

What is the current provision and future need for student self-harm prevention and intervention in secondary schools? A survey and qualitative consultation

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Self-harm and Suicide in Schools GW4 Research Collaboration

Background

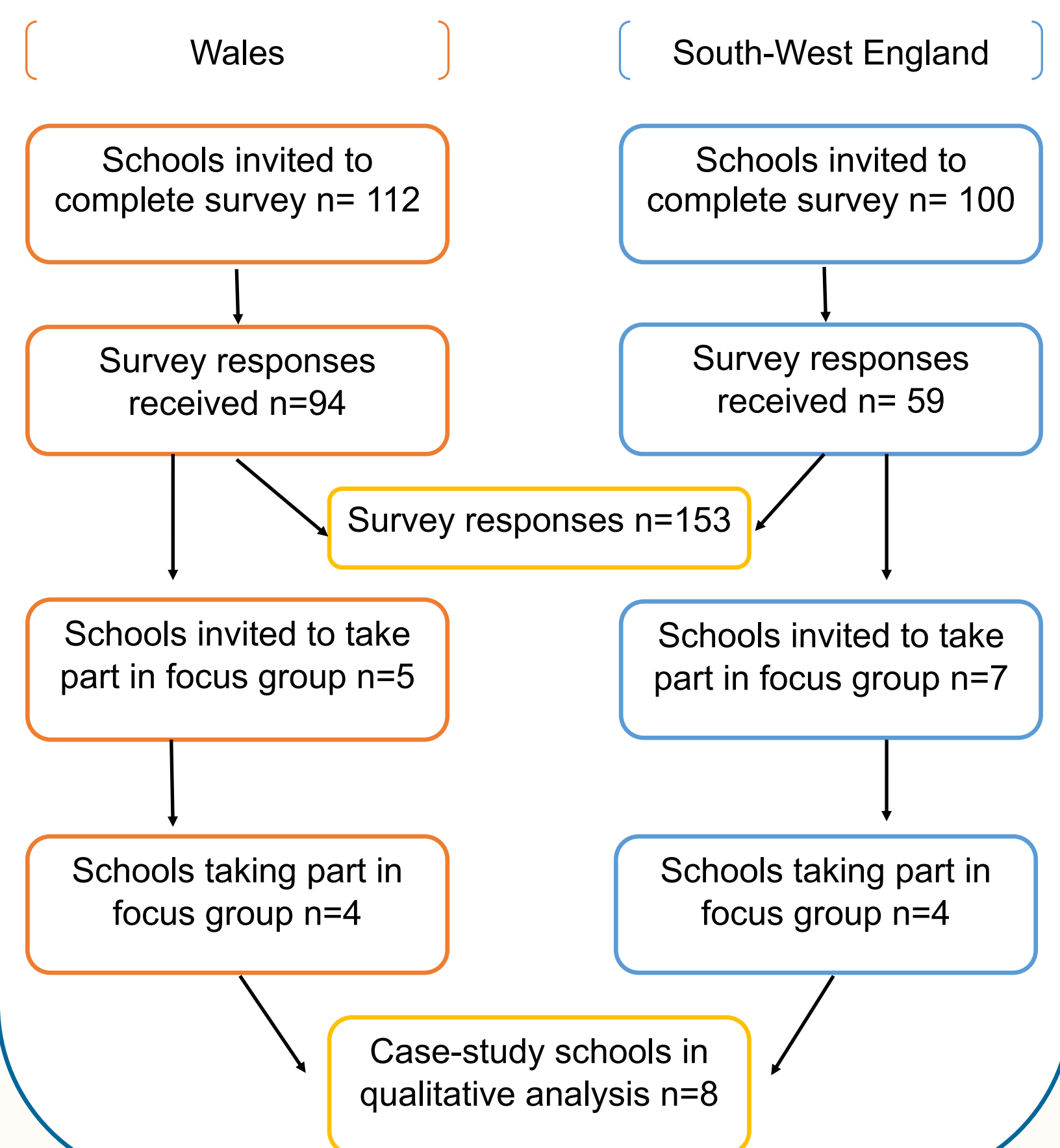
Self-harm refers to any act with a non-fatal outcome where an individual engages in a behaviour or ingests a substance with the intention of causing harm to themselves. Community samples of UK adolescent populations estimate that prevalence of self-harm ranges from 6.9% to 18.8%. Hospital admissions for self-harm amongst young people aged under 25 increased 68% between 2001-2011.

Research has called for extensive investment in innovative school-based prevention of self-harm and suicide. Recent policy has promoted a similar focus, identifying schools as priority places where preventative approaches should be focused. This study therefore aimed to assess current provision in secondary schools for prevention and intervention in student self-harm.

Recruitment and Methods

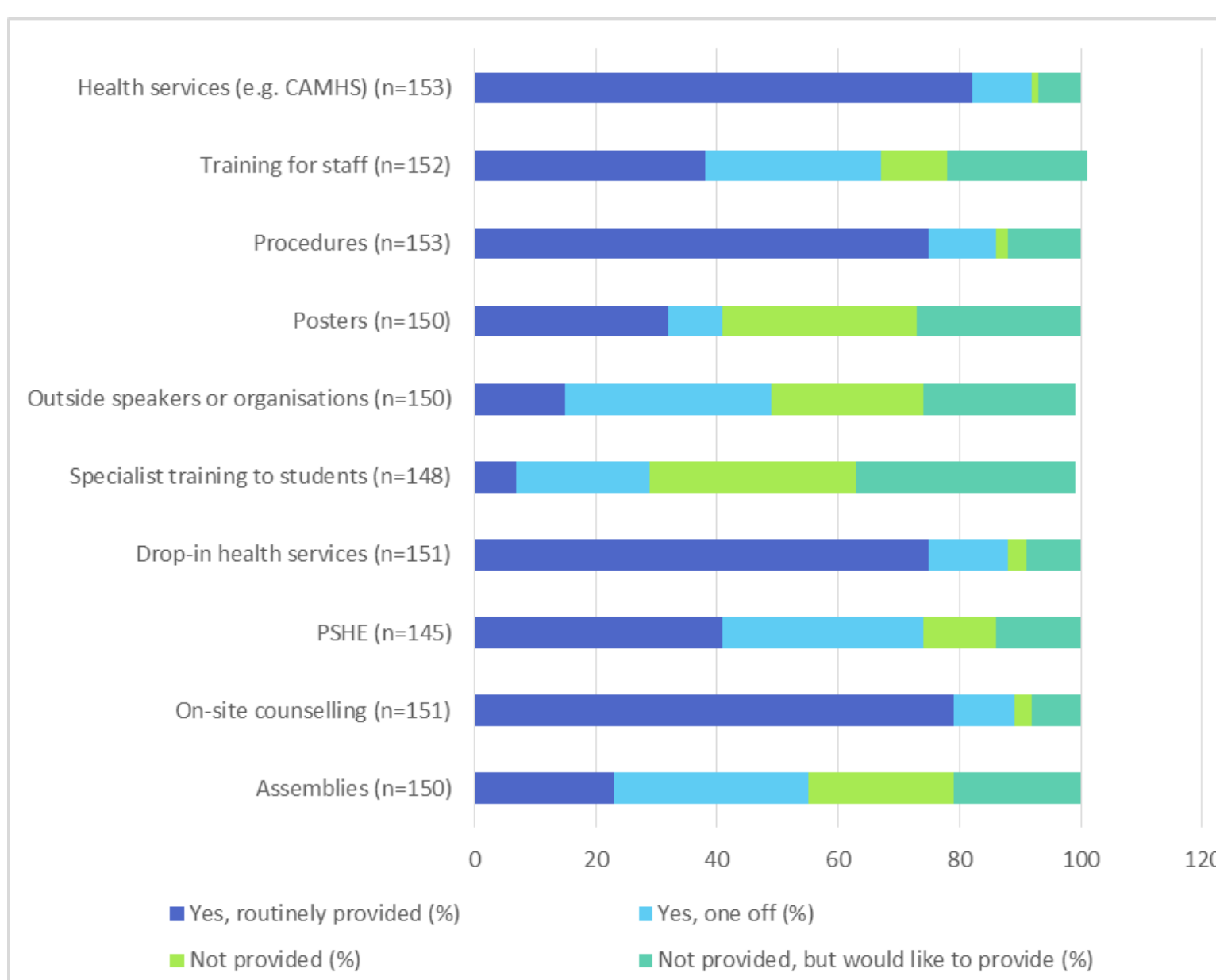
- Cross-sectional survey
- Wales: schools recruited through School Health Research Network
- England: all non-fee paying schools in counties of Devon and Somerset
- 8 schools also took part in focus groups
- Qualitative data were analysed using thematic analysis and the framework method.

Figure 1: study sample and recruitment



What do schools currently provide?

Figure 2: Current provision around self-harm (n=153)

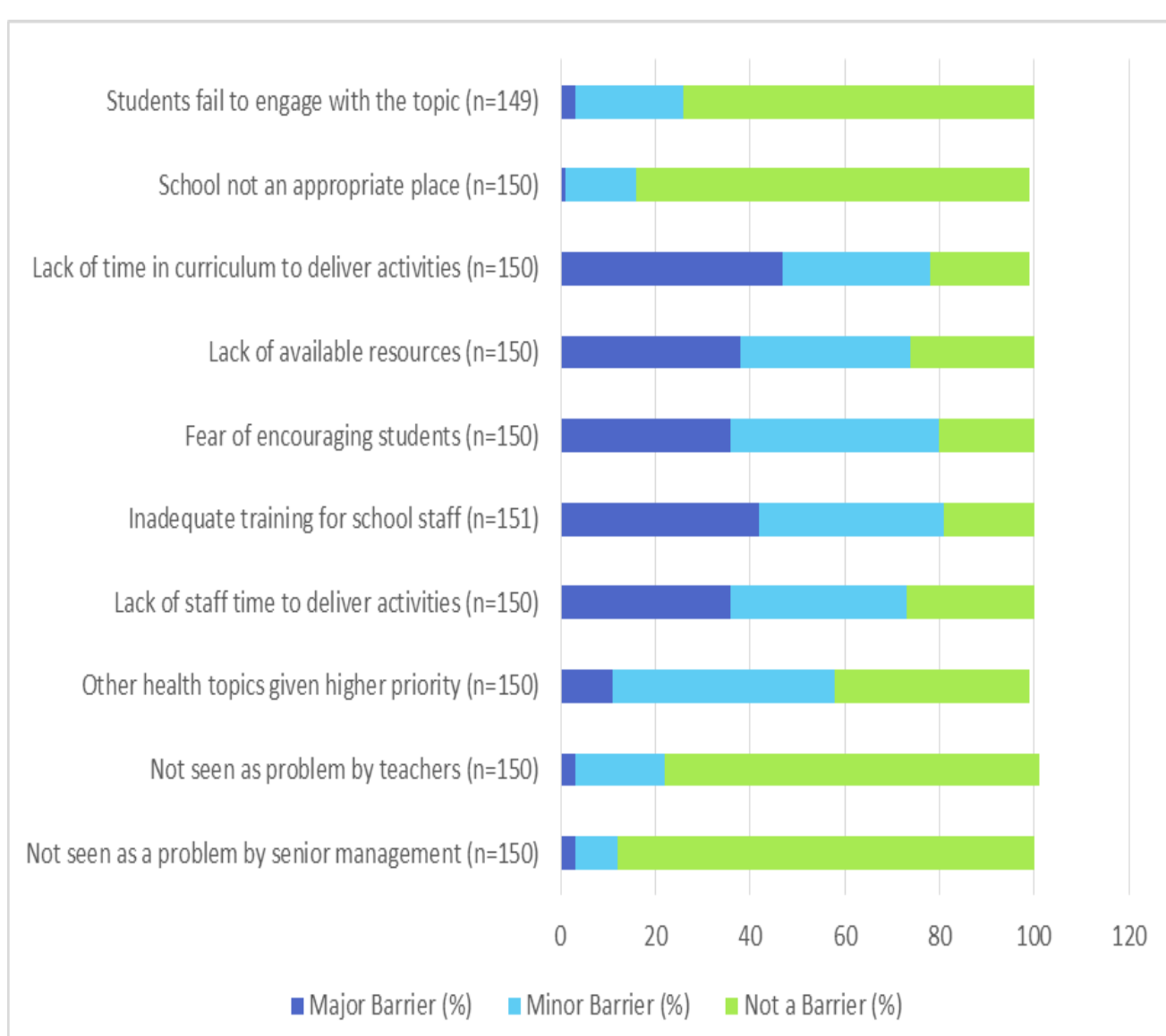


Who delivers it?

- Most involved:
- pastoral care teams (97%)
 - school counsellors (92%)
 - school nurses (92%)
 - CAMHS (92%)
- Less involved:
- teaching staff (74%)
 - teaching support staff (79%)
- Least involved:
- students (45%)

Prevention and intervention needs

Figure 3: Barriers to self-harm prevention and intervention (n=153)



Schools need:

- Better knowledge of self-harm
- To be equipped with strategies that they can use
- Better and more established pathways of contact between educational staff and those with specialist mental health training

What would be key to a successful intervention or prevention?

The majority of schools take a **reactive** approach to self-harm, dealing with instances once they occur. This is attributed to **fear of "contagion"** of self-harm.

Future prevention or interventions will need to consider:

- **Communication** between home and school
- Appropriate **training** and strategies that can be carried out by non-medical professionals.
- **Time and resources** to implement training
- Addressing concerns about **legal implications** and responsibility
- Removing **stigma** around self-harm whilst promoting effective alternate coping strategies
- Clear **guidance for students**

GW4 Self-harm and Suicide in Schools research collaboration:

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Access the full report: <http://medicine.exeter.ac.uk/research/healthresearch/childhealth/child-mental-health/> (GW4 project)