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Original Research

A small-scale study investigating staff and student perceptions of the barriers to a preventative approach for adolescent self-harm in secondary schools in Wales—a grounded theory model of stigma

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ABSTRACT

Objectives: Grounded theory analysis of secondary school staff and pupil perceptions about the barriers to preventative work for adolescent self-harm within the secondary school setting in Wales.

Study design: Qualitative and grounded theory.

Methods: Two secondary schools in Wales were purposefully sampled for variation. Four group interviews took place using qualitative research methods (Participatory Rapid Appraisal) with six school-based professionals and six students aged more than 16 years. Three pupil participants had long-term experience themselves of self-harming behaviours; all the remaining participants had encountered pupils who self-harmed. The research interviews were transcribed verbatim, generating school context–dependent information. This was analysed through the logic of abduction using the constant comparative grounded theory method because of its ability to focus on axial coding for context. The ontology that shaped this work was critical realism within a public health paradigm.

Results: A theoretical model of stigma resulted from the grounded theory analytical process, specifically in relation to staff and student perceptions about adolescent self-harm within the institutional context. This meant that social-based behaviours in the secondary school setting centred on the topic and behaviour of adolescent self-harm were structured by stigma.

Conclusions: The findings of this study offer an explanation on the exclusion of adolescent self-harm from preventative work in secondary schools. The stigma model demonstrates that adolescent self-harm is excluded from the socio-cultural norms of the institutional setting. Applying the UK Equality Act (2010), this is discrimination. Further research on the institutional-level factors impacting adolescent self-harm in the secondary school context in England and Wales is now urgently needed.

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Introduction

Self-harm has a strong prevalence within adolescent populations in Europe.[1] In the United Kingdom, adolescent self-harm hospital admissions are rising each year.[2] These statistics reflect the 'tip of the iceberg', with most incidents hidden from public health networks;[3] only a small percentage of this population group accesses hospital support.[4] This invisibility creates barriers to epidemiological information; the planning and evaluation of evidence-based support; health management within the complexity of adolescent self-harming behaviours to ensure recovery and healthy adolescent trajectories.[3] It also carries serious health risks: accidental death from self-harm is one of the common causes of injury-related adolescent death;[5] clinical-based data posit self-harm on a risk spectrum that includes suicide.[6–9] These issues mean that there are serious concerns and important public health issues to be addressed.[10,11]

The UK adolescent self-harm issue is therefore a significant social and healthcare problem.[7] Unfortunately, the most recent Cochrane Review states that the evidence for treatment is limited by the poor quality of the research.[7] Potential solutions include a collaborative approach with the population group to ensure their needs are being met and the use of complex public health intervention guidance by the Medical Research Council.[7] Some barriers to these include most population groups residing within the community and not accessing public health services, meaning they are outside of public health research infrastructures.

A way forward to address these issues is to contact the 'invisible population' through outreach research work and go to the community settings where the population group exists. For UK adolescents, who are aged 13–18 years, one of these settings is the secondary school context, where most population resides. It is posited that schools could provide a community-based setting for protective factors, through health management behaviours and support for the adolescent self-harm population group; however, research is sparse.[12–14]

Finding out if the school context could be a potential community setting to gather such evidence is an important first step. There are some positive indications that this could be the case. For example, in 2014, for the first time, the Health Behaviour in School-aged Children Survey from Public Health England[15] quantitatively surveyed 15-year-old pupils about adolescent self-harm prevalence. This study gave a figure of 22% within the 15-year-old secondary school population group. In 2016, the GW4 alliance (the research consortium of Bristol, Cardiff and Exeter universities) surveyed 148 UK secondary schools to ascertain their adolescent self-harm interventions and future support needs. This demonstrated that currently UK schools do very little work to prevent or raise awareness of adolescent self-harm,[16] highlighting the need to understand the school-based context more fully in regards to adolescent self-harm.[17] The current small-scale qualitative study was designed to begin to address this research gap, to build on the GW4 work and to explore the potential contextual factors impacting a whole-school preventative support approach for adolescent self-harm.[18] The project also accessed the perspectives of secondary school pupils, which had not been feasible within the initial GW4 study.

Methods

Owing to the small-scale, exploratory nature of this project, it focussed on secondary schools in Wales. Two secondary schools were purposefully sampled for variations in key characteristics (geographical area; low and high socio-economic school community status; urban and rural) from the GW4 study. Two separate student/teacher group interviews in each school were undertaken using qualitative research methods (Participatory Rapid Appraisal—PRA). One pastoral staff member in each school recruited the study participants, which included six school-based professionals (an acting headteacher, one head of year teacher, two Pastoral centre staff, one Personal and Social Education (PSE) teacher and one mainstream curriculum teacher) and six students aged more than 16 years (one transgender, two male and three female students). Three of the student participants had lived experiences of long-term self-harming behaviours; the three other students and all six staff had encountered students who self-harmed.

PRA facilitated a community-based appraisal of the current situation within the two school contexts by staff and students. PRA is used to engage communities through participatory methods, with interviewing techniques intended to facilitate a process of collective analysis about key issues.[19,20] It also promotes equity and inclusion for participants, addressing barriers to participation for individuals with protected characteristics,[21] such as age and disability. Participatory and consultative approaches are recommended in the Cochrane Review;[7] the use of appropriate methods to facilitate these processes is mandatory in Wales to ensure coproduction in any public service provision.[22] Furthermore, PRA overcame the barriers that were active in the school context (see the results section) where the interviews were held, facilitating in-depth discussion among the research participants. PRA enabled rich-quality data to be generated for grounded theory data saturation purposes to elicit the limits of core category dimensions and properties.[23]

The interviews were transcribed verbatim, generating school context–dependent information that was analysed through the logic of abduction using grounded theory. The ontology that shaped this work was critical realism, within a public health paradigm. Critical realism centres on revealing the underlying mechanisms that influence causal events within complex intervention design; theories are generated which posit the context-mechanism-outcome (CMO) configurations.[24] The Medical Research Council framework accepts critical realism for use as a metatheory for understanding the contextual factors impacting complex intervention design. In this way, public health research taking place outside of clinical health settings, within the open social system of the school context, can be accommodated.