

Self-Harm in Schools: Research Project Summary

Summary

Contagion – more research required to understand whether raising awareness of self-harm may lead to more young people self-harming

Prevention and Intervention Activity – general mental health promotion is preferred to a programme specifically on self-harm

Social Media – provides students with information and influences which staff perceive can have a negative effect

The topic

This study was undertaken by researchers at the Universities of Exeter and Cardiff, in collaboration with colleagues from the Universities of Bath, Bristol and Swansea to ascertain the types of activities schools were providing to students to prevent self-harm, and the processes that take place when a student is found to have self-harmed. We also aimed to understand what factors influence self-harm prevention and intervention in the school setting.

What we did

A survey questionnaire was conducted in secondary schools across Devon, Somerset and Wales to gather information on the school's experience of students who self-harm. A total of 59 schools in England, and 94 in Wales, participated. Eight focus groups were run with school staff: four in England and four in Wales, to understand in more detail the activities schools had in place to prevent self-harm and the strategies used to intervene when self-harm was disclosed.

The results

The most useful provision

• School counsellors were ranked first most useful provision by 25% of staff, followed by CAMHS at 14%

'Staff are not sufficiently trained to deal with self-harm. A school's core business is to educate young people.

We refer to specialists e.g., CAMHS/counsellor to deal with specific cases.'

Who deals with self-harm?

 97% of responses show pastoral teams as the staff most involved in dealing with students who selfharm. CAMHS, school nurses and counsellors were considered by 92% as the staff involved in selfharm.

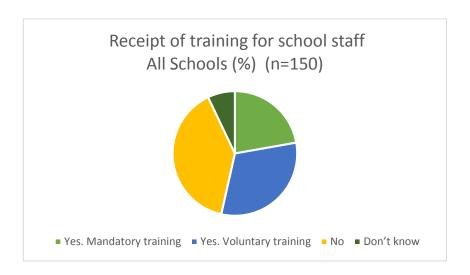
'They can come in there [designated room / area within school], they can sit, they can colour, they can do whatever they want...We've got somebody to talk to and they know if I can't do anything we'll put them in the right direction of somewhere to go.'

• Staff in focus groups suggested that having a key team of trained staff to deal with self-harm was best:

'Being dealt with by somebody that's trained in that area rather than expecting a maths teacher to do it.'

Training and who has it

• 54% of staff advise their school has voluntary or mandatory training in self-harm prevention and intervention:



• Student peer support was also debated:

'I, think it's a big ask to ask a teenager to look after and look out for somebody [who self-harms, and] who's in that state of mind.'

'They can be very insightful [students], you know children probably know, they generally know more than us of course, going on, and what is going to be effective and what is not effective.'

Obstacles to effective self-harm prevention and intervention

• 81% listed inadequate staff training as a barrier

'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.'

 Fear of encouraging students by delivering a specific programme on self-harm was considered by 80% as a barrier

Participants would not feel comfortable addressing self-harm in groups as it may be 'putting ideas in their head'

- 79% cited a lack of time in the curriculum as a barrier
- Lack of available resources was listed by 74% as a barrier

Key elements raised in focus groups

Contagion	Schools are worried that doing more to raise awareness of self-harm will actually increase self-harming – there is little research about this to guide them
Emotional health and wellbeing	Schools are comfortable with prevention activities which cover general mental health: they think this may help to prevent the onset of self-harm, and they cover issues related to it
School context	Schools continuously strive to develop, and highlight the importance of positive relationships and good communication between staff, students and parents
Social media	Schools worry that they have little control over students' access yet it is seen to play a large part in self-harm

'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.'

Focus group staff member comment on self-harm as a coping strategy

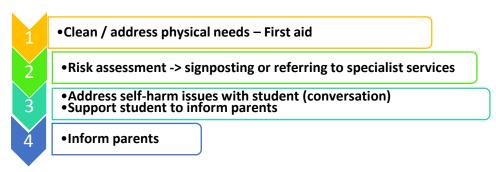
For the future

Contagion

There is a need for additional research on contagion and self-harm, and this will be important for schools so they feel able to deliver prevention activities.

Policy for schools

Despite schools often having no standardised policy for self-harm, the schools involved in the focus groups all tend to follow a similar procedure when self-harm is encountered:



Having statutory guidelines on self-harm as part of safeguarding would provide guidance and structure around self-harm procedures. This would also mean all staff would receive training. In focus groups schools also discussed including self-harm as part of the National Curriculum to make it mandatory and provide suitable time to deliver sessions.

Student involvement

Whilst the school survey results show that only 36% of students receive some sort of specialist self-harm training, staff in the focus groups regularly expressed how vital it was for students to be part of the process in developing a self-harm prevention strategy. They feel students are an integral part of any prevention process as they will know what may work and what may not for their peer group.

Education and awareness

In discussions on potential future prevention for self-harm, schools indicated the benefits of tools like LOTTIE and ZAK (link in References) because they use social media to convey information to students and are well received. Social media presents a number of concerns for staff and is widely used by students. Additional research on social media and self-harm is required to further understand the effects of social media on young people.

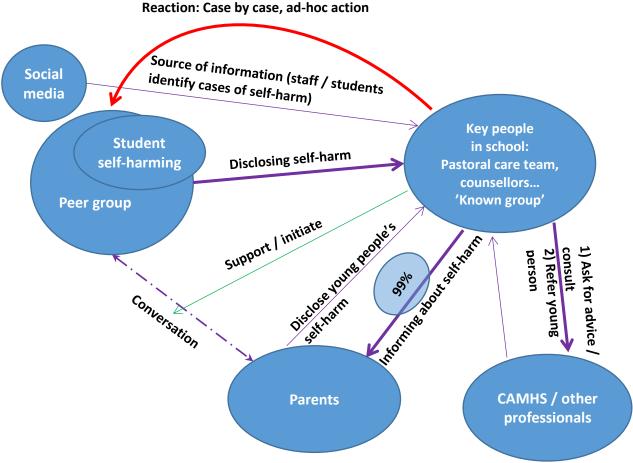
To end

The study has illustrated the areas of research that can influence a future prevention programme on self-harm. Schools are clearly providing a variety of intervention activities which help them cope with self-harm, however, are clear in their message that additional support and advice is desired.

'I think there's two distinctive groups. There's the ones that follow the crowd and it's quite minor in nature, and then you have the other ones that there is the significant underlying issue or concern'

Focus group staff comment on the complexity of self-harm

The following diagram was drawn from the analysis of the focus group discussions. It demonstrates the variety of people and organisations schools communicate with about self-harm, and also that schools do not deal with self-harm in isolation:



References

Thank you to Swansea University for their input

Link to the full report can be found at:

http://medicine.exeter.ac.uk/research/healthresearch/childhealth/child-mental-health/

Links to LOTTIE and ZAK:

https://www.kent.ac.uk/sspssr/ccp/game/Lottieindex.html

https://www.kent.ac.uk/sspssr/ccp/game/zakindex.html

How to cite this report:

Self-harm in schools: research project summary (2016). Evans, R., Russell, A.E., Mathews, F., Parker, R. The Self-Harm and Suicide in Schools GW4 Research Collaboration and Janssens, A. Available from http://medicine.exeter.ac.uk/research/healthresearch/childhealth/child-mental-health/

If you would like further information about this project, please contact either:

Dr Astrid Janssens University of Exeter A.Janssens@exeter.ac.uk 01392 726 002 Dr Rhiannon Evans
Cardiff University
EvansRE8@cardiff.ac.uk
02920 870 099