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Responding to self-harm in the school setting: The experience of guidance counsellors and teachers in Ireland.

Ms Susan Dowling,
Psychotherapist,
Arduna Therapy Centre,
54 Clontarf Road,
Dublin 3,
Ireland.

Dr Louise Doyle*,
Assistant Professor in Mental Health Nursing
School of Nursing and Midwifery,
Trinity College Dublin,
24 D'Olier St.
Dublin 2,
Ireland.

*Corresponding author

Abstract

School-based studies identify that while one in ten young people engages in self-harm, only a small minority seek professional help. School counsellors and teachers are potentially the only professionals who may be aware of a young person's self-harm, however little is known about how this impacts on them and how they might be best supported to respond to distressed students. This study employed a qualitative descriptive design to explore post-primary school teachers' and guidance counsellors' (n=6) experiences of and responses to self-harm in Ireland. Findings indicated that participants react to self-harm in a highly emotional way with less experienced staff expressing more anxiety. Guidance counsellors and teachers identified the need for additional time, training, and professional support to help them respond to what is a commonly occurring phenomenon. Implications for the provision of support to students who self-harm are discussed.

Keywords: self-harm, adolescents, counselling in schools, qualitative methods, teachers.

Introduction

Self-harm in adolescence is a common phenomenon and is considered to be one of the most significant social and healthcare problems for young people (Hawton, Rodham & Evans, 2006). Inconsistencies in how self-harm is defined and measured has traditionally rendered international comparison of rates difficult however this was addressed by a large-scale school-based study of adolescent self-harm; the Child and Adolescent Self-Harm in Europe (CASE) study. Using a common definition and measurements, this study identified a lifetime prevalence of self-harm of 13.5% in females and 5% in males across six European countries (England, Ireland, The Netherlands, Belgium, Hungary, Norway) and Australia (Madge et al., 2008). A broad definition of self-harm was used in the CASE studies which viewed self-harm as an intentional act with a non-fatal outcome encompassing a range of methods including cutting, overdosing and self-battery (Madge et al., 2008). This definition of self-harm is the operational definition used throughout this current study. In Ireland, a more recent school-based study of adolescent self-harm using the same CASE methodology found that 18% of female and 6.4% of male post-primary school students reported a lifetime history of self-harm (Doyle, Treacy & Sheridan, 2015). A common finding in all of the CASE studies was that only a small minority of those who self-harmed actually presented to hospital or sought professional help meaning that most adolescent self-harm was 'hidden' from the health services (Ystgaard et al., 2009; Doyle et al., 2015). Teachers and school counsellors are therefore often the only professionals that self-harming adolescents have regular contact with and are in a prime position to respond to students' distress.

Despite the fact that school counsellors and teachers are in regular contact with adolescents who self-harm, it appears they may be not adequately resourced to respond effectively. In Ireland, many school guidance counsellors hold a dual role requiring them to

teach in addition to providing advice on career guidance and playing a pivotal role in personal and social development through the provision of individual counselling sessions (DES, 2006). Up until 2012, post-primary schools had an allocation of one guidance counsellor per 500 students. However, in response to the economic crisis in Ireland, the budget of 2012 removed this ex-quota allocation and guidance counsellors were required to return to the classroom and their teaching duties. This has resulted in a significant reduction in the availability of guidance hours for post-primary school students with a recent survey finding that one-to-one counselling had on average been halved in schools and in some cases eliminated (IGC, 2013). As a result, guidance counsellors in many schools are left struggling to meet the demands of young people in distress with far less time to devote to them (McGuckin & O'Brien, 2013). The significant reduction in guidance hours has also impacted on regular teachers who are required to take more of a role in pastoral care despite little or no training in the area (Hearne & Galvin, 2015).

The existing body of literature focusing on how school personnel respond to self-harm is very limited and has been largely undertaken using quantitative methods. In a series of papers, Berger, Hasking & Reupert (2014a, b) and Berger, Reupert & Hasking (2015) quantitatively examined the knowledge, confidence and attitudes of teachers and other school staff in Australia towards student self-injury. Findings indicated that despite showing a willingness to help, teachers and other school staff felt ill-informed about how best to respond and identified the need for further education and training to increase their confidence. A lack of knowledge about self-harm and self-cutting in particular and a requirement for further training was also identified by Carlson, DeGeer, Deur, & Fenton (2005) in a quantitative study of 150 teachers in the United States (US). The majority of teachers in a Canadian study by (Heath, Toste, Sornberger & Wagner, 2011) identified that

they would feel comfortable if a student spoke to them about self-injury yet less than half (43%) actually felt knowledgeable about this behaviour indicating a deficit between willingness to help and ability to offer effective counsel. The lack of education and training in the area of self-harm is not limited to teachers as evidenced by findings relating to school counsellors in the US (Roberts-Dobie & Donatelle, 2007) and Canada (Duggan, Heath, Toste & Ross, 2011). Both studies found that counsellors reported poor or moderate levels of knowledge about self-injury and identified a lack of formal training. While there is a general paucity of research focusing on self-harm in the school setting, this paucity is even more acute when it comes to qualitative research and research located within the United Kingdom (UK) or Ireland. In one of the only published qualitative studies on this issue, Best (2006) reported that teachers' awareness of self-harm in the UK was 'patchy' and they often responded to student self-harm in an emotional way. This emotional response to self-harm was also identified by primary school staff in the only other located qualitative study on this issue (Simm, Roen & Daiches, 2010). No studies of how school personnel respond to self-harm were located from Ireland.

Self-harm among adolescents in Ireland is common, yet little is known about the impact self-harm has on school staff exposed to it. With the Department of Education and Skills (DES) predicting growth in secondary school admissions (DES, 2012) and school-based studies suggesting relatively high levels of self-harm (Doyle et al. 2015), it is apparent that school staff will continue to engage with self-harming adolescents. In this context, it is important to better understand how guidance counsellors and teachers are impacted by student self-harm and how they may be best supported to respond to this youth mental health issue. This is particularly important as school counsellors and teachers are considered to have

an increasing role to play in the early recognition of self-harm and subsequent signposting or referral to specialist services (Berger, Hasking & Reupert, 2014a).

Purpose of the study

While there are a large number of studies reporting on the prevalence of self-harm in the school setting, there are far fewer which report on how school staff including counsellors and teachers respond to self-harm and importantly how they might be best supported in this role. Consequently, the purpose of this study was to explore post-primary school guidance counsellors' and teachers' experiences of and responses to self-harm among students. The specific aims were to: (i) explore guidance counsellors' and teachers' experiences of self-harm in the school setting; (ii) identify the impact that student self-harm has on guidance counsellors and teachers; and (iii) determine how guidance counsellors and teachers can be best supported to respond to self-harm in the school setting.

Method

Study Design

The majority of the extant, albeit limited, literature on responses to self-harm in a school setting has been undertaken using quantitative methods. While these studies provide useful findings relating to participants' knowledge, attitudes and confidence in responding to self-harm, they fail to provide an in-depth exploration of these issues. Furthermore, there is little scope to explore the important issue of how guidance counsellors and teachers might be best supported to respond appropriately to a student who is self-harming. Consequently, this study utilised a qualitative descriptive design which facilitated an in-depth exploration of a range of issues around student self-harm. The qualitative descriptive design has been identified as particularly useful in eliciting first-hand knowledge and experiences of participants (Neergaard, Olesen, Andersen & Sondergaard, 2009) and is especially relevant when little is

known about the phenomenon under investigation (Sandelowski, 2000). Semi-structured in-depth individual interviews using a purposeful sampling technique were employed to include only those guidance counsellors and teachers who had experienced student self-harm.

Participants

Participants volunteered for the study following advertisement throughout schools in the targeted region within Ireland. Once they volunteered they were given further information about the study and their potential participation. The information sheet included an operational definition of self-harm so that potential participants were clear of the meaning of self-harm in the context of this research. Potential participants were made aware that the information they provided would be confidential and anonymised. They were also informed that they could withdraw from the study at any time. In total, six participants from four schools took part in the study. All participants were female and they represented all school types (i.e. all-boys, all-girls and mixed gender) in areas of both high and low deprivation. Three of the participants were guidance counsellors while the remaining three were teachers including a year head and a principal.

Data collection

The research interviews took between 35-45 minutes each and all participants opted for the interviews to take place in their place of work. Prior to the interview, participants were given the opportunity to ask any further questions about the study and consent forms were then signed. An open-ended interview guide was utilised to ensure that the research questions were covered. Questions focused on participants' experiences of and responses to self-harm, in addition to asking about the personal and professional support they received. The interviews were digitally recorded. Both the audio files and transcripts of the interviews were

stored securely on a password protected computer where they will be retained for a period of 5 years before being destroyed in line with accepted best practice. Ethical permission to undertake this study was granted by the Faculty of Health Sciences Ethics Committee, Trinity College Dublin.

Data analysis

Thematic analysis was undertaken based on the six phase analysis framework devised by Braun & Clark (2006). All interviews were transcribed *verbatim* which increased familiarisation and immersion in the data (Braun & Clark, 2006). The data analysis process then moved through the initial coding and search for themes to the refinement and definition of final themes. At the end of the analysis process, three overall themes remained and these are presented in the findings section. NVIVO software was used to manage the data during this analysis process.

Findings

Discovering self-harm in the school setting

Participants identified a number of ways in which self-harm was uncovered in the school setting. Self-harm in the form of cutting was the most common method reported and this was uncovered in a number of different ways. There was agreement about the hidden nature of this method, where students used ‘jumpers’, ‘uniforms’, ‘gauntlets’ or ‘bandages’ to cover up signs of their self-harm.

So this particular boy was cutting himself, we found out after the counselling sessions, because he'd be pulling his cardigan or his jumper down (*demo*) like that all the time. (P4)

Participants also reported other ways of discovering self-harm including noticing subtle changes in a student's behaviour or being told about the self-harm by the student or by

their friend or family. Disclosure to English teachers happened through emotive essay titles or where a text or topic on the curriculum contained a strong suicidal or self-harm theme. Teachers spoke about the impact of correcting essays while at home that contained references to self-harm. There was a sense of dread about facing the student the next day and the impact of the disclosure and how to respond to it weighed heavily on the teacher involved.

I corrected that at home and I had to actually close the copy and wait till the next day, I was just, I was in a zone where I couldn't deal with that and then I had to think about how I was going to respond to the student, can't just hand back a copy and say you got 80%, I didn't even grade that test, because how can you? (P6)

Physical Education (PE) teachers were in a position to notice subtle changes about a student's behaviour that might indicate self-harm. Included here was a student's refusal to change for PE or the wearing of 'bandages' or 'gauntlets' on their arms or legs to potentially hide injuries. In these instances, referral to the school guidance counsellor was a typical response.

We'd one kid who wore those florescent gauntlet type things, (*gesturing to arm*), for PE and *eh* several times the PE teacher asked her to take it off. She was a very sporty kid, but she wouldn't take it off, and then eventually she asked me to have a word with her. (P1)

In addition to cutting and what were identified as more 'superficial' methods of self-harm such as scratching and picking of skin, participants also reported near fatal attempts by students to end their own lives such as jumping off a building and attempted strangulation. Participants who responded to this type of self-harm noted that it was as if these students did not understand the finality of what they were doing, 'it was as if they didn't 'get it'.

Reaction to and impact of self-harm

All participants acknowledged experiencing highly emotional reactions to the discovery of a student's self-harm with feelings such as worry, helplessness, shock, sadness and fear consistently expressed by all. Participants also described feeling panicked by the self-harm however this seemed to reduce as they encountered it more frequently.

The first time it happened, I kind of panicked and I was going in my own head, oh I have to ring the principal, I'd have to phone home, I was like I have to do something whereas the second time it happened I was able to kinda sit with it better. (P3)

Participants described their experiences in terms such as 'difficult', 'horrible', 'disturbing' or 'hard to deal with'. It was a consistent theme that participants were often left with these feelings after the school day finished to the extent that it impacted on their home life. For some, this meant dealing with this distress in addition to difficulties at home.

You might have other things at home like, I did have an elderly parent I was looking after and I was just being pulled in all directions, so I'd finish here, then you'd deal with your parent, so you know, it depends on your own life, what's going on. (P5)

Participants outlined how everyday events, weekends and holidays were all affected. Such was the sense of responsibility felt by one participant that she phoned from abroad to check up on a student.

I remember one case, we got to hear about it on the Friday, dealt with the mother and the child but *em* the mother was getting some support on the Saturday, but I was actually going away, and I remember ringing, you know, I was away and having to ring, it's not something you can leave. (P3)

Participants expressed huge levels of worry about the depths students went to in order to self-harm and shock at the extent of the damage done.

I saw her like *eh* her arms and what she had done to her arms, and like some of the marks I knew she's never going to be able to be rid of them, you just feel so sorry for them so sad for them. (P1)

For some participants, not knowing the student well made it easier to deal with. They were better able to distance themselves emotionally from the situation.

I didn't know the student from teaching him, so I wasn't emotionally involved with the student...so it did probably keep a little bit of distance which I probably found it easier to manage. (P2)

Feeling frightened about whether a student would try to kill themselves was difficult for participants to hold and in some cases this had happened therefore this fear had become a reality. In addition, participants described a sense of helplessness around breaking confidentiality which they found particularly difficult.

[if confidentiality had to be broken] That's awful, because they have trusted you, they have bared their soul and all they see is...you selling them out, so that's something that is difficult, and I'm back to saying look you have to trust me, you have to go through this hard part, and we will find a better way, you know, but we have to do this, particularly in that last case *em* the very difficult one, I mean she said to me I regret telling you anything, and I know I'm going to hate you. (P1)

While it was notable how each participant cared about the students they worked with and how much it mattered that students were supported sufficiently, there were nonetheless incidences where participants felt frustrated by a student's self-harm. There appeared to be less tolerance for those students perceived to be advantaged adolescents who were considered to be 'indulged', 'spoiled' and 'attention seeking'.

It kind of depends on the student you're dealing with, sometimes if they are very, *pause* I'll use this term loosely a very indulged spoiled student and you see this is kind of their way of getting attention and just acting out stuff, sometimes it annoys me. (P5)

Managing self-harm and the personal and professional impact

Participants identified a range of supports to help them when managing self-harm in the school environment. In terms of external services, participants relied mostly on Pieta House (a free counselling service dealing specifically with self-harm and suicide), as it offered

invaluable support to students. Other services frequently used were Child and Adolescent Mental Health Services (CAMHS) and teen counselling services. To help ‘de-brief’ and cope with their own emotions after an incident of self-harm participants drew upon informal supports including colleagues and family members. This support in addition to other self-care strategies including exercise and engaging in hobbies was identified as important to help cope with a student’s self-harm.

Formal supervision was discussed by each participant and it was clear that there were inconsistencies in its availability. Those who were guidance counsellors could avail of free peer supervision provided by the Institute of Guidance Counsellors (IGC). However, none of the teachers in this study, including the Principal, were eligible for formal supervision despite dealing regularly with difficult issues including self-harm. This was identified as problematic with potential implications for the future.

I think the department [of education] should set up a structure where all principals should do it, because otherwise I think we’ll all become toxic and we’ll make everybody else sick. (P5)

In addition to identifying what helped them deal with self-harm, participants also identified what resources they would like to see in place to manage incidents of self-harm. There was unanimous support for additional onsite mental health support. Participants expressed frustration at visiting psychologists from the Department of Education whose visits they suggested were more about educational assessment than mental health needs, which left issues like self-harm largely overlooked.

You get 2 visits from a psychologist for the entire year, and they’ve generally to do testing, they’re not really going to get too worried about the self-harming out there, so those supports need to be in place. (P6)

There was consensus that a rollback on recent cuts in counselling hours was required

as counselling hours were now competing with teaching hours.

The department have said basically your counsellor has to be part of your quota now in a school, which just puts principals in a very difficult position because they have to let someone on the staff go to make space for a counsellor. (P4)

That decision was described as ‘hindering’ and ‘hamstringing’ schools and participants felt that counselling hours should be protected. The struggle guidance counsellors experienced when trying to juggle both teaching and counselling was heightened when forced to leave a student in distress to teach another class.

I suppose what it is, you meet a student and let’s say, something serious comes up and you have to go down like and teach a class and be completely normal. (P3)

Equally participants raised the current moratorium on hiring, citing this as leading to larger class sizes and fewer yet busier teachers resulting in less time for teachers to deal sufficiently with any incident.

If I had a magic wand, I’d want extra time, absolutely, sometimes you could have 8 to 9 classes a day, if you want to follow up with a student, when do you get the time to do that? (P1)

All participants expressed their concern about their lack of formal self-harm training. Learning by experience was a common theme as participants stated that gaining skills on the job was the norm. Those with more experience expressed fewer issues with this, but newer inexperienced teachers and guidance counsellors struggled significantly, and they expressed feeling overwhelmed and out of their depth. This seemed to frighten younger participants as they panicked and struggled to regain control.

I suppose there’s no real training, that’s only something I’ve gotten from experience. (P3)

I feel I failed him [student who was self-harming], but I was very young and I wasn’t qualified or skilled enough. (P1)

There was a general agreement that the provision of training on how to respond to self-harm would improve participants' skills. There was a genuine concern that not supporting teachers and guidance counsellors to respond effectively to self-harm had the potential to escalate issues where overstretched teachers and guidance counsellors could over-react or become 'toxic'. It was identified that participants were encouraged to up-skill in other areas like Information Technology or their own subject, but there was little to no provision of specific training to manage the escalating problem of self-harm. The complete reliance on experiential learning meant that participants believed they were 'being thrown in at the deep end'.

Discussion

International school-based studies of adolescent self-harm suggest that it is not an uncommon phenomenon (Madge et al., 2008) and is thought to equate to approximately one in ten adolescents or 'three in an average classroom' (Best, 2005). A study of school counsellors in the US and Canada found that 92% had worked at some point with a student who had self-harmed (Duggan, Heath, Toste & Ross, 2011) and a recent survey of head teachers in the UK found that they are more concerned with pupil mental health than any other issue relating to pupil wellbeing (The Key, 2015). Findings of this study suggest that schools are very familiar with adolescent self-harm with participants identifying cutting as the most common method they experienced but also identified more serious and near fatal self-harm incidents. Many of these young people who self-harm will come to the attention of school staff either directly as they may come forward looking for help, or indirectly as a friend may seek advice from a teacher /guidance counsellor on their behalf. How school personnel respond to these students can be critical both in terms of ensuring their continued safety and in guiding them towards appropriate intervention.

While self-harm in adolescence is often transient, a significant number of adolescents who self-harm do so repeatedly and have poorer outcomes in terms of mental health and a higher risk of completed suicide (Zahl & Hawton, 2004). Consequently, the detection, assessment and treatment of self-harm in adolescents is important and teachers and other school staff have a role to play in this process. As the vast majority of young people who self-harm do not present for medical treatment, prevention and early intervention needs to take place in the school-setting. It is not expected that school staff 'treat' or assume a formal on-going counselling role when engaging with a young person who has self-harmed. Indeed, it is clear that boundaries are required between the roles of teachers and other school staff and those of mental health professionals (Alisic, 2012). However, once self-harm is detected they do have a role in sign posting further help and intervention available to the student (Doyle, Keogh & Morrissey, 2015). Their initial reaction to a discovery or disclosure of self-harm is critical however as it may influence whether or not a student feels comfortable seeking further help for their self-harm (Heath et al, 2011).

Participants in this study expressed a range of negative feelings and emotions in response to self-harm. Two prominent reactions were shock and anxiety at students' ability to hide wounds, the extent of the damage they inflicted on themselves and the failure of some students to understand the full implications of self-harm. Those with less experience were more likely to experience shock and panic and least able to manage the self-harm which is in keeping with other research (Berger et al 2014a; Best 2006; Roberts-Dobie & Donatelle, 2007). It was clear that worry and anxiety were also keenly felt by participants who doubted their own ability to manage the situation and this worry impacted on their life outside school.

Although all participants in this study expressed concern for students who self-harmed it was also clear that they sometimes had negative attitudes towards them, particularly if were perceived to be from a 'privileged' background. The literature is replete with studies which identify that many frontline medical professionals have a poor understanding and a negative attitude towards self-harm (Saunders, Hawton, Fortune & Farrell, 2012) however there are very few studies which focus on the attitudes that school staff hold (Timson, Priest & Clark-Carter, 2012). This is of significant importance as an open, non-judgemental attitude and willingness to listen is of paramount importance when responding to a young person who has self-harmed. Should school staff hold a negative attitude towards young people who self-harm it may adversely impact future intentions to seek help.

Participants in this study reported being regularly in contact with young people who self-harm however they appear not to be given a sufficient level of support. Best (2006) notes that the stress and anxiety teachers feel when dealing with an incident of student self-harm raises questions about the impact this kind of work has on their mental health. It was clear in this present study that the worry and anxiety around student self-harm was not limited to the school setting and instead permeated their home life. Professional supervision which is mandatory for many front-line professionals who work with people in distress was only available for the guidance counsellors in this study and not the teachers. In the absence of formal supports, teachers debriefed with partners, friends and colleagues. Teachers unanimously believed that professional supervision was vital as a debriefing resource to help reduce the emotional burden of responding to students who self-harm. Indeed, Best (2006) suggests that supervision similar to that provided to CAMHS staff be provided to teachers which can help them deal with the emotional impact of a student's self-harm. This is particularly relevant in the light of findings from this study and others which suggest that

participants' feelings around an incident of self-harm can impact negatively on their personal life leaving them to feel 'emotionally drained' (Berger, Hasking & Reupert, 2014b).

Participants' consideration and concern for self-harming students was strongly evident, however with limited support or backup their struggle was apparent. All participants indicated that recent cutbacks in counselling hours and the moratorium on hiring were constraining schools from functioning effectively. Participants felt strongly that guidance counselling hours should be protected when rates of self-harm and emotional distress in young people remained stubbornly high. This issue of having limited time and resources to address self-harm in the school setting has been reported in other studies (Berger, Reupert & Hasking, 2015) however in this present study it seemed to be compounded by the additional constraints placed on schools in the context of an economic recession. At government level it is recognised that post-primary schools have a vital role to play in supporting the positive mental health of young people (DES, 2013). However, it is clear from the findings of this study that recent reductions in resources for guidance counsellors and teachers has had a deleterious effect on their ability to respond effectively to a student in distress.

A further resource issue which was raised by all participants was the lack of provision of specific training on self-harm. This lack of training in the area of self-harm was perceived to impact negatively on their confidence in responding to students who self-harmed which is a finding mirrored in other studies (Simm, Roen & Daiches, 2010; Heath et al 2011; Berger et al 2014b). The newly published Irish suicide prevention strategy has recommended suicide and self-harm training and awareness programmes for those who come into regular contact with people who are vulnerable to self-harm or suicidal behaviour (Department of Health, 2015). Providing training for school staff on how to respond to a young person who self-

harms can improve knowledge, attitudes, confidence and effectiveness in dealing with adolescent self-harm (Robinson, Gook, Yuen, McGorry & Yung, 2008; Timson et al, 2012; Berger, Hasking & Reupert, 2014b). Berger, Reupert and Hasking (2015) suggest that this training needs to include both pre-service education and in-service education to ensure that teachers are adequately prepared. Recognising the limited resources available in schools for training on self-harm it is suggested that training should be targeted at school staff who are more likely to have engagement with students who are self-harming (Heath et al, 2011). In addition to increasing knowledge about self-harm, in-service education may also offer the opportunity for school staff to discuss their experiences, troubleshoot difficulties and brainstorm solutions with others who had similar experiences (Berger, Hasking & Reupert, 2014a).

A further issue that requires consideration in the context of training is how to manage the issue of confidentiality around a disclosure of self-harm. The issue of the level of confidentiality to be maintained with a young person in a school setting can be a contentious one. Absolute confidentiality cannot be guaranteed to students within a counselling session as exceptions are mandated in ethical codes (Lehr et al, 2007). If it is felt that a student is a danger to himself or others then school management and parents may be informed (DES, 2013). Participants in this study accepted the need to break confidentiality and inform parents when a student disclosed an incident of self-harm; however they had great difficulty in dealing with a student's reaction after this. Further training around how to manage the limits of confidentiality sensitively appears to be required.

The findings of this study add to the very limited body of literature on how teachers and guidance counsellors respond to self-harm in the school setting. While the findings to

some degree replicate those of other studies they also provide new insights by identifying how the recent cutbacks in resource allocation for guidance counselling in Ireland has negatively impacted on the ability to support students' emotional wellbeing. This is particularly relevant in the context that demand for one-to-one support by students for personal counselling has increased dramatically in recent years (Hearne & Galvin, 2015). Importantly, findings from this study also identify how guidance counsellors and teachers might be best supported to respond to students in distress.

Limitations

The main limitation in this study was the small sample size however it is beneficial that the sample comprised participants from four schools with a high degree of concurrence between participants suggesting that despite the small sample, the findings may have utility for guidance counsellors and teachers working with students who self-harm. A further limitation is that all participants were female; it would be useful to understand how male teachers experience and respond to the self-harm of a pupil particularly in the light of research which suggests that male teachers have more negative attitudes towards self-harm than female teachers (Heath et al, 2011). Notwithstanding these limitations, the depth of responses from each participant has served to illuminate how school guidance counsellors and teachers experience and respond to self-harm.

Conclusion

School guidance counsellors and teachers are often the initial points of contact for young people who engage in self-harm consequently their attitude and ability to respond is of critical importance. However it is apparent that guidance counsellors and teachers often feel ill-equipped and unsupported to respond effectively to students experiencing self-harm. A significant reduction in counselling hours and a moratorium on staff recruitment in the context of escalating mental health issues among young people has meant that guidance

counsellors and teachers are effectively trying to 'do more with less'. In addition, the lack of provision of training on self-harm and professional supervision for teachers further hampers their ability to respond effectively. Training guidance counsellors and teachers to respond to self-harm within the school setting will allow for more helpful and supportive responses from schools by increasing understanding, offering earlier detection of self-harm and supporting timely referral to appropriate mental health services.

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