

BACKGROUND

Self-harm (SH) among young people is a major public health concern worldwide.¹ Young people (YP) who self-harm are at significantly higher risk of adverse non-fatal and fatal outcomes such as substance misuse disorder, physical abuse and mental illness.¹

Schools are well placed to identify and intervene with students who self-harm and often school staff are first to notice or hear about concerning behaviours.² However, school staff do often do not feel equipped to respond to and support students who self-harm.³

Therefore, there is a great need for preventative interventions in schools as well as staff training, policy and protocols to help school staff address self-harm.²

AIM

To investigate the effectiveness, feasibility and acceptability of training interventions and support tools intended to equip school staff with skills and knowledge to adequately respond to students' disclosure of self-harm

METHOD

A systematic search of Medline, Embase, PsycINFO, Child Development & Adolescent Studies, ERIC, ASSIA and British Education Index was performed. Inclusion and exclusion criteria are show in table 1.

Included studies were appraised using the Effective Public Health Project Practice (EPHPP) Quality Assessment Tool for Quantitative Studies.⁵ We provide a numerical summary of existing evidence and use a narrative approach to describe our findings. Thematic synthesis was used to analyse qualitative data.

Criteria	Specification
Population	Include: <ul style="list-style-type: none"> All school staff members including teachers, and other staff, such as teacher assistants
Intervention	Include: <ol style="list-style-type: none"> Training or educational session, material or programme focused on SH in YP and aimed for school staff members. OR Tools/interventions aimed at improving school staff's response to YP disclosing SH Exclude: <ul style="list-style-type: none"> Interventions not aimed at school staff Interventions not aiming to improve knowledge or confidence around SH response
Comparator	Include (if present): <ul style="list-style-type: none"> Different intervention or no intervention at all.
Outcomes	Include: <ul style="list-style-type: none"> Knowledge about SH in YP and how to respond Confidence to appropriately respond to YP disclosing self-harm Response to disclosure of self-harm
Setting	Include: <ul style="list-style-type: none"> Primary and secondary educational settings.
Study design	Include: <ul style="list-style-type: none"> Empirical studies including RCT, quasi-RCT, controlled before-and-after study, prospective cohort study. Qualitative studies Exclude: <ul style="list-style-type: none"> Papers that are non-empirical, reviews or philosophical only, cross sectional studies
Country, language	Include: <ul style="list-style-type: none"> Any country Full text in English language

Table 1: Inclusion and exclusion criteria



RESULTS

- 848 abstracts were screened, from which 8 studies were included.
- 6 studies investigated educational and training interventions for school staff to address their response to young people who self-harm, whilst 2 investigated management and support tools.
- Most of studies were of moderate quality according to the EPHPP Quality Assessment Tool.

Effectiveness:

- All 8 studies demonstrated an increase in knowledge regarding self-harm or how to respond to youth who are self-harming
- 6 studies showed an overall increase in confidence post-intervention
- 7 studies reported a positive change in participants' response to young people who disclose self-harm after the intervention.
- However, these self-reported results do not necessarily reflect actual changes in practice, for which no data was collected.
- Follow-up data was variable, with only partial efficacy maintained

Feasibility and acceptability:

- 3 studies discussed factors impeding the implementation of the policy e.g. inadequate resources and referral options for schools.
- 6 studies appeared to have acceptable interventions using various measures, with high rates of satisfaction and perceived benefit.

Additional results:

- There was a general reduction in negative attitudes toward SH
- Effectiveness of interventions varied by profession, previous experience with self-harm in young people, and previous training.



CONCLUSIONS

Interventions and tools appear effective in improving school staff's knowledge of, and confidence in responding to, young people who self-harm; however, improvements in knowledge were not sustained long-term. Interventions and tools were valued and fostered collegial working, but these need to be tailored to school environments and the needs of specific staff cohorts to increase acceptability and feasibility.

FUTURE DIRECTIONS

Further studies should focus on maintaining knowledge, confidence and comfort levels over time, and determine the feasibility of interventions/tools with different staff cohorts and across school settings. In addition, there is a need to measure changes in behaviour of staff more objectively, as well as measuring outcomes for students.

REFERENCES

- Hawton, K., Saunders, K.E.A., & O'Connor, R.C. (2012). Self-harm and suicide in adolescents. *Lancet*, 379, 2373–2382
- Berger, E., Hasking, P., & Reupert, A. (2014). Response and training needs of school staff towards student self-injury. *Teaching & Teacher Education*, 44, 25–34.
- Best, R. (2006). Deliberate self-harm in adolescence: A challenge for schools. *British Journal of Guidance & Counselling*, 34, 161–175
- Armijo-Olivo, S., Stiles, C.R., Hagen, N.A., Biondo, P.D., & Cummings, G.G. (2012). Assessment of study quality for systematic reviews: A comparison of the Cochrane Collaboration Risk of Bias Tool and the Effective Public Health Practice Project Quality Assessment Tool: Methodological research. *Journal of Evaluation in Clinical Practice*, 18, 12–18

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CONTACT INFORMATION

Aureliane Pierret: acsp4@cam.ac.uk