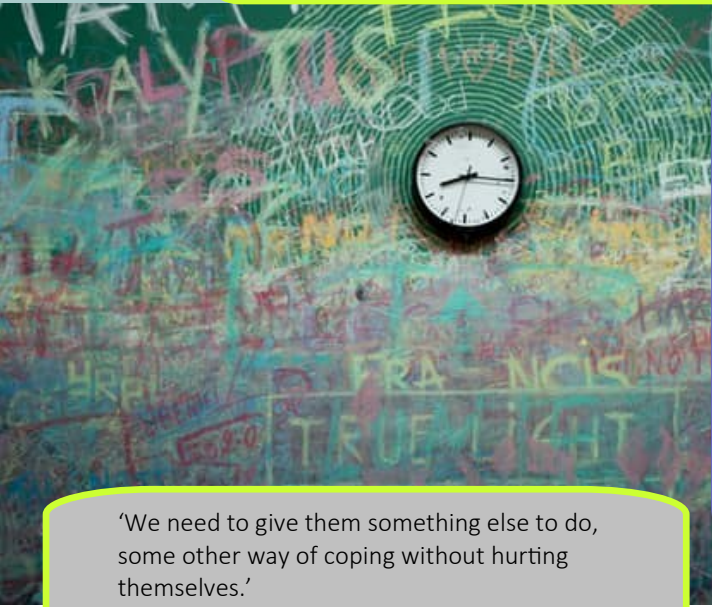


Self-harm and Suicide in Schools: What needs to be addressed for schools to implement prevention and provide effective intervention?

GW4

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It is currently unknown what provisions schools have for preventing and intervening with self-harm in young people. This research combined a survey across secondary schools in Wales and South-West England with a qualitative consultation with eight schools in order to understand schools' experience of self-harm, prevention and intervention needs.

'We need to give them something else to do, some other way of coping without hurting themselves.'

'It's quite a delicate subject...I wouldn't necessarily want to be putting loads of information up on boards because it could be a double edged sword in a way, couldn't it?'

About the research

Self-harm is a broad term referring to acts of self-injury with or without suicidal intent. It is however linked to suicide; a large proportion of those completing suicide have a history of self-harm. Self-harm often begins in adolescence and as such, secondary schools are likely to experience caring for those who self-harm. Self-harm is prevalent in young people: community samples of UK adolescent populations estimate that prevalence ranges from 6.9% to 18.8%.

Little is known about the provisions that schools have to manage and prevent self-harm. As adolescents spend much of their time in school, it is a logical place to situate awareness and intervention for self-harm in young people. However, first schools must be consulted to identify any existing activities and in order to determine what would be acceptable and feasible for them in terms of self-harm prevention and intervention.

This research surveyed secondary schools in South West England and Wales (n=153) in order to gain a broad picture of self-harm provisions and barriers to work around addressing self-harm. This was followed by focus groups in eight schools to explore these issues in more depth.

Schools do not have a common or unified approach towards dealing with self-harm: many lack explicit policies or training for their staff. This, combined with a gap in expectations as to when specialist services ought to become involved leads schools to feel isolated and lacking support. This policy document makes recommendations as to what could be done at different levels and implemented in order to effectively address self-harm in schools.

Key findings

Schools employ a variety of ad-hoc strategies to manage self-harm. Their initial response is reactionary to instances of self-harm disclosure: they apply first aid and manage escalation of the young person to accident and emergency, CAMHS or other specialist services as appropriate. Sometimes schools feel able to manage young people "in house" if they have a counsellor on site. In almost all cases, schools inform parents of instances of self-harm.

The process that schools do use when a young person self-harms include informing the safeguarding lead, and keeping the management of the young person within a small team of key people (often the pastoral and support staff). Subject teachers are not often involved although teachers who attended focus groups expressed a desire for more knowledge on the topic and the best way to manage or react to young people who self-harm.

Schools find that the self-harm that they consider as needing specialist intervention does not always meet the thresholds for access to CAMHS and other specialist services. They also have to manage the young person between referral and treatment (often several months) and feel under-equipped to do this.

Schools as a whole do very little work to prevent or raise awareness of self-harm. This is due to a lack of expertise and pervasive concern that by raising awareness they may cause young people to start self-harming.

Social media is perceived by schools to play a role in self-harm. Young people who self-harm are thought to use social media for negative purposes, and the management of this is something that schools have to deal with.

'In our mind they were the high end cases but when they got to diagnoses they weren't deemed as being high end...'

'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.'



Implications for child and adolescent mental health services (CAMHS) and other health services

- Schools reporting self-harm to health services should be advised by clinicians of strategies that they can apply with their students whilst they are waiting to be seen by suitably trained professionals. This is in order to cover the gap between assessment and treatment.
- Schools should be advised of the threshold for service access and signposted to alternative sources of help for young people whose difficulties do not meet treatment thresholds.
- GP's should be more aware of self-harm and should be trained to identify those at risk and communicate with them in an effective and supportive manner, and be able to provide support for young people who self-harm and their carers who do not meet the threshold for CAMHS or other services.
- GP's should take on the responsibility of referring a young person to CAMHS rather than sending the family back to the school to ask for a referral.
- When discussing cases of self-harm with school personnel, CAMHS and other healthcare providers should be aware that school staff often have limited or no mental health training and find self-harm to be a highly emotive and distressing subject. As such, empathy and support should be offered to these individuals.
- As a matter of routine, parents of young people seen by CAMHS for self-harm should be asked for permission to share information with the school, and this should be followed through so that schools are made aware of strategies that may support or hinder the young person.



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Implications for the Department for Education and Department of Health

- Clear guidance should be provided to schools on self-harm, including how to respond to disclosures of self-harm, how to raise awareness whilst allaying fears of contagion, and what the appropriate interventions are for young people who self-harm. The need for ongoing training in these areas should be emphasised.
- Mental health training should be included in the curricula for PGCE and teacher training courses.
- Sufficient time and funding for professional development including mental health topics should be made available to schools.
- Guidance and age-appropriate advice on informing parents of a young person who self-harms should be disseminated to all schools.
- Self-harm should be part of curriculum activities to ensure it is covered by schools. This could have a positive focus of good mental health, coping strategies, looking after yourself and how to help a friend a young person is concerned about.
- Websites that promote self-harm are used by young people. Schools should be able to identify and block these. Digital citizenship education for young people should be delivered and should include self-harm.
- Provision of more mental health specialists in schools are needed: counsellors are seen as one of the most helpful in-school resources but they are often over-burdened with cases. Training, supervision and evidence-based interventions for counsellors to use are needed.
- Schools should have at least one member of staff who has received mental health training in areas related to young people, including self-harm (similar to having a first-aid trained member of staff).
- The NHS should develop a list of trusted self-help resources, e.g. apps and websites to offer to young people.
- Awareness of self-harm and the prevalence and impact of self-harm should be increased at the national level, for example campaigns for mental health could opt to put self-harm "in the spotlight". Understanding of self-harm not as attention seeking and as a substantive issue is needed.



'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.'

'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.'

Implications at school level

- Have a school policy about what to do if a young person self-harms, including information on what to do if someone discloses self-harm. This should include not being afraid to ask a young person if they are or have thought of self-harming as part of a supportive, non-judgemental conversation by a designated member of staff. It should also include advice on how to react to disclosures of self-harm: do not panic.
- Embed self-harm awareness training for all school staff within safeguarding training (as this is mandatory).
- Be explicit with staff about how to identify signs of self-harm and the appropriate response.
- In addition to existing internet filters, schools should identify and restrict access to self-harm sites by adding them to their restricted list. They could also communicate details of such sites to parents.
- Signpost and make it clear to all pupils who they can go to if they require support for mental health or personal issues. Posters, photo cards, details in planners and coloured lanyards can all help students know who they can talk to.
- Schools should collate resources that they can use in order to seek help for those who self-harm. Examples are MindEd, youthinmind.org, and the Royal College of Psychiatrists resources pages: <http://www.rcpsych.ac.uk/healthadvice/physicalandmentalhealth/childrenandyoungpeople/resources>

Research implications

- Research in to social contagion of self-harm is desperately needed to provide an evidence base for schools in order that prevention and awareness activities may be safe, effective and evidence-based.
- Research in to how social media can be used to promote prevention of self-harm and development of effective tools to educate young people about self-harm and social media is needed. Greater understanding of the negative impacts of social media on self-harm has been identified by schools as an important topic.
- There is a need for good quality research with young people who self-harm in order to understand what they feel schools could and should offer in terms of support, prevention and intervention.

Survey key findings

22% of schools provided mandatory staff training, 31% had voluntary training and 46% had no training on self-harm (or didn't know). Training providers varied widely. 50% of schools rated their training as "moderately adequate".

Health services, counsellors, drop-in health services and school procedures were most commonly provided by schools. CAMHS, teacher training, counsellors, PSHE, student drop in, external speakers and procedures were thought by schools to be most useful in addressing self-harm in schools.

The most common barriers to self-harm prevention and intervention cited by schools were lack of time in the curriculum to deliver activities around self-harm, lack of available resources, fear of encouraging students, inadequate staff training and lack of staff time. These were rated as major or minor barriers by over 70% of schools surveyed.



'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, and that manifests it's way in a slightly more sinister sort of method.'

Further information

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