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RESEARCH ARTICLE

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Young people and adult stakeholders' reflections on how school staff should support students who self-harm: A qualitative study

Inge Meinhardt[1] | **Sasha Cuthbert**[2] | **Kerry Gibson**[1] | **Sarah Fortune**[3,4] | **Sarah Elisabeth Hetrick**[2,5,6]

[1]School of Psychology, Faculty of Science, University of Auckland, Auckland, New Zealand

[2]Department of Psychological Medicine, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand

[3]School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand

[4]Department of Psychological Medicine, Otago Medical School, University of Otago, Dunedin, New Zealand

[5]A Better Start, E Tipu E Rea (Grant Number 15-02688), National Science Challenge, Auckland, New Zealand

[6]Centre of Excellence in Youth Mental Health, The Centre for Youth Mental Health, University of Melbourne, Melbourne, Australia

Correspondence

Inge Meinhardt, School of Psychology, Faculty of Science, University of Auckland, Science Centre, Building 302, Level 2, 23 Symonds Street, Auckland Central, Auckland 1010, New Zealand.
Email: imei615@aucklanduni.ac.nz

Abstract

Introduction: Self-harm is a significant public health issue affecting school communities, students, and families. The school is an ideal environment for early intervention and prevention. This study aimed to explore the views of young people and stakeholders on how school staff should support students who self-harm in the context of developing accessible and acceptable guidelines.

Methods: The study was nested within a larger Delphi study conducted in New Zealand. Two panels were asked to provide reflection in open text boxes in two questionnaires on how school staff can support students who self-harm. The youth panel included 22 participants between 16 and 25 years, and 81.8% identified as female and 18.3% as male. The stakeholder panel (e.g., school staff) included 27 participants over 25 years, and 63.0% identified as female, and 37.0% as male. The data were analyzed using thematic analysis to identify key themes.

Results: Eight themes were identified; (1) an approach that prioritizes trust, (2) an approach that recognizes students' agency, (3) an individually tailored approach, (4) a whole-school approach, (5) an approach that recognizes role boundaries, (6) an approach that prioritizes safety, (7) a nonpunitive approach, and (8) an appropriately-resourced approach.

Conclusion: The eight themes identified highlighted ineffective practices in response to self-harm in schools. The eight themes provide solutions to these practices. Our findings highlighted four recommendations that address ineffective management approaches in response to students who self-harm. These recommendations included using a student-centered approach, a whole-school approach, avoiding punitive approaches, and providing adequate resourcing to schools.

KEYWORDS

education, guideline, school staff, self-harm, young people

1 | INTRODUCTION

Self-harm is the act of intentionally injuring or poisoning oneself regardless of suicidal intent (De Leo et al., 2021). A meta-analysis of community studies conducted globally with young people (between 12 and 18 years) found that 16.8% of young people have self-harmed in their lifetime (Gillies et al., 2018). Studies in New Zealand suggest a 12-month prevalence for young people under 26 years old can be as high as 30%, and a lifetime prevalence 48.7% (Clark et al., 2013; Coppersmith et al., 2017; Garisch & Wilson, 2015; T. Fleming et al., 2020; T. M. Fleming et al., 2014). There is a clear need for early intervention given the prevalence of self-harm, its association with hospitalization and death by suicide (Cavanagh et al., 2003; Hawton et al., 2020; Martin et al., 2010; Owens et al., 2002; Robinson et al., 2016; Suominen et al., 2004), and the

social, emotional, and economic difficulties associated with self-harm (Mars et al., 2014; Robinson, 2016; Robinson et al., 2016).

Most children and young people spend a large part of their day at school, making this environment key to their well-being (Garisch et al., 2016; Robinson et al., 2016). A positive school climate, increased number of hours of well-being support, and comprehensive psychosocial assessments by school health staff is related to better well-being outcomes for students (S. Denny et al., 2018; S. J. Denny et al., 2011). Exposure to self-harm by peers is a risk factor for self-harm (Prinstein et al., 2010; Robinson et al., 2016). Observing a peer engage in self-harm may increase the likelihood of contagion of self-harm (Jarvi et al., 2013). Therefore, effectively supporting students who self-harm at school is critical, both for the individual student and the wider school community.

However, school staff across the globe report being ill-equipped to manage self-harm and feeling overwhelmed by the task (Berger et al., 2014; Lawrence et al., 2015; Te Maro et al., 2019). Qualitative studies highlight how the increased prevalence of self-harm contributes to increased workload for school staff without adequate resources (Te Maro et al., 2019). These studies suggest uncertainty and inconsistency in approaches used by school staff in response to students who self-harm (J. A. Garisch et al., 2020; Te Maro et al., 2019). These studies also highlight the need for increased support for school staff and ensuring good communication between all parties involved (student, school staff, family, and formal services) (J. A. Garisch et al., 2020; Te Maro et al., 2019). Te Maro et al. (2019) found that New Zealand school staff recognize the need for resources such as guidelines, which could facilitate consistent and effective practices within the school. Despite support from school staff and the need for guidelines, school staff report little implementation of existing international guidelines and protocols (J. A. Garisch et al., 2020; Te Maro et al., 2019).

To maximize uptake and effectiveness, guidelines should be developed in partnership with those who have lived or living experience of self-harm (Banner et al., 2019; Blanchard & Fava, 2017; Jorm, 2015; Slay & Stephens, 2013; Woodgate et al., 2020), including young people (Woodgate et al., 2020) and those involved in their care (Jorm, 2015). There are a range of key stakeholders who are involved in, or impact on, the care of young people who self-harm (e.g., school staff, policy and decision-makers, family, and community mental health service providers). Involving these key stakeholders (e.g., young people, school staff, and community supports) will ensure that a guideline for school staff is acceptable to students and accessible to school staff, while ensuring it is endorsed by the stakeholders involved in the care of students who self-harm (Banner et al., 2019; Blanchard & Fava, 2017; Jorm, 2015; Slay & Stephens, 2013; Woodgate et al., 2020).

This study was part of a larger project focused on developing guidelines for the management of self-harm in school settings. The current study aimed to explore the perspectives and experiences of stakeholders, including young people, on how school staff can or should support students who self-harm.

2 | METHODS

2.1 | Design

This study was nested in a larger Delphi study, a consensus-based approach to developing guidelines for school staff about managing self-harm in the school setting. The larger Delphi was overseen by a Māori clinical cultural governance group (Rōpū Mātanga Māori) who ensured that all aspects of the study were responsive to the indigenous peoples of New Zealand, Māori. Participants who expressed interest in participating were sent a participant information sheet, an online consent form, and an online questionnaire. For participants to access the questionnaire, they had to provide informed written consent. Participants completed two questionnaires consisting of potential recommendations obtained from a literature review and interviews with New Zealand pastoral care staff. Participants rated each recommendation based on whether they believed it should be included in the guideline. The questionnaires were divided into sections that covered a range of topics relating to the management of self-harm in the school environment (e.g., roles and responsibilities, policies and procedures, training, and crisis management). At the end of each section of each questionnaire, there was an open-ended question. The second questionnaire consisted of recommendations where consensus hadn't been reached by the two panels in the first questionnaire. This study used qualitative analysis of the qualitative responses to the open-ended questions to identify how self-harm amongst students could better be managed in the school context. The Delphi study aimed to find consensus across common concerns and appropriate responses to self-harm between stakeholders and young people. Therefore, the responses of both panels were analyzed together.

This study was approved by the University of Auckland Human Participants Ethics Committee (Ref: 023702).

2.2 | Participants

Participants were recruited into either a stakeholder or youth panel. Participants had to be over 16 years of age and live in New Zealand to participate. Stakeholders were recruited by emailing schools where the research team had established

relationships and the professional networks of members of the research group. Stakeholders held multiple roles in supporting young people, including parents, youth mental health researchers, school staff, policy and education decision-makers, and those working in the suicide prevention sector. Young people aged between 16 and 25 years were recruited via email and a Facebook advertisement aimed at youth advisory groups in New Zealand. Youth is a broad age range, and for the current study being school-aged or at school was not a requirement. School attendance would have been recent enough for participants in the youth age range (16–25) to recall and reflect on their experiences in school. The minimum age requirement was set for ethics approval. Twenty-two (of 30) from the youth panel and 27 (of 34) from the stakeholder panel responded to the open-ended questions included in the Delphi questionnaires. Table 1 shows the demographic information for each panel, and Table 2 shows the multiple roles and self-harm experiences panel members identified.

2.3 | Procedure

Each panel completed two online Delphi questionnaires. The questionnaires were divided into 20 sections; each section included items for panel members to consider for inclusion in the guideline and an open-ended question. The open-ended question asked; "Please add any suggestions for changes to the statements above, suggestions for new statements, or any other comments or feedback you have."

2.4 | Data analysis

Participants' comments in response to the open-ended questions were analyzed using thematic analysis. Participants' responses ranged from a single sentence to several paragraphs. Overall the data was 25,082 words and 313 pages. The analysis process involved six phases: reading and rereading the data (familiarization), generating codes, generating initial themes, reviewing themes, defining and naming the themes, and writing the report (Braun & Clarke, 2006; Braun et al., 2019). NVivo software was used to manage the data (QSR International Pty Ltd, 2018). The themes were identified using a latent approach (Braun & Clarke, 2006), which looked beyond the semantic descriptive level of the data, and at the concepts and structures underpinning it. Two researchers (I. M. and S. C.) conducted the analysis and regularly met to reflect on: (a) what was identified from the data, (b) how their experiences, knowledge, and world-views may have been influencing what they identified from the data, and (c) the similarities and differences in the codes and themes they identified (Morrow, 2005). Through the analysis, we indicated the proportion of participants who endorsed a particular view (e.g., few,

TABLE 1 Demographics of participant by panel

	Youth		Stakeholders	
Demographics	***n***	**%**	***n***	**%**
Gender				
Female	18	81.8	17	63.0
Male	4	18.2	10	37.0
Age				
16–18 years	14	63.6	-	-
19–25 years	8	36.4	1	3.7
26–29 years	-	-	3	11.1
30–44 years	-	-	12	44.4
45–59 years	-	-	9	33.3
60 and over	-	-	2	7.4
Ethnicity (level 1 prioritized)				
Māori	7	31.8	3	11.1
Pacific peoples	2	9.1	8	29.6
Asian	3	13.6	1	3.7
European	10	45.5	15	55.6

TABLE 2 Overview of the roles and experiences of participants by panel

	Youth		Stakeholders	
	n	%	*n*	%
Roles relating youth and self-harm				
Secondary school student	6	27.3	-	-
Youth group member	22	100.0	-	-
Parent of school-aged child	-	-	3	11.1
Researcher	-	-	6	22.2
School staff member	-	-	11	40.7
Policy or education decision maker	-	-	4	14.8
Suicide prevention professional	-	-	6	22.2
Community support service provider	-	-	5	18.5
Experience with self-harm				
None	2	9.1	-	-
Lived experience	11	50.0	6	22.2
Known someone who self-harmed	16	72.7	21	77.8
Supported someone who self-harmed	15	68.2	23	85.2

some, many, and most). These quantifiers do not suggest the statistical likelihood of a theme but are provided to add richness to the descriptions of the data (Braun & Clarke, 2006).

3 | RESULTS

3.1 | Theme 1: An approach that prioritizes trust: "build a relationship with students"

Participants from both panels agreed that school staff cannot effectively support students without a relationship based on safety and trust. A trusting relationship fostered a sense of security that facilitated help-seeking and disclosure of self-harm.

One stakeholder explained that it was essential that students talk to the person they felt most comfortable with.

> There is no point in having someone the student doesn't click with…. they should be able to find someone else they will be open with. *Stakeholder 1*

This same sentiment was echoed in the comments made by one of the young people who noted that a trusting relationship enables students to feel safe enough to disclose their self-harm and seek support.

> …most importantly, all schools must build a relationship with students so that the students feel safe and supported. *Young Person 1*

Both panels suggested that students want to seek support from any staff member who they have this relationship with, rather than only a small group of designated support staff with whom they do not have a relationship.

3.2 | Theme 2: An approach that recognizes students' agency: "…give students some opportunity to make decisions"

Having students involved in decisions about their support was seen as essential by both groups. One young person reflected on the fundamental importance of youth voice in the development of processes and procedures that impact them.

> I don't think it matters who writes the outlines and procedures, as long as you get youth input. *Young Person 2*

Another young person spoke of the importance of consulting the student on how, when, how much, and to whom the information will be conveyed when there is a need to break confidentiality.

> It may also be crucial for the family to know that the student partakes in self-harm…I think that having a space to discuss [with the student] what will be shared and how the information would be framed would be beneficial to student safety and family involvement. *Young person 3*

Some stakeholders also seemed to share this view and spoke of the need to work alongside students and that decisions need to be student-led.

> …working with the student to determine their supports. *Stakeholder 2*

> …need to be guided by the student. *Stakeholder 3*

Ultimately the importance of valuing and making space for student voices was emphasized.

3.3 | Theme 3: An individually tailored approach: "…a case by case situation"

Both panels spoke of unique needs, strengths, and experiences students' face, which required recognition of their developmental stage and sociocultural contexts. They also noted the importance of using these individual differences to guide responses and support provided to each student. For example, one stakeholder spoke of the need to consider the student's age in how they are supported.

> I think this should be dependent on the age of the student. *Stakeholder 4*

Another young person emphasized the importance of recognizing the cultural needs of students.

> Being more sensitive to a student's cultural needs and holistic wellbeing will help empower us, boost our confidence in who we are and make us feel safe to be ourselves. *Young Person 4*

3.4 | Theme 4: A whole-school approach: "a student in distress is everyone's business"

Some participants advocated for all school staff to respond to and prevent self-harm within the school community and advocated that all school staff should be equipped to do so. All the young people and some stakeholders wanted all school staff (including teachers) to recognize distress and mental health difficulties and provide appropriate support.

> I think it's important for staff to be well educated on mental health issues and how to handle different situations and support students. *Young Person 5*

> …more than anything, I think it's about building a culture within the school that being able to assist a vulnerable student in distress is everyone's business. That a young person is able to approach any member of staff within the school. *Stakeholder 5*

A further stakeholder clarified that there may be variation in the extent of support that school staff can provide, but that basic expectations of knowing how to respond in crisis and signpost for support are crucial.

> All staff need to be able to manage a situation until support arrives. Having simple strategies like deep breaths could be useful. Certainly knowing what to say and what not to say may be helpful. *Stakeholder 6*

These reflections emphasized the importance and need for all school staff to be able and willing to support students who self-harm.

3.5 | Theme 5: An approach that recognizes role boundaries: "we are educators, not health care providers"

A few stakeholders had concerns about the perception that all school staff should be able to provide support for students who engage in self-harm. They advocated limits to what school staff could and should be doing for students and tended to position self-harm as a health and mental health issue. This was evident in the comments made by a stakeholder:

> We are educators, not health care providers…We know the students and are here to educate them. *Stakeholder 7*

Another stakeholder viewed self-harm as a mental health issue:

> These are matters for mental health workers, not for teachers/schools. *Stakeholder 8*

Overall, stakeholders who held these views advocated that mental-health professionals should manage self-harm outside the school environment.

3.6 | Theme 6: An approach that prioritizes safety: "Depends on the risk the student presents with"

The use of language such as "risk," "danger," and "safety" when describing the management of students who self-harm appeared to drive what participants thought school staff should do in response to a student self-harming. This could result in the minimization of the needs of the student who is self-harming in favor of the safety of others (e.g., school staff and other students).

> First, a few stakeholders used an estimate of potential harm to the student and the presence or absence of an intent to die associated with the self-harm, as justification and rationale for follow up action (e.g., whether to involve further supports such as family). It really depends on the nature of the self-harm and the intent behind it. If there is intent to suicide, then yes, this needs to be discussed with the family urgently… If it is historical self-harm or self-harm that is current but with no intent to take one's life, then the family do not necessarily need to be notified. *Stakeholder 9*

Second, a few participants from both panels emphasized the need to consider the safety of other students who aren't self-harming and the safety of staff as a starting point for any attempt to help. When asked to comment on actions that should be taken when a student is self-harming, participants commented that staff should only provide support if it is safe for the staff member to do so.

> The staff member must send other students away (e.g. send to usual assembly point)…unless the staff member would be in danger. *Young Person 3*

Some participants spoke about the danger of being blamed for not effectively managing a student who self-harms, which may threaten staff members' careers.

> The fear of blame makes students who self-harm a challenge to a person's career and this sets up barriers to acknowledgment and engagement [with self-harm]. *Stakeholder 10*

Furthermore, some staff expressed that students who self-harm needed to experience consequences (e.g., removal from school) for their self-harm behaviors, even if the effects may harm the student and further exacerbate their distress.

> Students need contingencies around their behaviours which may extend beyond self-harm and need the appropriate consequences [removal from school] in spite of the risk of self-harming. If this doesn't occur, the risk of increasing self-harm as a maladaptive response is high. *Stakeholder 11*

Ultimately the participants from the stakeholder panel who felt that a student was unlikely to cause serious harm to themselves focussed instead on the harm that might come to the wider group of school students or staff.

> This creates a significant health and safety issue for other students who might witness the self-harm occurring *Stakeholder 1*

Overall, some participants from both panels focused on safety, which appears to contribute to the minimization of the needs and distress of the student who self-harm. One stakeholder identified how misinformation and myths about self-harm contribute to minimizing the student's needs, contributing to reluctance to provide intervention.

> This area of concern can be fraught with mythology and non-evidenced based opinions that fuel disconnection from the reality and urgency around self-harming. There is tremendous gender and age-related bias around this area with female students repeatedly identified as engaging in self-harming for effect and without serious causes or consequences. *Stakeholder 12*

3.7 | Theme 7: A nonpunitive approach: "They have not committed a crime"

A practice within New Zealand schools is the removal of students from school for a period of time (stand-down) if they exhibit behavior that jeopardises their safety or the safety of others. Students whose self-harm results in scars are also expected to cover their scars in some schools. On reflection of these practices, some participants highlighted the harm they cause, ultimately advocating against it.

A stakeholder emphasized the futility of disciplinary responses such as stand-downs by highlighting how it simultaneously increases the distress and safety concerns for the student who self-harms and does not prevent exposure to self-harm.

> Stand-downs are a MASSIVE risk factor. No one should be excluded from school for health reasons. This is a human rights issue… The reality is students will be witnessing self-harm anyway (on social media etc.) so banning it from school grounds by excluding a student is of no use. *Stakeholder 1*

A young person reflected on how practices where students must hide their scars, cause shame and stigma for students who self-harm. They also noted how practices that encourage hiding and covering-up of self-harm prevent students from developing a narrative of overcoming their difficulties.

> I think students who have overcome this should not be forced to hide their scars… They could be a symbol of being able to overcome things…the student should not feel ashamed of their scars and made to feel they are dirty. Because they aren't. They may not be a good coping strategy but at least they are a coping strategy. Proof that the student had battled, overcome and is still here. *Young Person 6*

Another stakeholder advocated for students who self-harm to be treated with respect.

> They have not committed a crime and should be treated with respect. *Stakeholder 13*

3.8 | Theme 8: An appropriately-resourced approach: "Not until we receive more support"

The participants spoke of how limited resourcing (within the school and community) hampered the school staff's ability to engage in prevention and intervention initiatives. One stakeholder spoke of the difficulty in accessing external services.

> The reality of wait times needs to be taken into account. Also, with CAMHS (Child and Adolescent Mental Health Services) so overloaded, their threshold is extremely high - many referrals which feel beyond the scope of school staff to cope with won't meet their criteria - which means school staff need to upskill or find other places to refer if they're lucky enough to live near a Youth One Stop Shop [a community-based youth service]. *Stakeholder 1*

Another stakeholder highlighted how the lack of time, training, funding, and staffing were factors that limited their ability to provide adequate support to students within the school.

> Not all schools have equal access to pastoral care (e.g., small schools). I have often known that children need support, but gaining timely access to that support has been a barrier. In the end, I end up becoming a counsellor (I am not trained) and cannot perform my job properly…I do not have the budget facility to send all staff to training that relates to their job description let alone further training. My budget cannot cope even with the basics. *Stakeholder 7*

A further stakeholder spoke of concerns about staff burnout amongst staff supporting students who self-harm.

> …self-care and as much supports as possible is important for staff who are offering support…We have seen way too much fatigue and burnout in the space. We cannot afford to lose anymore designated staff. *Stakeholder 14*

Ultimately it was made clear that for effective and safe support for students who self-harm to occur, schools need to be provided with adequate resourcing.

4 | DISCUSSION

4.1 | Key findings

This qualitative study was nested within a larger Delphi study to develop guidelines for managing self-harm in school settings. This qualitative study uncovered factors that may impede young people from receiving ideal support. A focus on risk and safety, reservations about whether or not prevention and management of self-harm is the responsibility of all staff, and inadequate resourcing of schools and community support services are factors identified that interfere with providing the support students want. The findings suggest that young people and stakeholders wanted to engage in student-centered and whole-school approaches. These approaches would address the factors that interfere with the provision of effective support. A whole-school approach presumes that all school staff have a role in addressing self-harm, which is embedded in policies, curriculum, and how school staff interact with students. Within this whole-school approach is a student-centered approach based on trusting relationships, guided by student voices, and focusing on individual needs and strengths. Furthermore, these approaches combined with adequate resourcing (time, funding, staffing, training) may counter the attitudes, beliefs, and practices that interfere with effective support.

The eight themes, together with the consensus process from the Delphi study, and review by an indigenous (Māori) clinical cultural governance group, led to four key recommendations. These recommendations reflect the themes that together encourage relationship and student-centered approaches, which ultimately oppose punitive approaches and highlight the importance of everyone working together. For schools wanting to enhance their support of students engaging in self-harm, we have the following recommendations: (1) use a student-centered approach recognizing the student's voice and specific needs in the context of a trusting relationship, (2) ensure a culture where everyone has a role to play in student well-being, including managing self-harm, (3) provide school staff with the training, funding, staffing, and tools needed to perform their roles in supporting students, (4) avoid employing measures that may paradoxically increase self-harm and distress such as exclusions and covering old scars from self-harm. Based on the data, these recommendations have been incorporated as directives into the guideline we developed for school staff on supporting students who self-harm.

4.2 | Recommendations and existing literature

Our findings from theme six have highlighted how a focus on risk and safety in the school environment potentially contributes to punitive approaches. For example, participants spoke of how potential harm to others outweighed potential harm to the student when using stand-downs. This type of approach may reduce staff responsiveness to the needs of the student who is self-harming. Research has shown professionals working with young people who perceive self-harm as socially motivated (i.e., attention-seeking) tend to view self-harm as less serious and may be less responsive to the young person (Carlson et al., 2005; Heath et al., 2011; Knowles et al., 2013). This is particularly pertinent, given recent evidence that early career school counselors and teachers are more likely to attribute self-harm as having interpersonal motivation (Dawson et al., 2021). Participants also spoke of using the likelihood of a student self-harming or dying by suicide to determine how to respond. This is particularly concerning, given that research has clearly shown that the categorization of risk for prediction and treatment planning is futile and potentially harmful, with some receiving invasive and unhelpful treatment while others are left without support (Carter et al., 2017; Fortune & Hetrick, 2022; Graney et al., 2020; Kessler et al., 2020).

In addition, theme six illustrates how some school staff believe that punitive approaches, such as stand-downs, are evidence-based behavioral management interventions. Some school staff voiced a belief that punishment and

reinforcement in response to self-harm, are effective interventions for self-harm. There is evidence that these strategies can be effective in the management of self-harm, for instance, as part of Dialectical Behavior Therapy; however, this is only the case if they are part of a wider therapeutic package (Linehan, 2000; Miller et al., 2006). Furthermore, approaches that rely on reinforcement or punishment require a thorough understanding of the behavior (Miller et al., 2006). This is because what may be reinforcing for one student (e.g., not attending school) may not be for another student (Miller et al., 2006). Using these strategies without a good understanding of behavioral principles and in the absence of a well-resourced therapeutic program does not align with evidence-based protocols for responding to self-harm (Linehan, 2000; Miller et al., 2006).

The student-centered approach highlighted in themes one, two, and three align with best practices in youth-friendly mental health services, which includes a youth-friendly climate (friendly, non-judgemental staff, and inviting physical spaces) and youth participation at all levels (organization and individual) (Hawke et al., 2019; McGorry et al., 2014; Rickwood et al., 2014, 2019; S. Denny et al., 2018; S. J. Denny et al., 2011). A student-centered approach would help reduce reliance on a risk-averse or punitive approach and reluctance to see self-harm as a school issue. Encouraging youth participation in all levels of their care, and ensuring staff engage in a non-judgemental manner would counter the need for risk-averse or punitive approaches. A student-centered approach involves school staff sharing power with students (i.e., youth participation). What is not known is how willing school staff are to share power with students. Future research should explore the willingness of school staff to adopt a student-centered approach.

The study findings about relationship-based and student-centered approaches (theme one, two, and three), where everyone in the school environment has a role to play (theme four), align with a whole-school approach to well-being. A whole-school approach involves everyone who is part of the school community (all staff, students, and families) at all levels (policy, classroom, extracurricular, etc.), contributing to well-being (Goldberg et al., 2019; Roffey, 2016; Runions et al., 2021). However, our findings in theme five highlighted a view held by some school staff that self-harm is purely a mental health issue and, therefore, not a problem to be dealt with by school staff. This view creates tension with a student-centered and whole-school approach. This study, as shown in theme six, also suggests that fear of harm to other students or staff and misinformation about self-harm may influence school staff responses. Previous research has shown that misinformation and fear around self-harm may impact school staff responses. First, misinformation leading to seeing self-harm as mainly "attention-seeking" can result in reduced willingness to respond (Carlson et al., 2005; Heath et al., 2011; Knowles et al., 2013). Second, Robinson et al. (2008) found that school welfare staff who had some training in self-harm reported being more worried about self-harm than their peers who did not have previous training. The authors suggest this may reflect increased awareness of what is not known, therefore increased awareness of one's own limitations and need for more training and support (Robinson et al., 2008). Anxiety may contribute to seeing self-harm as beyond the scope of an educator and may explain the hesitancy of school staff in agreeing to play a role in self-harm prevention and intervention. A meta-ethnography of qualitative research on the role of school staff in managing self-harm found that fear and lack of understanding of self-harm contributed to staff, particularly teachers, wanting to refer students to others (Evans & Hurrell, 2016). Ultimately this potential barrier may be addressed through a whole-school approach, which would include resources and training for staff to ensure they have the skills and knowledge needed to respond effectively and empathetically to students who self-harm.

4.3 | Limitations and strengths

This study was part of a larger project which looked to develop a guideline for New Zealand school staff. The participants were all from New Zealand, and therefore the findings may not apply to others outside of New Zealand. Furthermore, we are limited to the experiences and insight of those who participated, which means a range of perspectives may have been missed. For example, the ethics requirements meant we did not have participants under 16. Although we had youth panel members who were school-aged (16–18 years old), there were also participants who were not school-aged (18 and 25 years old) at the time of their participation. This may mean we have not captured the diverse voices of younger school-aged people. This study used data from participants' responses to open-ended questions within the Delphi questionnaire rather than individual interviews or focus groups. This data collection method does not allow the opportunity to explore responses in greater depth or question the broader experiences of stakeholders and young people. By embedding the open-ended questions in the Delphi questionnaire, we were able to gain insight into the experiences and opinions of stakeholders as they related to the content of the guidelines. Furthermore, participants' responses to the open-ended questions may have been shaped by the closed questions that preceded them. However, this design may also be considered a strength because participants had the opportunity to reflect in-depth on the subject and carefully consider their views. This provided insight into critical recommendations and various factors that can hinder the implementation and usefulness of the guidelines.

4.4 | Implications

In order to facilitate a whole-school and student-centered approach to managing self-harm in the school environment, school staff need to be provided with training, guidance, and resources. In particular, training is required to increase knowledge and confidence in empathetically responding to students. Furthermore, the threat of burnout is a critical concern for school staff, which means appropriate resourcing is required. Ensuring schools are provided with the tools and resources, such as guidelines, is essential but not sufficient. Adequate resourcing for the implementation of guidelines is crucial. The well-being needs of students cannot be separated from their educational needs, which means the school environment is directly contributing to and responsible for students' well-being. Therefore, the resourcing (staffing, training, guidance, support, tools, etc.) needed to implement guidelines effectively must be prioritized. The effectiveness of a guideline, including the recommendations from this paper, relies on its implementation.

Implementing the guideline will require consideration of school staff who may not see it as their role to support students who self-harm or school staff who endorse punitive approaches to managing self-harm. Therefore, implementation of the guideline will need to occur alongside education for school staff on these issues. Future research could explore the perspectives and views held by various stakeholders (e.g., teachers vs. mental health providers) on the management of self-harm to better understand possible barriers in implementation. Understanding the support school staff require to implement the guidelines is an important next step.

5 | CONCLUSION

The reflections of young people and stakeholders on the evidence-based actions school staff can take highlight ineffective practices and recommendations which would counter such practices. In particular, a lack of appropriate resourcing may contribute to a risk-averse culture and a lack of willingness and confidence in school staff in responding to students who self-harm. In particular, staff focusing on risk and safety interferes with staff providing respectful and practical support to students who self-harm. Furthermore, a lack of adequate resourcing combined with a focus on risk and safety likely also contributes to fear and anxiety in school staff. This fear could explain why some school staff may be less willing or confident in responding to students who self-harm and the reliance on punitive approaches. These practices could be addressed through a student-centered and whole-school approach and adequate resourcing. Therefore by recognizing the voices, needs, and strengths of students, emphasizing the role everyone has to play and providing school staff with adequate resourcing, school students can receive the support they want and need.

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CONFLICTS OF INTEREST

Sarah Hetrick is the Principal Clinical Advisor and currently the acting Director of the Suicide Prevention Office in New Zealand. Sarah Fortune is the chair of the Suicide Mortality Review Committee in New Zealand.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

This study was approved by the University of Auckland Human Participants Ethics Committee (Ref: 023702). All methods were performed in accordance with the relevant guidelines and regulations. Informed consent was obtained from all individual participants included in the study.

ORCID

Inge Meinhardt http://orcid.org/0000-0003-0123-1663
Kerry Gibson http://orcid.org/0000-0003-2921-5032

Sarah Fortune http://orcid.org/0000-0002-8864-8295
Sarah Elisabeth Hetrick http://orcid.org/0000-0003-2532-0142

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