SPHERE
School for Public Health Environments Research at Exeter

Support for Self-harm & Suicide in Schools and Youth Organisations

An overview of the 4S project

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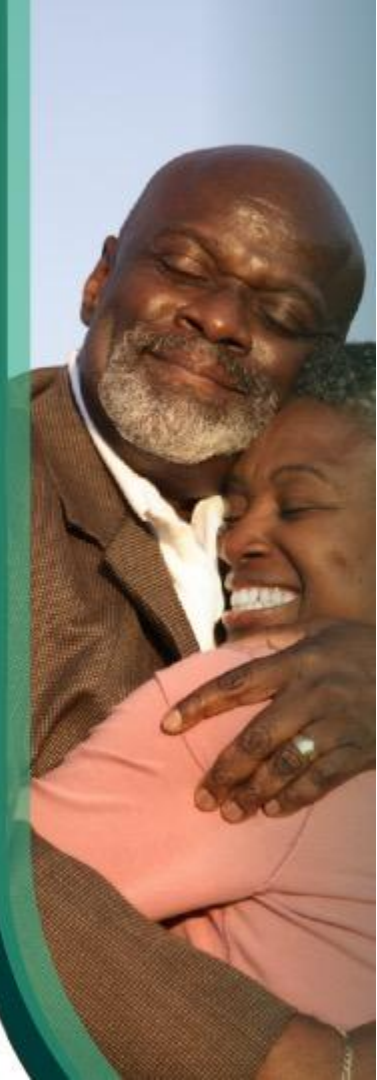

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Why are self-harm and suicide in young people public health problems?

Suicide is a leading cause of death for young people (YP), and preventable

Whilst difficult to predict, self-harm is one of the most robust predictors of suicide risk

Those who self-harm (~25% young people) are vulnerable to poor mental health in adolescence and adulthood

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What is the importance of schools and youth organisations in prevention and intervention?

The majority of YP do not seek help from adults

Multiple reasons why they may not tell their parents

Most YP attend school, adults are well-positioned

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Professional perspectives:

How self-harm and suicide prevention support is coordinated across sectors

Where gaps and tensions emerge

What may be needed to strengthen collaborative responses in practice

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Demand for improved staff training, clearer communication, and stronger partnership working with parents.

"I think supporting the families, as well, because we find a lot of the time, like, the parents are like, 'Why is this happening, and what have I done?' There's a lot of, like, blame that comes in on the parents"

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Structural and systemic issues across multiple levels of provision; awareness of youth mental health has increased in recent years, but systems designed to support often remain reactive rather than preventative.

"A school will tend to pay for somebody external to come in and do something. So it may be small group work or deliver something that's on a larger scale to an assembly or just talk about things openly. So usually, there's a cost incurred to the school, and not all schools can afford that, in which case the weight of the burden falls on the pastoral team and they already are horrendously overworked and understaffed."

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The central role schools play in self-harm and suicide prevention and the uncertainty surrounding roles, responsibilities, and thresholds for support across services.

"I think that… scaling it back, the larger, wider problem lies with the lack of mental health services and access to those services…you can't continue to put more and more on the school, you know? The school already act as a family support worker, as a social worker, as a therapist, as a priest…there are already so many hats that schools 30 years ago didn't have to wear. And I think that does come down to a lack of provision.

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Fear, shame, and persistent stigma surrounding self-harm and suicide hinder effective prevention efforts and open communication with young people

I think a lot of the time, I get the sense that schools don't want to [talk about suicide] *There's an irony, I suppose, in that it's the one thing that schools probably top of the list they don't want to happen, but it's also potentially top of the list in terms of stigma and sometimes, perhaps, complacency of thinking, "We don't need that," or, "We're doing okay. It's not going to happen here." I think that perhaps there's a bit of that stigma that exists with schools.*

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Support for young people does not occur solely within formal clinical or educational systems but is also shaped by peer relationships, community environments, and cultural norms around mental health and help-seeking

young people will talk to each other, and how do we best support those young people to offer that peer support when it's needed, to know where to turn? It's hard because…we don't want young people to feel the burden of it's their responsibility to support another young person

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Summary of adult interview findings

- Complex issues to respond to in practice
- Uncertainty to navigate in best way to work/respond/prevent
- Stigma complicates responses
- Access to external and third sector support is inconsistent and may be risk ‘thresholds

- To strengthen support:
  - Co-ordination across sectors
  - Clearer roles and referral pathways
  - Sustained investment in staff training
  - Address stigma
  - Equip and protect staff responding to complex situations

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Young people (age 15-21) perspectives:

Experiences of accessing and receiving support for self-harm and suicide at school and youth organisations

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Initial access to support can be confusing, intimidating, and emotionally demanding when there is unclear information, and when routes to access are inflexible. Trusting relationships and sensitive, proactive approaches from adults help

"I couldn't go to them and say, 'Hey, I want this thing,' because I didn't know if that was a thing that was available"

"Different forms of getting in touch … not just 'you have to book an appointment to go see this person', like drop-in sessions, emails, text"

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Young people wanted adults to prioritise listening to their concerns.
They were often signposted by adults to external support; follow-up within their setting was seen as important.
Perceptions of the appropriate role of youth organisations in providing support to YP were less frequently discussed.

"Just a word to say, 'Hi, hope you're feeling better after last week.' … would have made quite a bit of a difference."

"…rather than being like 'okay, we need to focus on stopping you from self-harming', I wish that someone had said 'it's okay that you feel like this, let's work together to make you feel better'"

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Concerns around privacy and confidentiality that impacted trust in support.
Young people wanted adults to be transparent and involve them in decisions that required sharing information, particularly when this related to parents.

"[Head of Year] would be like 'is it okay if I call your parents, let them know this has happened?'"

"the hardest thing" about getting support for SH&S was *"being worried that it would get out to people, and that everyone will know"*

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Participants felt it was important that support was offered by those who understood their experiences, and that support felt collaborative, personalised, and considered their choices.

"I had an option to do boxing instead of therapy. And I did do a few sessions, and I found it was really, really helpful."

"recommended a leotard … to below the elbow" which helped *"to make it a little bit easier for me both to dance and be able to look at myself in the mirror."*

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Summary of young people findings

- Support should be holistic, flexible and responsive
- Identify trusted adults for each YP and ensure that all staff are trained and equipped to have conversations about SH&S with students in an empathetic and non-judgemental manner
- Consider the physical and digital offer of access to support in terms of facilitating support-seeking and engagement in spaces that are confidential and private.
- Gain permission from YP to talk to other staff or parents/carers (or be transparent if this is not possible), and have explicit YP involvement and choice in how these communications happen
- Ensure that YP are informed about support options available and consequences of engagement with different forms of support

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To provide schools with overarching principles of practice for suicide prevention, what should be included?

Findings from a Delphi study

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Round 1 (n=105)	Round 2 (n=76)	Round 3 (n=67)
Professionals (n=43)	Professionals (n=35)	Professionals (n=27)
School/youth staff (n=32)	School/youth staff (n=22)	School/youth staff (n=21)
Academics/clinicians (n=30)	Academics/clinicians (n=19)	Academics/clinicians (n=19)

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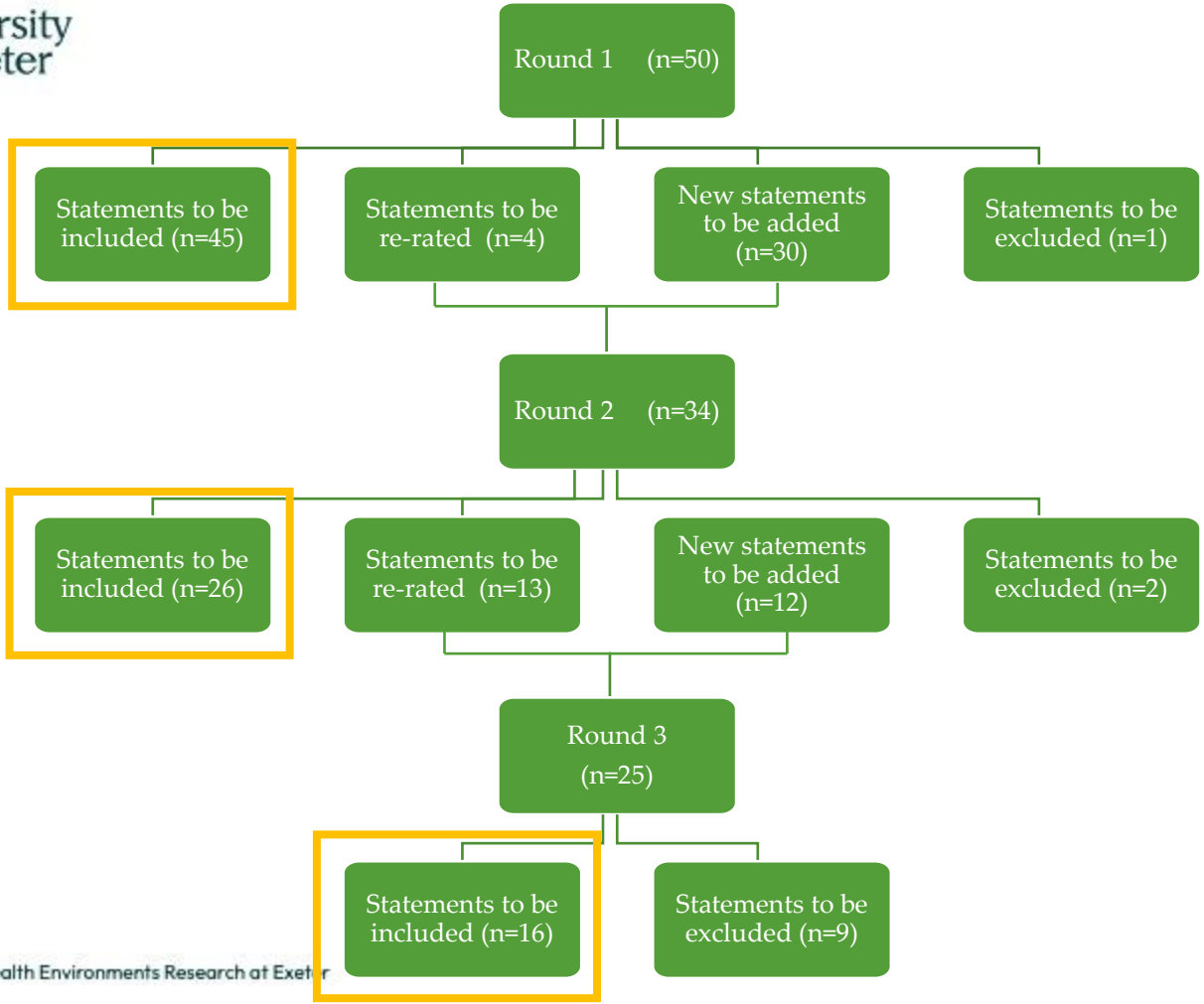

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DRAFT

Our 10 principles of practice for suicide prevention

Recognise that risk can emerge at any time for any young person, and that risk may look very different between young people; suicide prevention should be everyone's business, and must be proactive and ongoing

Promote safe, accessible, and empathetic communication about self-harm and suicide, encouraging open dialogue and reducing stigma

Develop plans for regular staff/volunteer training and support for their wellbeing so they can in turn support young people and each other

Provide an inclusive and supportive environment for everyone, but tailor specific support to individual young people's needs, developmental stage and backgrounds (e.g. those who are neurodivergent or from minoritised groups)

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Ensure all staff/volunteers know the process for approaching and responding to a young person that they are concerned about in relation to possible self-harm or suicide

Include parents and carers in ongoing suicide prevention work and support provided to individual young people, using methods of communication that are understandable to them and take into account young people's preferences

Be up to date with national statutory requirements for suicide prevention and how to integrate this across your organisation

Have clearly defined plans and processes in place to enable an immediate response if a sudden death (suspected suicide) occurs

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Co-ordinate communication clearly and sensitively to manage information sharing and media response following a sudden death

Provide timely and continued support for young people and staff/volunteers following the death by suicide of an individual known to them, recognise and prepare for key events and milestones, including anniversaries

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What next:

Publish Principles online, webinar, blogs and podcasts (start of school year), create additional resources for a website

Thank you

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https://sites.exeter.ac.uk/supportsystems/