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ADDRESSING NON-SUICIDAL SELF-INJURY (NSSI) IN SERBIAN SCHOOLS: SCHOOL STAFF REACTIONS, NEEDS, AND PROTOCOL DEVELOPMENT*

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ABSTRACT

Non-suicidal self-injury (NSSI) represents a significant mental health concern, particularly during the school years, which positions school staff as key actors in responding to such behaviors. This study aimed to explore Serbian school staff's emotional reactions and needs related to NSSI, and develop a school-based NSSI protocol. A questionnaire was administered that included questions assessing participants' demographic (e.g., gender, age, professional experience), work-related characteristics (e.g., job satisfaction, work stress level, perception of their profession's reputation in society), as well as two open-ended questions addressing participants' emotional reactions to NSSI and their related needs. The questionnaires were distributed online. A total of 556 school staff members from Serbia agreed to participate in the study and completed the questionnaire. In this study, the qualitative content analysis focused

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on participants' (n=155) responses to the question regarding their emotional reactions to NSSI and to the question concerning their needs (n=438). Participants reported feeling worried and unprepared, and their primary needs centered on education about NSSI and guidelines for responding in such situations, which is consistent with previous research findings. Moreover, additional systemic issues within the Serbian educational context were identified, limiting the applicability of existing international guidelines. Drawing on both the literature and the present findings, a context-specific NSSI protocol for Serbian schools was developed.

Keywords:
self-injury, school staff, needs, guidelines, protocols.

INTRODUCTION

Non-suicidal self-injury (NSSI) is defined as deliberate, self-directed damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned (The International Society for the Study of Self-Injury - ISSS, 2024). Although recognized as a mechanism for coping with negative emotions (Hooley et al., 2020), it robustly correlates with suicidality (Harris & Ribeiro, 2021). NSSI methods may vary by gender (e.g., Moloney et al., 2025) but commonly include cutting, hitting, banging, and burning (Zetterqvist, 2015). Adolescence is the most vulnerable period for NSSI onset (e.g., Cipriano et al., 2017), with a global prevalence of 22% (Lim et al., 2019). As adolescents spend most of their time at school, the school environment plays a crucial role in NSSI prevention and intervention.

NSSI-related Experiences and Needs of School Staff

A Canadian study found that 74% of teachers had encountered self-injury among students (Heath et al., 2006). Similarly, 70% of Australian school staff reported encountering NSSI, yet 80% had never received formal NSSI training (Berger et al., 2014a). Elyoseph and Levkovich (2024) explored teachers' experiences in Israel, highlighting the emotional impact of discovering self-injury and the need for professional guidance. Emotional reactions to discovering NSSI include shock, concern, frustration, but also anger and lack of confidence (Berger et al., 2014a; Best, 2006). Despite these challenges, several studies have highlighted school staff's willingness and motivation to learn more about NSSI and improve their responses (Berger et al., 2014b; Heath et al., 2006). Staff members are often aware of their limited

knowledge and actively call for more NSSI-related education and training (Carlson et al. 2005; Heath et al., 2006). School psychologists and counselors also report feeling underprepared. Members of the American School Counselors Association (ASCA) identified the need for training, school policies, and external support (Roberts-Dobie & Donatelle, 2007). Given that fewer than 14% of students who engage in NSSI seek help at school (Heath et al., 2010), there is a pressing need to create supportive and responsive school environments. Developing clear protocols and step-by-step guidelines may empower teachers to address NSSI more confidently and effectively.

International Guidelines for Dealing with NSSI at School

Shapiro (2008) proposed a two-tiered NSSI intervention approach encompassing universal preventive strategies for all adolescents and targeted nursing interventions for those identified as at risk. Heath and colleagues (2021) introduced a three-tier school consultation model, focusing on primary prevention through psychoeducation, coping skill development, and access to support resources. However, when NSSI is already disclosed or suspected, school staff often seek clear guidelines to ensure an appropriate and effective response. Bubrick and colleagues (2010) recommended key steps, including identifying and assessing self-injury, appointing a designated point person to manage cases, determining when to involve parents, managing student self-injury, and referring to external resources. Consistent with other authors (e.g., Hamza & Heath, 2018), they emphasized the importance of a school crisis team, with one member acting as intermediary between students, their parents, and the school. Lewis and colleagues (2022) addressed the unique challenges faced by rural schools, such as stigma and limited access to support services, and proposed specific components for NSSI protocols; namely, defining staff roles and responsibilities, conducting risk assessments, and managing referrals. In response to these challenges, Hamza and Heath (2018) proposed a framework for developing effective school-based NSSI policies, which has since been adapted for use in countries such as Serbia, whose education systems struggle with limited resources. Finally, it has also been emphasized that guidelines should be tailored to the distinct roles and needs of various school stakeholders (Heath et al., 2021). Researching the perspectives of different school staff members is an important step in identifying these needs.

Education Systems with Limited Focus on Mental Health: The Case of Serbia

Mental health awareness within Serbian schools remains limited compared to that in developed countries (e.g., the United States, Canada, the United Kingdom, and Western and Northern European countries). A national study reported an NSSI prevalence of 4.3% using yes/no questions and 14.5% using a checklist format (Radanovic et al., 2022), which is a discrepancy that has also been documented in previous studies (for more details, see Robinson & Wilson, 2020). Despite these findings, the Serbian education system is plagued by the absence of a national strategy or official guidelines for addressing NSSI, accompanied by a lack of NSSI prevention and education programs at schools. School psychologists have a critical role in managing student mental health, but are not required to be employed at every school in Serbia, and often lack specialized training in clinical psychology or counseling. Likewise, school nurses could significantly aid the management of cases such as NSSI (Lloyd-Richardson et al., 2020), where physical injuries may be present (in contrast to indirect forms of self-harm). However, their employment at Serbian schools is not mandated by law (Rulebook on Criteria and Standards for Financing Institutions Providing Primary Education, 2023; Rulebook on Criteria and Standards for Financing Secondary Education Institutions, 2023). This often means that students with mental health issues are referred to external institutions. In most cases, it is not the government but non-governmental organizations and UNICEF that lead and support mental health initiatives, such as teacher training programs (e.g., Mitkovic Voncina et al., 2023). It was only last year that the Serbian Ministry of Education supported the publication of the first manual on school crisis management (Pejovic Milovancevic et al., 2024), which addresses various mental health issues, including NSSI. Though useful, this manual lacks specific guidelines for addressing NSSI and treats it alongside suicidality. Following the manual's publication and in cooperation with relevant institutions, the Ministry of Education implemented a program titled Enhancing the Competencies of Education System Employees in the Field of Youth Mental Health Protection. Over the past two years, approximately 3,000 members of school service for educational and psychological support (SEPS) across the country have completed training on responding to youth

mental health issues. Nevertheless, the state's efforts to improve youth mental health remain sporadic and unsystematic, lack specific measures addressing NSSI, and fall far short of comprehensive whole-school and whole-child approaches.[1]

This study had two primary objectives. The first aim was to explore NSSI-related experiences and needs of Serbian primary and secondary school staff. Specifically, the study sought to describe their emotional responses to students' NSSI and identify support types required for more effective NSSI management within the school context. The second objective was to examine the applicability of international guidelines to education systems in less developed countries, such as Serbia. Drawing on a literature review and the study's findings, the ultimate goal was to propose an NSSI protocol tailored to the specific needs of Serbian schools.

METHOD

Questions

Before responding, participants were provided with a definition of NSSI modeled after previous studies (e.g., Berger et al., 2014a), to ensure that their answers specifically referred to NSSI rather than similar behaviors. Questions assessing participants' demographic and work-related characteristics pertained to their age, gender, occupation in the education sector, years of professional experience, job satisfaction (1 = *not at all* to 5 = *very satisfied*), work stress level (1 = *very low* to 5 = *very high*), and perception of their profession's reputation in society (1 = *very bad* to 5 = *very good*). Participants were also asked if they held a psychotherapy license. To explore staff experiences with NSSI in the school context, we asked whether they had encountered students who engaged in NSSI. Open-ended questions were used to explore emotional responses and needs, that is, how they felt (or would feel) about such encounters and what would help them manage students' NSSI more effectively. Based on previous research (e.g., Berger et al., 2014a) indicating that NSSI education is a primary need for teachers, participants were also asked whether they had attended any NSSI-related seminars or training.

1 https://prosveta.gov.rs/vesti/nastavak-unapredjivanja-kompetencija-zaposlenih-u-obrazovnom-sistemu-za-zastitu-mentalnog-zdravlja-mladih/

Sample

A database of all state and private primary and secondary schools in Serbia was used, including 1,328 primary schools and 511 secondary schools. Invitations were sent to all listed schools' official email addresses. In total, 61 primary school principals and 32 secondary school principals consented to distribute the questionnaire link to school staff, whereas others either declined or did not respond. Incomplete questionnaires (n=335) were excluded, resulting in a sample of 556 school staff members (84% female), aged 24 to 70 years (M=45.51, SD=9.75), who wanted to participate and answer questions assessing participants' demographic and work-related characteristics. Among them, 30% had encountered students who engaged in NSSI. Although 62.9% of participants had attended seminars or training related to youth mental health, only 3.2% had received NSSI-specific training. Nineteen participants provided further details on this training, with two mentioning that NSSI was addressed in psychotherapy education, seven reporting that it was covered in general youth mental health training, three encountering it during university education, and seven attending specialized training focused solely on NSSI.

Not all participants provided answers to open-ended questions. Out of 556 participants, only 144 (26%) responded to both questions. For the question related to emotional responses, 155 out of 556 participants (90% female), aged 26 to 63 years (M=45.68, SD=.81), provided responses that were included in the analysis. In this subsample, participants had 1 to 40 years of work experience at schools (M=19.28, SD=9.21). Job satisfaction was approximately average (M=3.49, SD=0.96), as were reported work stress levels (M=3.64, SD=0.84). Most participants rated the status of their profession as very poor (31%), mostly poor (35%), or average (29%) (M=2.08, SD=0.90). The subsample comprised 46% subject teachers, 13% classroom teachers, 23% SEPS members, 14% school principals, and 1% administrative personnel. Approximately 3% of participants reported holding other positions. Furthermore, 9% of participants were licensed psychotherapists. In total, 96% of all participants in this group reported encountering a student engaging in NSSI and only 6% had NSSI-related training.

A total of 438 participants (86% female) aged 24 to 64 years (M=45.35, SD=9.78) responded to the open-ended question regarding their needs. Their work

experience at schools ranged from 0 to 40 years (M=17.51, SD=10.22). They reported approximately average job satisfaction (M=3.74, SD=1.03) and work stress levels (M=3.38, SD=0.95). Most participants rated the status of their profession as very poor (27%), mostly poor (32%), or average (31%) (M=2.27, SD=1.02). The subsample consisted of 60% subject teachers, 16% classroom teachers, 14% SEPS members, 8% school principals, and 1% administrative personnel. Approximately 2% reported holding other positions. Licensed psychotherapists made up 7% of the subsample. Overall, 34% of all participants in this group reported encountering a student engaging in NSSI and only 2% had NSSI-related training.

Procedure

Informed consent for principals included a link to an online consent form for all participants, as well as a link to the online questionnaire hosted on SoSci Survey (Leiner, 2020). Participation was anonymous and voluntary. Upon completing the questionnaire, participants received a debriefing text authored by researchers and experts in child and youth mental health. This text emphasized school staff's role in NSSI prevention, recognition, and treatment and included references and recommendations for further reading.

Qualitative Data Analysis

To organize and quantify responses to open-ended questions regarding NSSI-related emotional reactions and needs, qualitative content analysis (Braun & Clarke, 2021) were conducted using MAXQDA 2024 (VERBI Software, 2024). Two researchers independently read all responses and inductively developed content-based categories, after which the coding framework was finalized through collaborative discussions. Each researcher then independently applied the agreed-upon categories to all responses. Additionally, 20% of the data for both questions were independently coded by a third researcher who was not a member of the research team. Based on research indicating minimal differences in ordinal data between rater means and variances (de Raadt et al., 2021), we expected no significant differences between agreement coefficients and therefore used two measures to assess interrater reliability. Fleiss' Kappa, calculated via R statistical software (R Core Team, 2021), yielded values of

0.71 for emotional responses and 0.78 for needs, indicating substantial agreement among coders (Gwet, 2014). The intraclass correlation coefficient (ICC) calculated using IBM SPSS Statistics (Version 29.0) showed substantial to excellent reliability (0.86 for emotions; 0.95 for needs) (Gisev et al., 2013; Landers, 2023). The character number for open-ended responses was not limited, and the total number of coded responses exceeded the number of participants, as some responses included multiple ideas, perceptions, emotions, or needs coded into more than one category.

RESULTS

School Staff's Emotional Responses to Students' NSSI

The emotional responses were categorized into 4 distinct categories (see Table 1). The first category was labeled Feeling Alarmed and gathered emotional reactions such as *shock, concern, distress, surprise,* and *anger*. These responses featured descriptions of feeling *alarmed* in the sense of being frightened or in disbelief about the experience. The second category was named Feeling Bad and included responses that reflected *sadness, despair, heavy feeling, feeling terrible*, and a general sense of being overwhelmed by emotions that can be subsumed under the broader experience of *feeling bad*. The third category, Feeling Incompetent, encompassed responses that expressed confusion, a sense of helplessness, and the perceived inability to provide help due to a lack of competence to adequately respond to the situation. The final category was termed Intended Support and comprised responses indicating a sense of responsibility, motivation to help affected students, and a perceived need to take appropriate action.

TABLE 1. Categories, frequencies, and examples of school staff's emotional responses related to NSSI among students

	Category	Number of times mentioned	Sample quote
1	Feeling Alarmed	96	*I felt frightened, but also alarmed. This is really happening.* *It was a long time ago, but I remember I was worried.*
2	Feeling Bad	49	*You always feel bad when this happens.* *It was terrible, but I explained that such behaviors are bad.*
3	Feeling Incompetent	38	*I felt powerless; I did not know how to help.* *Incompetent, because I did not know how to deal with this problem, and I did not want her to think that I judged her, and I couldn't get through to her.*
4	Intended Support	28	*Responsible, like protective. It was my responsibility to help.* *I felt the need to do something to help.*

Exploring Staff's Needs

Categories, frequencies, and examples are presented in Table 2. Education, family, healthcare and social protection, justice system, and social system were identified as networks that could potentially assist schools in addressing NSSI. The most frequently mentioned strategy was the *education of school staff*, emphasizing the need for better training and awareness through lectures or seminars on NSSI. Participants recognized the necessity of all schools employing *psychologists* (particularly licensed psychoterapists), stating that they should be more available and accessible to both teachers and students. Within the Education System theme, the last category was labeled Other. It collected four responses that differed from all previously categorized needs and referred to changes within the education system, reflecting specific beliefs about the roles of schools, religion, and inclusion. These participants proposed the introduction of religious courses and special classes for students with NSSI. One believed that the school has no role in addressing NSSI. The theme of Family System also emerged, with a call for improved cooperation

with parents. In terms of Healthcare and Social Protection Systems, participants expected these networks to ensure a greater presence of mental health specialists in schools and improve their efficiency in addressing youth mental health issues. The Justice System theme focused on establishing protocols for handling NSSI, especially regarding data protection. Concerns were raised about the social and political climate in Serbia, specifically criminality, conservatism, nationalism, mental health stigma, and a perceived decline in societal values. A recurring sentiment among participants was the desire to feel that they are not alone in this process.

TABLE 2. Categories, frequencies, and examples of school staff's needs related to managing NSSI among students

Theme		Number of times mentioned	Sample quote
Education System	Education		
	Protocols	73	*We need some sort of a protocol; I do not know what to do – what I should do, what I am allowed to do. There needs to be some sort of a rulebook.*
	Seminars/ traininga	294	*I need more education on this subject. I am taken aback. I haven't thought much about this. I definitely need more education and reflection. Education is necessary. But not online, where everything depends on me reading what someone has copied and pasted, but very serious training through which we could learn how to react in such situations, with experts involved.*
	Prevention programs	9	*Clearly defined procedures of handling, but also preventive measures, some programs within schools to prevent these things from happening.*
	Other	4	*Stop the inclusion process and introduce special classes.* *To introduce special classes for such students in the education system.* *The school should not deal with this.* *Include religion in the curriculum. For example, a subject such as the Bible, where texts would be read and analyzed during class. People who become religious will never harm themselves or others.* *When young people think they are alone, that there is no God and everything is meaningless, they take their own lives and self-harm.*
	School psychologist		
	In every school	7	*A school psychologist in EVERY school. No matter how many students there are.*
	More of them	12	*First of all, to increase the number of school psychologists.*
	Psychotherapist	3	*Psychologists who are licensed psychotherapists should be included in everyday school life.*
	Involvement and availability	10	*It would help me get in touch with a psychologist more easily.* *That students can turn to a psychologist whenever they want.*

Theme		Number of times mentioned	Sample quote
Familly System	Parents	14	*More intensive and frequent involvement of parents. Better communication with parents.*
Healthcare and Social Protection Systems	More efficient and cooperative	39	*These students should be helped immediately, urgently! Without having to wait for three months for an appointment with a psychiatrist at a mental health institution.*
	More present at school	3	*The involvement of external professionals in schools; teachers cannot be psychotherapists, doctors, lawyers, and everything else at the same time.*
	Included in teacher education	9	*Psychiatrists should come to school more often and train us in what we need to know.* *Education provided to us by competent professionals, primarily psychiatrists.*
Justice System	Jurisdiction and procedures	8	*Guarantee anonymity and data protection by law, especially in provinces and small communities.*[b]
Social System	Cooperation of all state systems	19	*There should be a stronger collaboration between different state systems – education, public health, social protection, and the police.*
	Political situation	4	*To provide people with a dignified life that does not make them anxious, insecure, and scared. Parents are torn, all adults have a bad value system, and we all pass on our nightmares to our children. *** Children come to us scratched, cut, tattooed, with cigarette burn marks on their bodies, sleepless, malnourished, or fat, and we have been struggling for years, and everything is spinning, but with greater acceleration now.* *As long as our society is this conservative, little can be done about any issue, especially mental health. When 90% of the population thinks that a feminine boy is "sick", it is very difficult to empower him when he receives messages from his surroundings every day that something is wrong with him. It's a bit pessimistic, but this is really the current situation in the field.*

a. Twelve mentioned student education, six mentioned parent education, and 276 mentioned school staff education, mainly focusing on teachers.

b. In the Republic of Serbia, data protection is guaranteed by law. We assumed that the intention was to draw attention to the inadequate enforcement of these laws in small communities.

DISCUSSION

This study highlights school staff's predominantly negative and intense reactions to the disclosure of NSSI, as well as the need to strengthen collaboration between various state systems to ensure adequate care for students experiencing mental health issues. Participants often reported that students' NSSI elicited various negative emotions, but also a motivation to help, while suggesting that the education system commonly overlooks the needs of both students who engage in NSSI and the staff who support them.

When interpreting the findings, it is important to consider the response patterns across the open-ended questions. Although 556 school staff members consented to participate and completed the initial set of questions, the number of responses to the open-ended items was much smaller. A total number of participants who responded to the question addressing emotional reactions, was smaller compared to the number of participants who responded to the question regarding perceived needs. These subsample sizes reflect the nature of the questions. We assume that the question on emotional reactions was primarily answered by participants who had direct experience with students engaging in NSSI, as such reactions are closely tied to personal encounters with these situations. By contrast, there was a considerably larger number of responses regarding perceived needs. This pattern is understandable, as perceived needs can be articulated even in the absence of direct experience with students who self-injure. Needs are more reflective in nature and allow participants to comment on the support, resources, or systemic improvements they consider important, regardless of whether they have previously encountered NSSI in their work.

Emotional Reactions and Needs

Consistent with previous studies (Best, 2006; Heath et al., 2011; Lewis et al., 2020), the most common category of emotional reactions to students' NSSI was Feeling Alarmed. This reaction type was characterized by fear, shock, and worry and accompanied by a profound emotional burden, often described as a heavy or distressing feeling. The second most frequent category was Feeling Bad, which reflected similar emotional reactions but differed in terms of focus and the immediacy

of the response. Namely, Feeling Alarmed captured immediate, reactive emotions characterized by shock or heightened alertness. Conversely, Feeling Bad referred to a more reflective or internalized emotional state, including sadness, despair, or a general sense of being emotionally burdened. Whereas Feeling Alarmed represented an immediate reaction to an event, Feeling Bad described the ongoing emotional impact or personal distress.

School staff likewise described feelings of responsibility, motivation to help, and empathy, which have also been documented in earlier research (Berger et al., 2014a; Elyoseph & Levkovich, 2024). Additionally, they expressed confusion and a sense of incompetence, echoing findings by Berger and colleagues (2014a). These mixed emotions are understandable, given that many staff members lack the knowledge and training necessary to address NSSI effectively, which is an issue reflected in their reported needs. Although 62.9% of participants had attended seminars on youth mental health, only 3.2% had NSSI-specific training. Providing training and resources can enhance staff confidence in identifying and supporting students facing mental health challenges (Lewis et al., 2022; O'Farrell et al., 2023). Participants emphasized the importance of mental health education not only for school staff, but also for parents and students.

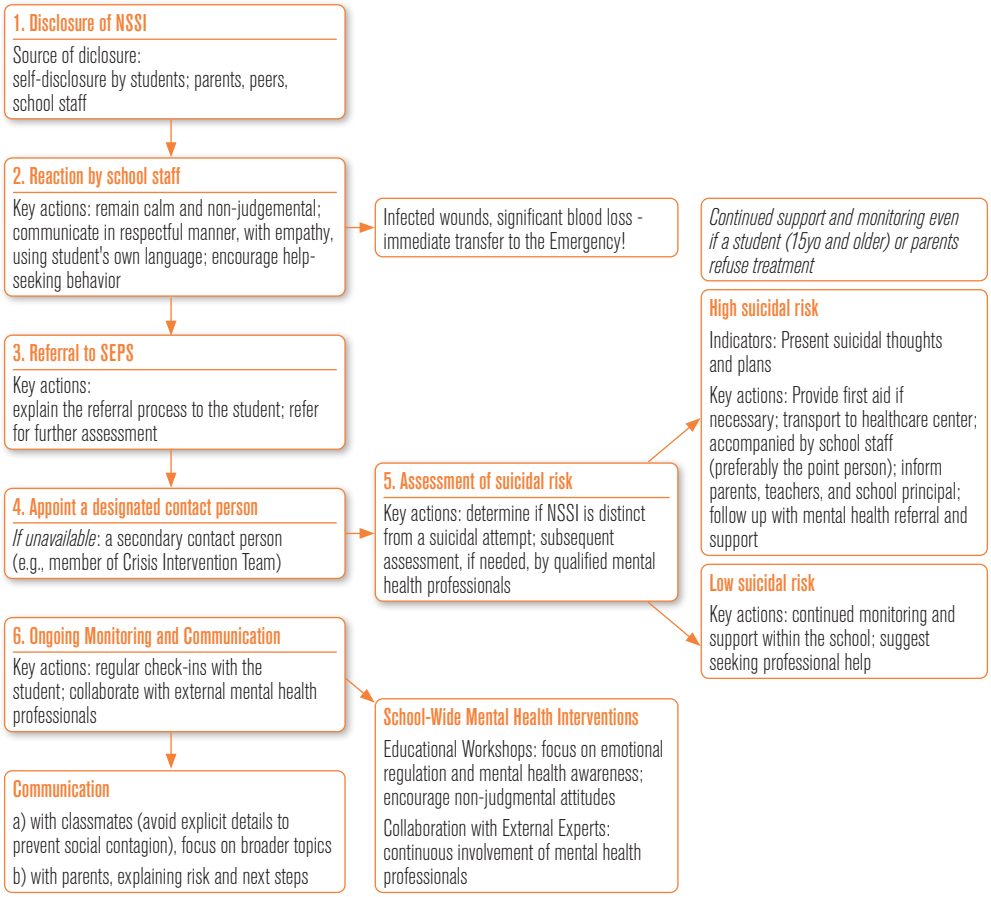
Concerns were raised about the lack of mental health specialists, such as psychologists and psychotherapists. Psychologists, social workers, special education teachers, and pedagogists within SEPS often lack time to adequately support both students and staff. Quite commonly, school psychologists are overburdened with administrative responsibilities. Previous studies conducted in the United States (e.g., Roberts-Dobie & Donatelle, 2007) have noted that nowadays „school counselors are asked to do more tasks in less time" (p. 262). In Serbia, there is no direct equivalent to the role of a school counselor, which leaves most mental health responsibilities to untrained or undertrained staff. School counselors typically address emotional issues, train school staff, and collaborate with external services (Harris & Jeffery, 2010; Roberts-Dobie & Donatelle, 2007). Thus, they could play a key role in helping staff manage NSSI-related challenges (Garisch et al., 2020). Given their training in youth mental health (Reeves et al., 2004), integrating such specialists into Serbian schools could significantly enhance support for both students and staff.

Participants called for increased collaboration among relevant institutions to prevent NSSI, reduce its prevalence, and improve their capacity to manage it effectively. The public health system was frequently cited as a critical area for improvement. Long-term underfunding has resulted in outdated facilities and equipment (Stošić & Karanović, 2014). Serbia lacks strategic planning for its public health workforce, leading to shortages and uneven distribution of specialists, particularly in pediatrics and child and adolescent psychiatry (Bjegovic-Mikanovic et al., 2019; Bogdanovic et al., 2016; Gregoric Kumperscak et al., 2019; Santric Milicevic et al., 2018). Deficiencies in the social protection system were also highlighted, especially in less developed municipalities and rural areas, where access to welfare services remains limited (Stanić & Matković, 2022). Social care professionals should be encouraged to collaborate more closely with schools, share relevant information, and respond promptly when necessary. The justice system was mentioned as important for safeguarding children's rights and ensuring the anonymity of individuals involved in NSSI cases. Moreover, the broader social and political context was viewed both as a risk factor for NSSI and as a barrier to implementing effective mental health interventions. Research has shown that political decisions can negatively affect the education system (Pešikan & Ivić, 2021). Over half of the participants rated the status of their profession as *poor*, reflecting widespread dissatisfaction with policymaking in Serbia (Teodorović et al., 2016). The persistent mental health stigma further complicates efforts to modernize the education system and democratize society. Some participants even proposed segregating students who self-injure into special classes. However, previous studies (Heath et al., 2006) have warned that such measures may be counterproductive, potentially exacerbating the feeling of loneliness and increasing self-injury. Instead, authors (e.g., Heath et al., 2021) have advocated a structured response protocol for school staff following disclosures of NSSI, especially when staff lack specific training. Our findings indicate that school staff concur with this view, identifying the need for protocols as one of their most commonly expressed needs.

Suggested Protocol for Serbian Schools

The past decade has seen the publication of numerous international guidelines for addressing NSSI in schools (e.g., Burbick et al., 2010; De Riggi et al., 2017; Hamza & Heath, 2018; Hasking et al., 2016, 2019, 2020; Heath et al., 2021). The problem lies in the uncertainty of their effective implementation in Serbia and other countries facing systemic educational challenges. Namely, the practical applicability of these guidelines becomes questionable in a context in which schools lack psychologists, counselors and medical staff are absent, and teachers frequently protest poor working conditions. The situation is further complicated by the uneven distribution of health professionals and the limited availability of welfare services. In countries such as Serbia, where the education system is not adequately aligned with mental health needs, additional barriers to effective NSSI response arise. Contextual adaptations are necessary to enhance the relevance and effectiveness of existing guidelines in countries with less mental health-oriented education systems. Drawing on our study findings, as well as key insights from international NSSI guidelines, we developed a tailored framework for addressing NSSI in schools within such environments (see Figure 1).

FIGURE 1. NSSI protocol for schools in Serbia



Note. SEPS - service for educational and psychological support.

Disclosure of NSSI may come from students themselves, their peers, parents[2] or school staff. The initial response of school staff is crucial. Participants in this study reported a wide range of negative emotional reactions to encounters with students who engage in NSSI, including fear, concern, "terrible" and "heavy" feelings, and powerlessness. Additionally, among the reported needs, some responses suggested isolating students who engage in NSSI in special classes and emphasized that the school should not be involved in addressing this issue. Negative responses can discourage students from seeking help and may contribute to increasing stigma, social isolation, and heightened risk of continued NSSI (Lewis et al., 2022). Therefore, it is essential that these reactions foster empathy, encourage help-seeking, and maintain a non-judgmental attitude. Lewis and colleagues (2022) recommended communicating in a calm and respectful manner, using the student's language when discussing self-injury. Heath and colleagues (2021) emphasized that appropriate responses should involve listening attentively, expressing genuine concern for the student's overall well-being, and avoiding an exclusive focus on NSSI behavior. It is also paramount to accept the student who self-injures, even if the behavior itself is not condoned (Lieberman et al., 2008).

The results of this study showed that more than half of the participants who agreed to take part (regardless of whether they responded to the open-ended questions) reported having some form of training in youth mental health, although only 3% reported attending NSSI-specific training. When NSSI is disclosed to someone without mental health training, the student should be referred to SEPS following a calm and supportive conversation. It is important to clearly explain that the referral is a proactive measure for the student's safety and well-being (Burbick et al., 2010), not a way to shift responsibility. Although the inclusion of a psychologist within SEPS is not mandatory in Serbia (participants also highlighted this as an issue), pedagogists, social workers, and other professionals within this team are expected to show greater sensitivity to mental health issues and tend to carry less stigma than other staff. Research has shown that SEPS personnel in Serbian schools have more knowledge about NSSI, demonstrate more positive attitudes towards students who self-injure, and exhibit lower levels of stigma than teachers (Radanovic, 2025). Many protocols recommend appointing a designated person within the school

2 We use the term parents to refer to legal guardians or caregivers.

to manage NSSI incidents. This role is referred to as a point person (Bubrick et al., 2010), contact person (Heath et al., 2021), or designated person (Lewis et al., 2022). The responsibilities of this individual include providing ongoing support to the student and coordinating with other members of the support network. Based on our findings and our prior research (Radanovic, 2025), we recommend that a member of SEPS assume this role, particularly given the shortage of mental health specialists in Serbian schools. Some authors (e.g., De Riggi et al., 2017) further recommend appointing a secondary contact, typically from the school crisis response team, who could step in when the primary person is unavailable. This person should focus on building trust with the student and ensuring effective communication among all relevant parties.

The lethality level of the injury should be assessed immediately. If NSSI is disclosed shortly after the act of self-injury, and the wound is infected, open, or bleeding heavily, the student should be promptly taken to the nearest healthcare center, ideally accompanied by the designated point person. In such cases, the school principal, classroom teacher, and the student's parents or caregivers should be informed. Once the student enters the public healthcare system, medical personnel are expected to refer the student for further evaluation and treatment at a mental health institution. According to the national guidelines developed by Pejović Milovančević and colleagues (2024), a school representative should accompany the student to the appointment and provide relevant information to support the evaluation. We recommend that this role be fulfilled by the designated point person.

As outlined in international protocols, the first step in responding to NSSI includes differentiating it from a suicide attempt and assessing the current level of suicidal risk. According to the established guidelines (e.g., Hasking et al., 2019; Heath et al., 2021), this assessment should not be conducted by teachers. As for Serbia, the most recent publication by the Institute for Mental Health in Belgrade (Mitković Vončina & Pejović Milovančević, 2025) provides guidelines for assessing suicidal risk developed by professionals in the field of mental health prevention and protection who support young people across different systems, including the education sector. The publication offers instructions and explanations for implementing steps in recognizing common challenges and risks to youth mental health, including suicidality. This set of tools is known as the Minimum Package

of Services for Youth and serves as a basis for creating an individualized support plan for each young person who requires mental health assistance. In line with this manual, we suggest that mental health prevention and protection professionals (in the educational context, SEPS members) rely on their experience and the available information to assess whether and when to collect all necessary data through an interview with the young person, including sensitive questions related to NSSI and suicidality. If suicidal risk is assessed to be present, students should be referred to specialized services where a psychiatric evaluation can be conducted. If a qualified mental health professional is not available within the school, it is recommended that the student be immediately referred to an external mental health specialist (Hamza & Heath, 2018). Some authors (e.g., Heath et al., 2021) have advocated ongoing assessments of suicidal risk, emphasizing that students should be made aware that emotional states can change over time and that regular evaluations are important for their safety. Participants in our study highlighted the need for greater involvement of external mental health professionals, in the form of support and training. In Serbia, access to specialized mental health care for children and adolescents is limited to major urban centers, and waiting times for consultations can exceed one month (Pejovic Milovancevic et al., 2009). Therefore, we recommend continuous supervision of students who self-injure until they are able to meet with a mental health professional. This recommendation aligns with the recent national guidelines our colleagues developed for addressing mental health issues in Serbian schools (Pejovic Milovancevic et al., 2024).

In addition to assessing lethality, treatment decisions should consider the resources available within the school (De Riggi et al., 2017). This study indicates that schools in Serbia face significant resource constraints (e.g., the unavailability of school counselors and nurses, an insufficient number of psychologists). The effective treatment and reintegration of students who have been hospitalized hinge on collaboration with mental health professionals, such as psychologists, psychiatrists, and psychotherapists. In Serbia, students aged 15 and older have the legal right to refuse treatment, even when seeking professional help is recommended by school staff[3]. Heath and colleagues (2021) emphasized the importance of validating students' emotions and engaging in open dialogue about their reasons for refusal. They also recommended the development

3 The Law on Patients' Rights, Official Gazette, no. 45/2013, 25/2019

of a safety plan including alternative coping strategies and a list of supportive contacts. Similarly, Hasking and colleagues (2019) advised that if a student declines professional help, mental health practitioners should continue to offer support by maintaining a non-judgmental relationship, monitoring the student's well-being, and ensuring that help remains accessible when the student is ready to seek it. Considering that not all schools in Serbia have mental health professionals, the responsibility for addressing these issues often falls on school staff, primarily teachers and SEPS members, which is also mentioned among participants' responses (… *teachers cannot be psychotherapists, doctors, lawyers, and everything else at the same time*). Ideally, external experts should also be involved in this process.

Efforts should also be directed toward improving communication with classmates and parents. When injuries are severe and require medical intervention, it is likely that other students have witnessed the incident or the efforts to provide assistance. Such situations can elicit strong emotional reactions, including fear, shock, and anger. Because NSSI is often regarded as a "contagious behavior", school staff may be concerned that awareness of these incidents could increase the risk of self-injury among other students (Hasking et al., 2019). Hence, it is important to address the event with students while avoiding explicit details about the self-injury to reduce the risk of social contagion. The focus should be on helping students recognize signs of distress and encouraging the use of positive coping strategies (Bubrick et al., 2010; Hasking et al., 2016). Discussions that explore both healthy and unhealthy coping mechanisms can promote non-judgmental attitudes toward peers who self-injure and contribute to reducing the potential for behavioral contagion (Hasking et al., 2019). Importantly, students should not participate in NSSI-specific training unless they are members of a designated mental health team and are not considered at risk for self-injurious behavior (Bubrick et al., 2010). To reduce stigma and foster a supportive environment among peers, it is essential to incorporate regular mental health education workshops into school programming. These sessions should emphasize emotional regulation, communication skills, and mental health awareness through interactive group activities. It is recommended that school staff collaborate with mental health specialists when planning these sessions, regardless of whether a psychologist is available on-site.

Parents play a vital role in the care and recovery of students who engage in self-injury, as recognized by participants in this study. Barbour and colleagues (2021) noted that in the United States, parents must be notified in case of NSSI, and Child Protective Services must be contacted within 24 hours. Legal and clinical responsibilities surrounding parental notification are widely discussed in the literature (e.g., Bubrick et al., 2010; Hasking et al., 2016, 2019; Heath et al., 2021; Shapiro, 2008). Although confidentiality between students and school staff is essential for building trust, it does not apply when a student is at risk of harm. Students should be informed of this limitation in advance. Regardless of the student's age or immediate risk, it is important to discuss the disclosure with them before informing the parents. Lewis and colleagues (2022) recommended that the initial step in the notification process should be a discussion about the student's expectations regarding parents' reactions to the disclosure of NSSI. The timing of parental involvement should be based on an assessment of suicidal risk and wound severity. If either is high, parents should be informed immediately, especially when the injury poses a risk of infection and requires urgent medical attention. If both are assessed as low, school staff may arrange meetings with mental health professionals to guide parents in providing appropriate support, but the decision should be made by a mental health specialist (using clinical judgment, e.g., Heath et al., 2021). Hasking and colleagues (2019) noted that if a student refuses both referral and parental involvement but is assessed as being at low risk of suicide and is willing to engage with a school-based mental health professional, regular counseling sessions or participation in prevention-oriented group programs may be sufficient for monitoring. However, our data and informal conversations with teachers and school psychologists suggest that in countries such as Serbia, where mental health professionals are generally not employed at schools, parents are typically informed immediately, regardless of any formal risk assessment, which is seldom conducted. This practice appears to be driven by fear and a sense of professional inadequacy, which is understandable given the limited NSSI training among school staff. Moreover, parents may find it difficult to accept that their child requires psychological support and often fear that addressing the issue directly could worsen the situation. When informing parents about a child's disclosure of NSSI, it is essential to provide them with resources on understanding NSSI, available treatments, and ways to support their child (Heath et

al., 2021). There may be times when parents refuse to cooperate or do not respond. If this refusal persists and they seem uninvolved in their child's treatment, social workers should be alerted to potential neglect.

Authors have also emphasized school-based NSSI interventions (e.g., Hamza & Heath, 2018). In the absence of mental health professionals within Serbian schools, it is critical that school staff take an active role in assisting, supporting, and encouraging students and their parents to seek help from external specialists. Lieberman and colleagues (2008: 199) recommended that staff "update their lists of mental health resources on a regular basis" to ensure accurate and timely referrals. Furthermore, school staff are advised to seek guidance and support from mental health professionals employed at medical institutions. According to the national manual for addressing mental health issues in Serbian schools (Pejović Milovančević et al., 2024), "all concerns related to self-injurious behavior require immediate attention and referral to a mental health specialist" (p. 81). Ongoing monitoring of the student's condition can also be coordinated with external professionals. In education systems that lack medical and mental health personnel, the establishment of strong, ongoing collaboration with external experts is essential to ensure timely and effective responses to disclosures of NSSI. Finally, as suggested by Hamza and Heath (2018), guidelines should help schools assign roles to staff, but these roles need to be established as part of the school's policy. The key to effective protocol implementation is having all staff and administration agree on the guidelines, which should be communicated to everyone involved (Lieberman et al., 2008).

Globally, schools face considerable challenges and a widespread lack of knowledge in addressing NSSI. Whereas many developed countries have been working toward building mental health-sensitive education systems, Serbia continues to operate without mandatory school-based mental health professionals, such as school nurses and counselors. The lack of these resources significantly hinders schools' capacity to address students' mental health needs, particularly in cases of self-injury, which can be distressing and overwhelming for school staff. Although this study focused on Serbian schools, its findings are relevant to other developing and even some developed countries. A cross-national survey of schools in ten developed countries found that over half of them lacked formal mental health policies and adequate support systems. Key barriers included insufficient staffing, limited

funding, and restricted access to mental health specialists, with fewer than one in three schools reporting strong connections to local mental health services (Patalay et al., 2016). These findings underscore structural challenges in education systems that go beyond those commonly reported in countries with advanced infrastructure. Addressing these issues requires policy-level action to foster collaboration between public health, social services, legal systems, and educational institutions. To make a meaningful impact, it is essential to increase investment in both education and public health, implement preventive mental health programs, and raise awareness across school communities. The integration of trained mental health professionals into school settings could help alleviate pressure on educators and facilitate more timely and effective responses to students engaging in NSSI.

Limitations

The first limitation of this study pertains to the particularly low response rate. The invitation to participate was sent to all schools in Serbia, but only about 5% of school principals responded positively. As participation was voluntary, this high non-response rate suggests that the findings may reflect tendencies specific to schools whose principals or other staff already show a greater interest in mental health. It remains unclear what results might have emerged had the sample been larger. Additionally, this level of non-response may reflect how mental health research is perceived by professionals working in education. Therefore, it is essential to raise awareness not only about the importance of mental health itself, but also about the value of school-based mental health research. Strengthening collaboration between researchers and practitioners in this field is a necessary step forward. The representation of primary and secondary schools in the sample was not balanced. Hence, it would be important for future studies to examine whether differences can be identified among school employees regarding their responses to NSSI.

The second limitation stems from the data collection technique. To obtain insight into a large and diverse range of experiences, the data were collected online, without direct researcher-participant contact. However, this method precluded gaining a deeper understanding of these experiences, which could have been achieved by conducting interviews with participants. Therefore, we suggest that future studies

implement a different approach, one that would allow participants to describe their experiences and needs in greater detail and give researchers the opportunity to deepen their understanding through follow-up questions. Additionally, it would be beneficial to explore the manner of NSSI discovery (whether students disclosed it themselves or whether it was noticed by a staff member). Such information could further illuminate staff responses and NSSI identification within the school context.

Finally, the publication of the protocol should not be considered a final step. It is essential to conduct discussions with school staff in order to evaluate the protocol and gather additional feedback regarding its applicability in practice. Given the distinctive features of education policies and school structures in Balkan countries, further research is needed to examine context-specific prevention and intervention programs. These programs should aim to bridge the gap between school staff's willingness to support students and their limited access to the training and resources necessary for effective intervention.

CONCLUSION

Although public health policies vary across countries, the fears and needs of individuals on the frontline remain largely consistent. School staff play a vital role in promoting and monitoring students' mental health. However, to perform this role effectively, they require adequate training and support both within the school environment and through external resources. Among the primary needs identified by school staff was the establishment of clear protocols to guide their responses to students who self-injure. The demands placed on teachers must be eased. This paper contributes to this cause by offering evidence-based insights and practical recommendations.

Ethical approval. This research has been approved by the *Ethics Committee of the Institute for Educational Research* (Decision No. 96 dated February 9, 2023).

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REFERENCES

- Barbour, L., Correa, N., & Sallee, E. (2021). Non-Suicidal Self-Injury (NSSI): What school counselors need to know to support their students. *Journal of School Counseling*, *19*(32), n32.
- Berger, E., Hasking, P., & Reupert, A. (2014a). "We're working in the dark here": Education needs of teachers and school staff regarding student self-injury. *School Mental Health*, *6*, 201–212. DOI:10.1007/s12310-013-9114-4
- Berger, E., Hasking, P., & Reupert, A. (2014b). Response and training needs of school staff towards student self-injury. *Teaching and Teacher Education*, *44*, 25-34. DOI: 10.1016/j.tate.2014.07.013
- Best, R. (2006). Deliberate self-harm in adolescence: A challenge for schools. *British Journal of Guidance & Counselling*, *34*(2), 161–175. DOI: 10.1080/03069880600583196.
- Bjegovic-Mikanovic, V., Vasic, M., Vukovic, D., Jankovic, J., Jovic-Vranes, A., Santric-Milicevic, M., ... & Hernandez-Quevedo C. (2019). Serbia: Health system review. *Health Systems in Transition. 21*(3), 1–211. https://iris.who.int/handle/10665/331644
- Bogdanović, R., Lozanović, D., Milovančević, M. P., & Jovanović, L. S. (2016). The child health care system of Serbia. *The Journal of Pediatrics*, *177*, S156-S172. DOI:10.1016/j.jpeds.2016.04.053
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and psychotherapy research*, *21*(1), 37 47. DOI:10.1002/capr.12360
- Bubrick, K, Goodman J, & Whitlock J. (2010) *Non-suicidal self-injury in schools: Developing and implementing school protocol.* [Fact sheet]. Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults. http://crpsib.com/userfiles/NSSI-schools.pdf
- Carlson, L., DeGeer, S. M., Deur, C., & Fenton, K. (2005). Teachers' awareness of self-cutting behavior among the adolescent population. *Building on Our Foundations*, *5*, 22–29.
- Cipriano, A., Cella, S., & Cotrufo, P. (2017). Nonsuicidal self-injury: A systematic review. *Frontiers in Psychology*, *8*, 1946. DOI:10.3389/fpsyg.2017.01946
- de Raadt, A., Warrens, M. J., Bosker, R. J., & Kiers, H. A. (2021). A comparison of reliability coefficients for ordinal rating scales. *Journal of Classification*, 1–25. DOI:10.1007/s00357-021-09386-5
- De Riggi, M. E., Moumne, S., Heath, N. L., & Lewis, S. P. (2017). Non-suicidal self-injury in our schools: A review and research-informed guidelines for school mental health professionals. *Canadian Journal of School Psychology*, *32*(2), 122–143. DOI:10.1177/0829573516645563
- Elyoseph, Z., & Levkovich, I. (2024). Beyond the surface: Teachers' perceptions and experiences in cases of non-suicidal self-injury among high school students. *OMEGA-Journal of Death and Dying*, 00302228231223275. DOI:10.1177/00302228231223275
- Garisch, J. A., Robinson, K., & Wilson, M. S. (2020). Responding to non-suicidal self-injury in New Zealand secondary schools: Guidance counsellors' perspectives. *New Zealand Journal of Counselling 40*(1), 15–29.
- Gisev, N., Bell, J. S., & Chen, T. F. (2013). Interrater agreement and interrater reliability: key concepts, approaches, and applications. *Research in Social and Administrative Pharmacy*, *9*(3), 330–338. DOI:10.1016/j.sapharm.2012.04.004
- Gregoric Kumperscak, H. (2019). Child and adolescent psychiatry in Slovenia in comparison with other European countries. *European Child & Adolescent Psychiatry*, *28*, 147–151. DOI:10.1007/s00787-018-1232-y
- Gwet, K. L. (2014). *Handbook of inter-rater reliability: The definitive guide to measuring the extent of agreement among raters*. Advanced Analytics, LLC.

- Hamza, C. A., & Heath, N. L. (2018). Nonsuicidal self-injury: What schools can do. In A. Leschied, D. Saklofske & G. Flett (Eds.), *Handbook of School-Based Mental Health Promotion*. The Springer Series on Human Exceptionality. Springer, Cham. DOI:10.1007/978-3-319-89842-1_14
- Harris, G. E., & Jeffery, G. (2010). School counsellors' perceptions on working with student high-risk behaviour. *Canadian Journal of Counselling and Psychotherapy*, *44*(2), 150–190. https://cjc-rcc.ucalgary.ca/article/view/58911
- Harris, L. M., & Ribeiro, J. D. (2021). Does fearlessness about death mediate the association between NSSI and suicide attempts? A longitudinal study of over 1,000 high-risk individuals. *Journal of Consulting and Clinical Psychology*, *89*(3), 176. DOI:10.1037/ccp0000626
- Hasking, P. A., Bloom, E., Lewis, S. P., & Baetens, I. (2020). Developing a policy, and professional development for school staff, to address and respond to nonsuicidal self-injury in schools. *International Perspectives in Psychology*, *9*(3), 176–179. DOI:10.1037/ipp0000143
- Hasking, P., Boyes, M. E., Finlay-Jones, A., McEvoy, P. M., & Rees, C. S. (2019). Common pathways to NSSI and suicide ideation: The roles of rumination and self-compassion. *Archives of Suicide Research*, *23*(2), 247–260. DOI:10.1080/13811118.2018.1468836
- Hasking, P. A., Heath, N. L., Kaess, M., Lewis, S. P., Plener, P. L., Walsh, B. W., ... & Wilson, M. S. (2016). Position paper for guiding response to non-suicidal self-injury in schools. *School Psychology International*, *37*(6), 644–663. DOI:10.1177/0143034316678656
- Heath, N. L., Bastien, L., Mettler, J., Bloom, E., & Hamza, C. (2021). 7 School Response to Nonsuicidal Self-Injury. *Consultation and Mental Health Interventions in School Settings: A Scientist–Practitioner's Guide*, 145–171.
- Heath, N. L., Baxter, A. L., Toste, J. R., & McLouth, R. (2010). Adolescents' willingness to access school-based support for nonsuicidal self-injury. *Canadian Journal of School Psychology*, *25*(3), 260–276. DOI:10.1177/0829573510377979
- Heath, N. L., Toste, J. R., & Beettam, E. L. (2006). "I am not well-equipped" high school teachers' perceptions of self-injury. *Canadian Journal of School Psychology*, *21*(1–2), 73–92. DOI: 10.1177/0829573506298471
- Hooley, J. M., Fox, K. R., & Boccagno, C. (2020). Nonsuicidal self-injury: diagnostic challenges and current perspectives. *Neuropsychiatric Disease and Treatment*, *16,* 101–112. DOI:10.2147/NDT.S198806
- IBM (2022). SPSS statistics for Windows. Version 29.0. Armonk, NY: IBM.
- International Society for the Study of Self-Injury (2024). Definition of non-suicidal self-injury. July, 2024. https://www.itriples.org/aboutnssi
- Landers, R. (2023). Computing intraclass correlations (ICC) as estimates of interrater reliability in SPSS. *Authorea Preprints*. DOI:10.15200/winn.143518.81744
- Leiner D. J. (2024). SoSci Survey (Program Version 3.2. 06)[Computer software].
- Lewis, S. P., Heath, N. L., Hasking, P. A., Hamza, C. A., Bloom, E. L., Lloyd-Richardson, E. E., & Whitlock, J. (2020). Advocacy for improved response to self-injury in schools: A call to action for school psychologists. *Psychological Services*, *17*(S1), 86.
- Lewis, S. P., Heath, N. L., Bloom, E. L., Baetens, I., Brausch, A. M., Hamza, C. A., ... & Robinson, K. (2022). School-based recommendations for addressing nonsuicidal self-injury: Application to rural settings. *Journal of Rural Mental Health*, *46*(3), 183. https://psycnet.apa.org/doi/10.1037/rmh0000211
- Lieberman, R. A., Toste, J. R., & Heath, N. L. (2008). Nonsuicidal self-injury in the schools: Prevention and intervention. In M. K. Nixon & N. Heath (Eds.), *Self-injury in youth: The essential guide to assessment and intervention* (pp. 195–215). Routledge.
- Lim, K. S., Wong, C. H., McIntyre, R. S., Wang, J., Zhang, Z., Tran, B. X., ... & Ho, R. C. (2019). Global lifetime and 12-month prevalence of suicidal behavior, deliberate self-harm and non-suicidal self-injury

in children and adolescents between 1989 and 2018: A meta-analysis. International Journal of Environmental Research and Public Health, 16(22), 4581. DOI:10.3390/ijerph16224581

- Lloyd-Richardson, E. E., Hasking, P., Lewis, S., Hamza, C., McAllister, M., Baetens, I., & Muehlenkamp, J. (2020). Addressing self-injury in schools, Part 2: How school nurses can help with supporting assessment, ongoing care, and referral for treatment. *NASN school nurse*, *35*(2), 99–103. DOI:10.1177/1942602X19887353
- Mitkovic Voncina, M., Pesic, D., Munjiza Jovanovic, A., Radovanovic, A., Pejovic, & Milovancevic, M. (2023). Youth mental health – Psychosocial interventions in the heart of prevention and treatment. In Nađa P. Maric. (Ed.). Proceedings of 10th forum of the Institute of mental health (pp. 73–91). Institute of Mental Health.
- Mitković Vončina, M,. & Pejovic Milovančević, M. (2025). *Budi tu za mlade: Kako podržati prevenciju i zastitu mentalnog zdravlja adolescenata i mladih u javnim sistemima u Srbiji kroz Minimalni paket usluga za mlade (MPUM)* [*Being there for the youth: How to support adolescent and youth mental health protection and prevention in public systems in Serbia via the Minimum Package of Services for Youth (MPSY)*]. Institut za mentalno zdravlje.
- Moloney, F., Amini, J., Sinyor, M., Schaffer, A., Lanctôt, K. L., & Mitchell, R. H. (2024). Sex differences in the global prevalence of nonsuicidal self-injury in adolescents: A meta-analysis. *JAMA Network Open*. DOI: 10.1001/jamanetworkopen.2024.15436
- O'Farrell, P., Wilson, C., & Shiel, G. (2023). Teachers' perceptions of the barriers to assessment of mental health in schools with implications for educational policy: A systematic review. *British Journal of Educational Psychology*, *93*(1), 262–282. DOI:10.1111/bjep.12553
- Patalay, P., Giese, L., Stanković, M., Curtin, C., Moltrecht, B., & Gondek, D. (2016). Mental health provision in schools: priority, facilitators and barriers in 10 European countries. *Child and Adolescent Mental Health*, *21*(3), 139–147. DOI:10.1111/camh.12160
- Pejović Milovančević, M., Aleksić Hil, O., & Mitković Vončina, V. (Eds). (2024). *Mentalno zdravlje u školama: zašto je važno, kako prepoznati probleme i kako reagovati.* [School mental health: Why is it important, how to recognize and react to the problems]. Institut za mentalno zdravlje. Available at https://prosveta.gov.rs/wp-content/uploads/2024/04/Mentalno-zdravlje-u-skolama.pdf
- Pejovic Milovancevic, M., Popovic Deusic, S., Lecic Tosevski, D., & Draganic Gajic, S. (2009). Mental health care of children and adolescents in Serbia: past steps and future directions. *Epidemiology and Psychiatric Sciences*, *18*(3), 262–265.
- Pešikan, A., & Ivić, I. (2021). The impact of specific social factors on changes in education in Serbia. *Center for Educational Policy Studies Journal*, *11*(2), 59–76.
- Rulebook on Criteria and Standards for Financing Primary Education Institutions [Pravilnik o kriterijumima i standardima za finansiranje ustanove koja obavlja delatnost osnovnog obrazovanja i vaspitanja] (2023*). Službeni glasnik RS*, br. 72/2023. Paragraf Lex. https://www.paragraf.rs/propisi/pravilnik-standardima-finansiranje-ustanove-obavlja-delatnost-osnovnog-obrazovanja.html
- Rulebook on Criteria and Standards for Financing Secondary Education Institutions [Pravilnik o kriterijumima i standardima za finansiranje ustanove koja obavlja delatnost srednjeg obrazovanja i vaspitanja] (2023). *Službeni glasnik RS,* br. 72/2015, 84/2015, 73/2016, 45/2018, 106/2020, 115/2020, 93/2022, and 71/2023. Paragraf Lex. https://www.paragraf.rs/propisi/pravilnik-o-kriterijumima-finansiranje-ustanove-srednjeg-obrazovanja.html
- R Core Team. R (2021). A language and environment for statistical computing. R Foundation for Statistical Computing. https://www.R-project.org/
- Radanović, A. (2025). Understanding and addressing youth mental health issues within the school context in Serbia. In M. Kovačević Lepojević i S. Kanjevac (ur.), Book of Abstract, 33rd International Scientific Conference Educational Research and School Practice *From Positive Youth Development to Positive Youth Justice* (pp. 8). Belgrade: Institute for Educational Research.

- Radanović, A., Kostić, M., Pejović-Milovančević, M., Tošković, O., Videnović, M., Mitković-Vončina, M., ... & Lazarević, L. B. (2022). Nonsuicidal Self-Injury (NSSI) in Serbia: Nationally representative sample study. *Psychiatry Research Communications*, *2*(3), 100051. DOI:10.1016/j.psycom.2022.100051
- Reeves, A., Bowl, R., Wheeler, S., & Guthrie, E. (2004). The hardest words: Exploring the dialogue of suicide in the counselling process—A discourse analysis. *Counselling and Psychotherapy Research*, *4*(1), 62–71.
- Roberts-Dobie, S., & Donatelle, R. J. (2007). School counselors and student self-injury. *Journal of School Health*, 77(5), 257–264. DOI:10.1111/j.1746-1561.2007.00201.x
- Robinson, K., & Wilson, M. S. (2020). Open to interpretation? Inconsistent reporting of lifetime non-suicidal self-injury across two common assessments. *Psychological assessment*, *32*(8), 726–738. DOI:10.1037/pas0000830
- Santric Milicevic, M., Vasic, M., Edwards, M., Sanchez, C., & Fellows, J. (2018). Strengthening the public health workforce: An estimation of the long-term requirements for public health specialists in Serbia. *Health Policy*, *122*(6), 674–680. DOI: 10.1016/j.healthpol.2018.03.012
- Shapiro, S. (2008). Addressing self-injury in the school setting. *The Journal of School Nursing*, *24*(3), 124–130. DOI:10.1177/1059840512344321
- Stanić, K., & Matković, G. (2022). Overview of social protection in Serbia: Current perspectives and challenges. *Social Security in the Balkans–Volume 3*, 27–49. DOI:10.1163/9789004500068_003
- Stošić, S., & Karanović, N. (2014). Health care economics in Serbia: Current problems and changes. *Vojnosanitetski pregled*, *71*(11). DOI:10.2298/VSP120205002S
- Teodorović, J., Stanković, D., Bodroža, B., Milin, V., & Đerić, I. (2016). Education policymaking in Serbia through the eyes of teachers, counselors, and principals. *Educational Assessment, Evaluation and Accountability*, *28*, 347–375. DOI:10.1007/s11092-015-9221-x
- VERBI Software (2004). MAXQDA 2024. Berlin.
- Zetterqvist, M. (2015). The DSM-5 diagnosis of nonsuicidal self-injury disorder: a review of the empirical literature. *Child and Adolescent Psychiatry and Mental Health*, *9*, 1–13. DOI:10.1186/s13034-015-0062-7