



Y RHWYDWAITH YMCHWIL  
IECHYD MEWN YSGOLION

SCHOOL HEALTH  
RESEARCH NETWORK

# Adolescent self-harm prevention and intervention in secondary schools

School Health & Wellbeing Research Brief, April 2019

Adolescent self-harm is a major public health concern. Effective prevention and intervention are important. Schools are a key site for support, but evidence of effective, school-based approaches is limited. How do schools currently prevent or intervene with student self-harm, what are the barriers to effective prevention and intervention, and what are their future needs?

## What we already know...

The incidence rate of adolescent self-harm has risen in the UK in recent years, with an increase of 68% amongst girls aged 13-16 years between 2011 and 2014. The average age of onset of self-harm is 13 years old, with prevalence being higher in girls. Young people who self-harm are more likely than those who don't to die by suicide, but it is important to note that most adolescent self-harming behaviour is not suicidal.

To date, school-based approaches have been either prevention-based, focusing on education, knowledge and screening for at-risk individuals, or intervention-based, focusing on helping those where self-harm has been identified.



## What we did...

- Schools across Wales and south west England were invited to complete a questionnaire and 153 (69% of those invited to take part) did so.
- Data were collected between January and September 2016.
- In Wales, the survey was a supplement to the SHRN School Environment Questionnaire, one of which is completed per network school.
- Schools in Devon and Somerset chose to complete either an online survey or a paper questionnaire.
- Questions in the survey covered schools' prioritisation of adolescent self-harm, existing provision available in the school and perceptions of its adequacy, staff training around self-harm, potential barriers to preventing or intervening, and future intervention needs.

## In a nutshell

- **Schools' primary concern is student emotional health and wellbeing. The priority placed on self-harm in schools in Wales varies.**
- **Schools rely heavily on external expertise for self-harm prevention and intervention provision.**
- **Half of schools in Wales had received staff training on self-harm, most frequently from CAMHS, but views on the adequacy of the training were very mixed.**
- **Barriers schools face in addressing self-harm include lack of curriculum time, limited resources and feeling ill-equipped to discuss self-harm for fear of encouraging students.**



@SHRNWales



SHRN@cardiff.ac.uk



SHRN.org.uk

## What we found...

### Schools' health and wellbeing priorities

- Emotional health and wellbeing were rated as the highest health and wellbeing priority in both England and Wales.

### Existing provision for self-harm

- Health services such as Child and Adolescent Mental Health Services (CAMHS) were the most frequently cited form of routine provision (89%).
- Over one-third of schools stated that they would like to be able to provide specialist training for students on self-harm, but currently did not.
- Responsibility for existing provision was spread across the staff base, including pastoral team (97%), senior management (86%), support staff (79%) and teachers (74%).
- Counsellors were ranked as the most useful form of provision (25%), followed by CAMHS (14%) and staff training (12%).

### Staff Training

- 52% of schools reported that staff had received training on student self-harm, with CAMHS being the most frequently cited training provider (31%).
- Whilst 22% of respondents felt the adequacy of training was high, 50% rated it as moderate as they felt their school's approach was reactive rather than proactive.

### Barriers to prevention and intervention in schools

- Lack of curriculum time, inadequate training for staff and limited resources were the most commonly cited barriers, although 36% also cited a fear of inadvertently encouraging students.



## Issues to consider

The schools in south west England were not representative of all schools in England in relation to free school meal entitlement. Including only one area in England means findings cannot be generalised across England.

There were some differences in question format across England and Wales due to the use of paper and online surveys; data on schools' health and wellbeing priorities is therefore not directly comparable.

The study was funded by GW4, an alliance of Cardiff, Exeter, Bath and Bristol Universities.

## What does this mean for my school?

- Whilst emotional health and wellbeing is the primary health concern for schools, self-harm is also a priority and schools are key sites for prevention and intervention.
- Providing training for staff around self-harm may help staff feel their school is taking a proactive rather than a reactive approach that embodies prevention as well as intervention.
- Curriculum reform in Wales presents an opportunity for schools to create space in the curriculum for issues around self-harm and to develop new curriculum content with students and health professionals.

Read the research paper in full. Download for free here:

<https://onlinelibrary.wiley.com/doi/full/10.1111/camh.12308>

Evans R et al (2018) Adolescent self-harm prevention and intervention in secondary schools: a survey of staff in England and Wales. Child and Adolescent Mental Health doi:10.1111/camh.12308