Student self-harm prevention and intervention in secondary schools: current provision and future need

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Self-harm in the UK

- 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.

- Prevalence in UK adolescents estimated at 6.9% to 18.8%.

- Hospital admissions for self-harm in under-25’s increased 68% between 2001 and 2011.

- Although not all people who self-harm will attempt suicide, self-harm is a risk factor for both suicidal ideation and completed suicide.

- Recent Cochrane review commented on the paucity of evidence for interventions for children and young people who engage in self-harm.
Aim: to assess current provision for prevention and intervention in self-harm, and explore barriers and facilitators to implementing strategies to address self-harm in schools

- GW4 collaboration (Bath, Bristol, Cardiff, Exeter, and Swansea)
- Data collected in Wales and South West England
Participants

- 153 survey responses
- 8 focus groups with 47 staff

Schools invited to complete survey: n=112
Survey responses received: n=94
Schools invited to take part in focus group: n=5
Schools taking part in focus group: n=4
Case-study schools in qualitative analysis: n=8

Schools invited to complete survey: n=100
Survey responses received: n=59
Schools invited to take part in focus group: n=7
Schools taking part in focus group: n=4
Who delivers current self-harm provision?

- **Pastoral teams**
- **Nurse, counsellors, CAMHS**

![Bar chart showing the delivery of self-harm provisions by different groups.](chart_image)
Barriers to prevention or intervention

- Students fail to engage with the topic (n=149)
- School not an appropriate place (n=150)
- Lack of time in curriculum to deliver activities (n=150)
- Lack of available resources (n=150)
- Fear of encouraging students (n=150)
- Inadequate training for school staff (n=151)
- Lack of staff time to deliver activities (n=150)
- Other health topics given higher priority (n=150)
- Not seen as problem by teachers (n=150)
- Not seen as a problem by senior management (n=150)

Major Barrier (%) | Minor Barrier (%) | Not a Barrier (%)
Qualitative findings: current provision

It’s about enjoying life you know, and about managing your mental health...managing how you feel, how to cope with it if you don’t...

They were given like a credit size card, with pictures [of] who they could go to, to, feel safe

At the moment [named person] is our safeguarding member of staff so I would report anything I am concerned about to him and then we deal with it as we see fit

If they’re at risk of overdosing for example, we would put severe and very stringent things in place, so their teachers are aware, the pastoral teams [are] aware
Barriers and facilitators

I also think that we don’t have the expertise within us to be able to talk about self-harm... the idea is that CAMHS will come in and do training with staff about mental health in general.

We had a conversation with CAMHS about whether they should come in and speak to all of them about the perils of taking medication. I feel really uneasy about that because most of the kids in year 11 aren’t doing that, I don’t want to put that idea into their heads.

We have a duty of care to tell the parents so we’re stuck between a rock and a hard place. If we don’t tell the parents and they go home and have an overdose, we you know, we haven’t followed the legal process. And if we do, it can make it worse.

...regular self-harmers that aren’t being picked up because they’ve not taken it to the extremes...we’ve not got the expertise but they are not being picked up by CAMHS.
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)
References


