

# Stigma, social exclusion and adolescent self-harm.

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# Stigma, social exclusion and adolescent self-harm.

## Complex Intervention Design – Adolescent Self-Harm.

Exploratory & context-based research work.

**Contextual Mechanisms.**

Critical Realism & Public Health Paradigm.

**Developing and  
evaluating complex  
interventions:**  
new guidance

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## **Stigma, social exclusion and adolescent self-harm.**

**Self-harm has a strong prevalence within adolescent populations in Europe.**

UK hospital admissions rising.

***“Tip of the iceberg”* - majority of incidents hidden.**

Small % access hospital support.

**Cochrane Systematic Review – poor quality of evidence for clinical setting-based interventions**

## Stigma, social exclusion and adolescent self-harm.

### Solutions?

Use a collaborative approach with population group.

**Barriers: community-based, majority don't access public health settings.**

Small % access health services.

**For 13 yrs to 18 yrs, a community setting is the secondary school context.**

Exploration of school context, for access & research

## **Stigma, social exclusion and adolescent self-harm.**

### **2016 GW4 Research Consortium**

148 UK secondary schools surveyed – adolescent self-harm interventions & future support needs.

**UK schools do very little to prevent and/or raise awareness of adolescent self-harm.**

Research gap - need to understand the school context.

**Explore contextual factors impacting whole-school preventative approach.**

# Stigma, social exclusion and adolescent self-harm.

## Ethics

Sensitive research topic e.g. pupils' experience of self-harm

**Potential for harm managed – safety plan.**

Working with schools for interview support system: counselling, safety protocols, informed consent, safeguarding.

**Age limit - 16+ years.**

## **Stigma, social exclusion and adolescent self-harm.**

**Two secondary schools in Wales.**

Sampled for variation: geographical area; low/high school community socio-economic status; urban/rural).

**4 qualitative research group interviews (Participatory Appraisal)**

3 pupils with long term experience of self-harm. All other participants had encountered self-harm in pupils.

**Community-based appraisal.**

## **Stigma, social exclusion and adolescent self-harm.**

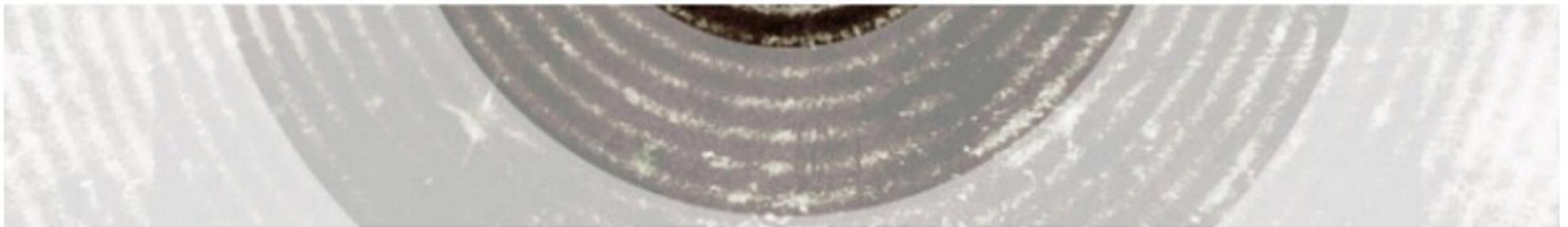
**School context information analysis through grounded theory. Axial coding for context.**

**RESULTS = stigma model.**

**Social behaviours in school setting centred on adolescent self-harm were structured by stigma.**

**No whole-school preventative work is being undertaken.**

**CMO configuration: the school context (C) generated the mechanisms (M) of the stigma model = outcomes (O) whole-school topic exclusion.**



### Visual Key:

A visual representation of the stigma model & its main categories "permeating" the school context.

#### MAIN CATEGORIES



#### SCHOOL CONTEXT & PERMEATION

Stigma permeates the school context, influencing socio-cultural behaviours in relation to adolescent self-harm.



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## Why important?

Model delivers the key social-based stigma behaviours in the school context.

**Potential harms to adolescent self-harm population group in schools that compromise their well-being.**

Stigma behaviours can be targeted for intervention.

**Findings align with the GW4 research from 148 UK secondary schools. Potentially wide-scale stigma.**

## Stigma, social exclusion and adolescent self-harm.

### Word tabooing.

Use of the word 'self-harm' avoided.

**Subcategories: replacement words; long pauses; physical discomfort gestures.**

*Pupil 1:* That's the thing. It's (i.e. adolescent self-harm) very awkward to talk about in, like, every sense of the word. I think that's just been from how it's been dressed for so long in society... a lot more people will be like it's less taboo to speak about it in an educated way, but it's still awkward.

*Pupil 2:* There is like, even though more people are talking about it there is still negative ideas surrounding it obviously. Umm... ... but it's ... it's very difficult to talk about in school, because it is not talked about.

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### **Avoidance (individual).**

Social interaction based behaviours on an individual level used to physically avoid or limit contact with self-harm.

**Subcategories: refusal to engage with the topic; physical distance; social exclusion; specialists.**

*Staff member:* It's very difficult, because everyone is very aware of their safeguarding responsibilities. So it's kind of running counter to that. It's a bit of a subtle one really. I think it might come down to feeling unskilled. In kind of ... just ... you know ... what am I dealing with, and maybe feeling very apprehensive about the whole thing. And so perhaps that creates a sort of distance there. Without you wanting to distance. But ... um ... it's just like a whole can of worms ... that really you are thinking, 'Oh my God, how do I deal with this, without making it a lot worse?'

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### A judgemental stance.

Use of negative judgemental behaviours.

**Subcategories: minimisation; negative joking; direct criticism.**

*Pupil 1:* 'Someone' wasn't having a great time. So that 'someone' went to the head of year, had a full blown meltdown, and just said, 'I can't do it any more. I'm done'. And she literally said, 'Oh don't say that, year 10 have it harder' ... some people don't realise when they feel like that that they've got a problem. But at that point, that person knew they needed help ...Because what they were thinking was not right. They were like, 'I can't...'. To be brushed off like that...

*Pupil 2:* A student was in a lesson...they told the teacher that they were seriously going to end their life that day. And the teacher responded with, 'is that going to take time away from doing your coursework?'

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### Exclusion

No reference to topic in whole-school public discourse.

**Subcategories: topic not taught about; training not delivered; no public information about topic.**

*Staff Member:* A pupil ... she had what I call the superficial cuts, but she also had the vertical deep cut, which to me said something else. I haven't got the training to say, it's just what I've picked up from reading and learning... She was upset, and couldn't cope with the fact that it didn't work. And how she knew this, is because she watched on YouTube how to do it, to make it work. So pupils have all these tools at their disposal, where they can actually learn very quickly, exactly how to do it, where to do it.

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### Fear and/or danger beliefs

These negative beliefs stem from the topic of self-harm.

**Subcategories: dangerous topic, can't be safely taught about in schools; stigma fear; panic response.**

*Pupil 1:* People can have a tendency to hold it (i.e adolescent self-harm) against others, to be like, 'Oh, I know this about you'. It's like if you had a secret, and somebody knew it about you, that does give them power over you...

*Pupil 2:* But like in year 7, something happened, it went round everyone, and she got called in to the office. And literally she got checked all over her body...

*Pupil 1:* It was very invasive. Like, not to like talk to her parents, nor to talk to her about it, or ask her any questions, it was just to go straight in to that.

## Stigma, social exclusion and adolescent self-harm.

### Discussion (1)

Topic excluded - no whole-school preventative approach.

### **Study findings may explain why – stigma.**

Model shows ubiquitous nature of stigma, in a specific context.

**Reveals the specific characteristics of public stigma surrounding adolescent self-harm.**

Limited research area.

## Stigma, social exclusion and adolescent self-harm.

### Discussion (2)

Consequences – social exclusion & health inequalities.

**Adolescent self-harm is a powerful stigma marker.**

Discrimination against the population group.

**Negative impact on pupils' health trajectories at critical times.**

Larger scale further research project now taking place.

# Stigma, social exclusion and adolescent self-harm.

## MORE DETAILS:

Email: [ParkerR9@cardiff.ac.uk](mailto:ParkerR9@cardiff.ac.uk)

Parker, R. 2018. 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. *Public Health*, 159, pp. 8-13.

*In-depth supplementary report also available.*

Please email me for copies of these items, and for this presentation with its references.

***Thank you for listening.***

# Stigma, social exclusion and adolescent self-harm.

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# Stigma, social exclusion and adolescent self-harm.

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