

USEFUL WEBSITES AND HELPLINES FOR ACCESSING RESOURCES

NEPS has identified the following websites which schools may find helpful. However, all materials should be reviewed by school management to ensure that they conform to school ethos and policy before they are used.

TRAINING - www.nosp.ie

ASIST Training: ASIST (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardaí, youth workers, volunteers, people responding to family, friends and co-workers. It is free of charge. If you'd like to make a difference in your community, you may wish to access ASIST training and learn how to help. Information can be obtained on the website of the National Office for Suicide Prevention.

SafeTALK: SafeTALK 'suicide alertness for everyone' is a half day training programme that prepares participants to identify persons with thoughts of suicide and connect them to suicide first aid resources. These specific skills are called suicide alertness and are taught with the expectation that the person learning them will use them to help reduce suicide risk in their communities. Participants learn how to provide practical help to persons with thoughts of suicide in only a few hours. Following a SafeTALK workshop you will be more willing and able to perform an important helping role for persons with thoughts of suicide.

WEBSITES

Barnardos provide resources and advice on www.barnardos.ie/resources, www.barnardos.ie/teenhelp

The **Childhood Bereavement Network** (CBN) is a multi-professional federation of organisations and individuals working with bereaved children and young people. www.irishchildhoodbereavementnetwork.ie

Cruse Bereavement Care exists to promote the wellbeing of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss. www.crusebereavementcare.org.uk

The **Professional Development for Teachers (PDST) Health and Wellbeing Team** provide support for teachers at primary and post-primary level in physical education (PE), social personal and health education (SPHE) which includes anti-bullying, child protection, mental health and wellbeing, relationships and sexuality education (RSE) and other SPHE related areas. Supports offered to schools include in-service for principals, co-ordinators, teachers of SPHE, whole staff groups; programme planning; school policy development; schools visits. www.pdst.ie.

The former SPHE Support Service has been integrated into the Health and Wellbeing team of the PDST. Visit www.sphe.ie for further information and to book post-primary SPHE courses.

The **National Office for Suicide Prevention (NOSP)** was established to oversee the implementation of 'Reach Out' the National Strategy for Action on Suicide Prevention, and to co-ordinate suicide prevention efforts around the country. The NOSP works closely with the HSE **Suicide Prevention Officers**. Up-to-date contact details for suicide prevention officers can be found on the NOSP website www.nosp.ie

The **Irish Association for Suicidology** (IAS) sets out to be a forum for all individuals and voluntary groups involved in any aspect of suicidology for the exchange of knowledge gained from differing perspectives and experiences www.ias.ie

Irish Hospice Foundation - www.hospicefoundation.ie

Lifelines supports all people who are affected in anyway by self-injury within the United Kingdom and beyond. It supports people who self-injure, and their family and friends. www.selfharm.org

Winstonswish Foundation, help for grieving children and their families. www.winstonswish.org.uk

Resources and support for those dealing with suicide, depression or emotional distress, particularly teenagers and young adults. www.papyrus-uk.org

A national charity committed to improving the mental health of all children and young people. www.youngminds.org.uk

An Irish website covering all aspects of health, lifestyle, culture and craic. It's an online youth information centre, a magazine, a health clinic, a contact directory, a youth media forum a take action initiative, a community building place and lots more. www.spunout.ie

A site that focuses on issues relating to youth in Ireland today. www.youth.ie

An Australian site that helps young people through tough times. www.reachout.com.au

Mental Health Ireland aims to promote positive mental health and to actively support persons with a mental illness, their families and carers by identifying their needs and advocating their rights. The pro teen matters web magazine, which is created by young people for young people, has information about physical and mental health, frequently asked questions, competitions, jokes and stories. www.mentalhelathireland.ie

Non-judgemental information and support. www.gayswitchboard.ie

HELPLINES

Remind students that if they need someone to talk to, at any time of the day or night, they can ring either:

Childline: 1 800 666 666 (free calls)

The Samaritans: 1 850 60 90 90 (Local call cost)

REACTIONS TO A CRITICAL INCIDENT

Following the recent sad event, you may now be experiencing some strong emotional or physical reactions. There is no 'right' or 'wrong' way to feel but here is a list of difficulties that people sometimes experience following such an event.

FEELINGS		BEHAVIOURAL	
Fear	Insecurity	Nightmares	
Guilt	Mood swings	Social withdrawal	
Shame	Shock	Over reliance on use of social media	
Regret	Yearning	Irritability	
Anger	Numbness	Loss of concentration/forgetfulness	
Tearfulness	Confusion	Physical/Verbal aggression	
Loneliness	Isolation	Missuse of drugs, including alcohol	
Anxiety			

PHYSICAL		THOUGHTS	
Tiredness		Disbelief	
Sleeplessness		Denial	
Headaches		Sense of unreality	
Stomach problems - Bowel/Bladder problems		Preoccupation with images of the event/person	
Loss or increase in appetite			

STAGES OF GRIEF

(This may be used with various groups and individuals)

Grief is a normal, healthy and predictable response to loss. Although there are distinct phases in the grieving process, people go through these stages in different sequences and at different paces. Generally the grieving process in adults is thought to take about two years, while with children and adolescents it may be over a more extended time-frame with different issues arising as they go through developmental milestones.

Denial, numbness, shock (up to 6 weeks)

- Death of the person may be denied
- Emerging feelings may be suppressed
- Refusal to talk about the death
- Bereaved keeps very busy to avoid thinking about the death
- Bereaved may show signs of confusion and forget everyday routines
- Children in shock may display either silent withdrawal or outbursts of crying.

Acute grief/searching and longing for deceased (6 weeks to 4 months)

- Acute sadness – crying
- Physical pangs of pain including loss of appetite and disturbed sleep
- Emotional pain accompanied by dejection, hopelessness, lack of concentration
- Fears of life after death, nightmares, ghosts
- Disorganisation
- Strong guilt feelings and questioning of self and others, particularly in the case of a sudden death
- Feelings of anger at the departed for leaving them
- Bereaved may reject offers to comfort them.

Adaptation to life without the deceased (6 months to 18 months)

- People begin to adjust to their lives without the person who is gone
- Sense of isolation
- Fearful of forgetting the deceased
- Less crying and irritability
- Exacerbation of existing personality problems. Children with low self-esteem may be at a greater risk of emotional/behavioural difficulties.

Normalisation of life

- Getting on with life
- Returned sense of humour and play
- Able to participate emotionally in new relationships
- Changed relationship with the deceased – able to think of the deceased without pain
- Reduction in physical/emotional symptoms
- Less guilt.

WAYS TO HELP YOUR CHILD THROUGH THIS DIFFICULT TIME

Children do not need to be taught how to grieve. They will do it naturally and in healthy ways if we allow them and if we provide a safe atmosphere, permission and example to do so.

- Listen carefully. Let them tell their story. Tell them that the reactions they are having are normal
- Pay extra attention, spend extra time with them, be more nurturing and comforting
- Reassure them that they are safe
- Don't tell them that they are "lucky it wasn't worse". People are not consoled by such statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and help them
- Do not be surprised by changes in behaviour or personality. They will return to their usual selves in time
- Don't take their anger or other feelings personally. Help them to understand the relationship between anger and trauma. Help them find safe ways to express their feelings e.g. by drawing, taking exercise, or talking
- Understand that there is a wide range of emotions associated with grief and that some children and young people may be more likely to express emotions like anger rather than sadness. Recognise that displays of risky behaviour, defiance or aggression may be your child's way to avoid feeling the pain, hurt and/or fear they are experiencing. Notice their emotional state, help them label what they are feeling, and show empathy and understanding so they feel less alone with their emotions.
- When going out, let them know where you are going and when you will be back
- If you are out for a long time, telephone and reassure them
- Tolerate regressive behaviour such as nail biting, thumb sucking, or the need for a night light
- Share your own experience of being frightened of something and getting through it
- If they are feeling guilt or shame, emphasise that they did not choose for this to happen and that they are not to blame. Even if they were angry with the person who died, or had been mean to them, this did not make it happen
- Work with the school support services and other available services
- As well as advising your child about appropriate use of social media, monitor their use, particularly during this vulnerable time. Useful website: www.webwise.ie

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*Responding to Critical Incidents - NEPS
Guidelines and Resource Materials for Schools*



**An Roinn Oideachais
agus Scileanna**
Department of
Education and Skills

An tSeirbhís Náisiúnta Síceolaíochta Oideachais
National Educational Psychological Service (NEPS)

CHILDREN'S UNDERSTANDING AND REACTION TO DEATH ACCORDING TO AGE

(This may be used with various groups and individuals)

Children's understanding and reaction to death will depend on their age and their developmental stage. The following are guides only as children will differ in their reactions and grasp of events for a range of reasons other than age alone.

AGES 0 – 2 YEARS

- Infants do not understand the meaning of death
- They may display anxiety when separated from a loved one
- They may appear upset, subdued and uninterested in their surroundings.

AGES 2 – 5 YEARS

- No understanding of the permanency of death
- May search for the missing person from a loved one
- May feel responsible for the death in some way
- May become apathetic and depressed
- May regress to an earlier stage of development e.g. thumb sucking, bedwetting, tantrums or may become clingy
- May develop fears of going to sleep
- May worry that other loved ones may die.

HOW YOU CAN HELP

- Continuity of normal routine e.g. mealtimes and bedtime
- Offer physical comfort
- Explain the death in clear, simple language, using words like "dead" and "died" - Do not use terms like "gone to sleep" or "passed away"
- You may need to repeat the same information again and again
- Permit them to ask questions and be consistent in your answers
- Reassure them that they had nothing to do with the death and of the wellbeing of other family members.

AGES 5 – 9 YEARS

- Beginning to realise the permanency of death, but their idea of life after death is still vague May
- have concerns about how the deceased is feeling or what he/she is thinking in the grave
- May have a lot of questions about aspects of the death e.g. how the person died, what they looked like, the funeral, heaven, coffns
- The reaction of their peers is important, they may feel 'different' to them
- Their peers may be awkward about the death and avoid contact
- They may become the target of bullying.

HOW YOU CAN HELP

- Encourage the child to talk and cry about the deceased if they wish to, otherwise respect their silence
- Answer questions and provide as much factual information about the death as possible
- Reassure them that thinking and feeling ceases after death
- Be vigilant in relation to bullying.

AGES 9 – 12 YEARS

- Understand the finality and universality of death
- Awareness of their own mortality and may worry about their own death
- May display psychosomatic symptoms i.e. physical complaints like tummy aches
- May wish to stay at home close to parents
- May display anger.

HOW YOU CAN HELP

- Dispel fears about their own health or the health of other loved ones by offering reassurance
- Encourage them to go to school
- Allow them to express their anger, offering appropriate ways to do so.

ADOLESCENTS

- Fully understand the finality, universality and inevitability of death. Their experience of death is similar to adults May have a range of feelings: guilt, regret, anger, loneliness etc.
- Death adds to the already confused array of emotions experienced by adolescents May appear to not care about the death
- May seek support outside of the family.

HOW YOU CAN HELP

- Offer them time to listen
- Allow them to express their grief in their own way
- Be prepared for mood swings
- Don't feel left out if they seem to value their friends more than their parents
- Children's use of social media should be monitored and supported by parents.

If parents are grieving themselves, they may be emotionally unable to support their other children. In this instance, another supportive adult in the child's life, e.g. other family members, friends, neighbours may need to offer emotional support.

It should be remembered that for children with special educational needs, their understanding of what has happened will be in line with their developmental age.