

# Survey of informational and support needs for parents of young people engaged in self-harm.

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## Information Sheet for participants in the survey of informational and support needs for parents and guardians of young people engaged in self-harm

### Introductory statement

We are a research team from the School of Psychology in University College Dublin and Pieta. We would like to invite you to participate in a study about parents' and guardians' information and support needs when supporting adolescents (ages 10-19) who self-harm. This project is led by Professor Eilis Hennessy and is funded by the National Office of Suicide Prevention. As part of this project, we are asking parents and guardians who have supported adolescents who have engaged in self-harm to complete a survey on what information and support they would have found useful.

### What is this research about?

This research is about the information that would help parent or guardian who wants to help an adolescent who is self-harming. By self-harm we mean an adolescent doing something on purpose to hurt themselves (e.g. cutting or burning your skin) regardless of the intention, including a suicide attempt.

### Why I am doing this research?

Self-harm is relatively common and can be distressing for adolescents and their families. The findings of this study will help guide organisations to provide useful information for parents and guardians in a way that is easy for them to access.

### Why have you been invited to take part?

We are inviting parents and guardians who have helped adolescents who has a history of self-harm to complete our survey because we think that their experience means that they know what they would have found helpful. We are not including parents and guardians of adolescents who have severe intellectual disabilities, or other behaviours that might sometimes be considered self-harm such as addiction or eating disorders.

### How will your data be used?

The data from the survey will be used to write a report on what parents or guardians would like to know and how they would like to receive that information. The data may also be written up as a research article or published in other ways (such as at talks or conferences) for mental health professionals. No

information that could identify any individual will be used.

**What will happen if you decide to take part in the research?**

Participation in this study is purely voluntary and you may spend as much time as necessary to consider whether you wish to participate before making your decision. Please read this information carefully and let us know if you have any queries or questions. Contact details are visible at the bottom of this page and the end of the survey. The study starts with some general questions about you such as your age, gender, etc. Following this you will be asked to respond to statements on the information needs of parents supporting adolescents who engaged in self-harm and how parents might prefer to access this information. Participation in this survey lasts approximately 15-20 minutes. A list of places where you can find out more about self-harm and get support is provided at the end of the survey.

**How will your privacy be protected?**

All responses will be anonymous and there will be no way to identify individual's answers. This also means that there is no way to withdraw your data from the study once it has been submitted as there is no way to identify individual responses. These anonymised responses will be stored securely as encrypted files in a password protected computer in UCD for an indefinite time.

**What are the benefits of taking part in this research study?**

There are no immediate personal benefits to taking part. Participation in this study will help improve our understanding of what is needed in terms of information to better support parents and guardians who are supporting adolescents who have engaged in self-harm.

**What are the risks of taking part in this research study?**

The study is about self-harm which is a topic that you might find difficult or distressing to respond to questions about before deciding whether you wish to participate. However, the questions in the survey are about the information that parents would find useful.

**Can you change your mind at any stage and withdraw from the study?**

You are free to withdraw from the study at any time by closing the window before the end of the survey. If you withdraw in this way, none of your responses will be recorded. However, you cannot withdraw your responses once you click 'submit'.

**How will you find out what happens with this project?**

If you are interested in following this project and accessing the findings of this study please follow our social media pages at Facebook: <https://www.facebook.com/youthmentalhealthUCD> or twitter: @YMHLabUCD where relevant talks and publications will be advertised.

**Contact details for further information**

Please feel free to contact the researchers on the contact details given below if you have any queries or questions about participation in this study. Completion of the tick box consent form will be required to confirm your understanding of participation in this study and acquire your consent.

**Principal Investigators name:** Professor Eilis Hennessy Email: Eilis.hennessy@ucd.ie Address: School of Psychology, UCD, Belfield, Dublin 4

Other members of the research team: Dr Finiki Nearchou (UCD); Dr Keith Gaynor (UCD), Ms Sinead Raftery (Pieta), Ms Emma Dolan (Pieta), Ms Bríd O’Dwyer (Pieta)

Researcher Assistant: Áine French Email: aine.french@ucdconnect.ie

### List of support services

Pieta: [LINK](#)

Aware: [LINK](#)

Jigsaw: [LINK](#)

Samaritans: [LINK](#)

### Consent form for participants in the survey of informational and support need for parents and guardians of young people engaged in self-harm

By ticking the ‘I consent’ box below you are confirming the following:

- I have read and understood the information provided about this research.
- I have had the time and opportunity to ask any questions I have relating to participation in this study and was satisfied with any answers I received.
- I understand that participation in the study is voluntary and I am free to withdraw at any time during responding to the survey without repercussions.
- I understand that it will not be possible to withdraw my data after submission of my answers due to the anonymous nature of the data collection and data storage.
- I understand and consent to my data being stored in the way that was described in the information about the study.
- I am a parent or guardian who supported/is supporting an adolescent who has engaged in self-harm.

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I consent to take part in this study

Yes (1)

No (2)

*Skip To: End of Survey If I consent to take part in this study = No*

End of Block: Information and consent Block

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Start of Block: Demographics

## Introduction

We are looking to find out what information would help a parent or guardian who wants to help an adolescent who is self-harming. By self-harm we mean an adolescent doing something on purpose to hurt themselves (e.g. cutting or burning your skin) regardless of the intention, including a suicide attempt. Participation in this survey lasts approximately 15-20 minutes.

## Family Background

This section asks some general questions about you such as your age, gender, etc. Following this there are some questions about your adolescent about when they were engaged in self-harm.

## About You

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What is your age in years?

\_\_\_\_\_

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What is your gender?

Female (1)

Male (2)

Prefer not to say (3)

I identify my gender as: (4) \_\_\_\_\_

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Do you live in Ireland or elsewhere?

Ireland (1)

Elsewhere (2)

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Where do you live?

- In an urban area (1)
  - In a rural area (2)
  - Unsure (3)
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What is your highest level of education?

- Primary school (1)
  - Secondary school (2)
  - Tertiary/ University (3)
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About your adolescent

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What age (in years) was your adolescent when they first engaged in self-harm?

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What is your adolescent's gender?

- Female (1)
  - Male (2)
  - Prefer not to say (3)
  - My adolescent identifies their gender as: (4)
- 

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What is your adolescents ethnic or cultural background?

- White-Irish (1)
  - White- Irish Traveller (2)
  - White- Any other white background (3)
  - Black-Black Irish (4)
  - Black- African (5)
  - Black- Any other black background (6)
  - Asian- Asian Irish (7)
  - Asian- Chinese (8)
  - Asian- Any other asian background (9)
  - Other, including mixed background (Please describe): (10)
-

Thinking about when your adolescent was self-harming, did you engage with any healthcare service at the time? (Please tick all that apply)

- Primary care (e.g., GP, primary care psychology services) (1)
  - Secondary care (e.g., CAMHS, A & E) (2)
  - Tertiary care (e.g., hospital stay) (3)
  - Voluntary organisation (e.g. Pieta), please describe: (4)
  - Private psychiatrist/psychologist/counsellor/psychotherapist (5)
  - Other (Please describe) (6)
- 

At the time of self-harm was your adolescent diagnosed with any mental health difficulty?

- No diagnosed disorder (1)
- Not sure (2)
- Emotional dysregulation, or similar emotional difficulty (3)
- Substance-related disorder (e.g., Alcohol use disorder) (4)
- Schizophrenia or other psychotic disorder (e.g. Delusional disorder) (5)
- Mood disorder (e.g., Depressive disorder, Bipolar disorder) (6)
- Anxiety disorder (e.g. Social anxiety disorder) (7)
- Eating disorder (e.g., Anorexia nervosa, Bulimia nervosa) (8)
- Sleep disorder (e.g., Insomnia) (9)
- Other (Please describe) (11) \_\_\_\_\_

End of Block: Demographics

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Start of Block: Section 1- information needs

### Section 1: Information Needs

We want to know what parents need to know when supporting an adolescent who is self-harming. Please read each of the questions below and tell us whether it is the type of question that a parent is likely to want answered.

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Rate how important it would be for a parent who has an adolescent who is self-harming to find information that answers the questions below (Please mark the appropriate box)

Rate 1-5

1 Irrelevant

2 Not important

3 Maybe

4 Important

5 Essential

Discovering an adolescent is self-harming for the first time

	1 Irrelevant (1)	2 Not important (2)	3 Maybe (12)	4 Important (13)	5 Essential (14)
While it's not always possible to know, what signs might indicate self-harm? (1)	<input type="radio"/>				
I have discovered (e.g. observed or been told by someone other than my adolescent) that my adolescent is self-harming. What should I say to my adolescent? (2)	<input type="radio"/>				
My adolescent has told me they are self-harming. What should I say to my adolescent? (3)	<input type="radio"/>				
My adolescent has told me they are suicidal. What should I say to my adolescent? (4)	<input type="radio"/>				

Why do adolescents self-harm? (5)

Is adolescent self-harm a form of attention seeking? (6)

Does self-harm mean my adolescent has a mental disorder? (7)

How common is self-harm in adolescents? (8)

How common is it for an adolescent to attempt suicide? (9)

What do I do if my adolescent begs me not to tell anyone else? (10)

Should I tell my other children what is happening? (11)

How do I tell other adult family members? (12)

Should I tell  
someone in  
their school?  
(13)



After finding out about self-harm

	1 Irrelevant (1)	2 Not important (2)	3 Maybe (11)	4 Important (12)	5 Essential (13)
If I know my adolescent self-harms, should I ask them whether they are thinking about suicide? (1)	<input type="radio"/>				
How do I manage my own feelings such as worry or the feeling of constantly 'walking on eggshells'? (2)	<input type="radio"/>				
What parenting strategies can I use to help? (e.g. how to discipline and set boundaries?) (3)	<input type="radio"/>				
Is there something I can do to fix it? (4)	<input type="radio"/>				
Are there things I should avoid doing? (5)	<input type="radio"/>				

What can I do to help my adolescent with the feelings of needing to self-harm? (e.g., helping distract them) (6)

Should I put away anything my adolescent could use to hurt themselves (eg. sharp objects)? (7)

Should I lock away anything that might be used in a suicide attempt? (8)

How do I respond if my adolescent threatens to self-harm? (9)

How do I respond if my adolescent threatens to attempt suicide? (10)

Is there something I could do to strengthen my relationship with my adolescent?  
(11)

Where do I go for medical attention for my adolescent and when is it needed? (12)

What will happen if I go to Accident and Emergency?  
(13)

What will happen if I go to the G.P.?  
(14)



Ongoing self-harm and after

	1 Irrelevant (1)	2 Not important (2)	3 Maybe (11)	4 Important (12)	5 Essential (14)
Will my adolescent need long term support? (1)	<input type="radio"/>				
Will I or other members of the family need long term support? (2)	<input type="radio"/>				
What treatment options might be offered and what is involved in them (e.g., cognitive behavioural therapy, family therapy, medication, etc.)? (3)	<input type="radio"/>				
What should I do if my adolescent doesn't connect with the person who is helping them (e.g. the therapist)? (4)	<input type="radio"/>				

Would psychological support cost money? (5)

How can I understand my adolescent's individual triggers for self-harm? (6)

How can I treat a cut/burn (first aid)? (7)

Why would self-care (doing things to take care of your own mental health like things you enjoy) be important for me too? (8)

How do I help my adolescent when I have other children who need my attention too? (9)

How can I tell if my adolescent is continuing to self-harm? (11)

Is there anything else that you think a parent or guardian would like to know but which has not been listed? (There is no obligation to fill these all and if you have nothing you would like to add please feel free to skip)

	1 Irrelevant (1)	2 Not important (2)	3 Maybe (11)	4 Important (12)	5 Essential (13)
Concern 1: (1)	<input type="radio"/>				
Concern 2: (2)	<input type="radio"/>				
Concern 3: (3)	<input type="radio"/>				
Concern 4: (4)	<input type="radio"/>				
Concern 5: (5)	<input type="radio"/>				

End of Block: Section 1- information needs

Start of Block: Section 2: Where to find information?

### Section 2: Where to find information?

The next questions are all about where parents or guardians might want to get information from and in what form. Please read each of possible sources of support below and tell us whether we should include it as an option for parents or guardians who are answering the survey.

Where would a parent or guardian like to seek ongoing help and support?

	Definitely not (1)	Probably not (2)	Might or might not (3)	Probably yes (4)	Definitely yes (5)
From a government website e.g. HSE (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a charity website e.g. Pieta or Jigsaw (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From leaflets in a GP's office/library/local community centre (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a helpline such as the parentline or Samaritans (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Via a text messaging system (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From public talks/real time webinars (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help self-harm books (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On social media platforms (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Assistance Programme (EAP) workplace supports (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1: (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other 2: (11)

Other 3: (12)

End of Block: Section 2: Where to find information?

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Start of Block: Section 3

### Section 3: Who to get support from?

We would like to know who and where parents or guardians would like to get support from. Please read each of the questions below and tell us if a parent or guardian would like to get support and information from the individual/organisation while supporting an adolescent engaged in self-harm.

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Support preferences: Parents and guardians would like to get help and support from .....

	Definitely not (1)	Probably not (2)	Might or might not (3)	Probably yes (4)	Definitely yes (5)
their local GP (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a specialist government mental health service like the HSE (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a specialist charity mental health service like Pieta/Jigsaw (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
another parent or parent(s) who has had a similar experience (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a psychiatrist (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a psychologist /psychotherapist (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a counsellor in the adolescent's school (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
friends and family (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1: (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 2: (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 3: (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Section 3

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Start of Block: Section 4

**Section 4**

This section relates to change in the type of information that parents or guardians need over time. Please type directly into the text box what you feel are the most important needs during each time.

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Please outline what you consider to be the most important information a parent or guardian needs on initial discovery of self-harm ...

\_\_\_\_\_

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Please outline what you consider to be the most important information a parent or guardian needs when their adolescent is getting help for self-harm ...

\_\_\_\_\_

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Please outline what you consider to be the most important information a parent or guardian needs after their adolescent has stopped self-harming ...

\_\_\_\_\_

End of Block: Section 4

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Start of Block: Block 6

Parental Attitudes Toward Psychological Services Inventory (PATPSI)

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor disagree (3)	Agree (4)	Strongly Agree (5)
I would not want to take my adolescent to a professional because what people might think (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel uneasy going to a professional because of what some people would think (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be uncomfortable seeking professional help for my adolescent because people (friends, family, coworkers, etc.) might find out about it (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would be embarrassed if my neighbour saw me going into the office of a professional who deals with mental health concerns (9)

Important people in my life would think less of my child if they were to find out that he/she has a mental health difficulty (10)

I would not want others (friends, family, teachers, etc.) to know if my adolescent had a mental health difficulty (11)

Had my adolescent received treatment for a mental health difficulty, I would feel that it ought to be "kept secret" (12)

My adolescent having a mental health difficulty carries with it feelings of shame (13)

End of Block: Block 6

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