



An Roinn Oideachais
Department of Education

An tSeirbhís Náisiúnta Síceolaíochta Oideachais
National Educational Psychological Service



**wellbeing
in education**

Responding to Self-Harm in Schools

Guidance for School Staff



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Introduction

Section 1 | Introduction

Based on research and best practice, this document provides practical guidance and resources to staff working in schools supporting Children and Young People who are either self-harming or at risk of self-harm.

The document has been developed in response to increased rates of self-harm in children and young people in Ireland and the recognition that self-harm is an issue that schools are increasingly faced with. Therefore, it is important that school staff have a general understanding of self-harm, can be supported to recognise the signs of self-harm and what to do if a children and young people is self-harming.

The main aims of this guide are as follows:

- > Build awareness, knowledge and understanding of self-harm within schools and of the issues related to self-harm.
- > Increase the confidence and the skills of school staff to support children and young people engaging in self-harm and/or at risk of self-harm.
- > Provide practical and useful resources, outlined in the Appendices, which can be referred to quickly to support school staff when responding to incidents of self-harm.

Key advice for schools taken from the National Institute for Health and Care Excellence (NICE) guidelines for the management of self-harm includes having guidance for staff to support students who self-harm and a designated lead responsible for ensuring that self-harm guidance is followed.

The NICE Guidelines (2022) suggests that when a young person is found to self-harm, the professional (e.g., teacher) should (a) treat the young person with respect, (b) address any immediate physical health needs, (c) seek advice from a health or social care professional, (d) ensure the young person is aware of sources of support, (e) address any safeguarding issues. For students who have self-harmed, the designated lead should seek the advice of a mental health professional to develop a support plan with the student and their carers (as appropriate) for when they are in the educational setting.

It is hoped that the information and suggestions within this guide will support, inform and compliment the self-harm protocols that your school has or is in the process of developing (see Section 4.3 for information on the Introduction of a Self-Harm Protocol and Appendix 7 for a sample self-harm protocol).

It is important that all staff, including SNAs, and other non-teaching staff are made aware of, and understand, your schools self-harm protocols.

Research suggests basic training for all staff around self-harm is good practice. Details of training programmes provided by the National Office for Suicide Prevention (NOSP) are available in their [National Training and Education Plan](#) or by contacting the local Resource Officer for Suicide Prevention.

As a staff member, when in doubt about how to respond to a children and young people's self-harm behaviour, it is good practice in the first instance to seek advice and support from the already established systems within your school e.g. SET at primary level, Student Support Team at post primary level and follow existing school safeguarding policies. Advice and consultation should also be sought from NEPS and/or a mental health professional, where necessary.

The following principles underpin this self-harm guidance document for schools (Cooper, 2021):

- > Recognising the importance of empowering children and young people to draw on their own internal resources and make positive changes.
- > Advocating for the voice of the child or young person and ensuring their views and participation is at the centre of all our work with them.
- > Recognising that children and young people want to be seen, heard, understood and treated as individuals.
- > Acknowledging that the whole school community has a role to play and can come together to do something to help children and young people who self-harm or those at risk of suicide.
- > The National Institute for Health and Care Excellence (NICE) outline in their 2022 Guidelines:
"All professionals working across the health and social care system have a role to play in supporting people who self-harm and the issue should not just be seen as the responsibility of those with mental health expertise."
- > Making clear to children and young people the limits of confidentiality and the meaning of informed consent.
- > Recognising the importance of a non-judgemental, competent and calm approach from school staff offering support.
- > Keeping children and young people safe, to support them to reach their potential and to promote the development of their personal resilience.

This resource developed by NEPS is based on a number of sources of information of the most up to date research and regarded as good practice in this area. All sources of information are fully credited in the bibliography within the appendices.

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Context

Section 2 | Context

2.1 | What is happening in schools and in the wider community?

The National Suicide Research Foundation (NSRF, 2019) annual report stated that “*over the past 18 years, the highest rates of self-harm have consistently been observed in young people*”.

In 2018, the National Suicide Research Foundation published a paper on the outcomes of a study examining rates of self-harm among young people in Ireland over a 10 year period between 2007 and 2016 (NSFR, 2018). The study identified the following rates and trends which have implications for targeted intervention from a young age and at key transition points:

- > Peak rates of repeated self-harm were observed amongst females aged 15-19.
- > Between 2007 and 2016, rates of self-harm increased by 22%, with increases most pronounced for females and those aged 10-14, indicating that the age of onset of self-harm is decreasing.
- > Marked increases in highly lethal methods of self-harm including drug overdose.

The My World Survey 2 (Dooley et al., 2019), which included 10,459 adolescents across 83 second level schools in Ireland, found 23% of adolescents reported having harmed themselves without wanting to take their own life, 41% in the previous year, 23% in the previous six months and 19% in previous months.

In 2017, Saving and Empowering Young Lives in Europe study (SEYLE), which included a sample of Irish adolescents, found that in response to being asked what could be done to help them discuss their problems, young people stated they would value having guidance counsellors available to them in times of distress.

The National Self-Harm Registry Ireland (NSHRI) was established in 2000 (at the request of the Department of Health and Children) by the National Suicide Research Foundation working in collaboration with the School of Public Health, University College Cork. It is funded by the Health Service Executive’s National Office for Suicide Prevention. It is the world’s first national registry of cases of self-harm presenting to hospital emergency departments. The Registry fulfils a major objective in providing timely data on trends and groups at high risk of self-harm in Ireland.

2.2 | School staff on the front line

There is a growing body of research (Best, 2006; Harroe, 2018; McMahon 2014; Talking Taboos & Young Minds, 2012) which speaks to the experiences of teachers and school staff in this area. Some common themes which have been identified include:

- > Self-harm is an issue which teachers often feel uncomfortable approaching with young people and they worry they might say the wrong thing if someone turns to them.
- > Teachers report feeling helpless and unsure about what they can do and say and want clear practical advice and materials that they can share directly with young people.
- > Encountering self-harm can evoke a range of feelings and reactions in staff. The emotional impact on teachers and others in the school can be considerable and overwhelming.
- > It has been reported that the contradictory notions of self-harm as both too serious to broach and too trivial, prevent professionals including school staff from helping. This can reflect a lack of understanding about the issue.
- > There is a need for teachers, parents/carers and other professionals supporting children and young people to have more of a helpful presence in the online spaces which young people often turn to for emotional support from peers.
- > Online peer support groups seem to offer some early and brief catharsis, comfort, support, sense of belonging and self-acceptance. However, with time these beneficial aspects can reduce and what appears to happen is that membership of the group becomes habituating i.e. meaning that members must continue to self-harm to stay in the group, avail of the support and maintain relationships formed, which can be harmful. (Talking Taboos & Young Minds, 2012).

The NICE guidelines (2022) highlight that addressing self-harm is the collective responsibility of all professionals working with young people, including healthcare professionals, social care practitioners, third sector organisation staff, criminal justice system workers and school staff. Irrespective of who identifies self-harm, guidelines emphasise that “*at the earliest opportunity after an episode of self-harm, a specialist mental health professional should carry out a psychosocial assessment.*”

The school must take the initiative and act as an advocate for the children and young people in line with safeguarding policies and child protection procedures. The role of the school is to communicate their level of concern about a child or young person’s self-harming to parents/carers. Schools should communicate with parents/carers that follow up actions are required by the parents/carers to support their child. (See flow chart in section 5). Under the Children First Guidance, and following the Child Protection Procedures for Primary and Post Primary schools 2017, it is important to remember that teachers in the school are mandated persons, who are required to make a Child Protection report to Tusla if they have reasonable grounds for concern that a parent/carer is not taking appropriate actions in relation to concerns about self-harm – e.g. taking the child/young person to their GP; following up with mental health services for example, CAMHS .

3 Awareness and Understanding

Section 3 | Awareness and Understanding

3.1 | What is self-harm?

The World Health Organisation define self-harm as follows:

An act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences (WHO, 1993).

NICE define it as ‘an intentional self-poisoning or injury irrespective of the apparent purpose of the act’ (2022).

The term self-harm is used to describe an act or acts of self-injury, often thought to be a response to emotional pain. Self-harm can range from mild to severe, from frequent to occasional and from planned to impulsive. Self-harm can take many forms and includes, to name some: scratching, picking, cutting or burning the skin; hitting the body; pulling hair. Self-harm is not used to refer to harm arising from overeating, body piercing, body tattooing, excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa or accidental harm to oneself.

3.2 | The relationship between self-harm and suicide

Self-harm can be referred to as non-suicidal self-injury. Research shows that those who self-harm are at a higher risk of suicide (Bennardi, McMahon, Corcoran, 2016). However, although self-harm and suicide are related, they are also different, suicide represents the ending of life, while self-harm may represent a survival strategy, and is often a way of coping with strong and painful feelings, (see Figure 1 below which illustrates the Continuum of self-harm). If a children and young people are self-harming, their intention, as well as underlying feelings and difficulties, need exploration and support. Within a school context, whilst it is helpful and important for teachers to be aware of this distinction, there is no expectation for teachers to engage in therapeutic work, but rather to know how to explore their concerns with the children and young people, support the student in school and signpost to external support where appropriate.

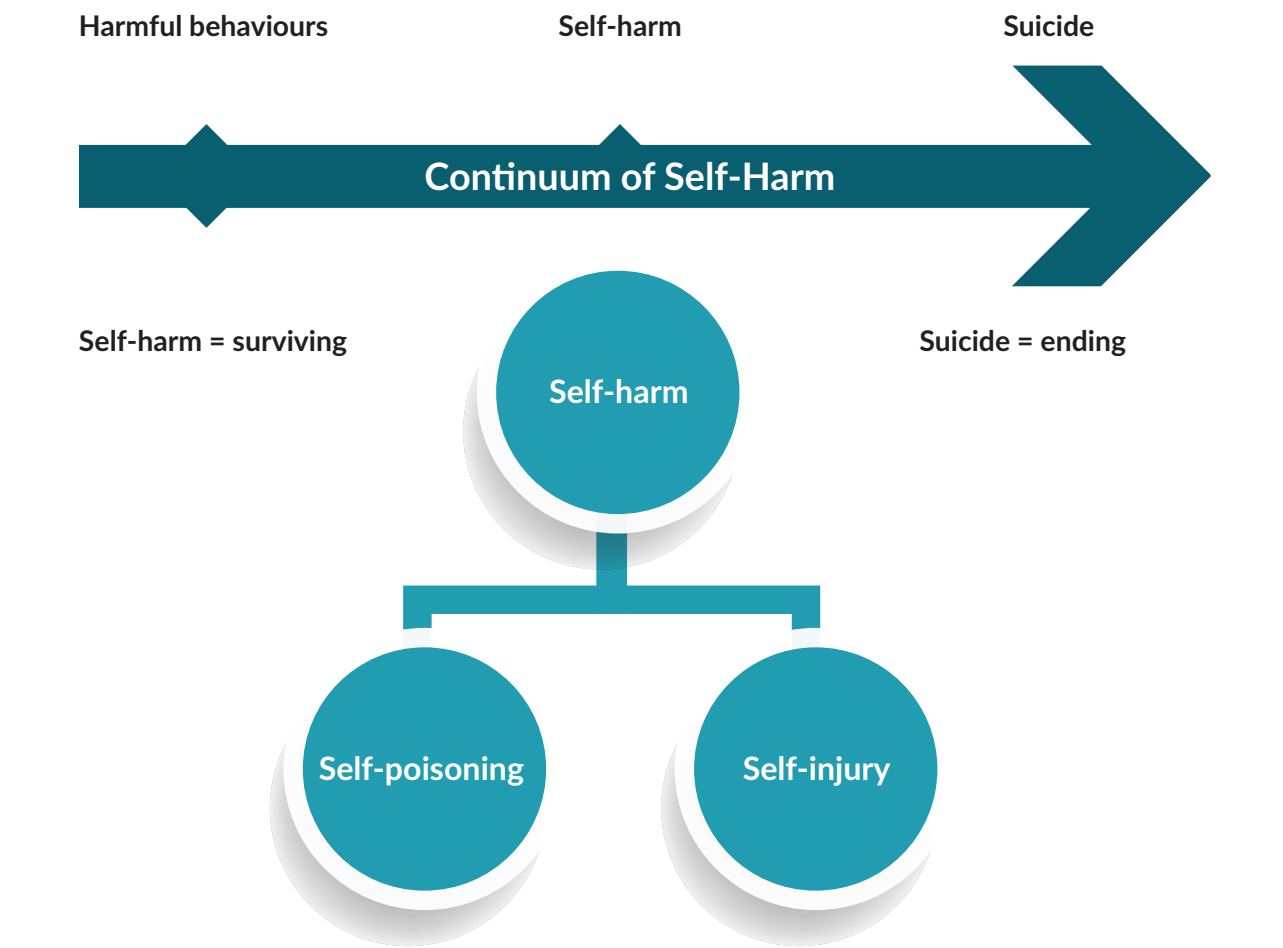


Figure 1: Continuum of Self-harm (Sutton, 2007 Healing the Hurt Within).

3.3 | Why do children and young people self-harm?

The function(s) of self-harm will be different for each individual. Reasons have been found to include:

- > Coping with or regulating emotional distress
- > Creating physical pain to distract from emotional pain
- > Release of tension and a form of escape
- > Communication of emotions/problems and seeking help
- > To create a feeling of control/autonomy
- > Self-punishment
- > Seeking care/nurture from others
- > Identification with peer group

‘Self-harm can be due to difficulties communicating distress – the body becomes a canvas on which overwhelming feelings are expressed’ (Pieta House, 2019)

3.4 | Understanding the Cycle of Self-Harm

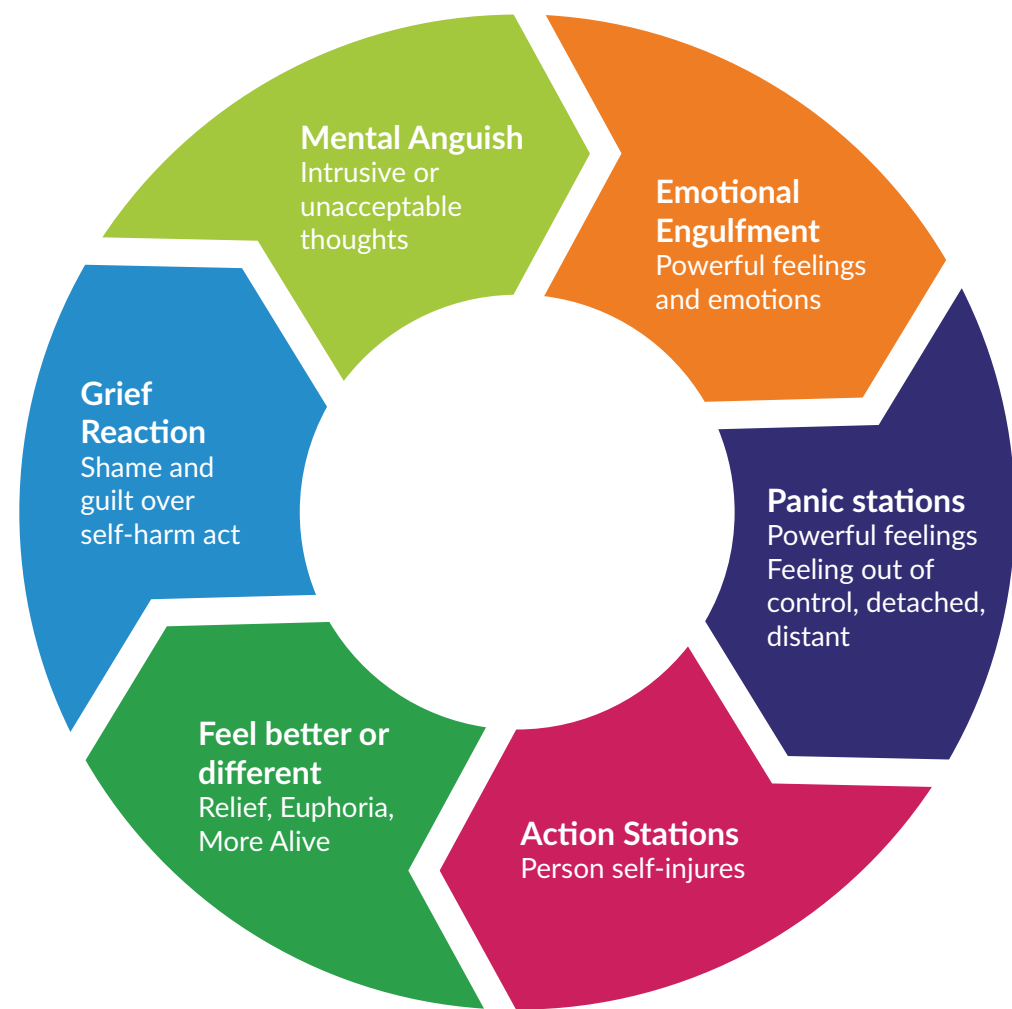


Figure 2. Self-harm Cycle (Sutton, 2007 Healing the Hurt Within).

children and young people who self-harm still feel pain, but for some the physical pain is easier to stand than the emotional/mental pain that led to the self-harm. The body responds to the pain by producing endorphins, a natural pain reliever that can give a temporary relief or feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. This is visually represented in the diagram above.

3.5 | Who is vulnerable to self-harm?

The reasons children and young people self-harm are varied and complex and differ between individuals. It is more common in young females than males, especially in early adolescence (NOSP, 2019). A range of factors can increase vulnerability to self-harm. The table below outlines the individual, familial and social aspects that may increase the risk of an individual self-harming. However it is important to note that factors from all three areas may work together to increase vulnerability.

Individual	Familial	Social
<ul style="list-style-type: none">> History of anxiety, depression, low self esteem> A sense of hopelessness> Drugs and alcohol use> Being on the autistic spectrum> Self-identification as LGBTQI+> Adolescence> History of abuse	<ul style="list-style-type: none">> Poor parental mental health> Poor familial relationships> Parental conflict> Parental separation> Drug/alcohol misuse within the family> Abuse or neglect> Family history of self-harm	<ul style="list-style-type: none">> Difficult peer relationships> Rejection, exposure to bullying Self-harm in the peer group> Particular influence of social media and websites> Relationship break up

For further information on why people self-harm please see HSE link:

<https://www2.hse.ie/conditions/mental-health/self-harm/self-harm-why-people-self-harm.html>

3.6 | Adolescence as a risk factor

Adolescence can be a challenging time as young people may encounter particularly painful emotional events for the first time. The changing architecture of the adolescent brain which allows important developmental changes can also lead to vulnerability for this age group. Research (Steinberg, 2010) suggests that:

- > The pre frontal cortex area of the brain – the part involved in many of our executive functions e.g. planning and organising; inhibiting impulses; regulating and managing emotions is still under construction in adolescence.
- > The emotional part of the brain, the part involving the limbic system is much more active in adolescents with implications for the presence of strong emotions, a drive for increased social connection, impulsivity, exploratory and risk taking behaviour.

3.7 | Warning Signs

School staff may become aware of warning signs which indicate a child or young person is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously. Staff observing these warning signs should raise their concern about the children and young people with the Principal and/or SET team at Primary and Principal and/or the Student Support Team or Guidance Counsellor at Post Primary, as soon as possible.

Signs that a children and young people may be experiencing difficulties and/or engaging in self-harm include:

- > Lowering of academic achievement
- > Lack of motivation and interest
- > Withdrawal from extra-curricular activity
- > Becoming withdrawn or isolated from friends and family
- > Talking or joking about self-harm or suicide
- > Critical self-talk
- > Sustained changes in eating and/or sleeping habits
- > Use of alcohol/drugs
- > Changes in levels of activity or mood
- > Expressing feelings of failure, uselessness or loss of hope
- > Deliberately keeping self-covered e.g. avoiding swimming or changing around others, wearing long sleeve tops in warm environments etc
- > Deliberately displaying cuts, bruises and scars
- > Unexplained cuts, bruises or blood on clothing

A schools checklist for Students at Risk (*R14 for Checklist – Students at Risk*) can be found in

[*Responding to Critical Incidents: NEPS Guidelines and Resource Materials for Schools*](#)

3.8 | Social Contagion

It is important for schools to be aware of social contagion. Social contagion refers to the way in which a behaviour such as self-harm can spread among members of a group. There is a risk of social contagion any time students become aware that someone in their peer group is self-harming.

To prevent social contagion in schools:

- > Staff must aim to reduce communication around self-harm. If a child or young person is self-harming, for example, they should be advised not to explicitly talk to their peers about engaging in the behaviour.
- > Secondly, staff should help self-harming children and young people to manage scars and wounds. Visible scars, wounds and cuts should be discouraged.
- > To prevent social contagion of self-harm in schools, children/young people must not be given explicit details about self-harm. Therefore, convening a school-wide assembly on the topic is **NOT** advised or appropriate. However, educating children/young people about signs of distress in themselves and others, as well as teaching the use of positive coping skills and where to seek help, is appropriate and suggested. Similarly, support within schools to those engaging in self-harm **MUST** be given on an individual basis.

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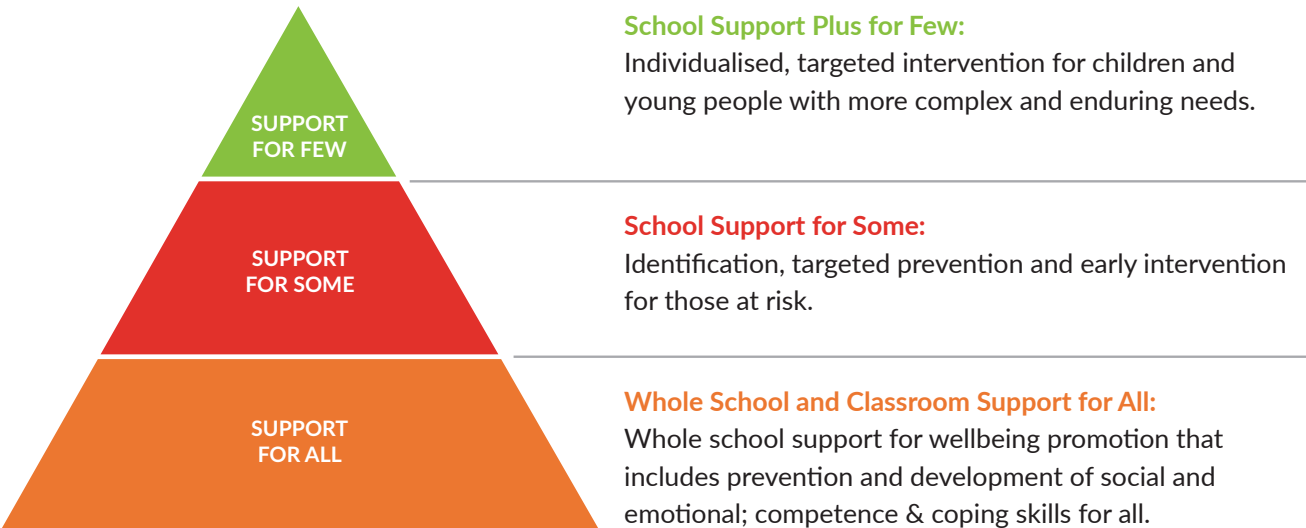
School Based Response to Self-Harm

Section 4 | School Based Response to Self-Harm

At the outset it is important to remember that in relation to preventing and enhancing wellbeing for all students, including those most at risk, it is recommended that schools take a whole school approach to wellbeing, building a positive school culture which encourages resilience and promotes positive mental health. Schools are advised to draw on the Department of Education’s Wellbeing Policy Statement and Framework for Practice (2018) to support this process.

4.1 | A Continuum of Support

In line with best practice, the Continuum of Support offers a flexible framework within which schools can address all educational needs, including wellbeing needs, with enhanced support for children and young people as needed. At both School Support for Some and School Support for a Few, school personnel may hold an important role in identifying and planning to meet the needs of children and young people in distress, who have been or are currently self-harming.



4.2 | Support for All

Promoting the wellbeing of children and young people is a shared responsibility and is everybody's business. Specific approaches to supporting children and young people who self-harm should sit within the broader context of a whole school approach to wellbeing. The DE Wellbeing Policy Statement and Framework for Practice suggests that such a whole school approach should consider how wellbeing is promoted within four key areas including: Culture and Environment; Curriculum (Teaching and Learning); Relationships & Partnerships; Policy & Planning and outlines the protective factors in the school environment that can help to build resilience in children and young people:

- > Providing a positive school climate where ensuring a sense of belonging and connectedness to school is key.
- > Having up to date protocols and support systems that proactively support children and young people, should mental health difficulties arise.
- > Having clear referral pathways and links with relevant local supports and agencies.
- > Developing positive relationships between teachers and their students and students' parents/carers.
- > Supporting the development of positive peer relationships.
- > Using positive classroom management strategies.
- > Focusing on social and emotional learning and the development of problem-solving skills through SPHE.
- > Providing support for teachers including continued professional development. Training for school staff that is specific to mental health and self-harm is available through various agencies (see Appendix 1).

4.3 Introduction of a Self-Harm Protocol

The role of each responsible adult in the school setting in relation to self-harm should sit within a whole school approach to wellbeing using established frameworks and structures in the school, such as the SET team at Primary and Student Support Team at Post Primary. A whole school approach to self-harm management and development of protocols should:

- > Outline established systems within school to ensure awareness and education of staff and the wider school community around self-harm. Research suggests basic training for all staff around self-harm is good practice. Details of training programmes provided by the National Office for Suicide Prevention (NOSP) are available in their National Training and Education Plan here or by contacting the local Resource Officer for Suicide Prevention.
- > Make reference to and use Circular 0043/2018, guidance in the use of programmes and/or external facilitators in promoting wellbeing, consistent with the Department of

Education's Wellbeing Policy Statement and Framework for Practice.

- > Detail clear organisational procedures for responding at both systems and individual levels, from low to high levels of concern.
- > Identify a designated person with overall responsibility for self-harm within an established Student Support Team or the SET team. It is good practice to have a designated member of staff to manage and co-ordinate the school's response to incidents of self-harm. *"Key advice for schools includes having a designated lead responsible for ensuring self-harm guidance is implemented and considering how students' self-harm may affect their wider peer network"* (NICE 2022).
- > Consider actions for the creation and maintenance of links with outside agencies towards strong working relationships and fluid and effective referral pathways.
- > Link to carefully selected resources or training for school staff in responding to incidents of self-harm and having safety plans (see Appendix 2 for an example) in place for students at risk and/or students returning after an incident of self-harming.
- > Establish a protocol for discussing self-harm with parents/carers once a disclosure has been made and signposting referral pathways to mental health services (Appendix 4).
- > Highlight information around self-care and support for staff (Appendix 5).

See *Reflective Tool for Schools when Reviewing Protocols for Responding to Self-Harm* (Appendix 6) and *Sample Schools Self-harm Protocol and Procedures* (Appendix 7).

For further information on CPD and resources for the promotion of wellbeing in schools please refer to the following:

- > The **Directory of Continuous Professional Development (CPD)** provides an overview of the CPD supports provided by the Department of Education (DE), its agencies, support services and by the Health Promoting Schools Team (HSE)
- > **The Catalogue of Resources** provides a non-exhaustive list of documents and resources that are provided by the Department of Education, its agencies, and support services and by the Health Promoting Schools Team (HSE) to assist the promotion of wellbeing across school communities.

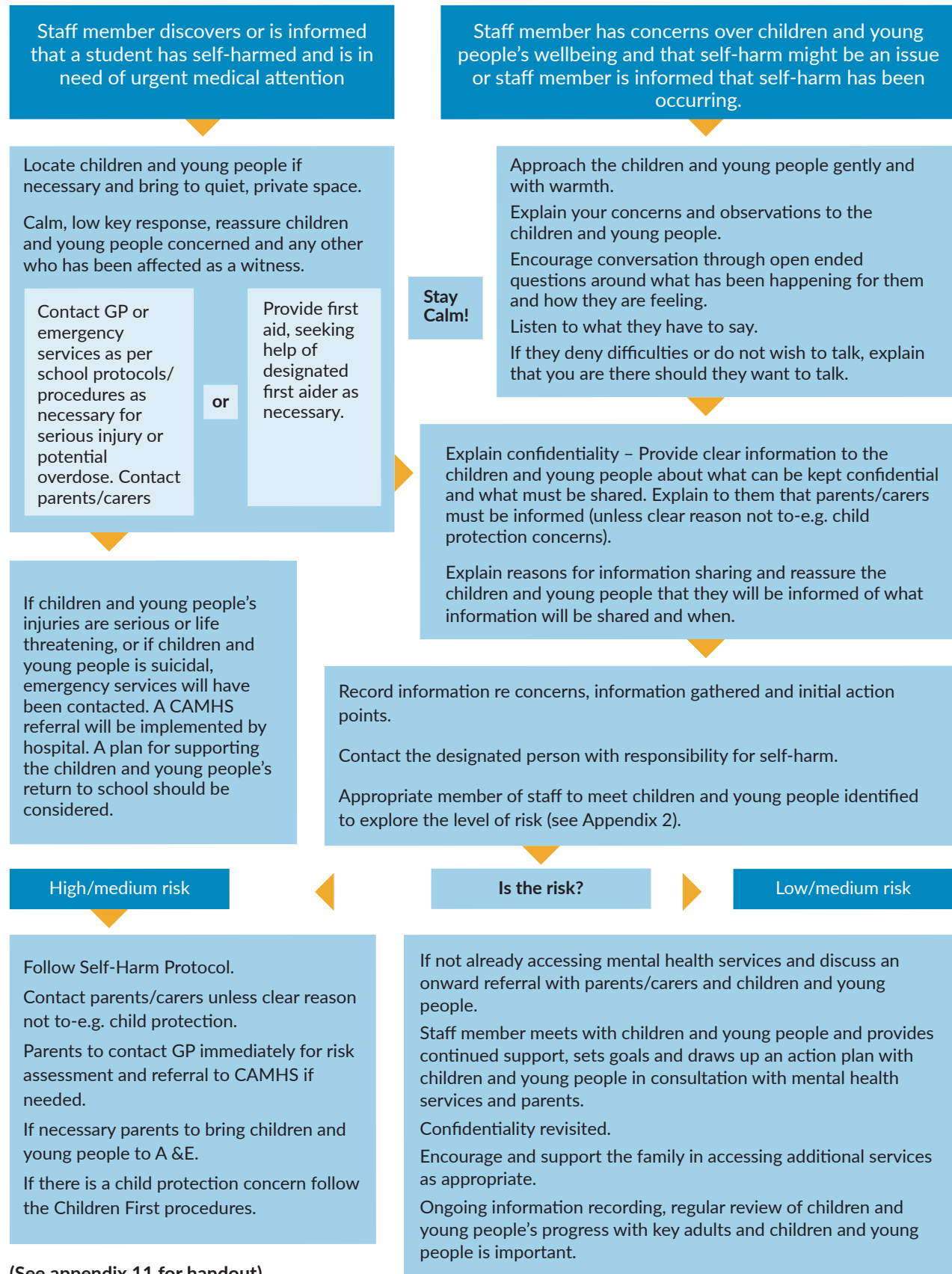
These can be found on the gov.ie website under the section on the *Wellbeing Policy Statement and Framework for Practice*. <https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/>

5

Staff alerted that a student is self-harming: what to do?

Section 5 | Staff alerted that a student is self-harming: what to do?

This flow chart should be used in conjunction with the school’s safeguarding statement.



(See appendix 11 for handout)

6

Supporting Staff Dealing with children and young people who Self-Harm

Section 6 | Supporting Staff Dealing with children and young people who Self-Harm

There is consistency in the literature that building the resilience of children and young people who are within the framework of a whole school approach to wellbeing, supports them to develop the positive coping skills to deal with life’s ups and downs. Whole school approaches to wellbeing will help support most children and young people to develop the tools and skills to manage adversity, which in turn will make them less likely to adopt risky coping strategies such as self-harming, alcohol or drug use.

However some children and young people will need more explicit support to help them to replace the self-harm behaviour with other safer coping strategies to deal with difficult emotions, thoughts and life events.

This section is aimed at supporting principals, SET staff and Student Support Team members such as guidance counsellors, chaplains, designated liaison person and key attachment figures within the school, who have been identified as having the skillset to support children and young people with social emotional and behavioural challenges in school. These children and young people will have been identified as presenting with low/medium risk in line with guidance in section 5. However, as mentioned in the Introduction of this Guidance it is really important that all staff, including SNAs, and other non-teaching staff are made aware of, and understand, the self-harm protocols.

6.1 | Supporting staff to speak to children and young people about self-harm

When staff are supporting those who engage in self-harm behaviours while they are in school, an attitude of warmth, acceptance and openness is important to illustrate and demonstrate that they are willing and able to talk about what is happening for the children and young people. It is important that staff offer support with a non-judgemental, emotionally responsive, calm, approach (See, Appendix 8, 9 & 10).

6.2 | Supporting staff to speak with parents/carers about self-harm

Some children and young people may tell their parents/carers about their self-harm; other parents/carers may find out from friends, teachers or medical staff. Some parents/carers might respond quickly and appropriately, while others may need more time and support to process the information and to manage their own reactions and feelings.

Many parents/carers find it difficult to understand why their child is self-harming and feel ill equipped to effectively support them (Wadman et al, 2018). Parents/carers need targeted and accessible information to help them understand what self-harm is, why children and young people self-harm, and how they can provide and get additional support. It is essential that the school can signpost parents/carers to both community and web-based resources which address the above (see Appendix 4 & 12).

6.3 | Staff self-care when supporting students who self-harm

Self-harm can be a distressing issue for school staff to deal with. Supporting children and young people who are struggling in this way can evoke feelings of sadness, shock, anger, fear, disgust, frustration and helplessness. Staff can be unsure as to how they should respond, may be scared of saying or doing the wrong thing and feel stressed and anxious as a result. Self-care is essential for the wellbeing of staff who are supporting children and young people who self-harm. Self-care should be an ongoing process which is embedded in school planning and policy where staff are encouraged to identify and engage in activities that promote their wellbeing.

Appendix 1
Training for Schools
on Self-Harm

Appendix 1 | Training for School Staff on Self-Harm

- 1. Understanding Self Harm** training is a one-day interactive training developed by the National Office for Suicide Prevention (NOSP).

This training is designed to raise awareness for individuals and agencies who seek to understand more about self-harm, the reasons underlying self-harm behaviours and improve upon personal and agency responses to those who self-harm. The training is supportive of Connecting for Life in aiming to reduce the stigma of self-harm, improve awareness and sensitivity to self-harm issues and promote effective care services for those who self-harm. The training is suitable for those who seek to understand more about self-harm and the reasons underlying self-harm behaviours, such as youth workers, teachers, residential care staff, Gardaí, people in caring professions, parents/carers and concerned members of the public.

Further information from www.nosp.ie/training

- 2. Understanding Youth Mental Health and Supporting Youth Mental Health** are two separate days of training offered by Jigsaw. Day one must be completed to access day two. The two courses move from a general understanding of youth mental health to specific training around spotting the signs of difficulty and intervening appropriately – including the area of self-harm.

Further information from www.Jigsaw.ie

- 3. SafeTALK** is an internationally recognised half-day training programme that prepares participants to recognise and engage with people who may be having thoughts of suicide and to connect them to suicide first aid resources. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive.

safeTALK- Trained helpers can recognise these invitations for help and take action by supporting people to connect with life-saving resources, supports and services.

For information on training programmes that are available or coming up in your area, visit www.nosp.ie/training

- 4. ASIST** (Applied Suicide Intervention Skills Training) is a two-day skills building workshop in suicide first aid. Participants are trained to reduce the immediate risk of a suicide and increase the support for a person at risk. The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help.

Those taking part in the training will feel challenged and safe, work interactively with others in small groups, learn a suicide first aid model that provides a framework for skills practice and experience powerful audio visuals.

For information on training programmes that are available or coming up in your area, visit www.nosp.ie/training

Online Programmes

5. LivingWorks Start, Suicide Prevention Skills Online

LivingWorks Start, is an online, interactive training programme that will give you the skills and knowledge to keep others safe from suicide. It will help you identify people who are at risk, confidently ask them about the topic of suicide and connect them with resources that can help them stay safe. The programme uses a mix of guided online content, video and interactive questions. You can pause and recommence the programme at your own convenience. On average, the programme will take one hour 30 minutes to complete, but you can work at your own pace. This programme is accredited by the Psychological Society of Ireland.

Irish residents, aged 18 and over, can request a free LivingWorks Start Licence, from your local coordinator, details below:

<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/upcoming-training/upcoming-training.html>

6. eSuicideTalk

esuicideTALK is a one to two hour online exploration in suicide awareness. The programme is organised around the question "should we talk about suicide?" and offers a space to safely explore some of the more challenging issues relating to suicide. The programme encourages everyone to find a part they can play in preventing suicide. Its goal is to help make direct, open and honest talk about suicide easier.

Irish residents, aged 18 and over, can access esuicideTALK for free through the link below:

<https://www.esuicidetalk.net/>

Appendix 2

Risk Assessment and Safety Plans for Children and Young (children and young people) People who Self-Harm

Appendix 2 | Risk Assessment and Safety Plans for Children and Young (children and young people) People who Self-Harm

When engaging with a children and young people who is self-harming in school, it is important to establish the risk that they present to themselves and, if engaged in self-harm behaviour on the school premises, to others. If the risk is significant, a safety plan to help students manage difficult feelings and urges to self-harm is required.

Carrying out a risk assessment helps identify the individual risks for the student and for other students and staff, if a student self-harms at school. The risk assessment and safety plan should be undertaken jointly with the children and young people and the team around the children and young people, with the aim of exploring risk and problem-solving together. Where there is any doubt about risk, it is important to discuss with the designated liaison person, any service involved such as CAMHS, NEPS and/or Tusla.

It is suggested that schools also review the following information and guidance in relation to risk assessment. **R13**. *A General Interview Guide for Guidance Counsellors, Chaplains and Other Designated Staff*; **R14** *Checklist Students at Risk*; **R15** *Exploring Suicide Risk and Guidance if student expresses risk of Suicide Ideation*; **R16** *Frequently Asked Questions (Principals)* and **R17** *Frequently Asked Questions (Teachers)*. All of which can be found in *Responding to Critical Incidents: NEPS Guidelines and Resource Materials for Schools*.

When a young person is found to self-harm, the professional (e.g., teacher) should (a) treat the young person with respect, (b) address any immediate physical health needs, (c) seek advice from a health or social care professional, (d) ensure the young person is aware of sources of support, and (e) address any safeguarding issues. For students who have self-harmed, the designated lead should seek the advice of a mental health professional to develop a support plan with the student and their carers (as appropriate) for when they are in the educational setting. (NICE 2022)

Below is an example of a risk assessment:

Risk assessment for student who is self-harming

Background Information: Seán has history of cutting and brings a knife to school and the following 3 scenarios could arise on the day.

Potential Problem	Risk	Measures to reduce the risk
Scenario 1 - Seán brings a knife to school	May self-harm on the school premises Note – weapons on school premises also has a risk for other students or staff in school	Knife is removed from Seán and he is reminded of the dangers of a knife. (Spot checks agreed with Seán as part of his support plan) Parents contacted and advised to liaise with mental health services Seán is monitored on the school premises to ensure his safety Student Support Plan which includes social and emotional supports, revised and agreed with Seán and parents
Scenario 2- Seán observed to be cutting lower arm	Risk of serious self-harm Impact on students and staff witnessing this behaviour Seán becomes more socially isolated and withdrawn Seán will require more supervision which has resource implications for school	Parents contacted and advised to liaise with GP/ mental health services Seán is monitored on the school premises to ensure his safety Student Support Plan revised for Seán A Safety Plan is put in place for Seán

Potential Problem	Risk	Measures to reduce the risk
Scenario 3 - Seán leaves the classroom and is found burning his arm with a lighter	Seán absconds from classroom and self-harms unsupervised Risk of injuring self, peers and staff Seán may require more supervision which has resource implications for school	Designated person attends to wound Parents/school staff and mental health service agree a safety plan. For example: Parents contacted if an incident arises. Depending on the nature of the incident a decision will be made by staff whether Sean goes home or can stay in school Seán has a break card that he can use in lessons to take a break. He must be accompanied by an adult in accessing a safe space. All Sean’s teachers are aware of this system and how to notify a designated adult to accompany Sean Seán names a key adult to contact in school to share worries and concerns Seán is monitored on the school premises to ensure his safety Student support plan monitored and revised for Seán as needed

Template for Risk Assessment

Name of Student:

Potential Problem	Risk	Measures in school to reduce the risk

Adapted by the National Psychological Service (NEPS) for Irish schools from Buckinghamshire NHS self-harm guidance to schools. (2012).

Safety Plans for Children/Young People who Self-Harm

A safety plan is a tool for helping children and young people manage difficult feelings and urges to self-harm. If the NEPS psychologist is involved with the children and young people they are available to support a named link person in the school, who is supporting the children and young people. The mental health professional involved with the child or young person may suggest additional strategies to include in the plan.

Sample Safety Plan A

Students Name: Date:

We all can have big feelings at times and it can be really hard to deal with these feelings. People do different things to cope with these big feelings. There are the things I can do to keep me safe:

If I am finding it hard to cope with my feelings while at school, I can talk to:

Who can I talk to?	Name
Friend	
Adult in school	
Caring Professional/CAM HS link person	

If I need more support I can:

What can I do?	Name
Talk with my GP	
Go to Accident and Emergency	
Talk to my CAMHS link person	

If I am feeling that I might hurt myself in school, I can do some of the following to help me let the feelings pass.

Activity	Please tick
Tell an adult I trust	
Go to an agreed supervised safe place in the school	
Distract myself (music, drawing, reading, gaming)	
Try to lift my mood (watch something funny on YouTube, find a comedy, play an instrument)	
Do some exercise (Dance, walk, run)	
Reach out and connect with someone (family, friend, send text, social media)	

Sample Safety Plan B

My Safety Plan	
My triggers are:	I can help myself by/doing the following things
What people can help me?	Who knows about this?

Adapted by NEPS from Place2be (2021). Also please see the following where further examples of Safety plans can be found:

Samaritans www.samaritans.ie

Harmless www.harmless.org.uk

Various apps are also available for children or young people to write their own safety plans. The safety plan can be made on a phone or device allowing the child or young person to access anywhere and anytime. These are best used with the support of a trusted adult. Some examples of these apps include Beyond Now, Am I? My Safety Plan, Hope by CAMHS and Be Safe.

Appendix 3

Sample Incident Form for School Staff

Appendix 3 | Sample Incident Form for School Staff

This incident form can be used by school personnel to record incidents of self-harm that occur on the school premises. This information can be retained on the child or young person’s school file but is not to be shared with others.

Name of student		Date of Birth		
Gender		Description of need		
Name (Staff)		Position/ Role		
Agencies involved		Date		
		Year Group of children and young people		

Details of incident:

Date and time of occurrence:

Actions taken by staff member:

Decision made with respect to contacting parents/carers (reason for decision) :

Follow-up (Individuals and proposed actions):

Appendix 4

Talking with Parents/Carers when their Child Self-Harms

Appendix 4 | Talking with Parents/Carers when their Child Self-Harms

This is aimed at supporting school staff to have an open, non-judgemental dialogue with parents/carers whose child is self-harming. It also prepares staff and helps them to think and manage the wide range of reactions that parents/carers might have.

How might parents/carers react and what kind of support can be provided?

What if parents/carers are dismissive, absent or unable to act as a resource and advocate for their child?

The school must take the initiative and act as an advocate for the child or young person in line with safeguarding policies and child protection procedures. The role of the school is to communicate their level of concern about a child's self-harming to parents/carers. Schools should communicate with parents/carers that follow up actions are required by the parents/carers to support their child. (See flow chart in section 4). Under the Children First Guidance, and following the Child Protection Procedures for Primary and Post Primary schools 2017, it is important to remember that teachers in the school are mandated persons, who are required to make a Child Protection report to Tusla if they have reasonable grounds for concern that a parent/carer is not taking appropriate actions in relation to concerns about self-harm – e.g. taking the child/young person to their GP; follow up with mental health services for example, CAMHS.

How should we deal with parents/carers that have extreme reactions?

The school's role is to advise the parents/carers to seek support from their GP or mental health services or other agencies or perhaps in addition contact a helpline. Also, if there is capacity to help parents/carers explore their own support network and encourage them to talk to someone they trust.

What if the parents/carers are angry?

The school's role is to remain calm and responsive and encourage parents/carers to try to understand what their child might be going through, to recognise that their child is in distress and to approach their child from a non-judgemental stance.

What if parents/carers feel guilty?

Parents/carers may think their child is self-harming because of something that they did or did not do as a parent/carer. If parents/carers seem to be struggling with guilt or frustration, it may be helpful to make time to hear those worries and validate them. It may also be helpful to remind parents/carers that there is support available to them. (See Appendix 12).

How can we encourage collaboration with parents/carers?

The schools liaison with external agencies is very important as having a ‘team around the child’ of caring adults and expert advice and support will lead to better outcomes for the child/young person with regards to their safety and emotional wellbeing.

Whilst it is important to validate parent’s/carer’s reactions and normalise the experience of strong emotions in response to a disclosure, it is worth remembering that certain parental/carer attitudes towards self-harm can promote, trigger or maintain the behaviour and should be taken into account as part of the conversations with the parents/carers.

It is helpful to remind parents/carers and supporters that they should make time for themselves, as supporting someone who self-harms takes a lot of strength and stressing the importance of recognising their own needs.

Appendix 5

Staff Self-Care

Appendix 5 | Staff Self-Care

Self-care begins with awareness of what is going on in the body and mind. As such it will be important that staff take the following steps to mind themselves at this time:

- > Take time to notice and reflect on your thoughts and feelings, particularly during and after dealing with challenging situations.
- > Notice the symptoms of stress, tension and anxiety in your body and consider the use of breathing or relaxation exercises to counteract the physical effects.
- > Spend time identifying what activities are nurturing and restorative for you.
- > Consider the use of formal or informal mindfulness practices as an antidote to stress, worries or tension. The benefits range from increased self-awareness, improved decision making, relaxation and the ability to maintain boundaries.
- > Give yourself permission to prioritise your own health and well-being. Not only will this impact on the quality of care you can provide to children and young people but you will also be acting as a positive role model for them.
- > Do not try to cope alone. Ensure regular information sharing and discussion with the designated person with responsibility for self-harm from the SET or Student Support Teams and supportive colleagues. This might be to discuss developing issues or concerns or to share feelings with a supportive or trusted colleague or school management. Seek additional outside support as necessary.
- > Remember your consistent interest and care is meaningful.

The 3-R's: Regulate-Reflect-Relax

The impact on staff of managing children and young people who are dysregulated and stressed is recognised. Dr. Bruce Perry has developed a simple but powerful model to show how to re-engage the thinking brain when a person is stressed and operating in survival mode. This model has been adapted for use by school staff into a 3 step process for self-support (see diagram below).



Seeking Help

If you are feeling overwhelmed at the present time the **Employee Assistance Service**, provided by Spectrum Life, can be contacted at the number below. The service offers a free confidential service 24 hours a day, 365 days a year, providing counselling on a range of personal health and wellbeing issues. They can also be contacted on WhatsApp and SMS by texting. Alternatively you can also Live Chat or Request a Call Back on the wellbeing portal and phone app.

For further information and to contact Spectrum Life by:

- | | |
|----------------|--|
| Website: | www.spectrum.life |
| Email: | eap@spectrum.life |
| Freephone Ire: | 1800411057 |
| WhatsApp/SMS: | text 'hi' to 087 3690010 |

Other useful resources from NEPS are available on NEPS Wellbeing in Education webpage on gov.ie [here](#) and [here](#).

Appendix 6

Reflective Tool for Schools when reviewing Protocols for Responding to Self-Harm

Appendix 6 | Reflective Tool for Schools when reviewing Protocols for Responding to Self-Harm

It is suggested that a useful first step is for schools to set aside time to reflect on current practice on prevention and response to self-harming behaviour in children and young people.

Below are some questions that may help to guide this discussion:

Guiding Questions	Comment	
What is your school community’s current understanding of what self-harm is and why it occurs?		
What are the challenges of talking about self-harm with children and young people?		
What are the challenges of talking about self-harm with families?		
What are the challenges of talking about self-harm with staff members at your school?		
What process does your school have in place to help all children and young people to cope with their emotions and deal with stress?		
	Yes	No
Are staff confident in identifying self-harming behaviour?		
Is there a designated key staff member in your school responsible for all incidents relating to self-harm?		
Has the staff in your school engaged in Teacher Professional Learning (TPL) in understanding self- harm?		
Is there a plan for the staff in your school to engage in TPL in self-harm?		
Does your school have policies and processes in place to respond to incidents of self-harming behaviour?		
Do staff know what to do if someone discloses that they are self-harming?		
Do students know who to go to in the school for support?		

Guiding Questions	Comment	
	Yes	No
Do students know what to do if a peer discloses that they are self-harming?		
Have we informed parents on steps to take if their child is self-harming?		
	Comment	
How do you support the mental health of the children and young people most at risk?		
What does your school do to prevent self-harm?		
Is there anything you would like to change about the way your school helps to prevent and address self-harm? If so, how would you go about making those changes?		
	Yes	No
Does the school have contact details for local services for support if a child or young person is self-harming?		

Appendix 7
Sample School
Self-Harm
Protocol

Appendix 7 | Sample School Self-Harm Protocol

The purpose of our self-harm protocol

As part of the school's core mission and values, and continued dedication to the health and wellbeing of its students, this protocol provides a clear set of guidelines to school staff for dealing with any issues that may arise in relation to self-harm, including:

- > Recognising the warning signs that a student may be self-harming.
- > Broaching the subject of self-harm with a student you suspect is deliberately hurting themselves. Reacting positively if a student comes to you wishing to discuss their self-harm.
- > Devising a short-term plan of action for the care and management of the student in school with regard to the student's unique and individual needs.
- > Devising a long-term plan of action for supporting the student while in school in liaison with mental health services.
- > Assisting in building the confidence, self-esteem and emotional wellbeing of the student.
- > Practical and emotional support for staff members who are dealing with a student who is self-harming.
- > Provision of clear and standard guidelines for all staff in contact with the student.
- > Training and education surrounding the issue of self-harm for all staff.
- > Developing links with outside agencies for onward referral and ongoing care.
- > Education and awareness campaigns for students.

Introduction of a Self-Harm Protocol

In relation to supporting those who self-harm, the role of each responsible adult in the school setting should sit within a whole school approach to wellbeing using the SET Team structures in primary and Student Support Team structures in post primary. A whole school approach to self-harm management and development of protocols should:

- > Outline established systems within school to ensure awareness and education of staff and the wider school community around self-harm. Research suggests basic training for all staff around self-harm is good practice.
- > Detail clear organisational procedures for responding at both systems and individual level and from low to high levels of concern.
- > It is suggested that the school identifies a designated person/s with overall responsibility for self-harm within an established SET, Student Support Team. It is good practice to have a designated member of staff to manage and co-ordinate the school's response to self-harm.
- > Create and maintain links with outside agencies ensuring strong working relationships and fluid and effective care pathways.
- > Establish protocols.
- > Highlight information around self-care and support for staff.

Roles and responsibilities

School Management will:

- > Identify designated key staff to be responsible for all incidents relating to self-harm.
- > Ensure that all designated staff receive full and appropriate training surrounding self-harm and are fully confident with the procedures to follow. (See here for NOSP training).
- > Provide practical and emotional support for key staff dealing with self-harm. (See Appendix 5).
- > Ensure that all staff, including SNAs, and other non-teaching staff are made aware of, and understand, the self-harm protocols.
- > Provide children and young people with information about how and who to go to for help and support in school.
- > Provide parents with information about how and who to go to in the school if they are concerned about their child.
- > Establish a protocol for discussing self-harm with parents/carers once a disclosure has been made.
- > Ensure that responding to self-harm procedures are followed by staff.
- > Oversee the development of a Student Support Plan for children or young people who self-harm.
- > Ensure confidentiality for the child or young person and their family.
- > Ensure that all first-aiders are well informed about self-harm.

All Staff will:

- > Be aware of Children First Guidance and teachers roles as mandated persons.
- > Be aware of procedure and communication pathways for dealing with self-harm in the school.
- > Be aware and familiar with information and resources regarding self-harm.
- > Signpost to external agencies for help and support if the student is not already linked to services.
- > Observe the reactions of students who are aware of self-harming behaviour of their peers.
- > Report the concern to a designated key member of staff as soon as you become aware of a student self-harming, and inform the student that you are doing this.
- > Engage in CPD on identifying, assessing and supporting the needs of students who self-harm.

Under the Children First Guidance, it is important to remember that teachers in the school are mandated persons, who are required to make a Child Protection report to Tusla if they have reasonable grounds for concern that a parent/carer is not taking appropriate actions in relation to concerns about self-harm – e.g. taking the child/young person to their GP; follow up with CAMHS etc.

Designated staff member(s) from the SET or Student Support Team will:

- > Inform the children and young people parents/carers and liaise with them as to what steps to take to support their child in the immediate term.
- > Contact other organisations and key local services to establish what help and support is available for children or young people who self-harm.
- > Be aware of when it is essential for other professionals or agencies to be informed such as GP; Primary Care Psychology; TUSLA; NEPS.
- > Ensure the implementation of the self-harm protocol.
- > Communicate with the principal on a regular basis and keep them informed of all incidents and developments.
- > Maintain up-to-date records of children or young people experiencing self-harm, incidents of self-harm and all other concerns surrounding the issue.
- > Monitor the help, support and progress of the children and young people in your care and maintain communication with them.
- > Ensure you are fully confident in your understanding of self-harm and seek additional information and /or training if you feel it necessary.
- > Liaise with the principal and children and young people to decide if any other members of staff who have contact with the children and young people should be made aware of the self-harm and underlying concerns.
- > Maintain confidentiality with school staff as needed. Teachers who may be asked to modify their teaching and interaction with children and young people should have a reason provided to help them understand student's behaviour. However, they do not need to know the exact nature of the concern and information should only be shared with the children and young people/parent's/carer's consent.
- > Report any mention of suicidal feelings or behaviour to the Principal as a matter of urgency and agree immediate actions .
- > Take care of your own emotional well-being and seek support as and when necessary (see supports available from Spectrum Life EAS service for teachers).

Designated staff member should help affected children and young people to:

- > Ensure all wounds are cared for properly and bandaged appropriately while in school.
- > Not to display fresh or open wounds in school.
- > Avoid talking graphically about their injuries to other children and young people or describing the methods used.
- > Talk to a teacher or staff member as soon as possible when under emotional distress or feeling the urge to self-harm at school and discuss any additional support needed with staff.
- > Be aware that staff are available to help and that the more they can talk to staff the better able they will be to support and help them.
- > If worried that a friend may be self-harming that they talk to a teacher for support and guidance.
- > If concerned that a friend may be suicidal, or has mentioned suicide, to alert a staff member straight away.

Parents/Carers will be asked to:

- > Understand and endorse the school's self-harm protocol and procedures.
- > Inform themselves in relation to self-harm and discuss the subject with their child.
- > Work closely with the school and take an active role in deciding the best course of action for their child.
- > Keep the school informed of any incidents outside of school that they feel they should know about.
- > Keep the school informed of child's involvement with other services and share details of link professional if appropriate.
- > Seek emotional support if needed when dealing with their child's self-harm.

Student Support Teams and or SET team may:

- > Oversee the delivery of programmes to support children and young people's mental health in schools, for example, FRIENDS resilience programmes and other bespoke NEPS training or training from other agencies.
- > Share information with staff on appropriate HSE training (See Appendix 1)
- > Provide ongoing support/guidance for school staff when requested.
- > Support school management in devising policies and practices in relation to mental health promotion.

- > Support school management in promoting a whole-school, multi-component, preventative approach to wellbeing promotion in line with the Department’s Wellbeing Policy and Framework for Practice.
- > Provide school staff with information on local services available.
- > Coordinate and monitor supports for individual students and ensure support plans are in place.
- > Share information on a need to know basis with staff as necessary and agreed with the children and young people.
(For post primary - see information in section 2 of *Student Support Teams in Post Primary: A guide to Establishing a Team or reviewing an Existing Team* (2021) here for more information).

This protocol was adopted by the Board of Management on (date).

This protocol and its implementation will be reviewed by the Board of Management regularly. Written notification that the review has been completed will be made available to school personnel, the Parent Association and will be published on the school website.

Signed:

Date:

Signed:

Date:

Appendix 8

Supporting Staff to Speak to Children/Young People (children and young people) about Self-Harm

Appendix 8 | Supporting Staff to Speak to Children/Young People about Self-Harm

Approaching the child or young person with initial concern, an invitation to talk and with an attitude of warmth, acceptance and openness can be a strong message that you are willing and able to talk about what is happening for them. At the same time this gives them permission to talk about something that may have previously seemed as an unapproachable topic. You might say something like...



or

If the child or young person is not ready to talk, let them know that you want to listen when they are ready. Stay connected and look out for opportunities to ask again.

Regardless of who has initiated the conversation here are some guidelines that may help adults feel confident in managing a difficult situation while increasing the likelihood of a positive and helpful conversation.

Do	Don't
Do take a deep breath.	Don't panic or overreact. Remember that offering a supportive conversation is the correct first step.
Do choose a quiet, private space to talk.	Don't allow yourself to rush into a conversation at the end of a class or a public space.
Do remain calm, non-judgemental and adopt a warm air of caring, curiosity and wondering.	Don't show strong emotional responses such as anger, fear, revulsion or frustration.
Do acknowledge their pain and ask the C/YP what they need.	Don't avoid talking about the self-harm. It won't go away because you pretend it doesn't exist. Not talking about it can reinforce shame and secrecy.
Do gently encourage them to talk about what has been happening, how they are feeling and what they might need in that moment.	Don't ask lots of questions about why they are self-harming or overly focus on the physical.
Do let them know you understand they must be feeling some very big emotions.	Don't minimise or dismiss situations and problems that are raised or the feelings they have brought about.
Do show your genuine concern, care and support.	Don't dismiss behaviours and feelings as manipulative or attention seeking.
Do focus on exploring with C/YP what can be done to make current circumstances more manageable and less distressing.	Don't ask them to make promises and don't give ultimatums.
Do directly discuss confidentiality and your duty of care.	Don't promise to keep information around self-harm confidential.
Do encourage them to think about the benefits of involving their family and how they might tell them.	Don't promise to be able to keep information about their self-harming behaviours confidential
Do give carefully selected information, ensuring that suggestions and resources are appropriate to age.	Don't overwhelm with information e.g. lists of strategies or websites.
Do support them in finding helpful ways to express emotions or relieve distress. Keep strategies as simple as possible. Depending on your role and responsibility consider writing a plan with the young person. (See Section 5).	Don't try to solve the child or young person's problems for them or focus on stopping the self-harm or expect them to be able to stop self-harming.

Do	Don't
Do have the confidence that your consistent interest, concern and care is a valuable intervention.	Do not feel pressured to sort out what can be a complex issue by yourself or to take on a therapeutic role for which you are not qualified.
Do help as much as you feel able to while managing your own reactions and ensuring you manage your own self- care.	Don't try to manage in isolation. Consult with the designated person with responsibility for self-harm, following the schools' protocols/procedures for self - harm.

Confidentiality when talking to the Child/Young Person

Confidentiality is important to children and young people. However, conversations with children and young people need to include clear and open discussion around what can and cannot be kept confidential. The health, safety and welfare of the child or young person is a priority and staff cannot promise total confidentiality.

School staff should adhere to their school guidelines regarding safeguarding, information sharing and confidentiality. This can be managed sensitively and gently with the children and young people giving them as much control as possible. For example, exploring with the children and young people the possibility of telling their parents/carers and what they could say. Alternatively letting the children and young people know exactly how and when their parents/carers will be informed, what will be shared and offering the option of being there themselves when you speak to their parents/carers.

Do not underestimate the value of a genuine, kind and supportive conversation. You may not be the best person to explore in depth with the child/young person what is happening but you can be a key and consistent element of a plan that helps a child/young person feel understood and supported while moving forward.

Another useful resource to support teachers includes the Guidance for Post Primary School Staff – Using Psychological First Aid and Guidance for Primary School Staff– Using Psychological First Aid developed by NEPS [here](#) and [here](#). These guides has been developed to enable school staff to talk, in a comforting and supportive way, with children and young people who may need the support at this time.

Appendix 9
Conversation Prompts for
School Staff to use with
children and young people

Appendix 9 | Conversation Prompts for School Staff to use with children and young people

Self-harm is an issue which school staff often feel uncomfortable approaching with children and young people. Below are some clear and thoughtful conversation prompts which can be used directly with children and young people.

Topic	Possible prompt questions
Confidentiality	I appreciate that you may tell me this in confidence but it's important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what's going on, but I will always have that discussion with you before and let you know what the options are so that we can make these decisions together."
Starting the conversation/ establishing rapport	"Let's see how we can work this out together. I may not have the skills to give you the help you need, but we can find that help for you together if you would like." Use active listening - for example: "Can I just check with you that I have understood that correctly?"
The nature of the self-harm	"Where on your body do you usually self-harm?" "What are you using to self-harm?" "Have you ever hurt yourself more than you meant to?" "What do you do to care for the wounds?" "Have your wounds ever become infected?" "Have you ever seen a doctor because you were worried about a wound?"
Reasons for self-harm	"I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment? Can you tell me a little more? For example, peer relationships, bullying, exam pressure, difficulties at home, relationship break-up or substance misuse or abuse."

Topic	Possible prompt questions
Coping strategies and support	"Is there anything that you find helpful to distract you when you are feeling like self-harming? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading or going for a walk?" "I can see that things feel very difficult for you at the moment and I'm glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before or is there anyone that you think may be good to talk to?" How would you feel about letting them know what's going on for you at the moment?" "How could we make things easier for you at school?" "What feels like it is causing you the most stress at the moment?" "What do you think would be most helpful?"
Speaking to parents/carers (where appropriate)	"I understand that it feels really hard to think about telling your parents/carers but I am really concerned about your safety and this is important. Would it help if we did this together? Do you have any thoughts about what could make it easier to talk to your parents/carers?"
Ongoing support	"Why don't we write down a plan that we have agreed together, then you will always have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or really want to self-harm, it is difficult to remember the things that you have put in place - this can help remind you".

Appendix 10

Helpful Coping Strategies

Appendix 10 | Helpful Coping Strategies

Because self-harm may be the coping strategy that a child or young person at your school uses to regulate difficult feelings, it is important to be aware of and possibly support students to think of other ways that they might manage their feelings while at school. If you are a staff member in regular contact with such a child or young person, below are some helpful, practical strategies that may help. These strategies should be in consultation and/or in conjunction with the advice and support from other services involved with the child or young person. It is important to note that not all of these will work for every child or young person but some of these suggestions might be helpful.

1. Focus on building a supportive network

It is helpful to identify with the child or young person who can support them day to day and at times of crisis. Explore with them how they usually connect/make contact with them i.e. visit, phone call, text, online, appointments etc. This might be friends, family, teacher, support staff, student support team member. Supporting children or young people to know how to access crisis support is also important.

2. Address Stressors

It can be helpful to support the student to identify triggers and stressors by looking at a typical day so that they can identify the tough periods. This can be a helpful way to start thinking creatively together about how the child or young person might begin to address identified stressors and triggers.

3. Coping with symptoms of physical stress and anxiety

There are a number of strategies that can help to manage the extreme tension in the body that children or young people may feel and support them to feel more grounded.

Examples include:

> **Paced breathing**

Paced breathing is **slow, deep, diaphragmatic breathing**. With normal breathing, you take about 12 to 14 breaths a minute. By comparison, with paced breathing you take only 5 to 7 breaths a minute. The goal of paced breathing is to reduce the stress chemicals your brain produces and facilitate a relaxation response.

<https://www.youtube.com/watch?v=y4ElmnxNuT8>

> Counting backwards

Whenever you are experiencing anxious thoughts, doing something that 'fills your mind' and needs complete focus can be a good distraction. One technique that some people use when calming their anxiety is counting backwards.

When trying out this technique, encourage the student to find a quiet place, close their eyes and count backwards until they feel their anxiety subside. If they don't find that this helps, try something a little more complicated, like counting back from 100 in 3s. For many children or young people, they find that they can't continue to worry when they are focused on subtracting the numbers.

This is a technique that can be used to calm anxiety when out and about, whether that is at school or in the community.

The 5,4,3,2,1 rule

Another way to help calm anxiety and stop it from spiralling out of control is by asking children or young people to do the following:

- ✓ Name 5 things that you see - this can include big objects like buildings, trees or houses as well as small objects like pens or a pair of glasses
- ✓ Name 4 things that you can feel – recognise four things that your body is touching, including your socks against the skin of your feet, the feeling of your denim jeans or the arm of the chair that you're sitting on
- ✓ Name 3 things you can hear - focus on the ambient sounds you may not usually focus on, such as birds chirping, children playing outside or the sound of wind through the trees
- ✓ Name 2 things that you can smell – while this one may seem difficult at first, try walking around until you find 2 scents, which may include the laundry, the bathroom soap or the flowers outside
- ✓ Name 1 thing that you can taste – this may be the after-taste of a drink, meal or chewing gum. Or have a sip of a drink, and focus on the flavour

This grounding technique, which encourages students to focus on their senses, will help to bring their attention back to the present, distract them from their worried thoughts and calm their anxiety.

> Mindfulness and relaxation exercises

Paying more attention to the present moment, to your own thoughts and feelings and to the world around you can reduce the symptoms of physical stress and anxiety. Further information on mindfulness and relaxation for children or young people can be found here:

<https://www2.hse.ie/wellbeing/mental-health/mindfulness.html>

Relaxation techniques from NEPS are also available here:

<https://soundcloud.com/user-719669409/relaxation-techniques-30-03-2020>

> Engaging in physical exercise

When anxious it can sometimes be hard to perform a technique like deep breathing, as adrenaline makes it difficult to concentrate. In these moments, encourage students to try doing something which rids the body of adrenaline such as physical activity. Physical activity can help to lower overall stress levels. Exercising regularly can have a positive effect on our mood. Examples include: chores that need a lot of energy to complete; high intensity exercise; dancing to music; any aerobic exercise.

Further information to support children or young people to get started can be found here:

<https://www.hse.ie/eng/about/who/healthwellbeing/exercise-videos/>

4. Dealing with difficult emotions

Examples of strategies that might help to deal with difficult emotions that are hard to express:

- > Through the relationship with a class/subject teacher, a SET team or Student Support Team member, the children and young people can be supported to understand that all emotions are natural and normal and not always a matter of choice. Supporting a child or young person to develop their emotional awareness is a helpful first step in learning how to manage strong and difficult feelings. Learning how to recognise, distinguish between and label emotions can serve to calm and soothe children and young people when dysregulated.
- > Supporting children and young people to engage in Psychoeducation. Psychoeducation involves learning about and understanding mental health and wellbeing. It's similar to physical education, where you learn about how your body works, how to look after it and the impacts of different strains or stressors - but instead you apply this to the mind. Researching mental health and ways of improving it is a proactive step towards understanding yourself and looking after yourself better.

- > Writing, drawing or talking about feelings.
- > Regular journaling around hopes for the future self.
- > Writing a letter expressing feelings which need not be sent.
- > Keeping a diary.
- > Talking to others about feelings.

5. Dealing with difficult thoughts

Examples of strategies that might help to deal with negative thoughts include:

- > Questioning your thoughts. A useful technique to help calm anxiety is to learn how to pause and move past unhelpful thoughts, before they have a chance to take hold. However, learning this technique may take some practice.
- > Practice noticing the types of thoughts that are entering your mind – ask yourself if these are true? kind? helpful?...if not practice trying to replace them.
- > Practice speaking to yourself as you would a good friend e.g. what advice would you give a good friend encouraging compassion and kindness for oneself.
- > Practice positive self-talk, develop a mantra or affirmation e.g. 'I am ok, I will get through this, I can survive this, this too will pass.'

6. Soothing, stress relief and distraction activities

Examples of ways to replace self-harm with other more positive and safer activities include:

- > Going for a walk or other forms of physical exercise.
- > Going to a public place such as the cinema, park or shopping centre.
- > Reaching out and connecting with a friend, family member or trusted adult.
- > Creating something: drawing, writing, music or sculpture.
- > Listening to music.
- > Distracting activity such as holding an ice cube.
- > Engaging in an identified self-soothing activity such as having a bath or listening to a podcast.

The above is not an exhaustive list. Advice and consultation may be sought from NEPS by schools who wish to develop their practice in supporting children and young people to develop emotional self-regulation skills.

Other useful resources from NEPS include the following documents (available on gov.ie):

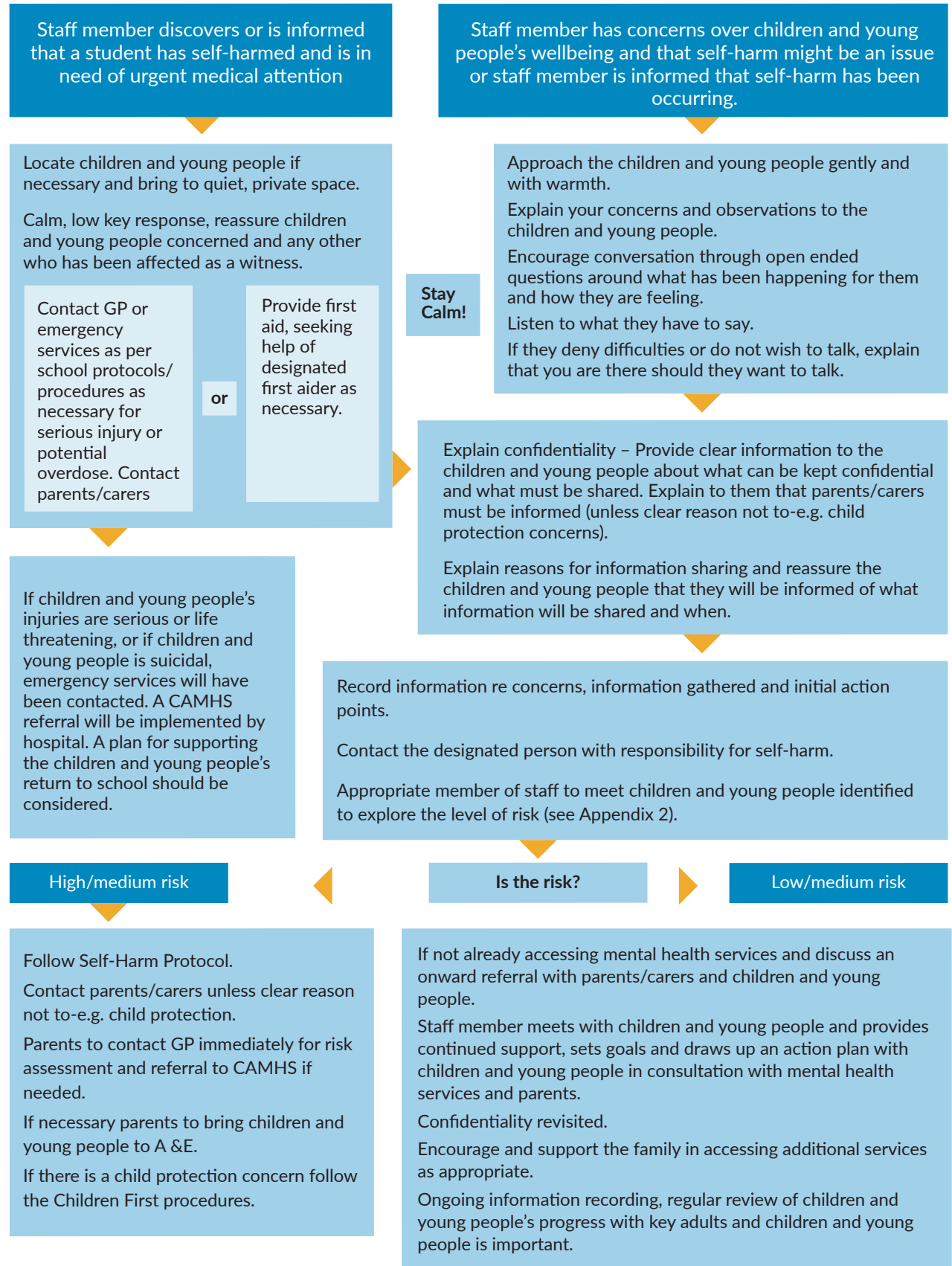
- > Normalising Thoughts, Feelings and Behaviours -A Guide for School Staff
- > Quick anxiety/stress management techniques – Responding to Critical Incidents in Schools
- > Managing Stress and Anxiety -A Guide for School Staff
- > The Response to Stress -Information for School Staff
- > Self-Regulation for Pupils – A Guide for School Staff

Appendix 11

Staff alerted that a student is self-harming: what to do?

Appendix 11 | Staff alerted that a student is self-harming: what to do?

To be used in conjunction with the school’s safeguarding statement



Appendix 12

Useful Contacts and Helpful Organisations

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Samaritans – 24hr confidential helpline for young people who are in despair and need someone to talk to. Samaritans also offer an email service jo@samaritans.ie

Aware (Depression Awareness) – operates a helpline service, providing a listening ear for people in distress and their families (10am – 10pm) Tel: 1890 303 302

Childline – offers 24hr support for children and young people in distress. Tel: 1800 66 66 66

Bodywhys – offers support, information and understanding for people with eating disorders, their family and their friends. Tel: 1890 200 444

Pieta House – a suicide prevention service providing a free, therapeutic approach to people who are in suicidal distress and those who engage in self-harm. Free 24 Hour Support via helpline. Text HELP to 51444 Tel:1800 247 247 <https://www.pieta.ie/how-we-can-help/are-you-self-harming/>

Jigsaw – is not a crisis service however it offers expert mental health advice and support online and in person to young people aged 12-25 years old. Jigsaw have also developed an interactive eLearning course on youth mental health for school staff which aims to increase awareness of youth mental health and help school staff reflect on their role in promoting mental health and well-being.

SpunOut - provides a wide range of articles and information for young people aged 16 – 25 years, on many different topics, including mental health. SpunOut offers a free-text service at 50808 to chat anonymously to a trained volunteer 24/7.

Online information/support

www.youngminds.org.uk

www.harmless.org.uk

www.rethink.org

<https://www.nsrif.ie/findings/leaflets/>

<https://www.nsrif.ie>

Relevant Video clips – ‘No harm done’

For young people

<https://www.youtube.com/watch?v=kT5cr-HTTEQ&list=PLnP9EHxap820N7rill-njP0vpcc0r9W0k&index=1>

For teachers

<https://www.youtube.com/watch?v=uKGciUB8OSg&list=PLnP9EHxap820N7rill-njP0vpcc0r9W0k&index=2>

For parents

<https://www.youtube.com/watch?v=b4cPCcJ6o88&list=PLnP9EHxap820N7rill-njP0vpcc0r9W0k&index=3>.

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