

WORKING TOGETHER

A guide for schools to support
students who self-harm



Aotearoa New Zealand

Te Ata Hāpara Centre for Suicide Prevention Research
The University of Auckland



Waipapa
Taumata Rau
**University
of Auckland**

This copyright material contained in this publication is the intellectual property of the University of Auckland or individual members of the University of Auckland. Any commercial use or sale of this material is not permitted without the written permission of the rights owner and constitutes an infringement of copyright.



CC BY-NC-ND 4.0

Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International

Bowden, L., Brake, B., Cargo, T., Meinhardt, I., Fortune, S., Hetrick, S.E., Te Ata Hāpara. (2025). Working Together: A guide for schools to support students who self-harm. Auckland. Te Ata Hāpara University of Auckland.

Contents

- 3 Introduction
- 3 Te Tiriti o Waitangi
- 4 What is self-harm?
- 5 Why do young people self-harm?
- 5 Who is more likely to self-harm?
- 6 What self-harm is not
- 6 Is there a link between self-harm and suicide?
- 7 Whole-school approach to self-harm
- 9 How to respond to self-harm?
- 9 How to respond to a student worried about their friend?
- 10 Appendices

Appendices

Page 11	Appendix A Checklist of what should be included in a policy for responding to self-harm in schools
Page 12	Appendix B Roles and responsibilities
Page 16	Appendix C Sample school self-harm policy and procedure
Page 20	Appendix D How to respond flow chart
Page 23	Appendix E HEEADSSS / self-harm specific questions
Page 29	Appendix F Safety plan templates
Page 30	Appendix G Considerations for return and integrating to school
Page 31	Appendix H Educational material policy
Page 32	Appendix I Conversation starters for designated team with students and family/whānau
Page 37	Appendix J Resources for students and family/caregivers/whānau (information sheets)
Page 38	Appendix K Key considerations for decision making about events/guest speakers/digital tools in school?
Page 39	Appendix L Referral to Child and Youth Mental Health Services (CAMHS) or other services
Page 41	Appendix M How to support staff who support students
Page 42	Appendix N Numbers for support
Page 44	References

Introduction

Each year in Aotearoa New Zealand, between 25% - 50% of high-school students engage in self-harm, with these students at increased risk of suicide (Sutcliffe et al., 2023).

Best practice guidelines for responding to self-harm have been requested by schools and school health professionals (Te Maro et al., 2019). These guidelines are intended to help school staff to support young people who self-harm, and their family/whānau.

This best practice guideline has been developed collaboratively with **young people, clinicians** and **school personnel** and aim to guide school

staff who come in contact with students who have self-harmed or are at risk of self-harm (Meinhardt et al., 2022). The voices of **tangata whenua** have been prioritised; a panel of Mātauranga Māori stakeholders, rangatahi Māori determined what guidance was important to include. You can read more detail about this process here

<https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-022-04266-7>

This best practice guideline should be used to support a positive school environment that encourages resilience and promotes help-seeking. This guideline should be used alongside existing school policies, the "Postvention: A guide for schools after a suspected suicide and in conjunction with your local mental health service.

Te Tiriti o Waitangi

These guidelines are underpinned by Te Tiriti o Waitangi and should be considered in accordance with guidance from Te Mahau within the Te Tāhuhu o te Mātauranga Ministry of Education.

Addressing self-harm in schools requires an equitable response, prioritising Māori cultural concepts, values and practices, ensuring these are honoured and protected. It is critical for student wellbeing that all school staff, regardless of their role in the school, understand a Te Ao Māori worldview, and can get support from their local Māori community, to promote wellbeing and to help students and staff to flourish in school settings.

What is self-harm?

Self-harm is defined as intentional acts of self-poisoning (such as drug overdoses) or self-injury (such as self-cutting, burning hanging, strangulation), regardless of motivation or degree of suicidal intent.

This definition is purposively broad, and incorporates non-suicidal self-injury (Hawton & Fortune, 2008). Using this broad term, self-harm, reflects the complexity of self-harm among adolescents.

It recognises that reported motivation or intentions may vary episode to episode for a young person and also that different episodes may have different intentions. There may also be disagreements between school staff and young people themselves about the meaning of an act of SH.

There is local evidence to suggest that young people in Aotearoa often switch between methods of self-harm (Fortune, 2006), and given the high levels of awareness in the community of hanging and strangulation, an act of self-harm can be dangerous, regardless of intentions of the young person in any given moment.

Why do young people self-harm?

Self-harm is a form of communication.

Self-harm is a form of communication. Young people self-harm for lots of different reasons including to show how desperate they are feeling, to get away from terrible feelings, to stop feeling numb, to escape a terrible situation, to get help or to die. Young people may gravitate towards others who also self-harm. Sometimes self-harm can be dismissed as 'attention

seeking', but is better thought of as an attempt to get, or make connections. The reasons for self-harm can change, more than one thing can be going on at the same time and young people may 'change' their understanding or description of self-harm depending on their context, and sometimes consequences of sharing certain types of information.

Who is more likely to self-harm?

Not all young people who self-harm are the same. People from all genders, and ethnicities self-harm. People who identify with marginalised identities are particularly likely to experience self-harm.

Certain life experiences can increase the possibility that a young person engages in self-harm:

- Violence
- Sexual abuse
- Child protection concerns, including those in care placements
- Poverty including food, income and accommodation insecurity
- Experiences of mental health disorders including depression, anxiety, eating disorders, disruptive behaviours and ADHD
- Hazardous alcohol and other consumptions
- Discrimination
- Bullying in person or via social media
- Being bereaved by suicide
- Being excluded from school
- Experiencing a chronic health condition
- Suicidal thinking or ideation
- Previous self-harm

What self-harm is not

- ‘Attention seeking’ – young people are seeking connection
- Necessarily a mental health disorder - young people may or may not have a mental health disorder
- Not always about suicidal distress, although it can be considered a signal to others that all is not well
- Necessarily forever, self-harm might ebb and flow over time
- ‘Uncommon’ - self-harm is relatively common with around 1 in 4 young people reporting self-harm each year in Aotearoa New Zealand.

Is there a link between self-harm and suicide?

Yes. Young people who engage in self-harm are much more likely to die by suicide compared to their peers who have never self-harmed (Knipe et al., 2022).

Motivations and intentions for self-harm fluctuate over time. The same young person can engage in behaviour with suicidal intent and also behaviour without suicidal intent. Young people themselves may find it difficult to describe the reasons. Young people may give inconsistent answers to questions, which may reflect a genuine fluctuation and can also reflect worries about the consequences of certain kinds of answers.

It’s important to acknowledge that it’s difficult to predict if a young person who is thinking about self-harm will go on to self-harm, and also

whether or not a young person will self-harm again in the future (Fortune & Hetrick, 2022). It is more productive to understand what things in the young person’s online and in-person world are contributing to their distress, to understand what is going on for them, and to address these experiences (Carter & Spittal, 2018; Fortune & Hetrick, 2022; Hawton, Lascelles, Pitman, Gilbert, & Silverman, 2022). **See Appendices E and I.**

Whole-school approach to self-harm

A whole-school approach is required to successfully manage self-harm (Berger, Hasking, & Reupert, 2015; Singer, Erbacher, & Rosen, 2019). Self-harm is not just a health behaviour or a discipline problem. The most effective self-harm prevention strategies in school are having schools that expect positive things from and for their students, being fair and having a safe environment.

Schools should create a school culture of care and well-being, with clear roles and responsibilities for all staff in supporting students.

Specifically, schools:

- Should have a separate and specific self-harm policy, which contains procedures about how to respond to students who self-harm. **See Appendices A - C.**
- Need to have a named designated team to respond to students who self-harm. This team need to be trained to provide support for distressed students and their whānau. **See Appendix B: Roles and responsibilities.** School websites should easily identify who these staff are for students and their family/ whānau.

School policies that will help prevent and reduce self-harm include:

- Social media use
- Bullying, Harassment and Violence
- Emergencies and traumatic incidents
- Alcohol and Drug Use
- Child Protection Policy
- Accident and injury reporting; recording and communicating policies
- Education material policy that contains information about how to manage self-harm content. **See Appendix H.**

Stand-down, suspensions, exclusion and expulsion policies; schools should NOT be using disciplinary action (e.g., exclusion or stand-downs) against students because they self-harm. Aotearoa New Zealand data show that young people who died by suicide were much more likely to have been stood down and/or excluded from school (Health Quality and Safety Commission, 2020).

Information sharing whilst maintaining confidentiality should be in alignment with your schools’ information sharing policies and protocols. Involve parents/caregivers and whānau/families at the earliest opportunity using guidance from the Ministry of Education and for school health professionals.

If you are considering **buying, using or facilitating a self-harm focussed intervention** in your school you need to:

- Know there is limited evidence that they will significantly reduce self-harm (Witt et al., 2021)
- Make sure the intervention is culturally responsive, including how it was designed, developed, tested and that the role of whānau/family is appropriate for your community
- Make sure the time and place the intervention is offered allows students who need extra support to get it
- For universal curriculum of mental health education in Aotearoa use the guide Mental health education: A guide for teachers, leaders and school boards
- Additional resources for teaching mental health in primary schools could include the Aotearoa developed resources and the inclusion of Mana Ake in your local area. (e.g., Te Tai Tokerau; Waitaha Canterbury).

How to respond to self-harm?

Be kind, be calm, be empathetic.

.....

In **Appendix D** there is more detail on how to respond to disclosure and self-harm events at school. Pastoral care team members can use a psychosocial HEEADSSS assessment to help determine what a student needs. **See Appendix E.**

How to respond to a student worried about their friend?

Acknowledge the disclosure and support the peer as needed by doing the following;

.....

- **Validate** the student for seeking support from an adult
- **Ask them** if they need support
- **Have a staff member initiate support** for the identified peer.

Appendices

Appendix A

Checklist of what should be included in a policy for responding to self-harm in schools

Language

- > Aims / Purpose / Audience for policy and procedures
- > Definitions of self-harm in policies

Relationship to others school policies

- > Whole of school approach
- > First aid for injuries
- > Management of injuries and/or accidents including communication processes
- > Care & Protection, Bullying, Social Media, Traumatic Incidences, Alcohol & Drugs, Educational material

Roles and responsibilities

- > Name and select your designated team
- > Who does what and when

Responding to self-harm

- > Step by step procedures
- > Clear identified pathways of support for students and their whānau

Professional Development and Support

- > Training recommendations for staff members
- > Preferred resources for staff members

Documentation of policy

- > Documentation of self-harm events shared between school support staff
- > Evaluation and review date of policy and procedures

<https://www.schooldocs.co.nz/> for more specific support to develop a policy and
<https://www.nzsta.org.nz/learning-and-resources/>

Appendix B

Roles and responsibilities

Designated Team

Schools should have a 'designated team' to respond to self-harm. This team has specific responsibilities and need to be trained to ensure they have the skills, knowledge and confidence required to support distressed students who are self-harming, as well as and their whānau. This team should be established and maintained as part of routine school business, including having ongoing training and professional development support to respond to self-harm.

How to establish a designated team?

Some schools may not have a team fully trained and dedicated to supporting students who self-harm. It is recommended that even if only one staff member can be formally trained, a larger group of school staff should still form the designated team.

Who can be a member of the designated team?

Membership and involvement in the team should be:

- voluntary
- based on interest
- based on suitability.

Suitability is determined by the following qualities:

- Genuine interest in student wellbeing
- Non-judgemental
- Good at establishing relationships with students
- Liked by, and well connected to, students.

Essential Professionals

Although involvement in the designated team is voluntary and dependent on suitability, some school staff are in roles that make them essential to be included in the team e.g. School nurse, School Guidance Counsellor or School Chaplain.

Assuming they are suitable for involvement within the team, members from each of the following groups should be represented in the designated team:

- School Leadership team: Principal, member of the senior leadership team
- School Wellbeing team: School Counsellor, Social Worker, school kaumatua/kuia, School Chaplain, Nurse, pastoral care team, etc.
- External services: GP, Youth Worker, Psychologist, Marae based services, Youth Mentoring etc.

Support for the designated team to consult, seek advice and debrief should be established and maintained. It might include your local support services.

What are the designated team's responsibilities?

- Respond appropriately, sensitively and in an evidence-based manner to students with self-harm.
- Work with the student and their whānau/family to identify what they need from the school so they can continue to participate in school.
- Make an active plan to support the student to return to school following any periods of absence.
- Maximise inclusion and participation in all school activities such as school photos, school trips, events, activities, personal privacy and uniform considerations.
- Make and resource an active student plan for academic catch up and progression such as in class support, homework load, assessment conditions.
- Identify a key person who takes oversight of the people and agencies supporting the young person.
- Act as a liaison between the school and other groups and services involved in supporting a student and their whānau.
- Ensure that information sharing about the student is appropriate and in line with established policies and procedures.
- Communicate effectively, safely and transparently within the designated team, as well as with other staff, community groups, students and their whānau.
- Ensure effective and evidence-based initiatives are implemented and monitored in school.

- Be a resource within school as a consultant and educator of other staff who all need to know how to support students who self-harm.
- Maintain knowledge about how to respond and support students who self-harm.
- To provide resources about self-harm and alternative coping strategies to support students, whānau and staff.
- Support, encourage and advocate for student agency in decision-making regarding their own well-being.
- Establish local relationships with service providers who support young people and in the community.
- Training in how to respond to self-harm in schools is essential for personnel in the designated team. Programmes to consider:

1. Responding to SH in schools (Te Ata Hāpara): teatahapara@auckland.ac.nz
2. Youth self-harm (Clinical Advisory Services Aotearoa – CASA): www.casa.org.nz

For general Suicide Prevention

1. Lifekeepers training (Le Va): <https://www.lifekeepers.nz>
2. Mental Health First Aid (Te Pou): <https://www.tepou.co.nz/initiatives/mental-health-first-aid-aotearoa-new-zealand>

School Staff responsibilities

In addition to the designated team, every staff member in the school has responsibilities.

All School Staff
➤ Create a school environment that supports well-being
➤ Respond positively to help-seeking by students
➤ Ensure students feel respected, accepted, and valued
➤ Make safe choices for curriculum content
➤ Engage in collaborative, effective, and transparent communication with other staff, students, whānau and the community
Senior Leadership Team
➤ Support staff to engage in best practice for self-harm
➤ Ensure policies and procedures are implemented in line with best practice for supporting students who self-harm
➤ Ensure that a regular school self-review of school culture and student wellbeing occurs and make changes as needed
Board Of Trustees
➤ Ensure policies and procedures are in implemented, reviewed and monitored for success and unintended outcomes
➤ Proactively prioritise student wellbeing e.g., prioritising inclusion over exclusion
➤ Ensure adequate resourcing and staffing are provided to the designated team
➤ Reduce access to methods of self-harm and suicide in your school

Pastoral Care Team Members
➤ Engage and build connection with the student and their whānau/family
➤ Ensure the student has skills, strategies, and resources (e.g. apps, phone numbers, safety plan etc.)
➤ Explore ways of enhancing all aspects of the student's well-being (i.e. physical, spiritual, emotional, social, and environmental)
➤ Maintain and update a formulation of the student's support needs with their whānau/ family paying particular attention to periods of transition e.g. exams, holiday periods, periods of non-attendance
➤ Provide appropriate advice to whānau/families about reducing access to methods of self-harm and suicide
➤ Explore with the student options of new activities to engage in that might offer social support, which aligns with the student's interests, beliefs, and values. Note: where these are external to the school, the whānau should be involved
➤ Support the whānau by providing access to resources or programmes to help them support their child

Appendix C

Sample school self-harm policy and procedure

POLICY

Purpose

This policy on self-harm has been established to ensure [add your school](#) has clear procedures in place to respond to, and prevent self-harm.

Scope

This policy applies to all employees, students and whānau of students involved with [add your school](#).

Responsibility

It will be the responsibility of the Senior Leadership Team of [add your school](#) to implement, review and monitor the policy's performance.

Overview

Our school follows the procedures below to ensure students who self-harm are supported. All staff are made aware of these procedures as part of their staff orientation to our school. If required, we may activate our 'crisis event plan' [INSERT LINK and/or First aid Procedure INSERT LINK](#) to guide our response.

Definition

Self-harm is defined as intentional acts of self-poisoning (such as drug overdoses) or self-injury (such as self-cutting, hanging, strangulation), regardless of suicidal intent or motivation. This definition is purposively broad, and incorporates non-suicidal self-injury (Hawton & Fortune, 2008). Using this broad term self-harm reflects the complexity of self-harm among adolescents. It recognises that reported motivation or intentions may vary episode to episode for a young person. There may also be disagreement between school staff and young people themselves about the meaning of an act of SH. Students may self-harm for different reasons, including as a coping strategy to manage difficult emotions and/or life events (e.g. anxiety, distress, bereavement, grief). Self-harming behaviour can range in severity, change in frequency and intent, and can start at any age. As self-harm can cause mental and physical health issues and is a risk factor for suicide, [add your school](#) has clear procedures in place for intervention and response.

PROCEDURE

Responding to self-harm

School response

Staff may notice self-harming or students may disclose that they are self-harming to a staff member. Self-harming behaviour may include cutting, burning, bruising, scratching, overdosing on substances, hanging and strangulation. Self-harm can be difficult to identify, and students may keep it a secret.

The signs below do not always indicate a student is self-harming but can be used to recognise and check in with students about their wellbeing. Possible signs of self-harm may include:

- unexplained cuts, burns, or bruises on the body (especially on the arms and legs)
- continually wearing clothing that is inappropriate for the weather or situation to cover up their body (e.g. long-sleeved or bulky clothing)
- possession of sharp objects that could be used to self-harm such as razors, scissors, pins, or needles
- references to self-harm in schoolwork.

These signs could also be indicators that a young person is unsafe or subject to abuse. We follow the procedures in [Child protection policy INSERT LINK](#) to ensure the safety and wellbeing of the student:

- listen calmly to the student without judgement
- offer reassurance and let them know they are not in trouble, but do not make any promises or commitments that cannot be kept
- acknowledge student feelings/emotions and let them know they are not alone

- explain the limits of confidentiality and that they must be informed, to establish connections and support for the student
- discuss their concerns with the designated person at [add name of school](#), this person is the [INSERT role or team members name](#) and parents/caregivers and agree on a plan to ensure student safety
- follow the school procedure about responding to suicide. Use the MOE guidance
- Peers or friends may also notice or have concerns that someone is self-harming. They are encouraged to inform a teacher or staff member so that the school can follow the appropriate procedures and arrange support for the student they are worried about.

Our school will work with the student, parents/ caregivers, and relevant health professionals, as appropriate, to set up and maintain support at school and outside of school. A support or safety plan will be developed, and staff may monitor the behaviour and wellbeing of the student.

Parent/Caregiver concerns

In line with our whole-school approach to wellbeing, we encourage parents/caregivers to inform the school if they are concerned that their child may be self-harming. This helps the school take appropriate actions to ensure the student is safe while at school. Parents/Caregivers may work closely with relevant staff to support the student as necessary and make referrals to agencies e.g. mental health services for more support.

Responding to a self-harm incident that takes place at school

If a student self-harms at school, this may cause considerable distress to other students and staff. If this happens, staff:

- provide first aid as needed, following the guidelines in “first aid procedure and/or managing injuries policy [INSERT LINK](#) and ‘communication about illness and injury policy [INSERT LINK](#) as required, and notify relevant staff and parents/caregivers
- move the injured student away from others if it is safe to do so
- request further assistance if necessary
- stay with the student to ensure their safety (potentially to stop them self-harming again) if this going to deescalate the situation
- request the surrender of any harmful item(s) that the student may have used to self-harm, unless this is going to significantly escalate the situation.
- discuss next steps with the designated person and/or team at [add school](#) and agree on a plan to support the student, which may include asking the student about suicidal thoughts and behaviours and working with a health/mental health professional as appropriate
- Teachers are not counsellors, psychologists, or mental health specialists. Trained counsellors or other mental health professionals can carry out psychosocial assessments with young people. Teachers are not responsible for this type of assessment of young people.

- Activate the **crisis management plan** and request support from the Ministry of Education’s Traumatic Incident team, if appropriate and depending on the nature of the event
- Follow the guidelines in “recording and reporting accidents and injuries [INSERT LINK](#) Policy”

After an incident or episode, staff work collaboratively with the student, family/whānau, and support services as appropriate to monitor ongoing wellbeing. If any concerns arise, we review the support or safety plan and take additional actions as needed.

Recording self-harm concerns

We record information about student wellbeing concerns in our school management system. This includes documenting concerns, conversations, incidents, contact with parents/caregivers or external agencies, advice received, actions taken (including rationale), and any follow-up, support, or monitoring plans.

If a student self-harms at school and may be given first aid, we also follow the appropriate recording and reporting processes for such circumstances.

Recording processes comply with our school [Recording accidents, injuries \[INSERT LINK\]\(#\); \[INSERT Privacy link\]\(#\) and \[INSERT School records link\]\(#\)](#) policies and procedure.

Support for others

We recognise that a self-harm incident could impact other students, particularly an incident that takes place at school. We take appropriate actions to support affected students who may experience a range of emotions after the incident.

Staff and other members of our school community affected by incidents of self-harm are encouraged to seek support through health professionals and

support services. Staff may seek support through senior management and an Employee Assistance Programme (EAP) if available.

For staff concerns about colleagues at risk of self-harm see our Staff Wellbeing Policy [INSERT LINK](#)

Legislation

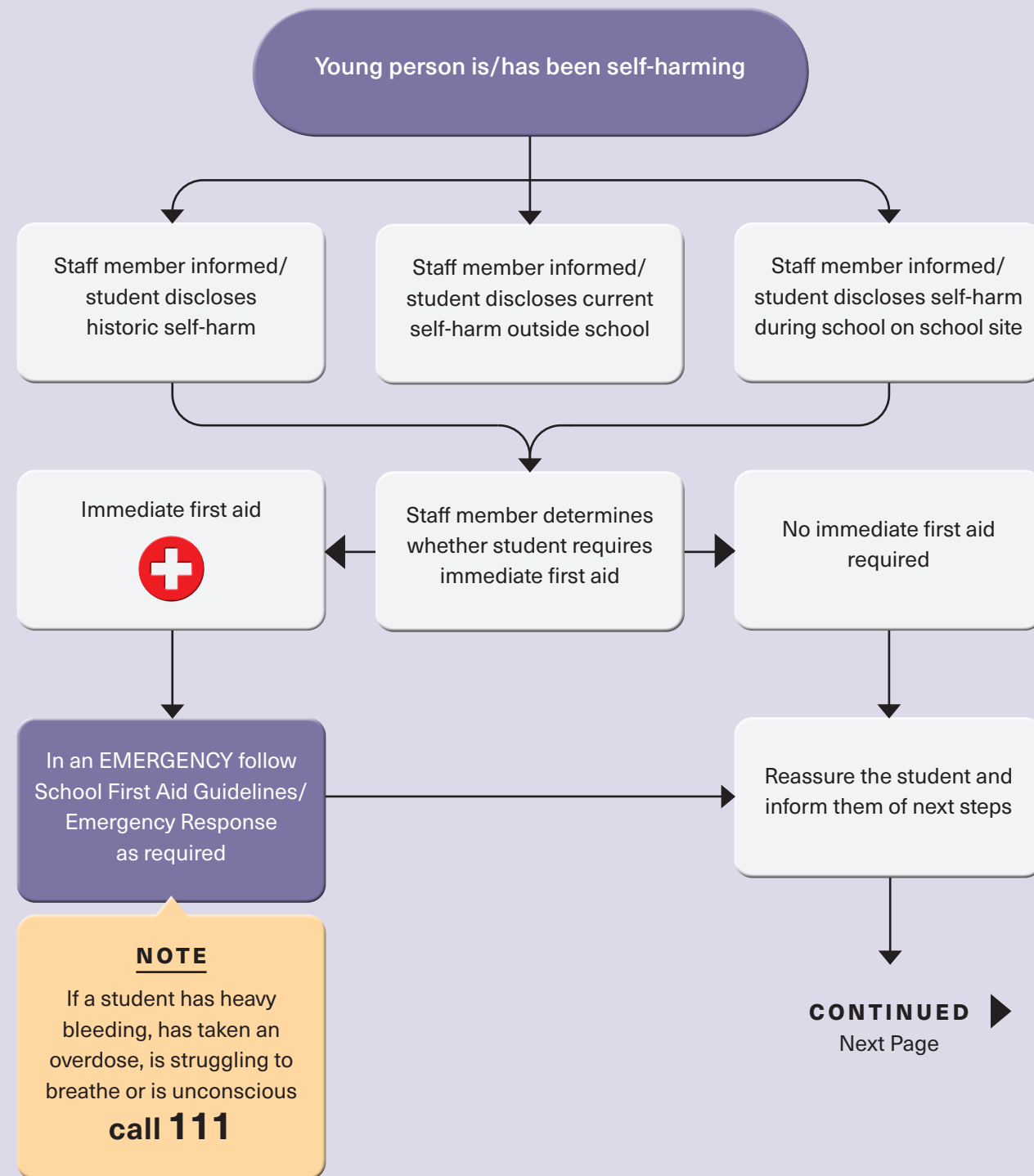
- Health and Safety at Work Act 2015
- Children’s Act 2014

Aotearoa New Zealand Resources

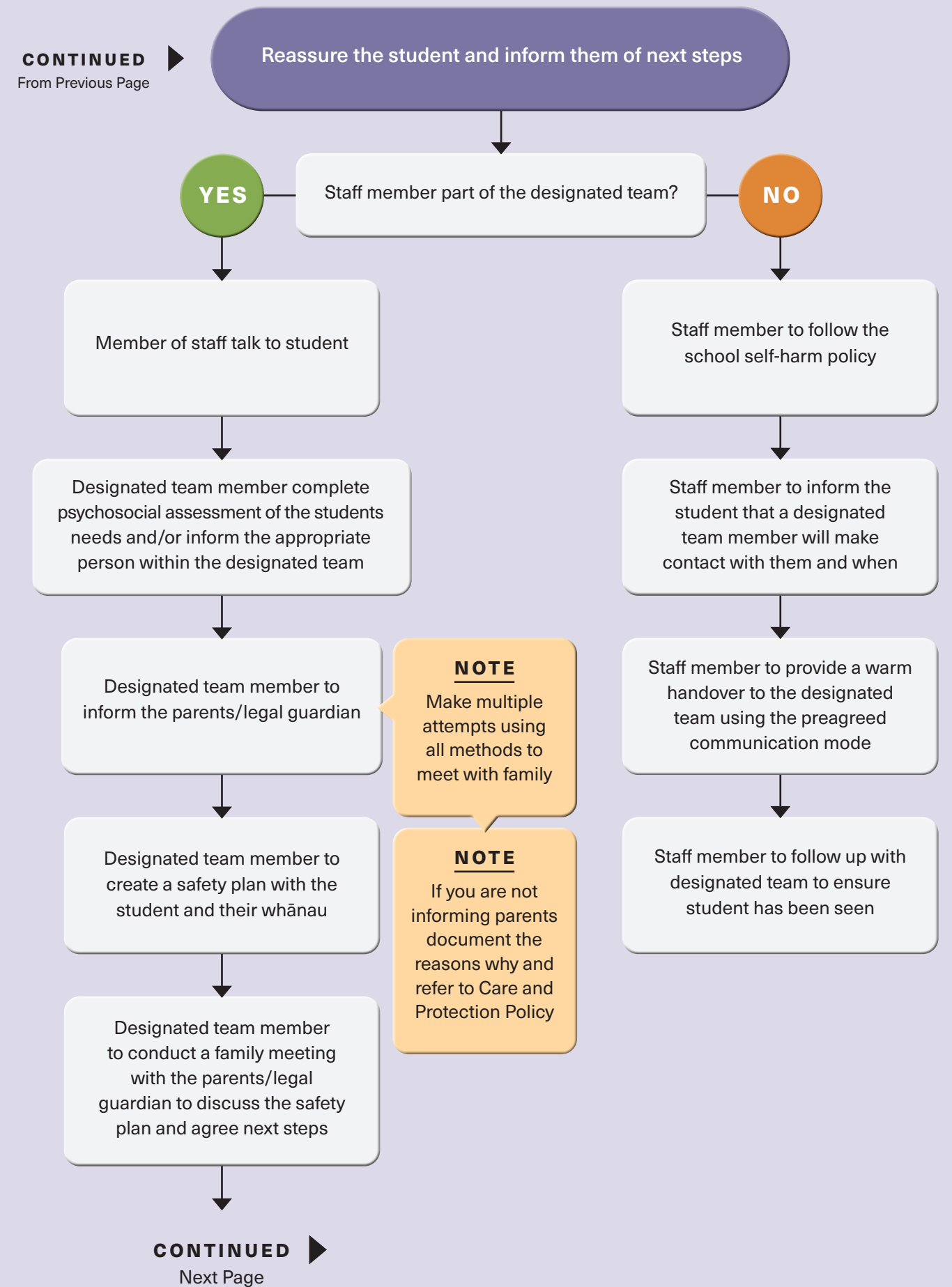
- Ministry of Education | Te Tāhuhu o te Mātauranga: Behaviour Support <https://www.education.govt.nz/school/student-support/special-education/behaviour-services-to-help-schools-and-students/behaviour-services-and-support> and Emergencies and traumatic incidents <https://www.education.govt.nz/school/student-support/emergencies>
- Ministry of Education | Te Tāhuhu o te Mātauranga: Mental health education: A guide for teachers, leaders, and school boards <https://newzealandcurriculum.tahurangi.education.govt.nz/new-zealand-curriculum-online/learning-content-resources/health-and-physical-education/5637144625.c>
- Mental Health Foundation: Self-harm <https://mentalhealth.org.nz/conditions/condition/self-harm>
- Youthline | Te Ara Taiohi Whakatapua Kia Ora Ai: Self-Harm <https://youthline.co.nz>
- KidsHealth: Self Harm <https://www.kidshealth.org.nz/self-harm>

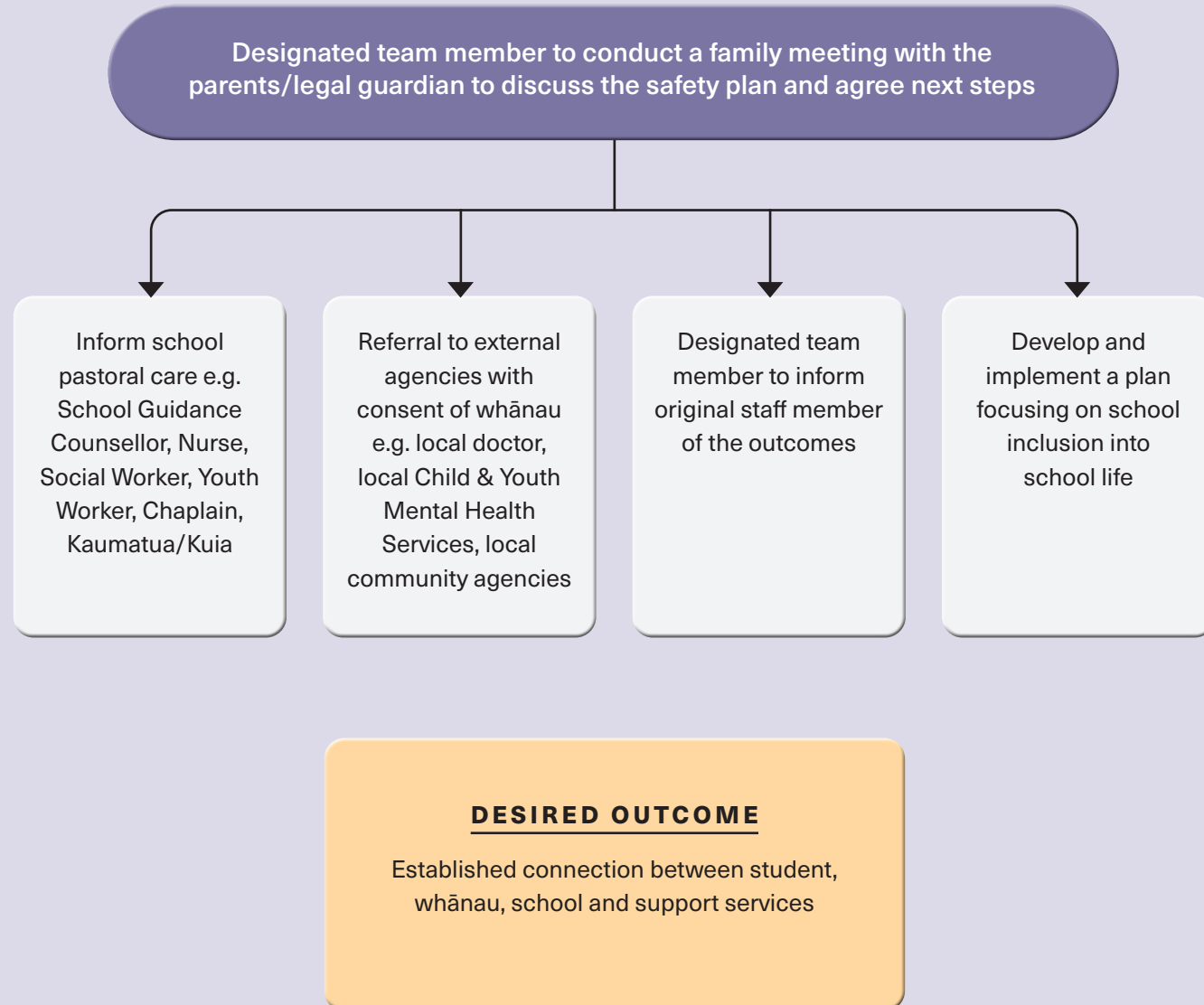
Appendix D

How to respond flow chart



CONTINUED
From Previous Page





Appendix E

HEEADSSS / self-harm specific questions

To understand students' needs, strengths, and experiences, the designated team needs to be trained to conduct a psychosocial assessment.

HEEADSSS is an acronym for a comprehensive psychosocial assessment tool identifying risk and protective factors and assists health professionals to formulate a plan in partnership with the young person and their family/whānau.

A HEEADSSS assessment must be conducted for students during periods of transition (e.g., starting school at any point, returning from periods of absence, school leavers, change of school, etc.) as a means of determining their needs.

In recognising the link between self-harm and several other factors, the designated team must ask students if they have or are self-harming if they are:

- Experiencing bullying
- Experiencing low mood, depression, anxiety, or any other mental health difficulty
- Using substances
- Have or are experiencing trauma experiences (including any experiences of abuse)
- Experiencing grief and loss. Grief is a normal response to loss, but for some, the loss can be triggering, particularly in limited coping mechanisms and supports
- Presenting in a way which is different to their usual self. If you notice a change in the student (e.g., suddenly wearing long sleeves, looking low, suddenly more cheerful, tearful).

HEEADSSS Assessment

Conducting a HEEADSSS assessment is an opportunity to engage a young person in a holistic assessment of their needs and can influence a student's experience of accessing help and talking to others about their needs. HEEADSSS Assessment can be provided by people in the school who have completed the training, including members of the school health team. For more information see

<https://www.wharaurau.org.nz/all-resources/working-with-youth-heeadsss-assessment>

This assessment should be reviewed at regular intervals. Prepare the environment for the conversation to ensure privacy and safety for the young person and staff member. Consider whether you will see the young person alone, and how to explain that to the family/caregiver.

Establish trust with the young person:

- Explain the purpose of the assessment
- Explain rights when receiving care
- Obtain informed consent from the young person
- Explain confidentiality including the 3 safety exceptions (harming self, others, or if somebody is harming them).

The following explains the HEEADSSS questions. These are a guide - there are no "standard" questions. Ask developmentally and culturally appropriate questions around each area. Explore safety, connectedness (positive, ongoing relationships are proven to be protective factors in most areas of young people's lives)

ongoing relationships are proven to be protective factors in most areas of young people's lives) and performance/actual behaviour. Issues of concern should be followed up and more specific questions asked in more detail.

H Home

Home situation, family life, relationships, and stability:

- 🌀 Where do you live? Who lives with you? Is there other family nearby?
- 🌀 What is your family's cultural background? Share your Whakapapa. Is church an important part of your family?
- 🌀 What language is spoken at home?
- 🌀 What are the relationships like at home?
- 🌀 Who are you closest with at home? Who can you talk to at home?
- 🌀 Is there anyone new at home?
- 🌀 Has someone left the family home recently?
- 🌀 Have you moved recently?
- 🌀 Have you ever run away from home?
- 🌀 Are there any fights at home? If so, what do you and your family argue about the most?

E Education / Employment

Sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance; identify possible bullying:

- 🌀 What do you like/not like about school (work)?
- 🌀 What are you good at/not good at?
- 🌀 Have there been any changes at school (work) recently?
- 🌀 Have you changed schools (work) recently?
- 🌀 What are your future plans?
- 🌀 Tell me about your friends at school.
- 🌀 Is school a safe place for you? Why?
- 🌀 Have you ever been excluded or stood down from school?
- 🌀 Has there been a period of time that you have not attended school?

E Eating and Exercise

How they look after themselves, eating and sleeping patterns:

- 🌀 What do you usually eat for breakfast/lunch/dinner?
- 🌀 Sometimes when people are stressed, they can over-eat or under-eat – do you ever find yourself doing either of these? What do you like and not like about your body?
- 🌀 Have there been any recent changes in your weight? In your dietary habits?
- 🌀 How much exercise do you do each day?
- 🌀 What do you think is a healthy diet?

If concerns:

- 🌀 Do you worry about your weight?
- 🌀 Does it ever seem that your eating is out of control?
- 🌀 Have you ever made yourself sick on purpose or used medication to control your weight?
- 🌀 What would it be like for you if you were to gain/lose 5kg?

A Activities and Peer Relationships

How they look after themselves, eating and sleeping patterns:

Rangatahi Māori and whānau wellbeing resources can support these discussions - available in te reo Māori and te reo Pakeha via Youth19 here: <https://www.youth19.ac.nz/rangatahi-maori>

- 🌀 What do you and your friends do for fun?
- 🌀 What do you and your family do for fun?
- 🌀 Do you participate in any sports or other activities?
- 🌀 Do you regularly attend a church group, club, or other organised activity?
- 🌀 Do you have any hobbies?
- 🌀 Do you read for fun?
- 🌀 How much screen time do you have each day?
- 🌀 What about video games?
- 🌀 Which social media platforms do you use? Have you ever been bullied online? Do you ever give out personal details on social media?
- 🌀 What content do you create, view and/or share online? Do you talk to others about your social media use? Do you communicate about self-harm and/or suicide online?
- 🌀 What music do you like listening to?
- 🌀 What are some of the things you like about yourself?

D Drug use/Cigarettes and Alcohol

Context of substance abuse (if any) and risk-taking behaviours:

- Some young people your age are starting to experiment with cigarettes/drugs/alcohol. Have any of your friends tried these?
- How about you, have you tried any? If yes explore further, how much, how often used and with whom, how you take them.
- What effect does drug taking, smoking or alcohol use have on you? What sort of things do you and your friends do when you take drugs/drink?
- Has your use increased recently?
- Where do you get cigarettes/drugs/alcohol from? Do you pay for them? How?
- Does anyone else in your family use tobacco? Alcohol? Or other drugs?

S Sexuality

Knowledge, understanding, experience, gender identity, sexual orientation, and sexual practices:

- Some young people your age become interested in relationships and romance. Have you had any feeling of attraction towards others? Is that boys/girls/both?
- Have you ever felt that your gender identity (internal sense of who you are) does not match the sex you were assigned at birth?
- Have any of your relationships been sexual relationships?
- Are your sexual activities enjoyable?
- What does the term “safe sex” mean to you?
- How many sexual partners have you had?
- What contraception do you use? How often?
- Do you use condoms?
- Have you ever been forced or pressured into doing something sexual you did not want to do?
- Have you ever been touched sexually in a way you did not want?
- If the young person has been/is sexually active, has there ever been a time when they have not practised safe sex? (Ask further questions around STI/pregnancy risk).

S Suicide/Self-harm/Depression/Mood

Risk of mental health problems, strategies for coping and available support:

- Ask the young person to rate their mood.
- Are you currently, or has there been a time when you have been worried about your mood/anger etc?
- Do you feel sad or down more than usual?
- Are you bored all the time?
- Does it seem that you have lost interest in the things you used to really enjoy?
- Do you finding yourself spending less time with friends?
- Would you rather be by yourself most of the time?
- Have you started using alcohol or drugs to help you relax, calm down or feel better?
- How well do you usually sleep?
- Sometimes when people feel down, they feel like hurting or even killing themselves. Have you ever felt that way? If yes, how did you try to harm/kill yourself?
- Have you ever thought about hurting someone else?

S Safety

Risk taking behaviours and environment:

- Have you ever had a serious injury?
- Do you always wear a seatbelt in the car?
- Have you ever ridden with a driver that was drunk or high?
- Do you use safety equipment for activities?
- Is there any violence in your home?
- Is there violence in your school? Neighbourhood? Among friends? Do you know people who are, or are you involved with any gangs?
- Have you ever felt like you need to carry a knife, or weapon to protect yourself?
- Do you feel safe at home and/or in your neighbourhood?
- Do you feel safe online? Is there any content that you post, or that you see or share that makes you feel upset?

Actions following the HEEADSSS Assessment

1. Identify culturally specific needs and follow these up with appropriate supports.
2. Summarise the assessment findings with the young person. Check with the young person which adults they trust and reinforce your role as a support and ensure they have contact details for yourself or appropriate professional.
3. Ascertain what onward referrals may be needed for the young person and discuss them with the young person. Gain consent from the young person and where appropriate from the family/whānau for any onward referrals.
4. Send and document appropriate referrals.
5. Document a formulation of the HEEADSSS assessment and subsequent plan in the Students Information Record.¹

¹ Adapted from: Goldenring, J.M & Cohen, E. (1988) Contemporary Paediatrics' Getting into Adolescent Heads

Appendix F

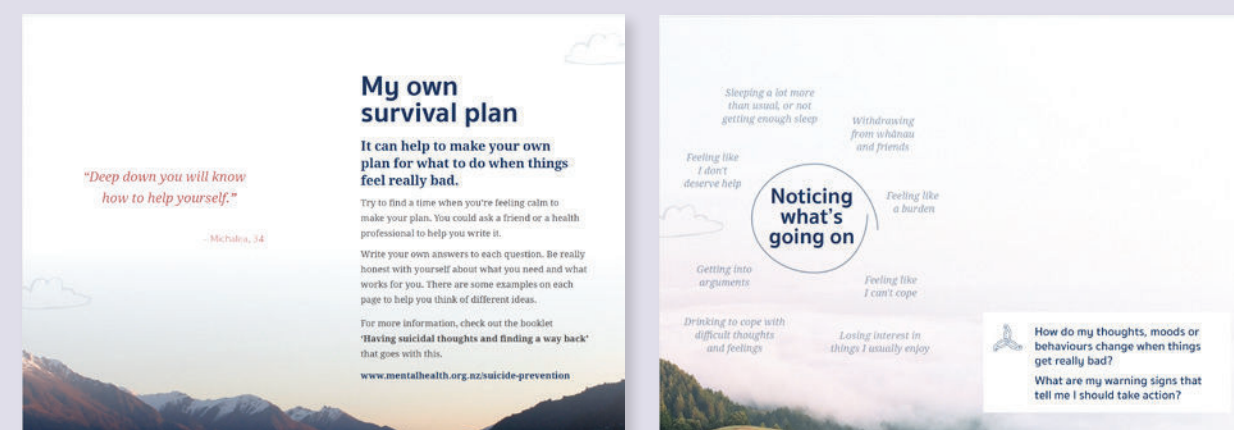
Safety plan templates

Many templates already exist in Aotearoa New Zealand to help develop a safety plan with the young person and their family/whānau.

<https://mentalhealth.org.nz/resources/resource/ko-wai-ahau-who-am-i>



<https://mentalhealth.org.nz/resources/resource/personal-safety-plan>



Appendix G

Considerations for return and integrating to school

- Inclusion and connection with school is positive for young people who are engaging in self-harm
- Exclusion and non-attendance can amplify their problems
- If a student has been absent from school, a coherent and resourced plan focussing on inclusion in school is needed
- This should involve meeting with the student, their whānau/family and support services (if applicable) to plan for:
 - The students' needs for returning to school including study load and timetable and whether a graduated return is needed
 - The Designated Team Members roles in supporting school inclusion
- Plan for agreed check in times and methods with a Designated Team member and the student
- Plan for events such as school photos, school trips, sporting events etc
- Schools should not exclude students from participating in school activities because they are returning to school following self-harm events e.g. it is not a disciplinary action
- Having scars from self-harm is not a reason by itself to limit or exclude students from school activities
- Prepare with the student and their whānau/family about how scars will be managed and how to discuss this with peers/ teachers etc.

Appendix H

Educational material policy

Teachers (and in some cases, students) can choose their teaching materials and resources (e.g. media, literature) that can contain themes and/or details of self-harm and suicide. School should use their usual policy development processes to cover educational material selection.

DO NOT USE

Do not use educational material if the film, imagery and literature that shows specific methods of suicide or self-harm.

Material selected by teachers.

Teachers who choose to use materials that reference self-harm and suicide must:

- inform the designated team of what material will be used and when
- inform whānau/ family that they have selected this material
- provide all students with an alternative material choice
- check in with students before and after the material is used/viewed.

Material selected by students

If a student chooses to use materials that references self-harm and suicide the teacher must:

- Advise the student that the chosen material contains references to self-harm and suicide and may be distressing
- After this discussion, if the teacher is concerned, they should seek advice from the designated team.

Appendix I

Conversation starters for designated team with students and family/whānau

Conversation starters with young people



Start the conversation

- "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 help for you together if you would like"
- Use active listening. For example:
 - ⦿ "Can I just check with you that I have understood what you said?"
 - ⦿ "Have I got that right"



Confidentiality

- "I understand that it feels really hard to think about telling your parents, 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"
- "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"



Details

- "What are you using to self-harm?"
- "Where on your body do you usually self-harm?"
- "Have you ever hurt yourself, or got sick 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, or you got sick?"



Context

- "I wonder if anything specific has happened to make you feel like this or are there are several things that are going on at the moment?"
- "Can you tell me a little more about what's being happening?" For example, friends, managing relationships, managing social media and/or bullying, exam pressure, difficulties at home



Coping strategies

- "Is there anything that you find helpful to distract you when you are feeling like self-harming? Perhaps listening to music, playing games 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 maybe 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, could we problem solve together?”
-
- “What do you think would be most helpful?”
-
- “Are there any apps that you find useful?”
-



People and places of 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’s hard to remember the things that you have put in place - this can help remind you”
-
- “Would you like to look at websites and/or apps that could help you together?”
-
- “I would like to help you find some more people to talk to, so could we go see the student support team together?”
-
- “We would like to refer you to youth mental health services/ youth services to get you and your family more help”
-
- “Who are the people in your life you find supportive?”
-

Conversation starters with whānau / family



Start the conversation

-
- “Lots of parents who find out/know/discover their young person is harming themselves tell us they feel angry its happening, shame, embarrassed, sadness, and caring all at the same time”
-
- “Your young person harming themselves is not a parenting fail”
-
- “How can we work together to support your young person?”
-



Confidentiality

-
- “The focus of this conversation is about how to keep your young person safe, and thriving”
-
- “We respect that you want confidentiality but there may be times where we need to involve other supports to keep people safe”
-



Details

-
- “Your child is self-harming and we are worried about it”
-
- “We think it is important for you to know”
-



Context

-
- “Do you have any worries about your young person? And/or anyone else in your whānau?”
-



Coping strategies

- “Who supports you?”
- “Who can you talk to who you know will listen?”
- “What are you doing to look after yourself?”



People and places of support

- “Can we make a plan for support together?”
- If a safety plan has been developed, review this with the whānau/family
- “We would like to refer your family to youth mental health services /youth services, are you okay with that?”

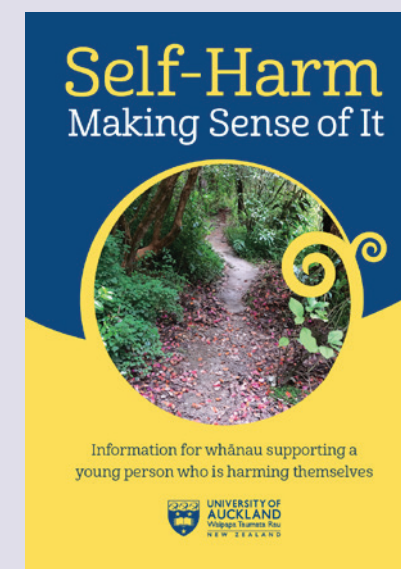
Appendix J

Resources for students and family/caregivers/whānau (information sheets)

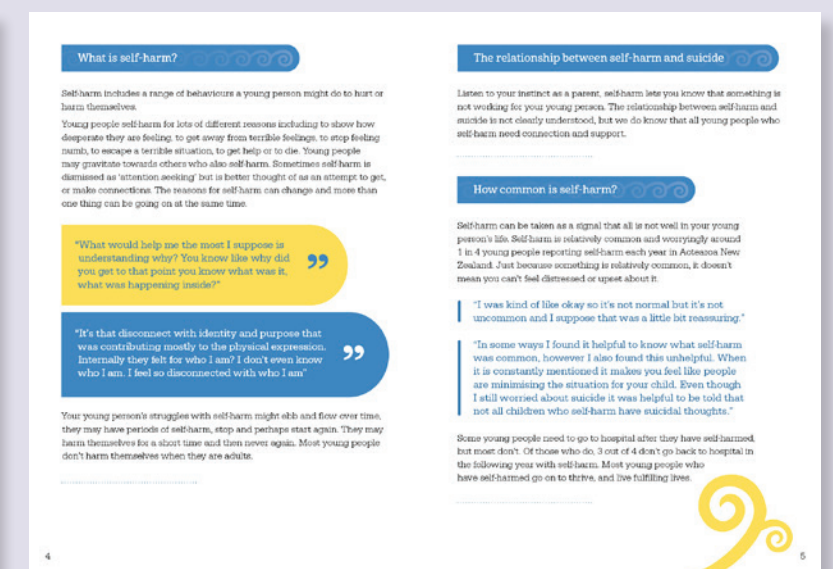
Hard copies can be requested from teatahapara@auckland.ac.nz



DL Leaflet



A5 Booklet



Appendix K

Key considerations for decision making about events/guest speakers/digital tools in school?

The following are recommended questions for Principals, and Senior Leadership Teams to consider, when deciding about whole-school programme / guest speaker / events / digital tools / apps, in relation to self-harm in schools.

- What considerations and inclusions of Te Tiriti o Waitangi are there in the programme / guest speaker / event?
- What are the characteristics of your school community? How does the programme / guest speaker / event / digital tool fit with your school community, vision, and values?
- What are the activities of the programme / guest speaker / event? E.g., one day learning, two days online etc.
- Is there robust scientific evidence that the programme / guest speaker / event / digital tool will reduce and not increase self-harm in schools?
- What input is required from your school e.g., staff, time, money to implement and / or support this programme / guest speaker / event digital tool?

- Have you got the resources to positively respond if you create increased demand for support?
- What are the possible unintended consequences of the programme / guest speaker / event?
- Have you consulted with your local suicide prevention experts?
- Who have we consulted with and what advice have we sought before we implement this programme / guest speaker / event into our school?
- If you are considering screening students using apps or other approaches, you should consider:
 - the ethics of screening
 - the psychometric properties of the tools i.e., what proof do have this app correctly identifies young people who need support without missing out others
 - data sovereignty and ownership including where are the data stored and who owns the results
 - cultural competence (Fortune, Sharma, & Papalii, 2023).

Appendix L

Referral to Child and Youth Mental Health Services (CAMHS) or other services

It is important that the designated person and school health team members are aware of the range of supports available for students, and how to access them.

.....
Appendix K includes contact details for nation-wide services available.

Always inform the student and their family/whānau about the intention to refer to further supports and gain consent for referral to mental health services. Utilise cultural and appropriate school supports to facilitate conversations with families that are sensitive to their cultural needs, values and beliefs to address the challenges of consenting to referral to external services. If and when referral to mental health services is required, consider the following:

Things to consider when making a referral

- Is the student and their family/whānau aware of all the options available for services for support?
- Is the referral to CAMHS the best match for this student to seek support or should they be referred to a different service?
- What needs to be addressed for the student and their family/whānau to attend e.g. service availability, cultural approach, transport?
- School policy should establish referral protocols with local services, including the eligibility criteria for the service and the intake and assessment protocols.
- It is important to discuss sharing of information between the service, the school, the family/whānau and the student. This will ensure the student's best interests are met and that student rapport is maintained and enable the service to develop shared treatment plans for referred students.
- Indicate the needs of the student and their areas of concern, the desired outcomes from the referral.

Referral template for child and adolescent mental health service

Date:

Student Name:

School:

Ethnicity:

Language(s) spoken:

Key family contact details: Name:

Contact:

Dear Insert name (of local Child and Adolescent Mental Health Service - based on student's current residential address),

We have been made aware of Student Name self-harm and or Insert Concerns by Insert whom reports from the Student / Whānau / Teachers / School health team / Other.

We have been concerned for this student's wellbeing for the last Insert time period.

The student is reporting (or not reporting) CHOOSE ONE experiencing suicidal thoughts and behaviours currently. (IF KNOWN)

We have spoken to the student and their whānau who are aware and consent to this referral.

Please see Student Name and their family to provide an assessment of their needs and treatment options.

Ngā mihi

Insert name, role and contact details

Appendix M

How to support staff who support students

Staff supporting students who are experiencing distress need to ensure that they are looking after their well-being. If you support students who self-harm, you need to take care of your well-being and seek support. Strategies can include:

- Clear working hours and days
- Provide students with after-hours numbers to call, and do not provide students with your (designated team member's) personal phone numbers
- Ensure students have other support people.

Senior leadership can support staff well-being by:

- Implementing a supportive, and safe culture of wellbeing
- Provide regular check ins with the designated team as a group
- Ensure leave arrangements are observed.

Supervision

- The designated team and any school staff working with students who self-harm must have access to supervision for self-harm and suicide
- Supervision (professional, peer and cultural) must occur monthly (at minimum), with an increased frequency depending on need (periods of stress, stage in training and experience, etc.).

Appendix N

Numbers for support

All the services listed here are available 24 hours a day, seven days a week unless otherwise specified.

National helplines

Need to talk?

Free call or text **1737** any time for support from a trained counsellor.

Lifeline

0800 543 354 (0800 LIFELINE)
or free text 4357 (HELP).
www.lifeline.org.nz

Youthline

0800 376 633, free text 234
or email talk@youthline.co.nz
or online chat.
<https://youthline.co.nz>

Samaritans

0800 726 666
www.samaritans.org.nz

Suicide Crisis Helpline

0508 828 865 (0508 TAUTOKO).
www.lifeline.org.nz/services/suicide-crisis-helpline

Healthline

0800 611 116
<https://info.health.nz/services-support/online-phone-healthcare/healthline>

Depression-specific helplines

Depression Helpline

0800 111 757 or free text 4202 (to talk to a trained counsellor about how you are feeling or to ask any questions).
www.depression.org.nz

Sexuality or gender identity helpline

OutLine Aotearoa

0800 688 5463 (0800 OUTLINE) provides confidential telephone support and online chat support <https://outline.org.nz/chat/> between 6pm-9pm every day.
<https://outline.org.nz>

Helplines for children and young people

Youthline

0800 376 633, free text 234
or email talk@youthline.co.nz or online chat.
<https://youthline.co.nz>

Continued...

Helplines for children and young people

The Lowdown

Email team@thelowdown.co.nz
or free text 5626.
www.thelowdown.co.nz

What's Up

0800 942 8787 (for 5–18 year olds).
Phone counselling is available every day of the week, 365 days of the year, 11am–11pm.
Online chat is available from 11am–10:30pm 7 days a week, including all public holidays.
<https://whatsup.co.nz>

Free Counselling Services

Aoake te ra

For anyone impacted by suicide loss.
www.aoketera.org.nz

Youthline

For Rangatahi aged 12–24.
<https://youthline.co.nz/get-help/counselling-your-way/>

References

- Berger, E., Hasking, P., & Reupert, A. (2015). Developing a Policy to Address Nonsuicidal Self-Injury in Schools. *Journal of School Health*, 85(9), 629-647. doi: <https://dx.doi.org/10.1111/josh.12292>
- Carter, G., & Spittal, M. J. (2018). Suicide Risk Assessment. *Crisis*, 39(4), 229-234. doi:10.1027/0227-5910/a000558
- Fortune, S., & Hetrick, S. (2022). Suicide risk assessments: Why are we still relying on these a decade after the evidence showed they perform poorly? *Australian & New Zealand Journal of Psychiatry*, 56(12), 1529-1534. doi:10.1177/00048674221107316
- Fortune, S., Sharma, V., & Papalii, T. (2023). *Evidence Synthesis of the Research on Suicide Prevention and Postvention: Aotearoa New Zealand and International Perspectives*. Retrieved from Wellington:
- Fortune, S. A. (2006). An examination of cutting and other methods of DSH among children and adolescents presenting to an outpatient psychiatric clinic in New Zealand. *Clin Child Psychol Psychiatry*, 11(3), 407-416. doi:10.1177/1359104506064984
- Hawton, K., Bergen, H., Kapur, N., Cooper, J., Steeg, S., Ness, J., & Waters, K. (2012). Repetition of self-harm and suicide following self-harm in children and adolescents: findings from the Multicentre Study of Self-harm in England. *Journal of Child Psychology and Psychiatry*, 53(12), 1212-1219. doi: <https://doi.org/10.1111/j.1469-7610.2012.02559.x>
- Hawton, K., & Fortune, S. A. (2008). Suicidal behavior and deliberate self-harm. In M. Rutter, D. Bishop, D. Pine, S. Scott, J. Stevenson, E. Taylor, & A. Thapar (Eds.), *Rutter's child and adolescent psychiatry* (5th ed., pp. 647 - 668). Oxford: Blackwell Publishing.
- Hawton, K., Lascelles, K., Pitman, A., Gilbert, S., & Silverman, M. (2022). Assessment of suicide risk in mental health practice: shifting from prediction to therapeutic assessment, formulation, and risk management. *The Lancet Psychiatry*, 9(11), 922-928. doi:10.1016/s2215-0366(22)00232-2
- Health Quality and Safety Commission. (2020). *Te Mauri The Lifeforce: Rangatahi suicide report*. Retrieved from HQSC: Wellington
- Knipe, D., Padmanathan, P., Newton-Howes, G., Lai Fong, C., & Kapur, N. (2022). Suicide and self-harm. *The Lancet*, 399(10338), 1903-1916. doi: [https://doi.org/10.1016/S0140-6736\(22\)00173-8](https://doi.org/10.1016/S0140-6736(22)00173-8)
- Meinhardt, I., Cargo, T., Te Maro, B., Bowden, L., Fortune, S., Cuthbert, S., James, S., Cook, R., Papalii, T., Kapa-Kingi, K., Kapa-Kingi, M., Prescott, A., & Hetrick, S. E. (2022). Development of guidelines for school staff on supporting students who self-harm: a Delphi study. *BMC Psychiatry*, 22(1), 631. doi:10.1186/s12888-022-04266-7
- Singer, J. B., Erbacher, T. A., & Rosen, P. (2019). School-Based Suicide Prevention: A Framework for Evidence-Based Practice. *School Mental Health*, 11(1), 54-71. doi:10.1007/s12310-018-9245-8
- Sutcliffe, K., Ball, J., Clark, T., Archer, D., Peiris-John, R., Crengle, S., & Fleming, T. (2023). Rapid and unequal decline in adolescent mental health and well-being 2012-2019: Findings from New Zealand cross-sectional surveys. *Australian & New Zealand Journal of Psychiatry*, 57(2), 264-282. doi:10.1177/00048674221138503
- Te Maro, B., Cuthbert, S., Sofo, M., Tasker, K., Bowden, L., Donkin, L., & Hetrick, S. E. (2019). Understanding the Experience and Needs of School Counsellors When Working with Young People Who Engage in Self-Harm. *International Journal of Environmental Research & Public Health [Electronic Resource]*, 16(23), 02. doi: <https://dx.doi.org/10.3390/ijerph16234844>
- Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Taylor Salisbury, T. L., Townsend, E., & Hawton, K. (2021). Interventions for self-harm in children and adolescents. *Cochrane Database of Systematic Reviews*, 3, CD013667.

Acknowledgements

This best practice guideline has been developed collaboratively with young people, whānau, clinicians, school personnel, and Ministry of Education colleagues.

The voices of tangata whenua have been prioritised by a panel of Mātauranga Māori stakeholders, and rangatahi Māori.





Te Ata Hāpara Centre for Suicide Prevention Research
The University of Auckland

Email: teatahapara@auckland.ac.nz



Waipapa
Taumata Rau
**University
of Auckland**