help in supporting a students' return to school"	… see page 36

Preface for NSW Education - Project Air Schools

Project Air Schools complements other initiatives such as NSW School-Link between NSW Health and the NSW Department of Education to recognise the unique opportunity that schools provide for early intervention and prevention of mental illness among young people.

Education staff have established relationships with students and are therefore in a pivotal position to notice changes in students' behaviour and provide appropriate action to support young people. To achieve this, the education environment needs to be equipped with appropriate knowledge and skills to identify and respond to young people with emerging personality disorder symptoms and challenging behaviours including self-harm.

This guide was therefore designed with the motto: "For any teacher, anywhere". It is hoped that any person working in the education system engaging in regular communication with young people experiencing mental health difficulties will find this guide useful when they require extra support and information. This includes teachers, support teachers, year advisors, deputy principals, principals, school counsellors and psychologists. Project Air Strategy for Schools aims to provide education staff with information and tools to work effectively with young people that are experiencing a personality disorder or are presenting with emerging symptoms by offering an evidence-based approach that promotes early intervention within the school environment.

This guide seeks to align with existing policies and resources. Most importantly, this guide has been designed to do just what its name suggests: to *guide* staff when they are feeling as though they need extra support, information, and specific tips for responding.

- In engaging with Project Air Strategy for Schools it is expected that usual standards of teaching practice are maintained, including supporting all young people, reporting to senior supervisors and providing a quality education experience
- Education staff need to keep in mind their responsibility to keep young people safe and report suspected abuse or neglect to their principals

Project Air Strategy for Schools ultimately leaves it to the discretion of the school to decide what materials are appropriate for whom.

In relation to threats of suicide, all school staff where possible should aim to respond to risk in a consistent manner. This includes following school and department policies. Links to these policies and guidelines have been provided in the 'Additional Resources' section below.

Educators are in a position that allows them to provide support and hope to young people. By engaging with the information in this guide it is hoped that schools can become a 'protective factor' in a young person's environment. Thereby emerging personality disorders can become a less feared and stigmatised disorder, and a more understood and hopeful one.

The role and contribution of all education staff is important, not only in the development of young people's minds but also in the compassion and care displayed towards students. As one senior educator said "Your role reaches far beyond that of a teacher – you're a mentor, a beacon of knowledge, a pillar of support, a source of guidance and nurturance – a role that all students, particularly those with complex mental health needs, will appreciate".

If you have any questions or feedback, please send your correspondence to the following:

Project Air Strategy
Northfields Psychology Clinic
Building 22 Room 20a
University of Wollongong NSW 2522, Australia
Email: info-projectair@uow.edu.au
Phone: (02) 4298 1571

Additional Resources

Project Air Strategy for Personality Disorders
Website: http://www.projectairstrategy.org

Project Air Strategy for Personality Disorders offers a number of resources online including factsheets, videos, and a mailing list to stay in touch with updates on support for personality disorders.

School-Link
School-Link is a long-standing collaborative initiative between NSW Health and the Department of Education (DoE) to improve the mental health of children and young people in NSW. Through School-Link, NSW Child and Adolescent Mental Health Services provide specialist mental health services through consultation liaison, clinical care planning for recovery and delivery of specialist mental health individual and group interventions in schools and TAFEs.
School-Link supports:

- the early identification of mental health issues in young persons
- access to evidence-informed mental health early intervention programs in schools
- early access to specialist mental health services
- support for the recovery journey

Contact the School-Link Coordinator in your Local Health District for further information on what support is available locally.
For more information go to:
http://www.health.nsw.gov.au/mhdao/programs/mh/Publications/nsw-school-link-strat-actionplan-2014-2017.pdf

headspace: School Support
headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. The service covers four core areas: mental health, physical health, work and study support, and alcohol and other drug services. The services can be accessed through headspace centres, online counselling service 'eheadspace' and a postvention suicide support program 'Headspace School Support'. Headspace School Support is recommended by the NSW Government as an important support for education staff in looking after the wellbeing of students, particularly during or after a crisis event. Headspace provides detailed factsheets on suicide, self-harm, and contagion.
Telephone Contact

- Call headspace School Support NSW/ACT Coordinator: 0400 783 505
- Telephone eheadspace: 1800 650 890

For more information please see their website: www.headspace.org.au

Proactive Measures and Resources
Building Student Resilience

- KidsMatter (primary school): http://www.kidsmatter.edu.au/primary/
- MindMatters (high school): http://www.mindmatters.edu.au/
- School Excellence Framework: http://www.dec.nsw.gov.au/about-the-department/our-reforms/school-excellence-framework
- Student Wellbeing Literature Review completed by CESE: http://www.cese.nsw.gov.au/publications-filter/student-wellbeing-literature-review
- Supported Students, Successful Students: http://www.dec.nsw.gov.au/about-the-department/our-reforms/supported-students-successful-students
- Wellbeing Framework for Schools https://www.det.nsw.edu.au/wellbeing
- Safe Schools Hub: http://www.safeschoolshub.edu.au/home
- Smiling Mind Australia: https://smilingmind.com.au/

Government Resources

Child Protection

- Keep them Safe: http://www.keepthemsafe.nsw.gov.au/
- Mandatory Reporter Guide: http://www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide

Responding to Student Suicide

The guidelines referred to throughout this section are 'Responding to Student Suicide: Support Guidelines for Schools' [1]. The following resources are available via DoE intranet. Public webpage links have been provided where possible.

Guidelines

- Administrative Action: paragraphs 102 and 142
- Immediate Response when a student dies at school: paragraphs 10-12
- Immediate response when a report of a student's death is received: paragraphs 14-15
- Principal's Checklist: paragraph 18-20 and Appendix 2
- Director Public Schools NSW checklist: Appendix 3
- State office checklists: Appendix 12
- Guidelines: Preventative strategies to discharge legal obligations (paragraph 7 and Appendix 14)

Communication Strategies

- Contact with the family (paragraphs 16-17, 117) and tips for talking with the bereaved family including a script (Appendix 4)
- Notifying key staff (paragraphs 21-22)
- Scripts for staff answering the phones (Appendix 7)
- Do not disclose way the student took their life (paragraphs 23-24)
- Briefing staff (including staff who start working after the incident) (paragraphs 25-34, 118, 132-133, 135) including a sample script (Appendix 5a) and handout for staff (Appendix 5b)
- Briefing students (paragraph 35-48) including a script (Appendix 6a), handout (Appendix 6b)
- Briefing other parents (paragraphs 49-53) including draft letters including about the funeral (Appendix 1a, 1b, Appendices 8, 9, 10
- Briefing other members of the school community (paragraphs 54-58 and 63-67)
- Briefing other schools including non-government schools (paragraphs 59-62)
- Identifying sources of potential support/briefing other agencies (paragraph 68-69, 74-77 and Appendix 14)
- Briefing the SPC and PPA (paragraph 70-73)

Student Wellbeing (from the guidelines)

- Developing support plans for students (paragraphs 90 to 91, 93-97, 99 to 101, 119, 143-144)
- Sample risk management plan (Appendix 11)
- Siblings and extended family (paragraphs 92)
- Absent students (paragraphs 98)
- Students on school holidays (paragraph 114) or doing the HSC (paragraph 115)
- Students who leave school after the incident (paragraph 136-138)

Emergency Management Plans (DoE intranet)

- HSD Emergency Management webpage:
https://education.nsw.gov.au/inside-the-department/health-and-safety/emergency-planning-and-incident-response/emergency-management-procedures

Funerals and Memorials

- Guidelines: Managing Funerals/Memorials (paragraphs 121-128 and letter for parents in Appendix 10)

Incident Reporting

- Child Wellbeing Unit (CWU) website:
https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/stuwellbeing/childprotect/questions/index.htm
- Incident Reporting Policy and Procedures:
https://education.nsw.gov.au/policy-library/policies/incident-reporting-policy?refid=285835
- Mandatory Reporter Guide:
http://www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide
- HSD Website for Incident Notification:
https://education.nsw.gov.au/inside-the-department/health-and-safety/emergency-planning-and-incident-response/incident-reporting

Media/Social Media Management

- Guidelines: Responding to Media Issues (paragraphs 9(i), 10(h), 17(d), 33(g), 48, 52-53,103 to 106)

- Guidelines: Social Media (paragraphs 15(a), 17(d), 22(d), 33 (e)) 42, 52, 107 to 113, 118 and draft letters Appendix 1a for example)
- Media Contact Response Quick Reference Card: https://detwww.det.nsw.edu.au/detresources/13499_Media_Call_response_card_yLiQhPNJuH.pdf
- Social Media & Technology Guide for Staff: https://education.nsw.gov.au/inside-the-department/communication-and-engagement/services-and-support/engaging-with-social-media/social-media-toolkit
- Responding to Negative Comments: https://education.nsw.gov.au/inside-the-department/communication-and-engagement/services-and-support/engaging-with-social-media/social-media-toolkit/negative-comments-and-harassment

Disability Standards for Education 2005 'Making Reasonable Adjustments'

1.4 Reasonable adjustments

(1) For these Standards, an adjustment is reasonable in relation to a student with a disability if it balances the interests of all parties affected.

Note: Judgements about what is reasonable for a particular student, or a group of students, with a particular disability may change over time.

(2) In assessing whether a particular adjustment for a student is reasonable, regard should be had to all the relevant circumstances and interests, including the following:

a. The student's disability;
b. The views of the student or the student's associate, given under section 3.5;
c. The effect of the adjustment on the student, including the effect on the student's
i. Ability to achieve learning outcomes; and
ii. Ability to participate in courses or programs; and
iii. Independence
d. The effect of the proposed adjustment on anyone else affected, including the education provider, staff and other students;
e. The costs and benefits of making the adjustment.

Privacy

- Legal Issues Bulletin 51: School counsellors, confidentiality and the law: http://www.dec.nsw.gov.au/about-us/information-access/legal-issues-bulletins
- Memo DN06/00160 – Enrolling Students with a History of Violence: School Counsellor Advice to Principals (intranet only): https://detwww.det.nsw.edu.au/memos/yr2006/term3/index.htm
- Memo DN/11/00007 – Students applying to enrol in Years 7-12 in a school outside of normal enrolment period (intranet only): https://detwww.det.nsw.edu.au/memos/yr2011/term1/index.htm
- Privacy Code of Practice: https://education.nsw.gov.au/legal/privacy/code-of-practice
- Section 2.12 of the School Counsellor Guide (intranet only): https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/stucounselling/guide/index.htm

Staff Wellbeing

- HS Directorate Staff Wellbeing: https://education.nsw.gov.au/inside-the-department/health-and-safety/staff-wellbeing
- Employee Assistance Program, including post incident support: https://education.nsw.gov.au/inside-the-department/health-and-safety/staff-wellbeing/employee-assistance-program
- Guidelines: Assessing and responding to potential risks to staff (paragraphs 78 to 89, 119-120, 143-44, 146)

Enrolment

- DN/11/00007 Students enrolling outside of normal transition periods (intranet only): https://detwww.det.nsw.edu.au/memos/yr2011/term1/index.htm
- Enhanced enrolment procedures: https://detwww.det.nsw.edu.au/schooladmin/schoolenrolment/implementation/index.htm
- Section 2.12 of the School Counsellor Guide (intranet only): https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/stucounselling/guide/index.htm

Introduction to the guide

This guide is designed to help work effectively with young people that have complex mental health issues. It provides guidance to understand and respond to emerging personality disorder, trauma history, self-harm and suicidal behaviour, and other difficulties with identity, emotions and relationships.

The aim is to assist all people interested in improving the mental health of young people. Counsellors, health staff, welfare workers, teachers and school administrators often require additional information to effectively identify, respond, support and refer young people with severe and complex mental health concerns, particularly personality disorder. A further goal is to help those who care for young people to respond to challenging behaviours common in this population, for example, self-harm.

Personality disorder is a diagnosed mental health condition. A personality disorder emerges when an individual's personality traits become maladaptive and cause significant impairment in their life, often differing from social norms and expectations [2]. People with personality disorder describe problems in controlling their emotions, feeling different from others and not knowing who they are as people, suffering from intense relationship anxieties and concerns, and sometimes can also report problems with feeling impulsive, angry, and spaced out or suspicious. Associated problems can include self-harm, substance misuse or reckless behaviours. Its onset typically occurs during adolescence or young adulthood, yet the disorder can be overlooked in young people. This is despite personality disorder in adolescence being recognised as a legitimate diagnosis [3, 4]. Personality disorder in young people is unlike the usual struggles of adolescence in that it is characterised by severe dysfunction and impairment, including heightened emotional sensitivity and interpersonal difficulties. Furthermore, research suggests that stigma and lack of information about this disorder is evident within the community, resulting in a need for appropriate knowledge, skills and resources surrounding adolescent personality disorder. Providing information to groups that work with young people, including health professionals, counsellors and schools, can help to improve identification and outcomes for young people with personality disorder, and foster open communication about mental health [5]. Research identifies that there is considerable flexibility and malleability in personality disorder symptoms in adolescence, with evidence suggesting that these features are highly responsive to intervention [6].

This guide is divided into the following sections:

- Key principles for working with young people
- Understanding complex mental health problems
- Identifying and assessing risk
- Responding to crisis and self-harm situations
- Responding effectively to challenging behaviours
- Working to improve the school and social environment

These represent the different stages involved in approaching and interacting with young people about mental illness, particularly personality disorder. Each section will provide evidence-based strategies, information and resources for promoting wellbeing.

Important considerations

In working with young people, a number of important principles apply:

- The legal framework underlying work with children and adolescents, including health, school and government policies
- As young people mature, it is important to balance the autonomy of the young person with the responsibility of their legal guardians and the expectations about age-appropriate behaviours.
- Consider, respect, and be sensitive to culturally diverse backgrounds

Associated resources and materials

Each section of the guide links to associated resources and materials. These resources have been designed with the awareness that psychologists, psychiatrists, counsellors, education and health staff, young people, and parents/carers may utilise them.

List of resources in order of presentation:

- Factsheet: *Key principles for education staff working with young people with complex mental health issues*
- Factsheet: *Personality disorder in young people - the facts*
- Factsheet: *Diversity in young people*
- Factsheet: *Self-Harm: how to respond*
- Care Plan
- *McLean screening instrument for borderline personality disorder (Schools Version)*
- Factsheet: *Responding to challenging behaviour*
- Student-Focused Safety and Support Plan
- Factsheet: *Working with parents with personality disorder*

Key principles for working with young people

The Project Air Strategy for Personality Disorders [7] key principles for working with people young people with complex mental health issues such as personality disorder are listed below:

Key Principles for Working with Young People with Complex Mental Health Issues

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

This information is also available in a factsheet: '*Key principles for working with young people with complex mental health issues'*

Understanding complex mental health problems

This section of the guide provides essential background information about emerging personality disorder, trauma history, self-harm and suicidal behaviour, and other difficulties with identity, emotions and relationships

Objectives:

1. Develop an understanding of personality disorders, its prevalence, symptoms, and risks
2. Develop an appreciation for the experience of a young person with emerging personality disorder
3. Understand the context of cultural factors
4. Develop insight into the role of communication
5. Understand issues of trauma, self-harm and suicide

Resources:

- Factsheet: *Personality disorder in young people - the facts*
- Factsheet: *Diversity in young people*

Personality disorders in young people

Everyone has a personality. However, this may become a personality disorder when personality traits become pervasive, inflexible, and deviate markedly from cultural norms, causing significant impairment or distress for the individual. In Australia approximately 6.5% of the population meet the diagnostic criteria of personality disorder [8]. A diagnosis is possible in young people; however, if not all of the criteria are met but features are still present it may be termed 'emerging personality disorder'.

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

Young people with personality disorder may resort to unhelpful behaviours to manage their emotions such as self-harm, drug and alcohol use, binge eating, social withdrawal, aggressive behaviour, and risky sexual behaviour. While these behaviours result in short-term relief by numbing overwhelming emotion, over the long-term they lead to increased distress and poorer functioning. Personality disorders have been reported in more than a quarter of young people who die by suicide [9].Self-harm and suicidality will be discussed in further detail later in the guide.

- *Factsheet: 'Personality disorder in young people - the facts'*

Individual differences among young people

Puberty is a time of significant change physically, psychologically and emotionally for young people. Not only are hormonal changes occurring in early teenage years, but also social and emotional changes associated with identity development and learning to be an independent adult. Some of these social changes include: thinking about who they are and their place in the world; becoming more independent and seeking responsibility; looking for new experiences, including risk-taking; developing their own values; and exploring their sexual identity and forming romantic relationships.

Similarly, some emotional changes include: experiencing strong and intense feelings; being more sensitive to the emotions of others; being more self-conscious; and believing that they are 'invincible' [10].

This journey is not always a straight and simple path. It is one filled with bends, ups and downs, and can therefore be a very challenging time for young people. It is important to remember that all young people are on this journey of self-discovery and each will have unique and diverse experiences. Being mindful of these differences and respect each young person's unique experience by displaying empathy and a non-judgemental attitude at all times is important.

It is important to consider the influence of diversity within the school and broader community and how this may be influencing the mental health of young people. This will facilitate a greater understanding of the needs of a young person with complex mental health issues. Framing conversations and interventions in a way that is culturally sensitive and recognises these differences can assist. This may include, but is not limited to: Indigenous and culturally and linguistically diverse (CALD) community, refugees, and the LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual) community.

The Australian Aboriginal community [11-13]:

- Are twice as likely to experience high or very high levels of distress
- Are three times more likely to be hospitalised for intentional self-harm
- Have a suicide rate which is twice as high than that of non-indigenous people
- Community prevalence surveys have reported rates of between 4-16% for personality disorder in remote communities
- The British colonisation of Australia has had major impacts on both physical and mental health including: the introduction of new diseases, the removal of ancestral land, loss of Indigenous culture
- The forced removal of Aboriginal children from their families and placement in institutions had devastating impacts on Indigenous culture and the mental health of not only the individuals directly involved, but the ongoing trauma experienced by their family and community (Stolen Generation Protection Policy: Bring them Home)
- The interconnected issues of cultural dislocation, personal trauma, grief, loss, and the ongoing stressors of disadvantage, racism, alienation and exclusion are acknowledged to contribute to the heightened risk of mental health problems, substance misuse and suicide for Indigenous people

Culturally and Linguistically Diverse (CALD) young people [14-16]:

- May experience significant barriers to accessing mental health services
- Adapting to a new culture can be highly stressful when there are broad difference in beliefs, language, values and customs
- Treatment-seeking patterns vary across cultures, with ethnic minorities often less likely to seek mental health treatment and more likely to present in crisis
- The impact of migration and resettlement leave young people vulnerable to higher rates of post-traumatic stress disorder, depression, and psychological disturbance due to the impact of pre-displacement and resettlement
- Many refugees have also experienced war and trauma, often resulting in the loss of family members
- This impact is also felt by second-generation CALD (i.e. young people born in Australia but their parents were not), who are likely to face specific issues to do with self-perception and being caught between their 'new' culture and their family's

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex and Asexual (LGBTQIA) community [17, 18]:

- 80% of the abuse (physical, threats, and other forms of homophobia) young people from this community face occurs in schools [19]
- Are more than twice as likely to have anxiety disorders
- Have higher rates of depression and mood disorders
- Have a higher prevalence of suicidal thoughts, plans, and attempts

- Have a lifetime suicide attempt rate of 31% [20]

Ultimately, it is important to keep in mind that there are groups of young people like those mentioned who may be at a greater risk. However, all young people have unique and diverse experiences that may lead to significant distress and mental health issues. If individual differences are not acknowledged they can lead to a number of negative consequences for the young person, including diminished trust, perception of a lack of understanding and empathy, and feeling that others are imposing their values and beliefs. Some principles for working with diverse groups include:

- Be respectful of the young person's cultural background, beliefs and values: Getting to know the young person will ensure there are less chances of assumptions being made
- Display cultural relativism: An individual's beliefs and activities should be understood by others in terms of that person's own culture e.g. a young person may feel uncomfortable shaking hands or looking directly into your eyes when talking, but this may be accepted in their culture
- Learn about other cultures, particularly Aboriginal history, and how these unique cultural experiences may impact their mental health and treatment
- It is possible to work with someone of a different background as long as respect, understanding, and willingness to value the person's culture is at the forefront of communication
- If you are not able to work with the young person due to conflictual values or a language barrier, it is within your duty of care to refer them to someone more appropriate
- Encourage a positive environment in your school by offering a range of opportunities that appreciate diversity in students and families [21]

Factsheet: 'Diversity in young people'

Personality disorders: Recognising and understanding behaviour

This section explores the diagnostic criteria for personality disorders and the key characteristics of borderline personality disorder (BPD) - one of the most common disorders.

Personality disorders are defined in American Psychiatric Association [2] Diagnostic and Statistical Manual, 5th Edition, (DSM-5) as:

1. An enduring pattern of inner experience and behaviour that deviates markedly from the individual's culture. This pattern is manifested in two (or more) of the following areas:
    - Cognition (i.e. ways of perceiving and interpreting self, other people, and events)
    - Affectivity (i.e. the range, intensity, lability, and appropriateness of emotional response)
    - Interpersonal functioning
    - Impulse control
2. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations
3. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning
4. The pattern is stable and of long duration, and it onset can be traced back at least to adolescence or early adulthood
5. The enduring pattern is not attributable to the physiological effects of a substance abuse or another medical condition

Borderline personality disorder is one of the most common personality disorders, and people with this disorder display many (but not necessarily all) of these features.

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation
3. Identity disturbance: Markedly and persistently unstable self-image and sense of self

4. Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating)
5. Recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour
6. Affective instability due to a marked reactivity of mood
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

At least five of the above criteria need to be present for a diagnosis to be made. However, if five characteristics are not met but the young person is experiencing serious difficulties in some of the above criteria the syndrome may be termed 'emerging personality disorder'. The DSM-5 is used by clinicians to diagnose mental illnesses. It is important to highlight that the purpose of including this information is to assist understanding of the disorder and what makes these young people different from their peers. Diagnosis should only be made by a qualified health professional.

The following table outlines examples of observable physical and behavioural characteristics of borderline personality disorder:

Affective Instability	Behavioural Dysregulation	Disturbed Relatedness
High emotional sensitivity Increased response to emotional stimuli Slow return to baseline levels	Aggression Impulsivity Withdrawal/avoidance	Social isolation Problematic peer relationships Difficulty understanding the self and other people

Reading this information, two questions may come to mind:

1. Isn't this "normal" adolescent behaviour?
2. Aren't they just "badly behaved" kids?

Isn't this "normal" adolescent behaviour?

When reading the above criteria some personality disorder features are similar to the normal developmental trajectory of adolescence. For example: identity confusion, risk-taking, and emotion dysregulation. However, **it is important to not misattribute severe and debilitating distress as a "normal" part of adolescence**. Being able to identify when stressors are becoming a serious issue is essential. In doing this, the young person's whole style of functioning should be the focus of examination, rather than the individual symptoms. While it is common for young people to experience difficulties and take risks, it is the frequency, duration and severity of these behaviours that make them a serious mental health concern:

- **Frequency:** How frequent is the behaviour?
- **Duration**: How long has the behaviour been occurring?
- **Severity:** How severe or extreme is the behaviour?'

In general, problems need to have been present for at least one year and be significantly severe to warrant a diagnosis. Early intervention when these problems begin to emerge is the best strategy.

Aren't they just "badly behaved" kids?

Young people presenting with these symptoms are often mistakenly identified as experiencing behavioural problems or conduct disorder. Education staff or others involved may respond with behavioural management strategies, for example: isolating the young person, suspending them or expelling them from school. Due to the nature of personality disorders, these behavioural strategies can often make the situation worse for the young person. A key difference between these disorders is that people with conduct disorder violate societal norms and the rights of others through

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

The following case study will help put this in to context.

Case Study: James

James didn't sleep well last night. He was awake for much of the night looking after his younger sibling. His mum had stayed out late again after another bad day at work. James longed for the days when his mum was happy, it seemed like those days just kept getting rarer. James seemed to have given up on school work and had expressed on multiple occasions "what's the point of going anymore". He did not bring his homework with him, but this was not out of the ordinary. When the teacher approached James about his behaviour, he got angry and upset, yelling at the teacher frantically. The teacher told James that he would have to attend detention and miss out on sport that afternoon because of his poor behaviour. In detention, James felt very alone and distressed. He was not able to be with his classmates at sport and he started to feel worse about himself. School was somewhere he once felt that he belonged, but now it was starting to feel the same as his home life. James thought that no one cared or listened to him. This was the last straw for James. Dropping out of school would have to be better than this…

In the case study, it might be noted:

- **Emotion dysregulation:** Refers to the vulnerability of feeling emotions more intensely, more frequently, and taking longer to return to a calm state. James' emotions were getting in the way of him being able to remain focused at home and school. He overreacted to the teacher's attention which created more problems for him
- **Hypersensitivity to rejection and criticism:** This is often described as a "black box" between the intent of the communication and the receipt of the communication between the person with the disorder and those around them. The black box may contain difficult memories or experiences in the past where the person has been criticised, rejected, or abandoned. When a message is sent to them, it may trigger a memory in the black box, therefore making them hypersensitive to rejection and criticism. James' experience of others was to feel rejected, and his behaviour reinforced others to reject him. His relationship with the teacher quickly soured because he expected the worst
- **Thinking styles:** For example, 'black and white', all-or-nothing concrete thinking styles. This involves the person being unable to combine both positive and negative qualities. Instead, a situation, person, or cognition is either all good or all bad, there is no in between - such as feeling the only solution is to drop out of school
- **Deficits in "Theory of Mind" or mentalisation:** Theory of Mind is the ability to attribute mental states, for example, thoughts, beliefs, and intent, to oneself and others. It also involves the understanding that others perspectives are different from one's own. People with personality disorder find it difficult to understand situations from another's perspective due to deficits in this cognitive ability. James may not be able to understand how others will respond to him, leading him to get into further trouble.
- **Rupture and repair deficits:** Research has shown that people with borderline personality disorder may have an impaired ability to maintain cooperation and repair broken cooperation [22]. These deficits have a neurological basis (reduced activation of the anterior insular cortex) resulting in a diminished understanding of social exchange norms. People with borderline personality disorder therefore find it difficult to understand what is expected of them, what is expected of others, and a limited ability to recognise when norms have been violated. Therapy and a supportive environment can help the person overcome these problems.

For young people with personality disorder emotions are felt much more intensely (**emotion dysregulation**). The ordinary ups and downs of school are not easy for young people like James to overcome. As a result, what may seem like an ordinary punishment by the teacher has felt like a personal attack to James. By being sent to detention, James may feel that the teacher has targeted him in some way and that the punishment is unjust (**hypersensitivity to rejection and criticism***).* This has led to him feeling down, isolated and upset. The concept of 'time in' rather than 'time out' illustrates this key message. Time out or detention reinforces young people like James's sense of rejection and isolation. Instead of sending James to time out, allowing him to complete the work with the teacher rather than alone in detention would have helped the situation by keeping him engaged in a positive relationship. By getting reactive, the teacher also reinforced some of the feared for outcomes James was concerned about. James also does not understand the teacher's perspective (**deficits in theory of mind or mentalisation**). He is unable to see that the teacher sending him to detention is because they have perceived his behaviour as poor, not because they dislike him in some way. Because of his black and white thinking (**thinking styles**), he may be finding it hard to see that there is a middle-ground and that this situation has occurred due to a misunderstanding. It is also likely that due to this experience, James will now find it difficult to trust the teacher again, as he believes they have done wrong by him (**rupture and repair deficits**). Similarly, by the teacher getting reactive to James, they reinforced many of his negative beliefs, rather than trying to understand what was going on for him at home.

Talking to young people with emerging personality disorder - 5 steps

1. **Invite the young person** to open up in a safe environment
2. Use a **strengths-based approach** to identify what the young person is capable of
3. Be **supportive and work collaboratively** with the young person
4. **Emphasise school attendance** and the importance of completing school work
5. Enhance **relational security**

A way that you may address these needs is by having a conversation with a student after class to see how they are coping. Here is an example:

"James, I've noticed lately that you've been coming to school tired and not completing your homework. How are things going for you at home?"

In the above scenario, the teacher first **invites the student to open up in a safe environment.**

The teacher may then say:

"It sounds like things have been really difficult for you at home. I know it is hard to concentrate on school when this is occurring, so I would like to support you and see what we can do to make sure you are staying on track and happy in the classroom. What do you think you are able to accomplish when it comes to your homework?"

The above response is using a **strengths-based approach to identify what the young person is capable of**. This invites the young person to think about their strengths and what they are able to achieve.

The teacher may then support the student further by being **collaborative and supportive**. They might say:

"Perhaps we can spend 10 minutes after class doing your homework. If you start to become distressed in the classroom or worried, you could also signal me by raising your hand and going for a short walk. How does that sound?"

It is also important to **reinforce school attendance and the importance of education**. The teacher might say:

"I would really like to ensure that you are coming to school and keeping up to date with your work. I know this can be hard given everything at home, but I would like to support you as best as I can to ensure this. We will keep track of how you are going and if you find that completing homework and attending class is still difficult, we will look into other strategies for you."

Finally, **relational security** should be enhanced at all stages of the helping process. This is not simply 'having a good relationship' with the young person. It is about being professional, supportive,

and understanding your personal limits and boundaries when working with a young person experiencing mental health difficulties. You are one of many people in a young person's life. The way you interact and behave with a young person has an effect on them – whether that effect is intended or not. By focusing on your relationship with the young person, it will help foster behavioural change.

One conversation: Two perspectives

When supporting a young person with emerging personality disorder, it is important to maintain compassion towards the young person's experience. Being able to see the situation from the perspective of the young person will facilitate the helping process by expressing a sense of support and acceptance.

Referring back to James's Case Study we are able to discern two perspectives.

James's perspective: James had a difficult time at home and was up all night worried about his mum. He did not have time to complete his homework and came to school very tired and upset. He thought that the teacher sending him to detention was a personal attack and that no one wanted him around.

Teacher's perspective: James was not cooperating in the classroom so the normal protocol and fair consequence was used (sending James to detention and missing out on sport).

Looking at the two perspectives we see how James's experience of being upset and worried about his mother has been seen by the teacher as a lack of cooperation in schoolwork. By taking a moment to talk to the young person first, before using behavioural strategies, these perspectives would have been noted and more appropriate consequences could have been used.

We understand that within a school environment behavioural policies and consequences, like detention and timeout that may be used. Understanding the different perspectives involved in a situation will help identify which young people require further mental health support.

"Good enough" communication

Talking to a young person with complex mental health needs can be difficult and that the conversation will not always run as smoothly as hoped. Below are 5 ways to be "good enough":

1. **Constancy:** Become a steady and stable support in the young person's life
2. **Attunement:** Actively listen and attend to the young person's needs, wishes and desires
3. **Empathy:** Aim to understand the young person's experience
4. **Continuity:** Offer stability and connection
5. **Don't be a 'reaction':** Think about your response, rather than just reacting

Taking a trauma-informed approach

Many (but not all) people struggling with complex mental health problems, including personality disorder, have had difficult experiences during childhood. We all have an inbuilt desire to bond and attach securely to others but sometimes events or situations happen that make this difficult - such as witnessing domestic violence, being neglected, or being abused physically or emotionally by family members or others. Such experiences can undermine trust in others, can lead to insecurities, or even highly disorganised feelings about relationships that can have both neediness and wariness at the same time. Taking the principles in this guide will go a long way to helping young people have experiences that begin to rebuild their trust in themselves and others.

Understanding self-harm

Self-harm involves deliberately harming oneself physically via cutting, burning, hitting, scratching or overdosing on prescribed or illicit drugs. In Australia self-harm is highly prevalent among adolescents, with one in ten Australian adolescents having engaged in self-harming behaviour [23].

Hospitalisation rates are less frequent with approximately one in eight adolescents who self-harm presenting to hospital [9]. This is for a number of reasons, including fear of being stigmatised by hospital staff, embarrassment, and being treated differently due to intentionally harming themselves.

Rates have significantly increased over the past several decades across the world. For example in Australia, the second Australian Child and Adolescent Survey of Mental Health and Wellbeing found that among young women aged 16-17 years, 23% had self-harmed in their lifetime. There are specific groups of young people who have increased prevalence of self-harm including young women, young people with a mental illness, young people from out-of-home care, young people from Aboriginal and/or Torres Strait Islander (ATSI) backgrounds, young people living in rural or remote areas or in immigration detention or juvenile justice facilities, and lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual (LGBTQIA) young people [9, 24]. Personality disorders in particular are also strongly associated with self-harm and suicide. In saying this, engaging in self-harm does not necessarily mean that a young person will have the other problems associated with a personality disorder. Similarly, some people with personality disorder do not self-harm.

Self-harm is associated with an interplay of complex risk factors, including genetic, biological, psychiatric, psychological, social and cultural. Young people may self-harm for a range of reasons such as trying to control difficult and overwhelming feelings, gain some kind of relief from emotional pain, express anger, feel 'something' (if feeling numb), or communicate a need for help [9]. Some self-harm behaviours are one off while others continue in negative cycles. The self-harm behaviour releases endorphins that provide temporary relief, but the self-harm act can lead to negative feelings of shame and embarrassment, which in turn leads to further self-harm. Young people may therefore engage in coping strategies like self-harm as they find it difficult to find a more appropriate or effective behavioural response.

A question that may come to mind is why some adolescents experiencing emotional distress engage in self-harm, while others talk to a friend or find some other positive coping behaviour? Research suggests that emotional cascades may play a role in explaining why this occurs. Emotional cascades refer to the cycle of rumination that some young people may go through. For example, a young person may have negative feelings and by ruminating on them they increase. These negative feelings continue to increase to the point where they engage in self-harm as a distraction. This behaviour relieves their thoughts for a short-time, before the negative feelings start again and the cycle continues [25]. Behaviour, such as self-harm, may therefore be both functional and dysfunctional in a young person's life. Recognising these two perspectives and focusing on the function of the self-harm, rather than the behaviour itself, will help the young person make progress.

Self-harm can be very disturbing for others to witness. It is helpful to consider that young people are engaging in this behaviour because they have not yet learned more appropriate and effective ways to cope. It is important to remain empathic and non-judgemental while considering providing positive coping strategies [26].

The relationship between self-harm and suicide

Self-harm and suicide are two distinct behaviours: A young person may self-harm without suicidal intent, and a young person may suicide without ever engaging in self-harming behaviours such as cutting. However, it is important to note that unintentional death may occur as a result of self-harm and that self-harming behaviours, even without suicidal intent, are a risk-factor for suicidal ideation [9]. All instances of self-harm or suicidal ideation should therefore be responded to appropriately with the utmost empathy and care.

Prevention of self-harm and suicide therefore need both universal measures and targeted initiatives focused on high-risk groups including young people with personality disorders [9].

Identifying and assessing risk

Young people with complex mental health needs often come to our attention because they display risky and troubling behaviours. This section of the guide provides information to assist recognise young people with complex mental health issues and risky behaviours including self-harm, and suggests ways of assessing risk.

Over the next three sections, the following objectives will be addressed:

1. Understand and recognise personality disorder behaviour
2. Develop an understanding of self-harm and its function within the context of a mental health disorder
3. Develop an understanding of how to manage risks of 'social contagion' between young people
4. Know how to approach a person that you are concerned about
5. Responding to challenging behaviours and incidents

Resources:

- Factsheet: *Self-harm: how to respond*
- Care Plan
- *McLean screening instrument for borderline personality disorder (Schools Version)*
- Factsheet: *Responding to challenging behaviour*

Risk and protective factors

The likelihood of a young person experiencing personality disorder is dependent on a combination of risk and protective factors. Figure 1 summarises this in relation to the development of personality disorder.

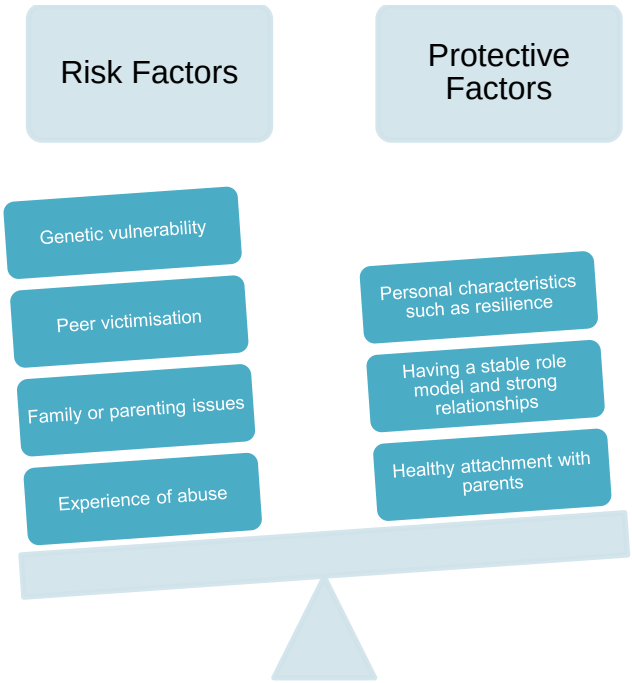


Figure 1. Risk and protective factors associated with personality disorder development

Here, we see how environmental, biological, and social factors contribute to the disorder's development. If several risk factors are present, the young person may be more likely to experience mental health issues such as personality disorder. On the other hand, if a young person has the presence of protective factors in their life, they may be safeguarded from experiencing mental health difficulties.

Personality disorders emerge from a complex interaction between multiple risk factors [27]. Hence, there is no single explanation for the emergence of personality disorders and not every individual will experience the same risk factors [28]. To put this into context, if a young person has the genetic predisposition associated with personality disorder and are subjected to environmental risk factors like childhood abuse and insecure relationships with their parents, these factors interact and lead to a higher likelihood of the young person developing a personality disorder. On the other hand, a young person may have the genetic predisposition but never go on to develop the disorder due to protective factors such as a secure attachment and supportive home and school environment. Alternatively, a person may have a good home environment but their genetic vulnerability leads to the expression of the full disorder.

These interactions are also largely influenced by the timing of the environmental factors on the young person's development. If environmental factors occur earlier in life, for example, not having their basic needs met as an infant, the likelihood of these effects impacting the young person is greater. Similarly, if early intervention occurs and protective factors are put in place sooner, it will improve the outcomes of people with personality disorder.

Risk factors

Genetic vulnerability

Research consistently shows that personality disorders are modestly to moderately heritable [29]. There is a common genetic factor reflecting vulnerability to personality disorder or negative emotionality, and two other genetic factors reflecting high impulsivity, low agreeableness, and introversion [30]. Intergenerational transmission therefore remains a risk for children of parents or grandparents with personality disorder. Individuals with a genetic vulnerability are at greater risk of personality disorder in the presence of a predisposing environment.

Additionally, some environmental factors include:

- **Adverse childhood experiences, abuse, and maladaptive parenting**: Young people who experienced abuse or neglect are four times more likely to be diagnosed with a personality disorder during early adulthood [31]
- **School mobility:** Young people that have frequently moved schools or experienced instability in the classroom environment are particularly vulnerable to experiencing psychotic symptoms in late adolescence [32]
- **Peer victimisation:** When young people, sometimes from an early age [33], are victims of some form of bullying from their peers, this can create a negative view of their peers and school environment. Further, young people with mental health concerns may be stigmatised and isolated, which has a negative effect on the young person's wellbeing

Protective factors

Just as there are risk factors in a young person's life, there are also a number of protective factors that provide a sense of hope. Early positive attachment relationships are known to influence mental health outcomes [34]. A well-taught educational experience can help support individual outcomes. Similarly, genetic and other environmental factors can support resilience.

Young person's mental health – what should I look for?

Some behavioural changes that may indicate that a young person is struggling and may indicate a range of mental health problems requiring additional support are listed below [35-37].

Primary and Middle Years:

- Difficulty interacting with peers, such as shyness or awkwardness
- Being anxious, sad or withdrawn for most of the time
- Avoiding new situations or missing school
- Being overly compliant and obedient, seeming fearful
- Displaying aggressive behaviour
- Not avoiding risks or harmful situations
- Difficulty anticipating the consequences of behaviour

Adolescence:

- Decline in academic performance
- Neglecting responsibilities or personal appearance
- Changes in behaviour in school attendance
- Being frequently lethargic or irritable
- Abuse of drugs or alcohol
- Losing touch with reality e.g. paranoia, delusions, hallucinations
- Stealing, vandalism, aggression, and risk-taking
- Thinking about death or suicide
- Self-harm or suicidal behaviour

The table below highlights these risk factors for self-harm and suicide in adolescents [9].

Risk factors for self-harm and suicide in adolescents

Sociodemographic and educational factors

- Sex (female for self-harm and male for suicide) – most countries*
- Low socioeconomic status*
- Lesbian, gay, bisexual, or transgender sexual orientation
- Restricted educational achievement*

Individual negative life events and family adversity

- Parental separation or divorce*
- Parental death*
- Adverse childhood experiences*
- History of physical or sexual abuse
- Parental mental disorder*
- Family history of suicidal behaviour*
- Marital or family discord
- Bullying
- Interpersonal difficulties*

Psychiatric and psychological factors

- Mental disorder*, especially depression, anxiety, attention deficit hyperactivity disorder
- Drug and alcohol misuse*
- Impulsivity
- Low self-esteem
- Poor social problem-solving
- Perfectionism
- Hopelessness*

All the factors in the table have been shown to be related to self-harm.

*Shown to be related to suicide.

Signs that a young person may be self-harming

- Inappropriate dress for the seasons e.g. long sleeves and jumpers in warm weather
- Overuse of wrist bands, jewellery or coverings
- Unwillingness to participate in events/activities which require less body coverage e.g. swimming or physical education classes
- Mental illness such as depression or anxiety
- Unexplained burns, cuts, scars or other markings on the skin
- The person's explanations for above seem implausible or could only account for one instance, not all e.g. “My kitten scratched me”, “I fell over and grazed myself”

Distinguishing between acute and chronic risk

Acute risk refers to the very real risk of a person completing suicide. Characteristics of acute risk may include:

- The person has a clear plan for suicide
- The means by which the person intends to die is potentially lethal
- The person has access to the means, or can readily gain access to the means, to enact the plan
- There is nothing to suggest hope of rescue
- The person expresses feelings of hopelessness regarding the future
- Delusions may be present, causing the person to believe they must die
- Comorbid depression and/or substance abuse is present

Chronic risk behaviour tends to be less harmful and the person does not wish to die. These behaviours are usually recurring responses to interpersonal stress, particularly to a sense of rejection and abandonment, and act as a means of communicating emotional distress. However, accidental death remains a risk. Ambivalence about dying may also form part of the pattern, for example, the person may have a suicide plan which they do not intend to immediately act upon but serves to mentally give them a way out and thereby allow them to continue to live.

Responding to crisis and self-harm situations

During a crisis situation young people are generally at their worst – symptoms are at their most extreme and risk-taking, self-harm or suicidality may be evident. It is important to find a balance between attending to the incident and its ramifications and understanding the nature of the person's behaviour. Remember this might be an emergency where the best response is to ring an ambulance or the police to attend to the young person's immediate risk and get emergency care.

Responding to acute risk

If the person is deemed to be at acute risk, the following steps are recommended:

- Contact emergency services (e.g. ambulance) and remain with the young person until they have arrived and care is being provided
- Identify the person's psychosocial support system and contact their parent/carer, and if appropriate, their mental health professional and discuss the treatment plan and crisis intervention

Immediate interventions for a suicidal person

1. Do not leave the person alone
2. Reduce access to the means of suicide
3. Consult with senior staff
4. Inform others and gain support (may be from medical practitioner, crisis team, mental health service, hospital, family members, carers or others)
5. Provide a clear explanation to the person of the steps you are taking
6. Never agree to keep a plan for suicide secret
7. Do not use guilt or threats
8. Find out what and who has helped in the past
9. Establish a Care Plan

Responding to self-harm in young people

1. If the self-harm requires medical intervention, attend to that first, if serious contact emergency services
2. If first aid or medical attention is needed discuss this with the young person
3. Talk to the young person - ask about what is going on for them
4. Demonstrate compassion - recognise that the behaviour has meaning which may be hard to discuss
5. Stay with the young person until they are safe
6. Ask them directly if they are suicidal. If the young person discloses thoughts of suicide, professional help should be sought immediately
7. Ensure the principal, deputy principal, and school counsellor are informed of the young person's self-harming behaviour
8. If appropriate, inform the young person's parent/carer
9. Seek advice and support to plan for further care, assessment and treatment
10. Consider working with a health professional and undertake a Care Plan
11. Recognise that mental health professionals have training to help people manage and overcome these behaviours
12. Consider the impact of these behaviours on others and seek further support and advice

Responding to chronic risk

If the risk is assessed as chronic, the following steps are recommended and should be conducted by a counsellor, psychologist or other qualified person:

- The person should be offered an appointment with a mental health service provider in the community. Some people will prefer brief treatment episodes where they can get some help with a clinician to deal only with their current problems. Engagement in long-term treatment can help to work on personality and relationship issues. It is important to note that people with personality disorder do not usually complete suicide while engaged in treatment
- Where possible, ensure continuity of care – it is preferable for the person to consult with the same clinician each time
- Establish a risk profile over time. All information regarding the person's risk should be forwarded to the primary treating clinician or team
- Medical and/or emergency services should not be contacted unless the risk is considered to be acute or potentially lethal, that is, a high level of risk. Avoid overprotective responses that are related to staff anxiety as opposed to the person's risk
- The person should be encouraged to clearly communicate their needs verbally. This requirement should be included in their Care Plan as a strategy for reducing their level of distress or crisis

Key principles for responding to a crisis

1. Remain calm, supportive and non-judgemental
2. Avoid expressing shock or anger
3. Stay focused on what is happening in the here and now. Avoid discussions about the person's childhood history or relationship problems as these can 'unravel' the person and are better addressed in ongoing treatment or when the person is calm
4. Show compassion and express empathy and concern
5. Explain clearly the role of all staff involved including how, when and what each will be doing to support the person
6. Conduct a risk assessment. Remember, the level of risk changes over time, so it is important to conduct a risk assessment every time the person presents in crisis
7. If required, respond to the immediate risk by actively seeking emergency help such as calling an ambulance to attend to the immediate care needs of the person.
8. Follow-up after the crisis, and ensure you make further appointments or refer the person to a counsellor or other professional
9. After the crisis, ensure that the follow-up appointment and referral was actioned
10. Review the crisis to learn from it and ways to improve responses in future

Responding to self-harm at school

Any instance of self-harm should be taken seriously, regardless of severity or intent, as all instances demonstrate that a young person is in distress and appropriate action should be made.

Your initial response to a young person that self-harms is important and likely to influence their future help-seeking behaviour. Understandably, this is anxiety-provoking for many education staff trying to support a student. You may be worried that you will say the 'wrong' thing or that mentioning the behaviour will make the situation worse. It is important to recognise these feelings and seek comfort in the fact that any attempt to support a young person is of value. A response that is founded in empathy, compassion, and a non-judgemental attitude, rather than ultimatums or punishment, will lead to the best outcomes.

If you suspect that a young person is self-harming, create an opportunity for privacy and express your concern calmly and without judgement. Acknowledge that you understand a little about self-harm by stating: "Sometimes when people are in a lot of emotional pain they injure themselves on purpose. Is that how your injury happened?" If a young person is trying to evade questions or deny

the behaviour, just stay connected and tell them that you are there to support them. Focus on their experience rather than their injuries and assist them to find solutions and support. Start a conversation about the value of seeking professional support and discuss what can help make their life more manageable or reduce distress at school. Working collaboratively with the young person, their family, and mental health professionals will assist this process.

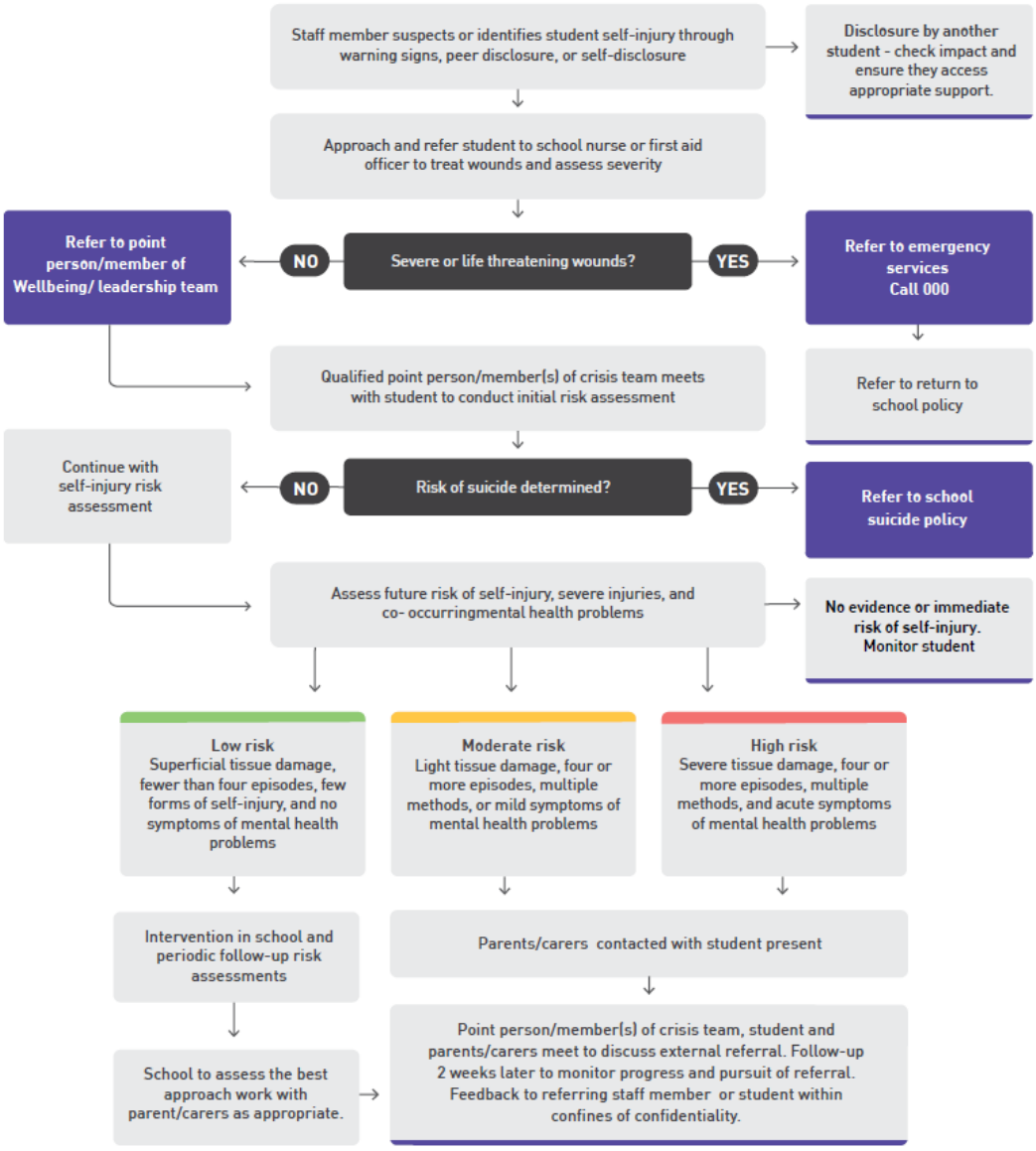
Consideration must be given to making a child protection report to Community Services or seeking advice from the Child Wellbeing Unit. The Mandatory Reporter Guide assists principals to determine whether a case meets the risk of significant harm threshold for reporting children and young people at risk in NSW. The decision tree that most likely matches the concern is **'**Child/Young Person is a Danger to Self and/or Others' in consultation with the Principal.

Important: Never enter into a confidentiality agreement with a student or agree to keep their self-harming a secret. As education staff you are mandatory reporters and must seek out the guidance and advice of your principal when appropriate. Talking to others and engaging in self-care is essential.

Here is a flow-chart by MindMatters and Beyond Blue that helps guide response to self-harm [38]. In this flowchart, if a teacher suspects or knows that a person is self-harming, they need to go to a "point person/member of wellbeing/leadership team". This is an example of a school having clear roles and responsibilities, and how it facilitates the responses to these situations.

Responding to self-harm flowchart for schools

Source: http://www.mindmatters.edu.au/spotlights/self-harm



Factsheet: 'Self-harm: how to respond at school'

Social contagion

Some young people have noted that many of their peers do not perceive self-harm as dysfunctional [39]. Rather, it is perceived as a normal coping strategy that many young people engage. This may be indicative of the social contagion associated with self-harming behaviour in youth. Social contagion refers to the process whereby one instance of self-harm within a school or community increases the likelihood that other instances will occur.

Literature on self-harm in young people indicates that exposure to self-harm in others, including friends, family and peers, increases the risk of self-harm in adolescents [9]. Consequently, there is a need to understand the process of social contagion and how to manage it. The effects of social contagion have moved beyond the boundaries of the schoolyard and are now almost inescapable with many young people having an online presence through social media. As such, it is important

when considering the effects of social contagion to also consider the role that online networks are playing.

Young people with complex mental health concerns may be more vulnerable to the influence of social contagion. For young people with personality disorder, social media websites may serve as a means for them to form attachments with others, express their emotions and receive validation. However, this can often become problematic as others perceive these actions as "attention-seeking" [40]. Young people with personality disorder may be more likely to use aggression and experience jealousy, which in turn triggers a sense of abandonment [40].

Strategies for managing social contagion

Students with complex mental health concerns may be more vulnerable to social contagion and self-harm because they may believe it to be an effective coping strategy.

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

Completing a Care Plan

The purpose of developing a Care Plan is to provide an individualised plan to assist the young person to reduce their level of risk and frequency of crisis. The Care Plan is developed in collaboration with the young person and can be completed by a member of the student welfare team, year advisor, school counsellor, psychologist or other member of staff if they feel comfortable. This plan formally identifies short and long-term goals, triggering situations, helpful strategies and skills to use in times of crisis, strategies and skills that have not been helpful, places to call in the event of an emergency and the people involved in their care. The Care Plan can be folded up into a wallet size slip and carried by the young person so it can be easily accessed. Alternately it can be photographed by the young person and carried in their phone memory.

Care Plan

Available to download from www.projectairstrategy.org

Care Plan	

Name:

My main goals and problems I am working on

(1) In the short term

(2) In the long term

My crisis survival strategies

Things that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won't harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis

Kids Helpline 1800 551 800 **Emergency 000** **NSW Mental Health Line 1800 011 511**

My support people (e.g. *parents, siblings, friends, psychologist, teacher, school counsellor, GP, relatives*)

Name	Contact Details	Role in My Care	OK to Contact?

Signature:

Date: **Date of next review:**

Copy for the: Student / School / Psychologist/ Parent/ Other (please specify):

PROJECT AIR

A collaborative Care Plan helps to:

- Manage and reduce the young person's level of risk
- Increase the young person's level of safety
- Provide a structured goal-oriented safety plan that helps to contain anxiety of the young person and those involved in their care and education
- Seek agreement on how to most effectively reduce distress for this particular young person
- Clarify what has been done in the past that has not helped to reduce the young person's level of distress or has made it worse
- Engage the young person in their own treatment process and encourage self-responsibility
- Support the young person and school staff to navigate their way through a crisis
- Support decision making

Introduce the Care Plan with the young person as follows:

"The purpose of the Care Plan is for us to work together to set goals, explore strategies for when you are feeling distressed, and to think about some key people in your life that you feel comfortable going to for support. This may help you feel more supported in your life and help you stay on track with your work or study. This is not a legally binding document, but will help us work together to ensure that we have planned for your safety."

The first section of the Care Plan involves discussing goals with the young person. This can be a helpful way for you to both stay on track. These goals can be short or long term, and socially, psychologically or academically orientated. For example: "I want to pass my next assignment" or "I want to see the counsellor each fortnight" or "I want to get on better with my sister" or "I want to understand my cultural roots".

The second section of the Care Plan allows young people to think about their coping strategies. The two of you will work together to explore the young persons' triggers, strategies they can use when these triggers occur, and strategies they have used in the past that didn't work or made the situation worse.

The final section of the Care Plan is a space for young people to record important details about their support people. For example, the person's name, contact details, role and whether they are suitable to contact in a time of crisis.

Once the Care Plan is completed, provide the original document to the young person, make a copy for your own records, and, where consent has been provided, make copies for distribution to other relevant individuals or organisations (e.g. psychologist, parent or caregiver).

Completing the Care Plan will support the young persons' ongoing wellbeing. It is important to review this plan over time in order to effectively monitor the young persons' progress.

McLean indicators of concern (Schools Version)

This tool is designed to raise awareness of several indicators of concern. It is an adaptation of a screening tool for borderline personality disorder [41]. Any yes responses should act as a flag to obtain further advice from the student welfare team. A copy of this tool can also be found at the back of this guide. This tool has been included to help aid recognition of these behaviours in order support an effective response to them in the school setting. If you use this tool and include any confidential information, please ensure that it is filed securely.

Item	Yes	No
In your experience, do you perceive that the young person's relationships have been troubled by a lot of arguments or repeated breakups?		
Have you ever been concerned that the young person has deliberately hurt his/herself physically (e.g. punched, cut, burned his/herself), or attempted suicide?		
Do you perceive the young person to have at least two problems with impulsivity (e.g. eating, binges, spending sprees, substance misuse, verbal outbursts)?		
Do you experience the young person to be extremely moody?		
Do you perceive the young person to feel angry a lot of the time, or experience the young person in an angry or sarcastic manner?		
Do you perceive the young person to be often distrustful of other people?		
In your experience, does the young person present as frequently feeling "unreal" or as if things around them are unreal?		
Do you perceive or experience the young person as feeling empty?		
Do you perceive the young person to feel that he/she has no idea of who he/she is or that he/she has no identity?		
In your experience, do you perceive the young person to make desperate efforts to avoid feeling or being abandoned (e.g. repeatedly calling someone to reassure him/her that the person still cared, begged the person not to leave him/her, clung to another person physically)?		

Responding effectively to challenging behaviours - Tips and strategies

Once the young person with complex mental health issues has been identified and the immediate risks have been addressed, it is important to then promote longer term changes to ensure they recover and meet the potential for a fulfilling and contributing life.

Steps to working with a young person with complex mental health needs

1. **Talk honestly with the young person** and encourage them to seek help from a health professional and school counselling service, or help arrange this help
2. **Make care plans for young people** for when they are stressed or when they are getting unwell, or work with others to develop a care plan
3. **Build on person's strengths** and keep good things that are helping them
4. Encourage **positive** coping strategies
5. Be a **positive role model** to young people
6. Utilise the **support** available to you and talk honestly with your colleagues and supervisors about your own wellbeing
7. Involve parents/carers, schools and other supports where possible to **maximise collaborative interventions for the young person**
8. Make **reasonable adjustments** to support wellbeing, learning and school attendance, or ensure that these adjustments are in place

Responding to challenging behaviours

The characteristics of borderline personality disorder can be challenging to work with and are likely to be present within the school environment if a young person is experiencing an emerging personality disorder. It is not uncommon for others to experience strong reactions or emotional responses to these behaviours. Some common responses include feeling confused, frustrated, angry, alone and manipulated. Here are some common triggers for young people with borderline personality disorder along with examples and strategies for responding [42].

Understanding the triggers

Gaining an understanding of predisposing or precipitating factors that trigger certain behaviours is an important first step to help and support. Triggers can be environmental or situational. For example, fatigue and physical vulnerabilities such as lack of sleep, being isolated, or bullied by peers. Less visible and often more difficult to identify are internal triggers such as overwhelming feelings of loneliness, not fitting in, or negative self-talk. Young people with a personality disorder may also have difficulty adjusting to relational change, particularly in secondary school when students are having multiple teachers per day. This can be a difficult time for young people with a personality disorder as it takes them longer to adjust to the changes than their peers.

Steps for responding to challenging behaviour

1. Establish safety

The immediate safety of the young person, other young people, teachers and staff needs to be ensured. This includes assessing and responding to risk.

2. Approach the person with a desire to understand

The principle here is to have a stance of "being curious" - for them to help explain what is going on

Try to approach young people who are struggling with the stance of "being curious" to understand what is going on for them. Ask the young person to try to explain to you what is going on for them, even though that might be difficult and painful for both of you. It is important to allow enough time for such conversations. Sometimes it is better not to guess or assume you know, but rather ask the person to help you understand by explaining their situation fully as much as they are able to at the time in their own words.

3. Validate their experience

It is important to try to let the young person know that you have understood them by telling them a little of what you have heard them say about themselves. Examples:

- *"From what you have told me it would seem this is important for you"*
- *"I can see that this must hurt a lot"*
- *"I think I understand why you would be angry about this"*
- *"Thank you for explaining what is going on it has helped me understand you"*

Don't correct or contradict e.g. *"I know you think you're stupid, but you are not."* Even though your intentions may be to comfort the young person, such contradictions can actually be perceived as invalidating.

Validation does not necessarily mean that you like or agree with the other person. It means that you understand where the other person is coming from.

4. Focus on your relationship, how you can help and what support you can organise

Specifically, but gently ask: *"How would you like me to help?"*

If the person wants your input, assess what is going on for them. What happened? When? What would you like to happen?

By focusing on your relationship with the young person and building a connection with them, rather than focusing on negative outcomes (e.g. misbehaviour, self-harm), the behaviour will in turn change as a result.

5. Consult with peers and appropriate staff regularly

An important part of responding to a young person's challenging behaviour is ensuring that we are responding effectively as a team. Consulting with peers and staff can help this process as well as providing opportunities to support one another. More information and self-care strategies have been discussed on page 40.

Factsheet: '*Responding to challenging behaviour*'

Tips in managing some complex mental health behaviours

The criteria of borderline personality disorder each present their own challenges. Below is a further description of the problems and some tips in how to respond and manage them to promote longer term recovery.

Frantic efforts to avoid real or imagined abandonment

Everyone fears abandonment to some extent. However, people with borderline personality disorder fear abandonment much more intensely and can be triggered by both real and imagined threats. Once triggered, the expression of fear and efforts to avoid the abandonment cannot be easily alleviated. Example: A student feels abandoned when a teacher takes leave, or they believe that a teacher is going to abandon or leave them when this is not true.

> Tip: Recognise that the person is vulnerable and insecure, and think of ways to help them feel safe even when relationships and the environment are changing. Accept that the person will react with greater fear or anxiety in the face of change and try to soothe and assist them to manage these feelings.

A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation

Most people can integrate their positive and negative feelings about a person and come to a place in the middle. People with borderline personality disorder however cannot reconcile these two extremes. Example: A student is constantly in and out of new relationships. One day they idealise the person and the next they cannot stand them. Such feelings of idealisation and devaluation may also be directed at staff members themselves.

> Tip: Recognise the neediness for attachment, but also the fear of relationships. Try to be as consistent as possible despite the person's difficulties relating to you in a consistent way

Identity disturbance: markedly and persistently unstable self-image and sense of self

As we mature through adolescence we develop a stable sense of self. For a person with borderline personality disorder however, this stable sense of self may be more difficult to develop. During the school years this may be difficult to identify given that most young people will not have a fully-formed self-image. However, for people with personality disorder this lack of a sense of self may be an ongoing difficulty.

> Tip: Help the person understand themself by discussing their preferences, likes and dislikes. Allow them time to experience events then ask them to recall their experience. The building blocks of the self are formed through a succession of reflecting on experiences and preferences, and feeling accepted by others.

Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, and binge eating)

People with borderline personality disorder feel intensely in response to little things. Their emotions take over and the part of the brain that controls impulse is unable to moderate the intensity of their emotions. When distressed they find it difficult to sit with or think through the problem. This is especially true for adolescents. Example: A student is often truanting and has been caught several times using illicit substances on school grounds.

> Tip: Note the context in which impulsive or risky behaviours occur, and work on prevention so that the person is less likely to find themself in places or with people that make it harder for them to remain calm.

Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour

The risk of self-harm and suicidal ideation is much higher for people experiencing a personality disorder. Research has shown 60-70% of people with borderline personality disorder will attempt suicide [29]. Understanding the function of a young person’s self-harm and how to effectively respond to it is essential (see page 22).

> Tip: Respond with compassion. Try to understand the person's feelings and thoughts but promote safety as a first priority. Remind the person that these feelings will pass, that there are always solutions and hopefulness and reasons for living. Try to work with the person to find the reasons for living and reinforce what is valued. Reinforce basic needs for food, rest and connection with others.

Affective instability due to a marked reactivity of mood

People with personality disorder often find it difficult to regulate their emotions appropriately. They often react much more intensely to a triggering event and it takes a longer time for them to return to a baseline state. Emotions can therefore be quite up and down. This can make it difficult for the young person to think rationally, therefore making it challenging for those who are trying to communicate and support them.

> Tip: Provide a calm, non-reactive environment as much as possible. When emotions flare up, do not fuel them but listen and respond in as calm a way as possible. The person may invite you to join them in their emotional feelings, however it can be helpful to model being 'contagious with calm'.

Chronic feelings of emptiness

A core feature of personality disorder is that people with the diagnosis do not have a stable sense of self. When this occurs a person can feel empty inside, like they have difficulty understanding or feeling who they are. Some people describe this as the worst possible experience - the feeling that they don't exist. Some writers consider this a core difficulty that motivates behaviours that make the person feel something, such as self-harm, impulsive behaviours, or crisis responses that sends signals to others to help.

> Tip: Be compassionate that this mental illness causes significant suffering. Try to provide a good enough relationship so that the person feels a connection with you that provides hope. Recognise the importance of social integration with peers and the community as much as possible and promote safety when feelings become overwhelming.

Inappropriate, intense anger or difficulty controlling anger

People with personality disorder feel emotions more intensely and these feelings can endure for a longer period of time than most people experience. The anger experienced by a person with a personality disorder can be much more intense, flare up more rapidly, and is often very frightening for those trying to support them. The reason for such intense anger is related to the person's incapacity to express this with words alone. For a person with the disorder, words may be insufficient to express the depth of their emotions or distress or frustration.

> Tip: people who are very emotionally activated may find it hard to listen to reason or explain their feelings. Try to ride out the wave of their distress, and when more settled it may be possible to talk to them about their experience. Try not to become reactive to their anger, provide as safe environment as possible to contain their feelings, but acknowledge that for the person these feelings are very real for them at the time. Show compassion to their distress where possible.

Transient, stress-related paranoid ideation or severe dissociative symptoms

People who dissociate feel detached, as if they are observing their body from the outside. This sense of detachment is often triggered by stressful situations but can become habitual. We have all used dissociation to escape from unpleasant experiences. Dissociation is more common in people who have experienced traumatic situations from which they could not escape. Alternatively, the person may become very suspicious of others and believe that others are against them or there is a campaign to make their life difficult. A person may appear non-responsive and keep to themselves and may avoid engaging in group activities or being a part of classroom discussions.

> Tip: Dissociation when it becomes habitual can prevent the person from learning from experience. If you notice a young person daydreaming or drifting off, provide ways to keep them present by giving them an activity to do, ask them a question, or give them eye contact or attention. If a young person becomes very suspicious, try to build trust and show them compassion.

Self-critical perfectionism and low self-esteem

People with personality disorder can struggle with a range of other difficulties. One common one is a high degree of self-criticism. They may feel unworthy, the cause of other people's problems, that they are defective or not "good enough". People with such beliefs therefore may find it difficult to respond to praise. It is likely that they have internalised that they are a "bad person" and if they have experienced childhood abuse they may have experienced little to no praise growing up.

> Tip: Healing these feelings can take time and compassion, and where possible provide experiences that give the person a sense of accomplishment, while recognising that they might find such positive feelings unfamiliar and uncomfortable.

Additional strategies to help young people

Below are some suggested strategies that take into account some of the difficulties that young people with complex mental health issues experience.

'Time in, not time out': Young people with complex mental health issues may have experienced abuse while growing up. Time out may therefore replicate the rejection these young people have experienced and may reinforce their view of themselves as unworthy and unlovable. Instead, allow the young person to have 'time in' with you where they can sit and complete tasks or work. Reframe their disruption as a need for attention, connection and help.

Emotion thermometer: It can be helpful for the young person to rate their emotion on a 1-10 scale. E.g. "I am a 9, I need some quiet time." This can be helpful as many young people with complex mental health issues have trouble expressing their emotions appropriately with words.

Quiet time: Emotional sensitivity is often heightened in young people with complex mental health issues, particularly personality disorder - some refer to the experience as having a 'hyper-sensitive soul'. Being in a high stimulation environment can therefore be overwhelming. Allowing 'quiet time' in a low-stimulation environment may assist the person reduce their reactivity and the risk of a behaviour outburst.

Reward, not punishment: Positively reinforcing behaviour rather than punishing will be more effective at changing behaviour for young people with complex mental health issues.

Natural consequences: It is not helpful to see a young person with complex mental health issues as 'special'. Everyone should respect the usual conventions of a social community. A person with complex mental health needs may have difficulty understanding or applying social conventions, and may struggle to understand other people's intentions or behaviours. However, explaining these to them, and expressing normal disapproval when social norms are violated, is the best way for them to learn. Note that because of their emotional fragility such conversations may be more difficult. Ensure when giving feedback on poor behaviour that it is specific to the behaviour and its consequences. If a young person hurts someone, they should apologise to that person.

Grounding: When a person is finding it hard to concentrate, is dissociating or detaching themselves from others, try using exercises to ground them. Mindfulness exercises can be a good strategy. Another good strategy is to help them focus on the physical world - ask them to tell you what they can see in the room, the colours and shapes, what they can hear in the room - the sounds, what they can feel in the room - the texture of a chair, furnishings. Such exercises will provide an opportunity for them to concentrate back in the here and now.

"I see you need help with": When you become aware of challenging behaviour try using the phrase "I see you need help with… (moving to a different activity, completing your work)". This will both respond to the behaviour while also reinforcing desired behaviour.

Praise the behaviour, not the person: It is important to praise the behaviour rather than using internal statements. For example, saying "I see you made a good choice to finish your work" is more effective than saying "good boy". Similarly, describe challenging behaviours rather than responding "bad boy". Young people internalise these statements and for people with a personality disorder it only reinforces the negative view that they already have of themselves.

Further information about these strategies may be found by consulting these references: Child Safety Commissioner [43] and Frederickson et al. [44].

Working to improve the school and social environment

The Project Air Strategy for Personality Disorders [7] emphasises the importance of the social environment supporting the person with complex mental health needs. For young people, a school can be the most important stabilising environment that has the best capacity to help with their mental health.

Resources:

- Student-Focused Safety and Support Plan
- Factsheet: *Working with parents with personality disorder*

Personality disorder and the influence of school climate

Given the significant time that young people spend in the education system across key developmental periods, schools exhibit an enormous influence on young people. However, this influence can be one of great positivity and guidance or negativity. The feelings and attitudes that are produced by a school's environment are often referred to as school climate [45]. Three main factors have been found to contribute to school climate: physical (e.g. school appearance, safety), social (e.g. quality of teacher-student relationships, classroom sizes), and academic (e.g. quality of instruction).

Research has identified that the school climate influences young people's experiences of personality disorder in specific ways. It has been found that higher conflict at school and more informal personal ties (for example, referring to teachers by their first name; teachers talking about personal issues) are related to an increase in the symptoms of personality disorder. While greater autonomy and learning focus within a school is related to a decline in personality disorder symptoms [46].

By creating a supportive space where young people feel comfortable seeking help, a space that understands mental illness and how to identify and intervene, the trajectory of personality disorders and mental health concerns can be shaped in a positive way.

Below is a summary table of factors contributing to a positive versus negative school environment

Factors contributing to positive school climate	Factors contributing to negative school climate
Structure	Conflict
Learning-focused context	Informal personal ties between students and teachers
High student autonomy	Bullying
Rewards for achievement	Peer victimisation
Students feel respected	Isolation
Students have opportunities to be involved in school policy development and decision-making	

Creating a safe & supportive environment

Most young people who self-harm or are experiencing mental illnesses do not seek help for their problems [23]. Moreover, those who do seek help prefer to consult their friends. This may lead to the student not receiving the help that they require. It is therefore important to provide young people

with a safe and supportive environment that they feel comfortable going to staff for help. This involves all members of staff including principals, teachers and other school staff.

Here are some simple ways that schools can create a safe and supportive environment:

- **Normalise asking for help:** Make it clear to young people and staff that the school environment is a safe place for them to discuss their concerns. It is important to normalise that it is okay to ask for help
- **Foster open communication about mental health:** By being open about mental health issues and considerate, it will encourage young people to be aware of their own psychological wellbeing as well as their peers
- **Display an empathic and non-judgemental attitude:** Seeing the young person's experience from their perspective rather than your own. Removing any assumptions or judgements about the young persons' experience
- **Provide set times where young people can come to you for guidance:** For example, 5 minutes after class or during recess breaks. This will also help maintain boundaries and role definition
- **Create a 'culture of caring':** Students should know where and when they can seek help from senior members of staff. Principals have reported that having an 'open door' policy and being aware of young people that are at risk will promote student wellbeing . Greeting young people by name and showing interest in their wellbeing out of school is also a useful way of demonstrating care
- **Cultivate staff support and peer consultation:** This is particularly vital in secondary school where young people will see multiple teachers per day. If all members of staff have the same information about the student they will be better able to look after the student's wellbeing as well as their own
- **Encourage autonomy:** Increasing autonomy in young people' lives will decrease symptoms of personality disorder as well as create a sense of control and independence
- **Being "firm but kind":** It is important to balance your role as an authority figure while also expressing a level of empathy and care
- **Acceptance and inclusivity of different cultures, languages and religions:** Providing diverse extra-curricular activities, having signs and other communication in community languages, offering community languages to all young people, and creating lunch-time connection activities for young people who may not feel comfortable
- **Be open to feedback:** Regularly receiving feedback from young people, parents/carers and staff is a useful way to find out what each member wants out of their school community

Learning and Support Team

The Learning and Support Team have a role within whole school initiatives to improve outcomes for students with additional learning and support needs. The Learning and Support Teacher is a member of this team and can work collaboratively with the classroom teacher by supporting assessment for learning; plan, implement, model, monitor and evaluate teaching programs, as well as provide direct support through a range of strategies (including direct instruction, delivery of adjusted learning programs, assessment and monitoring of progress) [http://www.schools.nsw.edu.au/studentsupport/programs/lrngdifficulty.php]

Making plans for a students' return to school

There will be times where a young person will need to leave school for a length of time, for example, a hospitalisation. No matter the duration of absence, it is important to make plans for a young persons' return to school to ensure that the young person feels welcomed and supported in continuing their education.

Student-Focused Safety and Support Plan

Write and/or review in partnership with young person and family/carers. A copy of this plan is at the back of the guide

- **Gather further information:** With consent from the young person and family, connect with identified support workers, including school staff and external specialists
- **Keep it simple:** Remember that any plans and documents should be simple, manageable and practical for the student and staff
- **Keep communicating:** It is important that everyone involved is kept up to date with what is happening, and that the young person is at the centre of all planning and actions
- **Hold student-friendly meetings:** The best environment to meet with a young person involves only one representative from the school and the young person's chosen support person, family or carer or significant other adult in their lives. Too many staff can be overwhelming for a young person who may already be feeling vulnerable and anxious. The guiding principle for a positive meeting is to create an environment where the young person feels safe and comfortable. This will increase the chances for the young person being able to speak openly and discuss their needs.
- **Ensure the Student-Focused Safety and Support Plan involves everyone:** Sit down with the young person and their support person and help develop a plan to support the young person to positively engage at school with relevant disability adjustments. It is important to be guided by the knowledge and experience of the young person and the parents/carers. They will have valuable information and ideas to inform the plan.

Reasonable adjustments

Here are some examples of adjustments that may be beneficial in meeting the needs of young people experiencing complex mental health issues such as personality disorder:

- **Allow extra time for tasks and extending deadlines:** Students with mental health issues may need more time to complete tasks and need extra time to complete assessment tasks
- **Adjust the classroom:** For some people, noisy environments and intensive lighting might adversely affect their ability to focus and concentrate. Adjustments should be made in consultation with the young person and if required include external service providers
- **Change communication methods according to need:** For young people and families, there may be times when it is hard to communicate face to face. At these times young people can nominate an alternative method, for example email, or letters
- **Allow changes to assignments:** It can be helpful to allow a young person to complete a task in a different way. For example, if a student has severe anxiety problems and is required to do a presentation, you may allow them to present to fewer people or to prepare the presentation but not deliver it
- **Allow changes after a period of absence:** When a student is unwell or has just returned from a period of absence, it may be helpful for the young person to focus on a particular type of task. You may allow the young person to work to a reduced or altered study program for a while. This can help to rebuild confidence
- **Allow the use of headphones if appropriate:** This can help people who have difficulty concentrating or who sometimes hear voices
- **Allow the student to use a recording device:** Recording devices can benefit young people who find it hard to take notes in class, perhaps because of concentration difficulties. The student can then write up their notes later on
- **Give handouts:** Providing handouts of material can also support young people who are having difficulty concentrating and/or handwriting. Having handouts can free the student to focus on the lesson

- **Allow changes to exam conditions:** Your school should have procedures for making adjustments for young people with disabilities. Exams are, of course, stressful for all young people, but they can be particularly overwhelming for young people who have experienced a mental health problem. Reasonable adjustments to exams (e.g. separate supervision) can make all the difference
- **Allow the student to take rest breaks:** Some young people might have difficulty in concentrating for long periods. Breaking up the young person's day may help
- **Part-time exemption plan:** There are many reasons why a student might have difficulties with classes at certain times. For part day exemption due to the requirements of a health care plan, the principal should seek the parents' consent to obtain information from health professionals responsible for the health care of the child. For school programs associated with behaviour management or health care plans it is not necessary to complete a separate Application for Exemption from Attendance/Enrolment at School. However you will need to complete an Appendix B Part Day Exemption Plan (Short term transition plan). This plan should be utilised with a view to full time attendance. (https://detwww.det.nsw.edu.au/policies/student_admin/attendance/sch_polproc/exempt_gui.pdf intranet only Appendices B and F).

A whole school approach

The School Excellence Framework supports all NSW public schools in their pursuit of school excellence by providing a clear description of the key elements of high quality practice across the three domains of learning, teaching and leading [47]. In schools that excel, school culture demonstrates the building of educational aspiration and ongoing performance improvement across its community [47].

'There are strong links between school excellence and wellbeing. Schools should consider teaching and learning and the development of wellbeing as parallel, integrated, complementary processes. All schools are required to have a planned approach to wellbeing in place that incorporates the elements of the Wellbeing Framework '[45]. In 2015, the NSW Department of Education released the Wellbeing Framework for Schools [48].

The elements of the wellbeing framework relate to:

- **Teaching and learning** activities that provide opportunities for students to connect, succeed and thrive. Whole school approaches to physical health, social skills, resilience, citizenship and community engagement, all contribute to the growth of individual and whole school wellbeing
- **Behaviour, discipline and character education** with clearly defined behavioural expectations, that recognise the importance of creating a positive school environment while maximising opportunities for personal growth
- **Learning and support** that is student-centred and developed in conjunction with parents, carers and professional services. Personalised learning pathways and health care plans should be dynamic, in that that are able to meet needs as they arise
- **Professional practice** which is linked to the needs of students, teachers, schools and the system with clear roles and responsibilities articulated for all staff and supported through training
- **Effective leadership** is evidenced at every level of the school environment, promoting a respectful culture that accepts and values diversity and encourages open communication among the school community
- **School planning** that is based on qualitative and quantitative evidence, with procedures that provide opportunities for the whole school community to participate in this process, allowing young people's voices to be heard

Roles and responsibilities

Having clear roles and responsibilities is a vital part of the whole-school approach. This involves all staff members understanding their role and the roles of others. This means that all staff will understand what they need to do in a situation where a student is self-harming or engaging in challenging behaviour.

There is no “one size fits all”. Some schools may have a person or team that deals with self-harm incidents, while others may designate their year coordinator or principal. The common goal is that responsibility is shared among staff as to alleviate any burden or stress that staff may feel in responding to these incidents.

Teacher wellbeing

Common emotional responses

It is common to feel a number of emotional reactions when working with a young person that may have or is currently diagnosed with a personality disorder or other complex mental health problem. Some examples include:

- Feeling manipulated, frustrated or angry
- Intense like or dislike for a young person
- Wishing the young person would move to another school
- Feeling pulled to the rescue of the young person and becoming emotionally invested in the young persons' wellbeing
- Feeling incompetent and overwhelmed by the young persons' presenting complexities
- Doing more than you usually would for example: disclosing personal information or giving out private mobile numbers
- Difficulty providing a consistent response due to the 'push-pull' nature of the disorder

These responses are all normal reactions to personality disorder symptoms. It is important to be aware of the emotional responses you experience and monitor them. It is okay to ask for support or debrief with other staff members about these feelings. In fact, it is likely that they are feeling the same emotional reactions as you. Remember to keep in mind that although we wish to help the young person, our own self-care is vital as well.

Reflective practice acts as an internal monitoring system to manage reactions and feelings in a healthy manner. Reflective practice requires active engagement in tasks involving:

- **Critical inquiry:** The consideration of the moral and ethical implications and consequences of classroom practices on young persons
- **Self-reflection:** The reflection of our own values and beliefs
- **Reframing:** Adjusting our perception of a situation by seeing it from a different perspective

Teaching involves continuously learning. Without growth and development, it may inhibit our ability to work effectively. Some advantages of reflective practice include:

- Increased confidence in your role
- Facilitates proactive work-ethic and motivation
- Minimises risk-factors for stress and burn out
- Promotes work-life enrichment and balance
- Creates a necessary sense of self-efficacy
- Allows us to monitor our belief system

Engaging in reflective practice is not a luxury; it is a vital part of being able to work effectively in challenging environments. We understand that work schedules can be busy, but it is important to set aside time to engage in reflection – even if it is the 5 minutes before the students rush into the classroom. The strategies below are examples to get you started:

- **Supervision:** Both individual and group supervision allows employees to reflect on their experience, abilities and gain advice from others employees in similar situations
- **Support groups:** This will facilitate open discussion and help normalise some experiences
- **Self-care:** Looking after your own mental wellbeing will facilitate reflective practice while minimising negative consequences

- **Talking to a supervisor:** Getting advice from a supervisor when support is needed
- **Non-reactive stance:** Being aware of your thoughts and feelings in a non-reactive way
- **Reflective journal:** Keeping a journal can be a helpful way to keep track of your thoughts, feelings and experiences
- **Professional development:** Continuously updating your skills and knowledge

Mindfulness tips

- Your breath is like an anchor to the present moment. If you notice yourself becoming overwhelmed or your thoughts wandering, gently bring yourself back to your breath
- Choose a common activity you do throughout the day, for example, opening a door. Each time you do this activity, take a moment to notice your breath and be mindful of the present moment
- Notice what you are doing as you are doing it and tune into your senses. When you are eating, notice the colour, texture and taste of the food
- When you are walking, tune into how your weight shifts and the sensations in the bottom of your feet. Focus less on where you are headed
- Don’t feel that you need to fill up all your time with doing. Take some time to simply be
- Listen to the sounds in the room, feel your body, see the space you are in, notice the temperature and smells
- Recognises that thoughts are simply thoughts; you don’t need to believe them or react to them
- Practice truly listening without making judgements or thinking ahead about your own dialogue in the conversation
- Notice where you tend to zone out (e.g. driving, emailing or testing, brushing teeth). Practice bringing more awareness to that activity
- Spend time in nature. This will give your mind an opportunity to rest from the day, allowing space for body and mind rejuvenation
- Bring attention to the top three priorities of your day. Break work time into small blocks for higher levels of efficiency and take short breaks in between

Working with parents with a personality disorder

Parents with personality disorder have the same needs, fears and hopes as others; just as their children need love, protection and nurturance. It is important that if a young person has a parent with a personality disorder to be mindful of the struggles they may be experiencing at home and to also be aware that they are at greater risk of mental health issues as well. An intervention approach for working with parents has been published [49].

For parents with personality disorder the everyday challenges of parenting are intensified. This can make it difficult to respond to their child's needs effectively, and in turn, lead to the young person feeling misunderstood, unsupported, or taking on carer responsibilities for their parent or siblings. Some difficulties that parents with a personality disorder face include:

- **Stress in the parent-child relationship:** Both parents and young people may find it difficult to communicate and understand each other which may lead to arguments. When unwell the parent might also find it challenging to have quality time with their child
- **Difficulty helping children that are struggling:** Particularly when the parent is unwell and if the young person needs extra support because of their own stressors at school or with friends
- **Difficulty in keeping things consistent:** Household structure, routine and discipline can be hard to maintain when life becomes stressful for parents with personality disorder. Sometimes it might even feel like the young person has to take charge instead of the parent

When communicating with a parent that may be experiencing the personality disorder it may be helpful to keep the following points in mind.

- **Be clear in communication**: Try to be unambiguous, neutral and clear in your communication. If your communication is misread, the person may respond with anger, humiliation or insecurity. Reflect on what you said (or did not say) and how you said it – it may help you communicate more effectively in the future
- **Allow the other person room to speak:** If the person feels interrupted they may perceive this as rejection or aggression and may respond negatively in return. Providing the person with opportunities to talk will help the person express themselves verbally
- **Be aware of your own non-verbal communication:** This will ensure that you are giving a clear overall picture of your intended message. For example: tone of voice, pace, and facial expression. It is helpful to keep your tone of voice and facial expression neutral
- **"Good enough" communication:** Remember that you are not always going to get it right. The conversation won't run perfectly every time
- Display **compassion, respect, a non-judgemental attitude, and validation of feelings** at all times e.g. "I can imagine how distressing that must be for you"
- Aim to provide **what is reasonable** even though you may feel pulled into providing more help and assistance than what is usual. It is important to keep in mind your role and its limits and boundaries. Reinforce how others such as family therapists or welfare workers can more appropriately assist in helping the person to have their needs responded

Talking honestly to parents and young people can also provide families with the support they need. Strategies to assist include:

- Engaging appropriate mental health supports for young people
- Increasing positive experiences and engagement within the school community

- Ensure plans are in place for the young person in times of stress when a parent is getting unwell
- Building on young people' strengths and keeping the good things that are helping
- Ensure the school supports the student's basic needs – uniforms, food, drink and resources to participate
- Reflecting on difficulties experienced in the home environment and adapt homework and assignment requirements appropriately

Talking to parents

Some young people may not be living with their parents and in other situations it may not be safe to communicate with a parent. For example, if a student discloses abuse or fear of their parent. The student may also note that it is these difficulties at home leading them to engage in self-harm or other behaviour, and their distress may therefore be exacerbated if parents are contacted.

It is vital to ensure that both the student's and your own safety is paramount.

If communicating with a parent is going to place the student or yourself at risk, it may not be appropriate to talk to them. If you are uncertain about what next steps to take, discuss the situation with your Principal so that policies regarding confidentiality and mandatory reporting (for example, in the situation where childhood abuse is an issue) are followed. In saying this, you may need to contact parents (for example if the young person is suicidal or has serious injuries). It will ultimately be a collaborative decision between you, the young person and your Principal.

Help is available

Project Air Strategy has a parenting with personality disorder program that provides an integrated set of resources to assist people to parent when they have a personality disorder.

These resources include a Brief Parenting Intervention for mental health workers, fact sheets for people with personality disorder who are also parents and a film illustrating key points.

The three key principles of this program are (1) ensure everyone is safe and plans are in place when the parent becomes unwell, (2) shield children from personality disorder symptoms by separating parenting from the mental illness (3) ensure psychological treatment for the parent is maintained, particularly as this can also improve parent-child relationships.

Factsheet: 'Working with parents with personality disorder'

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