APPENDIX 1 The Positive Psychology Resilience Plan - LEAD TEACH SUPPORT REFER PARTNER

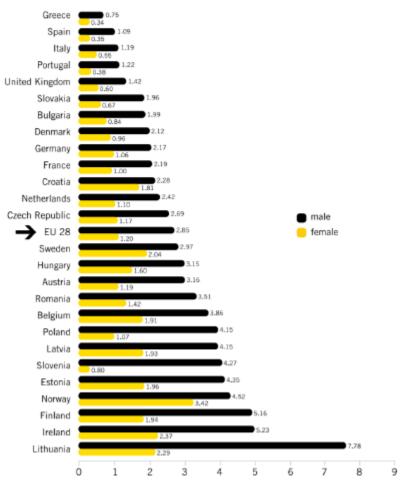
Factors Risks & Problems	Aims	Relevant Intervention/Theory	
	LEAD TEACH SUPPORT REFER PARTNER		
Hopelessness is highly associated	aim to instil attainable goals hopeful	Hope Theory - Goals	
with suicide risk	forward looking thought process		
Survivor guilt about not helping	Promote a help seeking culture	Enquire/ Encourage/ Engage/Refer	
Feeling inadequate not good	Focus on Strength based approach rather	SDT - Competence VIA	
enough a failure in exams	than focusing on deficits / Lessen exam stress	Strengths	
Ruminating on negative thoughts	promote positive thinking creative	Broaden and Build	
Depression	problem solving Service engagement	Positive Emotions	
Feeling isolated and alone	Promote School Student Parent	SDT – Relatedness	
disconnected from friends &	connectedness	Counselling Culture	
family	Family connectedness with absent parents	Engagement	
Bullying / cyber bullying	Promote Healthy peer interaction	Positive emotions focus to	
		Develop Empathy Generosity Gratitude	
		Caring	
Feeling suicide is taboo and can't	Promote an open culture to talk	Counselling Culture	
be mentioned	about suicidal thoughts No more	Safe Space	
	suffer in silence	No taboo subjects	
Feelings of defeat humiliation and	promote empowerment explore options	SDT- Autonomy	
being trapped		Growth Mindsets	
		Internal Locus of Control	
Black & White thinking	promote creative problem solving open	Broaden and Build Positive	
dichotomous thought process	mindedness	Emotions Mindsets Hope theory	
Cognitive distortions -	hope based thought processes		

Catastrophizing		
A previous attempt is a high risk	aim to stop children making that first	Resilience Development Focus on the
factor	attempt	role of Positive and Negative Emotions
REFER on when Red Flags appear		
Talking about wanting to die or to kill themselves.		Talk to your immediate supervisor and
Looking for a way to kill themselves, such as searching online or buying		follow up to ensure they have made a
rope/drugs or talking about going to an isolated place		referral to support services
 Talking about feeling hopeless or 	having no reason to live.	
 Talking about feeling trapped or i 	n unbearable pain.	
 Talking about being a burden to o 	thers.	
 Increasing the use of alcohol or di 	rugs.	
 Acting anxious or agitated; behav 	ing recklessly.	
 Sleeping too little or too much. 		
 Withdrawing or isolating themsel 	ves.	
 Showing rage or talking about see 	eking revenge.	
 Displaying extreme mood swings. 		
(Suicidepreventionlifeline.org, 2015	5)	

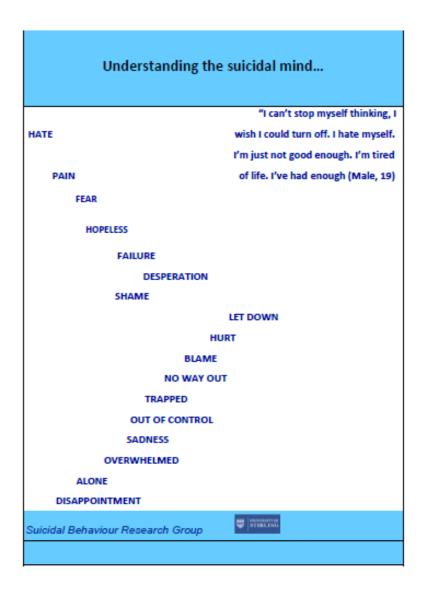
Appendix 2: Slide Presentation

Slide 1 – EU Child Report Deaths by Suicide Ireland as Nearly the Highest in Europe

Child Suicide - (European age standardised rate per 100 000 aged 0-19 years by sex for EU28 plus Norway)



Source: WHO European Detailed
Mortality Database (DMDB) 3-year
averages for 2009-2011 or most
recent three years of data available;
Cyprus, Iceland, Luxembourg and
Malta excluded due to small numbers.



Slide 3 - Why do some of us kill ourselves? - Some well-known suicide risk factors



Slide 4 - PPI's - Interventions & Theories to Build Resilience

PP Interventions				
Positive Psychology Interventions & Theories to Build Resilience				
Hope Theory - Goals	Positive emotions focus to Develop Empathy Generosity Gratitude Caring			
Enquire/ Encourage/ Engage/Refer	Counselling Culture Safe Space No taboo subjects			
SDT - Competence VIA Strengths	SDT- Autonomy Growth Mindsets Internal Locus of Control			
Broaden and Build Positive Emotions	Broaden and Build Positive Emotions Mindsets Hope theory			
SDT – Relatedness Counselling Culture Engagement	Resilience Development Focus on the role of Positive and Negative Emotions			

Slide 5 - Building Resilience in Schools and Children Australian Education Department

The Positive Psychology Resilience Plan for our school LEAD TEACH SUPPORT REFER PARTNER



Appendix 3: Slide Voiceover

Voiceover Slide 1

Every year children die needlessly by suicide. We no longer use the term 'commit suicide' as this is a throw-back to when suicide was a crime. The figures for Europe put Ireland as second overall, however, first for female suicides. The figures are based on children per hundred thousand of population, so as Ireland has an approximate population of 4.5 million this equates to approximately 80 girls and 200 boys under 19 who die each year through suicide. As many as 28 people can be affected by each death and as we are well aware this school has suffered the loss of three.

Voiceover slide 2

The big question is WHY does this happen to vibrant young people with their whole lives ahead of them? Well the research into parasuicide is very revealing. Often connected, not surprisingly with cycles of negative thought patterns or *ruminating*. We see thoughts that play over and over in the mind of one considering suicide and how one young man described them.

Voiceover slide 3

What drives such a thought pattern we can ask? Well there are many risk factors associated with suicide and it is not hard to see how they promote negative feedback. Some events happen in the usual course of life, like losing a job or suffering illness and some have intentionally been inflicted by others causing harm like bullying and child abuse. The biggest risk factor is a previous attempt at suicide. So all focus should be on preventing that first attempt ever taking place.

Voiceover slide 4

Sometimes we have control over what happens in life and sometimes not so we need effective internal and external tools and supports. From research we have gained insights into negative thought patterns and black and white thinking. Adjusting our thought patterns to understand goals and hopefulness, broaden and build on positive emotions, understanding our needs for purpose in life through competence relatedness and autonomy, promoting flexible Mindsets, understanding how locus of control works, promoting a strength based approach to child development and having safe spaces to discuss worrying thoughts such as suicide will promote a resilience culture that could equip children to deal with life's ups and down and not fall apart or become overwhelmed. I know some of these concepts may be quite unfamiliar however with some training sessions they can be easily acquired for the great benefit, possibly even the saving of your pupils.

Voiceover slide 5

Resilience is about exposure to difficulties and learning how to return to normal functioning as soon as possible after the event. Resilience in children has much to do with what kinds of internal and external resources they can employ to cope in the face of adversity just as adult resilience does.

Lead/Teach /Support/ Refer/ Partner is a framework that promotes resilience culture in schools. Children need to know that they can rely on adults to know what to do to help them and to show them how they can help themselves. The school can **Lead** by instilling the help-seeking positive psychology plan to promote a resilience culture. **Teach** children to be resilient. **Support** their social and emotional development. **Refer** on when extra support is required so that no child slips through the net. **Partner** their learning as facilitators and mentors linked in to support services for a multidisciplinary approach.

I thank the principal and all of the staff whom helped me to understand the problems and challenges faced here and commend you all in trying to address the tragic issues for the future well-being of your pupils.