Self-harm, Suicide Prevention and Schools

Prof Ann John,
Clinical Professor of Public Health and Psychiatry, Swansea University
Director, National Centre Suicide Prevention and Self-harm Research
…. parent, former School Governor, former GP, Consultant Public Health, advice following child deaths in schools

11th June 2026

Schools



Self-harm



Implementation



NCSR

What is youth?

Biological maturity, changes brain structure

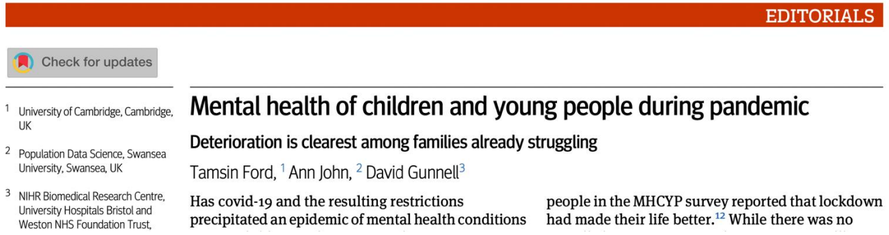
Psychological development- sense of self, independence, self-esteem, decision making, future thinking etc etc

Social and emotional- regulation, peers, rejection, relationships, gender identity, transitions

Early adolescence (10-14); adolescence (15–19); emerging adulthood (20–24);transition to adulthood (25–29)

We’re talking re children under 18

2.4 billion 10-29 yrs- largest youth population in history



EDITORIALS

Check for updates

1 University of Cambridge, Cambridge, UK

2 Population Data Science, Swansea University, Swansea, UK

3 NIHR Biomedical Research Centre, University Hospitals Bristol and Weston NHS Foundation Trust,

Mental health of children and young people during pandemic

Deterioration is clearest among families already struggling

Tamsin Ford, [1] Ann John, [2] David Gunnell[3]

Has covid-19 and the resulting restrictions precipitated an epidemic of mental health conditions

people in the MHCYP survey reported that lockdown had made their life better.[12] While there was no



THE LANCET PSYCHIATRY COMMISSIONS · Volume 11, Issue 9, P731-774, September 2024

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The *Lancet Psychiatry* Commission on youth mental health

Prof Patrick D McGorry, MD PhD [a,b] · Cristina Mei, PhD [a,b] · Naeem Dalal, MD MMed [c,*] · Prof Mario Alvarez-Jimenez, PhD [b] · Prof Sarah-Jayne Blakemore, PhD [d] · Vivienne Browne, BA [a,b] · Prof Barbara Dooley, PhD [e] · Prof Ian B Hickie, MD [f] · Prof Peter B Jones, MD PhD [g] · David McDaid, MSc [h] · Prof Cathrine Mihalopoulos, PhD [i,j] · Prof Stephen J Wood, PhD [a,b,k] · Fatima Azzahra El Azzouzi, MSc [l,*] · Jessica Fazio, BA [m,*] · Ella Gow, BPubHealth&HealthProm [a,o,*] · Sadam Hanjabam, MPhil [p,*] · Alan Hayes, MSc [q,*] · Amelia Morris, LLB BA [o,*] · Elina Pang, BSocSc [r,*] · Keerthana Paramasivam, BSocSc [Hons] [s,*] · Isabella Quagliato Nogueira, MSc [t,*] · Jimmy Tan, MD [n,*] · Steven Adelsheim, MD [u] · Prof Matthew R Broome, PhD [v,w] · Prof Mary Cannon, MD PhD [x] · Prof Andrew M Chanen, PhD [a,b] · Prof Eric Y H Chen, MD [y,z,aa] · Prof Andrea Danese, PhD [ab,ac,ad] · Prof Maryann Davis, PhD [ae] · Prof Tamsin Ford, PhD [g] · Pattie P Gonsalves, PhD [af,ag] · Matthew P Hamilton, MSc [a,b,i] · Prof Jo Henderson, PhD [ah,ai] · Prof Ann John, PhD [aj] · Prof Frances Kay-Lambkin, PhD [ak] · Long K-D Le, PhD [i,j] · Prof Christian Kieling, MD PhD [al,am] · Niall Mac Dhonnagáin, PhD [e] · Prof Ashok Malla, MBBS [an,ao] · Dorien H Nieman, PhD [ap] ·



Cambridge Dictionary

youth

noun

UK /juːθ/ US

1. someone to shift the blame on

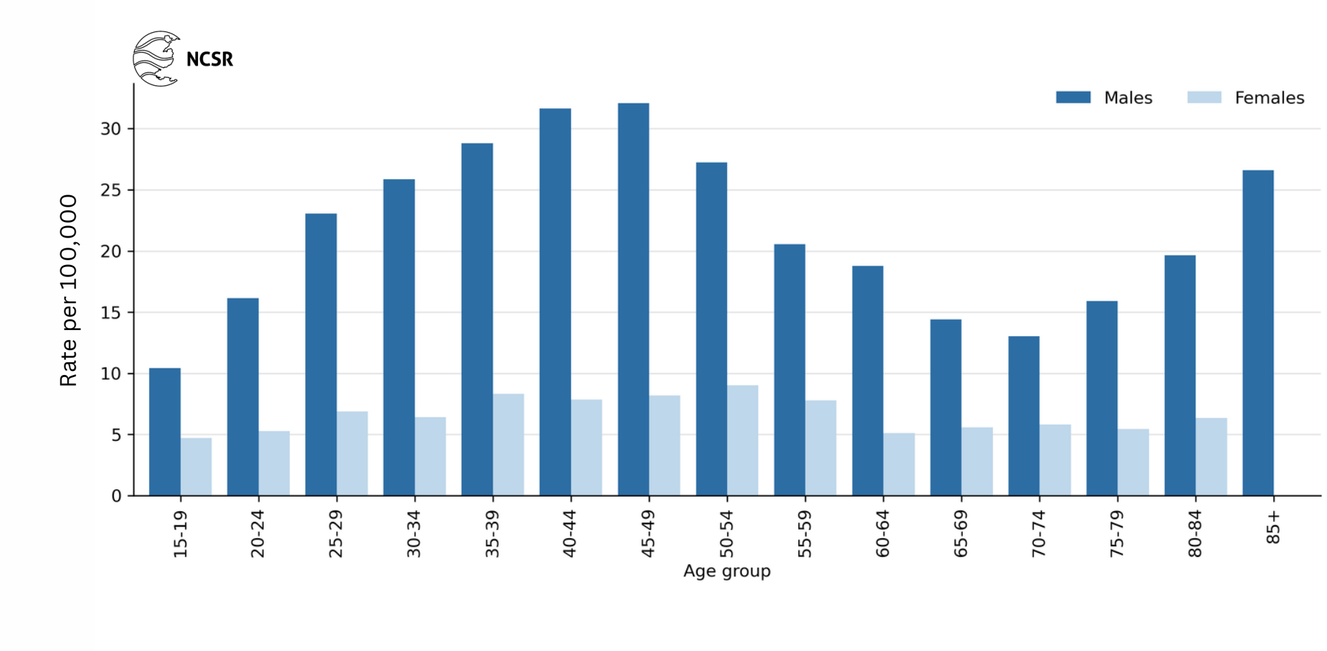
What is Self-harm?

- Intentional self injury or self poisoning irrespective of motivation or (suicidal) intent
- Method and motivation may change
- Cutting, burning, interfering wound healing, overdosing
- Continuum suicidal behaviours & NSSI
- Important signal of distress, habitual or crisis, opportunity for intervention
- Attitudes

DATA **ARE** LIVES

Age-specific suicide rates

Suicides, age-specific rate per 100,000 population, males and females aged 10+, Wales, mean of 2019-2024 registrations

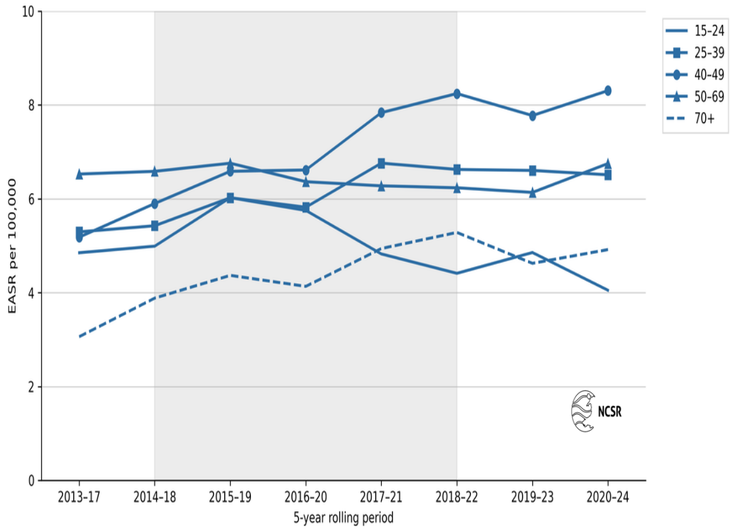


**Rates for females aged 85 years and over are not shown due to small numbers*

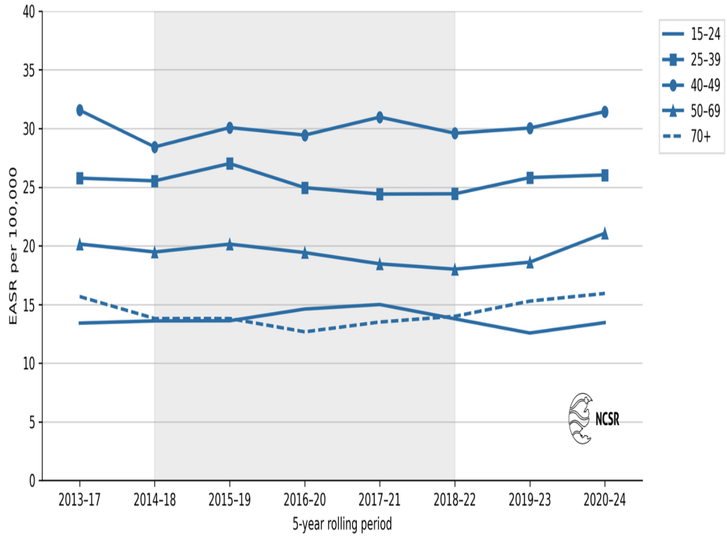
Trends in suicide rates among males and females by age group

Suicides, 5-year rolling rate per 100,000 population, Wales, 2013-2024 registrations. Produced by NCSR using ONS registrations data

Females



Males

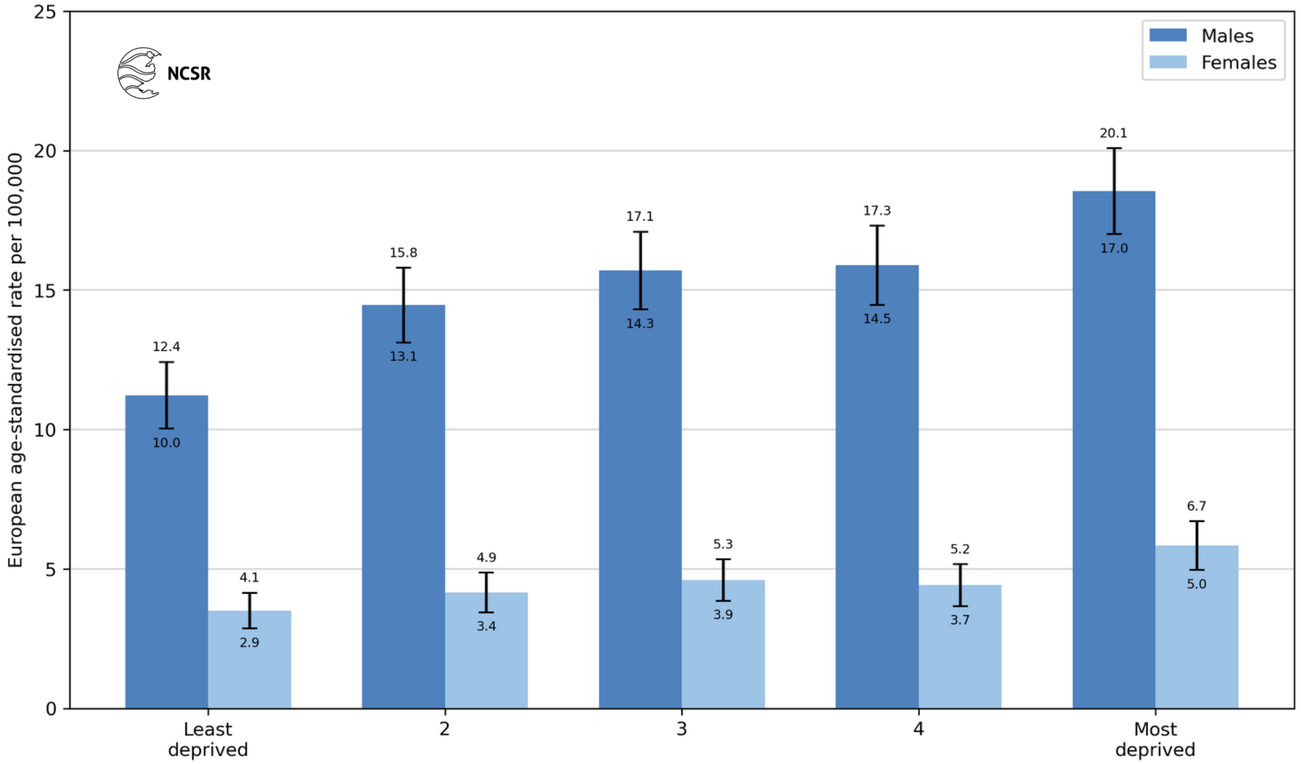


**Shading to represent change in burden of proof in 2018*
**Deaths among persons aged 10-14 years are excluded due to small numbers*

NO INCREASE IN UNDER 18s since 2018

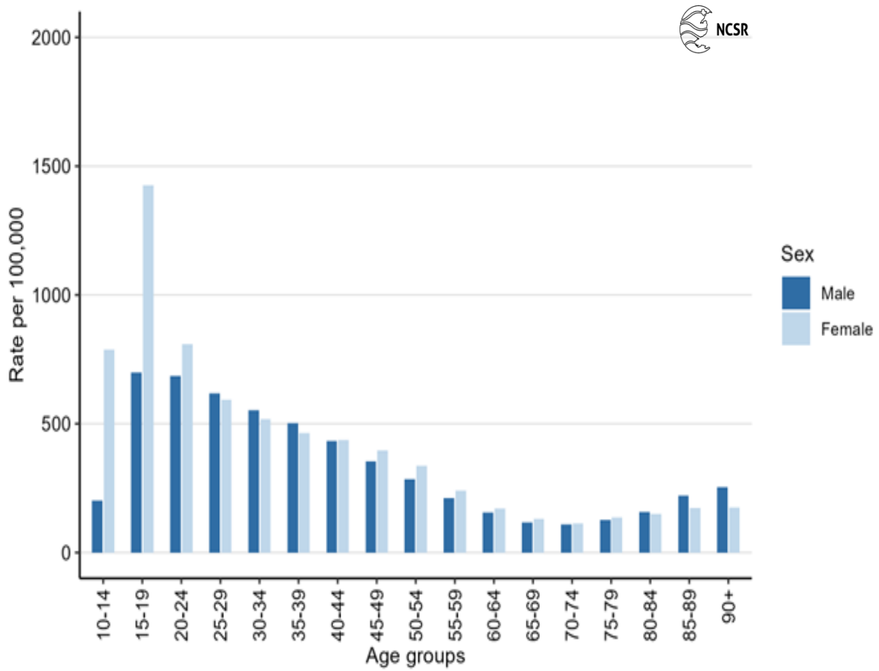
Trends in suicide rates by deprivation

Suicides, European age-standardised rate (EASR) per 100,000 population, by deprivation fifth, males and females aged 10+, Wales, 2019-2023 occurrences.



Self-harm by age and sex

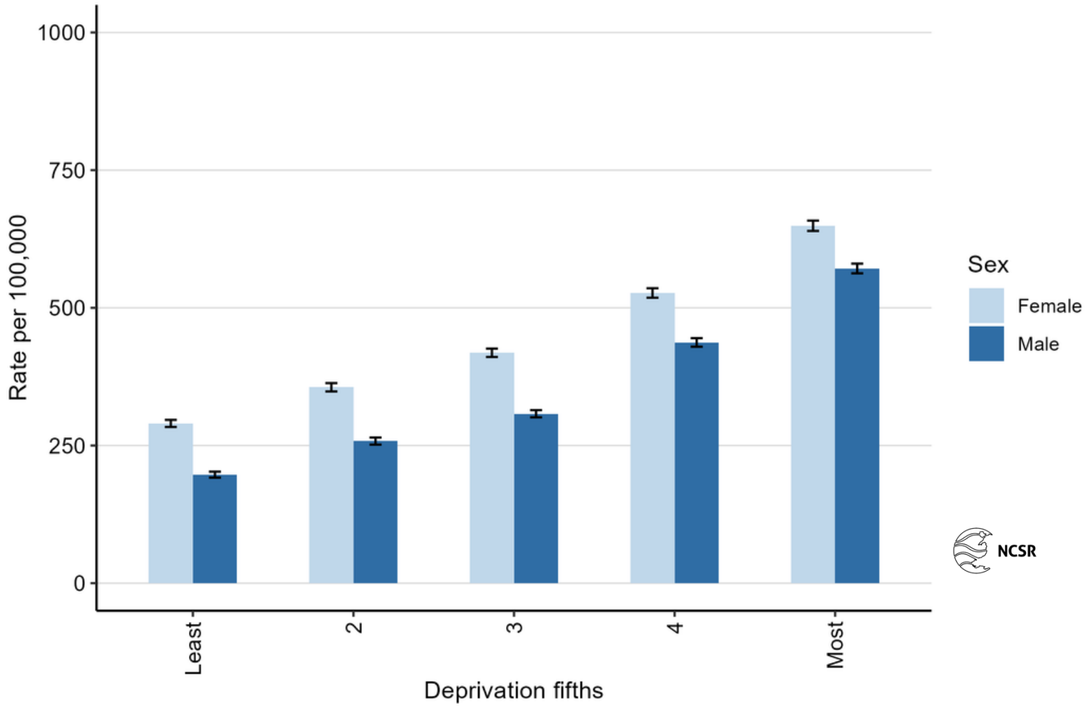
Self-harm, age-specific rates per 100,000 population, males and females, aged 10+, Wales, 2013-2023.



**Includes self-harm contacts from general practices, emergency departments and hospital admissions*
**Patients are counted once a year*

Self-harm by sex and deprivation

Self-harm, European age-standardised rate (EASR) per 100,000 population, by deprivation fifths, males and females, aged 10+, Wales, 2013-2023.

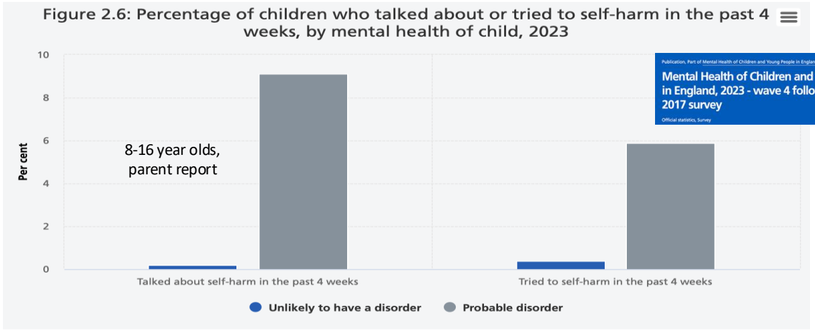


**Includes self-harm contacts from general practices, emergency departments and hospital admissions*
**Patients are counted once a year*

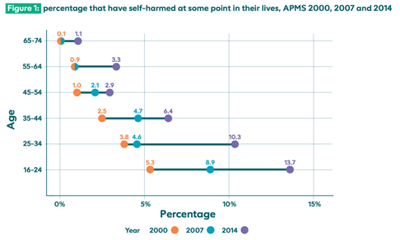

Suicide
Self harm presenting to clinical services (1 in 8 SH)
Self harm in the community (1 in 10 all)- not presenting to clinical services

Why are schools important?

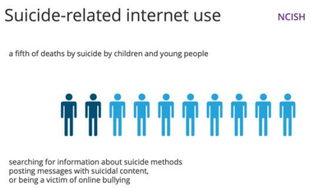


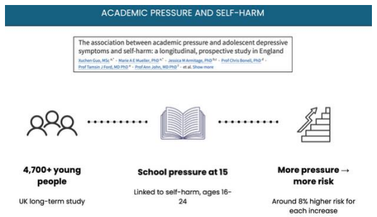


We know there is a problem (trends and associations)



We know there are some fixes







Opportunity to promote healthy behaviours and life skills to help students respond to life's challenges as well as make a successful transition into employment.

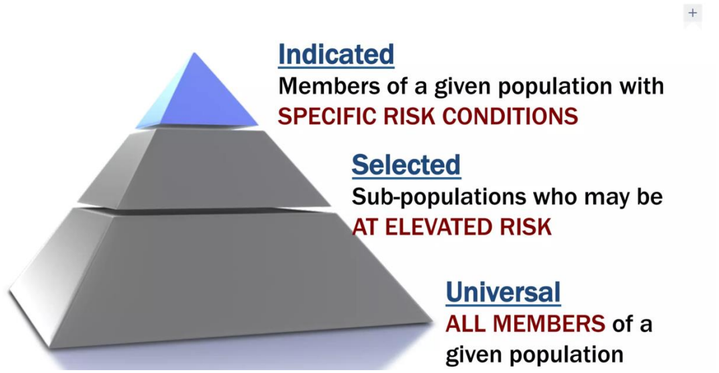
Schools as settings

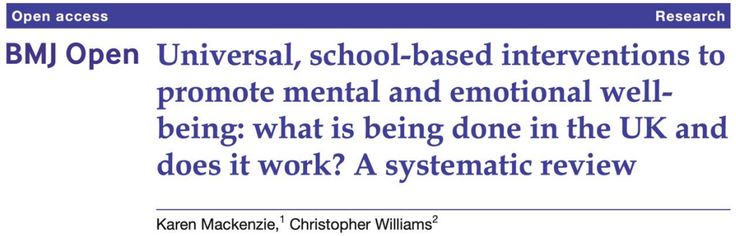


- Schools are complex public health settings in complex systems
- Policy and society emphasis
- Vast number of programmes available to schools, school counsellors, CAMHS in-reach
- Many lack evidence of effectiveness or evidence of no impact or do harm.
- We need evidence-based programmes prioritised



- Whole school approach- partnership working between senior leaders, teachers, school staff, in-reach, students, parents, carers and the wider community.




Open access Research

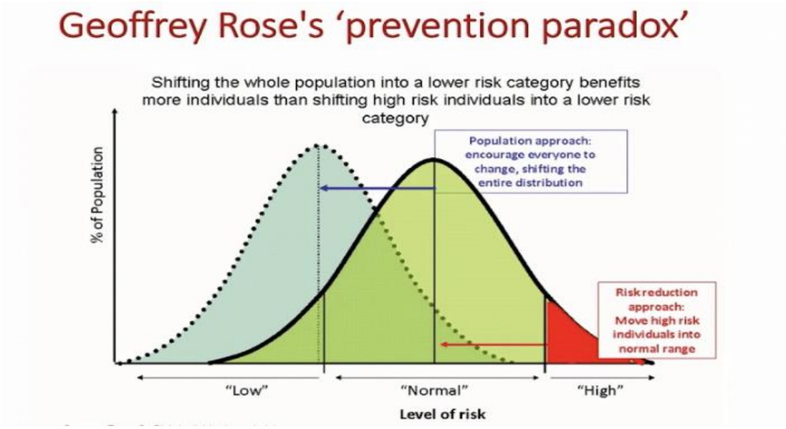
BMJ Open Universal, school-based interventions to promote mental and emotional well-being: what is being done in the UK and does it work? A systematic review

Karen Mackenzie,[1] Christopher Williams[2]

Why universal interventions in schools?

- Universal, selected, indicated (meaning)
- Programme, whole school approach
- Prevention, skills building
- Not stigmatising, especially this age group
- Uptake esp. selected/ targeted
- Rose's paradox

Prevention/ Rose's Paradox



- So tiny effects, big impacts whole population
- Tiny effects, high levels uncertainty, underwhelming
- Throw in publication bias and common sense- over egging
- So high quality trials- time, money etc
- MYRIAD was that- big, long, high quality, published
- Mindfulness intervention made little difference, may had made things worse for a subset
- Implementation and fidelity

© International Epidemiological Association 1985 Printed in Great Britain *International Journal of Epidemiology* 2001;**30**:427–432

REITERATION

Sick individuals and sick populations

Geoffrey Rose

What works



THE LANCET

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ARTICLES · Volume 385, Issue 9977, P1536-1544, April 18, 2015 Download Full Issue

School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

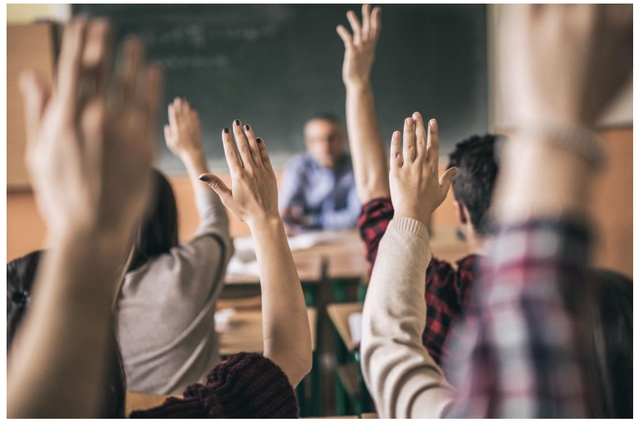
Prof Danuta Wasserman, MD [a] · Christina W Hoven, DrPH [b,c,d] · Camilla Wasserman, MA [b,f] · Melanie Wall, PhD [c,e] · Ruth Eisenberg, MSc [b] · Gergö Hadlaczky, PhD [a] · et al. Show more

- Multi-centre, cluster RCT, 2008-10
- 11, 110 pupils, 15 yrs
- 168 schools
- 10 European countries, 2008-2010

- Youth Aware of Mental Health Programme (YAM), targeting pupils
- 1 yr f/u
- improving understanding of mental health and reducing suicide rates

- incident SA (OR 0·45, 95% CI 0·24–0·85; p=0·014)
- severe SI (0·50, 0·27–0·92; p=0·025)
- No pupils died by suicide

But also SEL, mentorship, parent engagement





Schools are complex public health settings

AWARE & INSPIRE TRIAL

- Interrupted by COVID
- YAM, the Guide, Mindfulness, Strategies Safety and Well-being
- 32,000 pupils
- **Emotional difficulties-YAM short-term improvements were noted, but emotional difficulties significantly increased at the long-term follow-up** especially in schools without prior experience of universal mental health programmes.

- Compliers
- Previous MH initiatives

- **Most interventions delivered through the AWARE and INSPIRE programmes resulted in either no improvements or only short-term benefits, typically limited to specific groups of students.**

- **School staff need to be supported in delivering interventions -**training and resources to manage in existing workloads.
- Not recommended to DfE

- Ethics- well, compulsory

- **More research** - SH, efficacy/ safety, most vulnerable students

- But also **resources** needed to implement the interventions we develop

- Future trials -full cost-benefit analyses including economic analyses
- Future trials explore any **potential adverse effects** of interventions

Deighton et al., 2024

Schools preferred, accessible setting for early intervention
Institutional barriers frequently limit effectiveness

Staff Training Needs: interventions re how to respond to self-harm disclosures effective at increasing knowledge, confidence, and skills.

Institutional Barriers: SH mismanaged as "bad behavior”

Prevalence & School Climate: Factors (e.g., academic stress, bullying strongly associated with higher rates SH)

Prevention Gaps: Broad, universal school-based prevention programs limited evidence long-term effectiveness on suicide reduction.

Targeted strategies, best-practice guidance remain necessary

School Mental Health
https://doi.org/10.1007/s12310-026-09871-5

REVIEW PAPER

Check for updates

Systematic Review of Best Practice Guidance for Schools to Respond to Self-Harm

Linda Bowden[1] · Sarah Fortune[2] · Sarah Elisabeth Hetrick[1] · Inge Meinhardt[3] · Liesje Donkin[4]

Received: 2 January 2025 / Accepted: 24 March 2026
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Teaching about Suicide in Schools

- Deeply tragic and distressing
- It challenges everyone
- Around 105 suicides a year in under 18s in England and Wales
- Some of the biggest changes from bereaved campaigners
- Most agree openness about suicide addresses stigma and shame

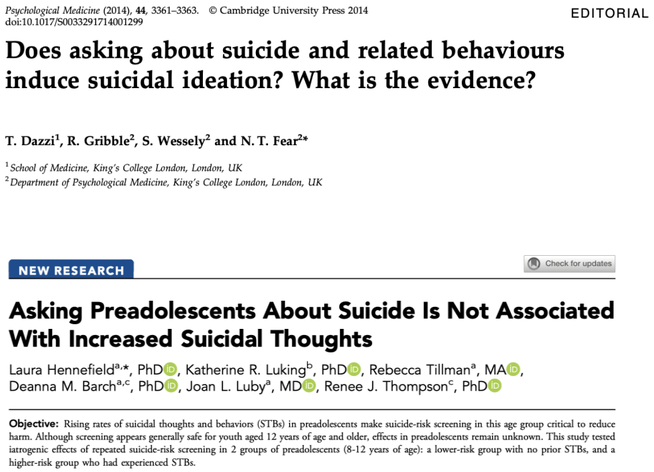
- What does teaching mean? MH literacy, risk factors, a discussion, improving help-seeking, bystander intervention
- Should it include self-harm (rising, appearing in younger age groups, 1 in 10 14 year-olds SH so the discussions are happening so facts by a trusted source)
- What's the appropriate age?
- Who will teach it?
- What about training teachers?

First do no harm

- **Asking when concerned**

No evidence it harms, way offering support and addressing stigma

Research about research often quoted



Psychological Medicine (2014), **44**, 3361–3363. © Cambridge University Press 2014
doi:10.1017/S0033291714001299

EDITORIAL

Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?

T. Dazzi[1], R. Gribble[2], S. Wessely[2] and N. T. Fear[2]*

[1] *School of Medicine, King's College London, London, UK*
[2] *Department of Psychological Medicine, King's College London, London, UK*

NEW RESEARCH

Check for updates

Asking Preadolescents About Suicide Is Not Associated With Increased Suicidal Thoughts

Laura Hennefield[a,*], PhD, Katherine R. Luking[b], PhD, Rebecca Tillman[a], MA, Deanna M. Barch[a,c], PhD, Joan L. Luby[a], MD, Renee J. Thompson[c], PhD

Objective: Rising rates of suicidal thoughts and behaviors (STBs) in preadolescents make suicide-risk screening in this age group critical to reduce harm. Although screening appears generally safe for youth aged 12 years of age and older, effects in preadolescents remain unknown. This study tested iatrogenic effects of repeated suicide-risk screening in 2 groups of preadolescents (8-12 years of age): a lower-risk group with no prior STBs, and a higher-risk group who had experienced STBs.

- **What about a wider 'universal' general discussion?**

Increasing SH in younger people with rise in those who see it as a way of coping with distress

Concern re cognitive availability and normalisation

But promoting help-seeking, stories of recovery

RHSE guidance (England)

Does not say suicide prevention needs to be 'taught'

General mental health is where suicide prevention starts

recognising and talking about emotions

looking after our wellbeing

what to do when concerned about own or others' wellbeing, how to know when to ask for support, where to go to get support

worries about friendship/bullying/loneliness

what to do when things go wrong in life and how to get help from a trusted adult.

coping with challenges and setbacks

But if it comes up, don’t feed the stigma

Safer ways of coping

So, schools do not have to address suicide directly, but if they choose to, they should do so with caution
Consult with mental health professionals beforehand-we have CAMHS in-reach, schools counsellors, guidance,

Training teachers and clear policies important

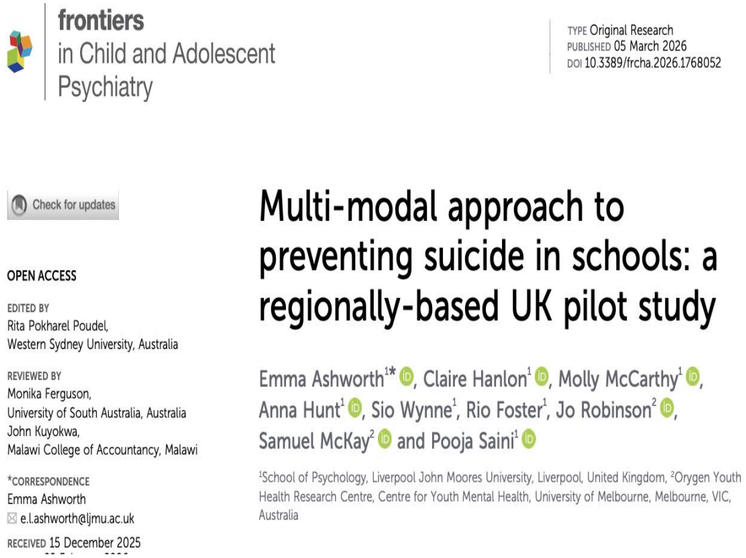
Take into account pupils’ age, maturity and personal experiences, parents’ views, and the skills and confidence of teaching staff.

Schools do have role

What does the evidence tell us?

- MAPSS pilot study
- Acceptable and feasible
- 2 schools out of whole of NW England (convenience)
- Not sure out of all year 10 how many recruited
- These things all ok with a pilot study
- Issues- student engagement, logistics delivery
- No issues safety
- Significant improvements depression, hopelessness, and suicide literacy scores after universal component.
- At-risk students suicide thoughts and QoL scores significantly higher after targeted component.

Been funded…



frontiers in Child and Adolescent Psychiatry

TYPE Original Research
PUBLISHED 05 March 2026
DOI 10.3389/frcha.2026.1768052

Check for updates

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RECEIVED 15 December 2025

Multi-modal approach to preventing suicide in schools: a regionally-based UK pilot study

Emma Ashworth[1*], Claire Hanlon[1], Molly McCarthy[1], Anna Hunt[1], Sio Wynne[1], Rio Foster[1], Jo Robinson[2], Samuel McKay[2] and Pooja Saini[1]

[1]School of Psychology, Liverpool John Moores University, Liverpool, United Kingdom, [2]Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia

What gets counted matters

School absence and exclusion in young people who self-harm in Wales

Swansea University
Prifysgol Abertawe

- 400,000 children, 2012 to 2016
- Rates of absence consistently higher in those with a record of SH vs. those without across all ages, increase with age
- Pupils with SH record of SH 2xs absent in the most vs. least deprived quintile
- Children who SH/MH/ND spend less time at school.
- **Bi-directional**
- Potential indicator for current/ future need routinely collected
- **Could be used to target assessment and early intervention-** self-help strategies, awareness of when to seek help, resilience, SEL, problem solving


THE LANCET
Psychiatry

ARTICLES | VOLUME 9, ISSUE 1, P23-34, JANUARY 01, 2022

Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK

Prof Ann John, MD • Yasmin Friedmann, PhD • Marcos DelPozo-Banos, PhD • Aura Frizzati, PhD • Prof Tamsin Ford, PhD • Prof Anita Thapar, PhD

Open Access • Published: November 23, 2021 • DOI: https://doi.org/10.1016/S2215-0366(21)00367-9 •

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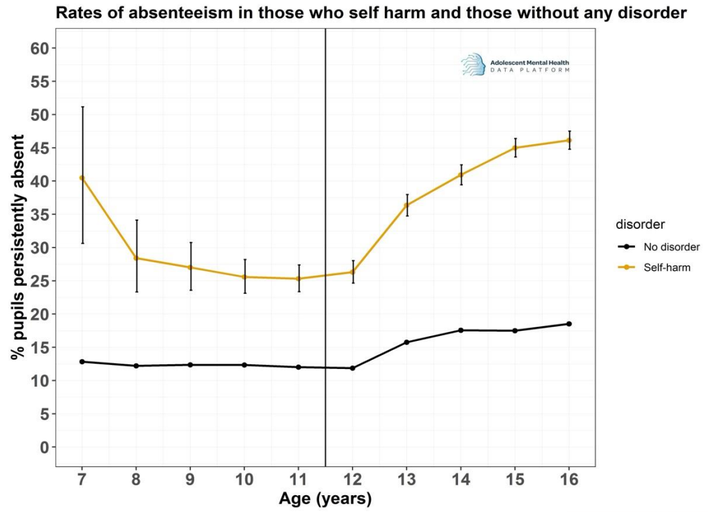

MRC Medical Research Council

Exclusions

- Exclusions commoner older children
- Decrease final year of secondary school
- Rates higher in those who self-harm (x7).
- Notable increases in pupils aged 15.
- Higher with deprivation
- **Boys with record of SH** more 2xs than girls.

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Psychiatry

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Open Access • Published: November 23, 2021 • DOI: https://doi.org/10.1016/S2215-0366(21)00367-9 •
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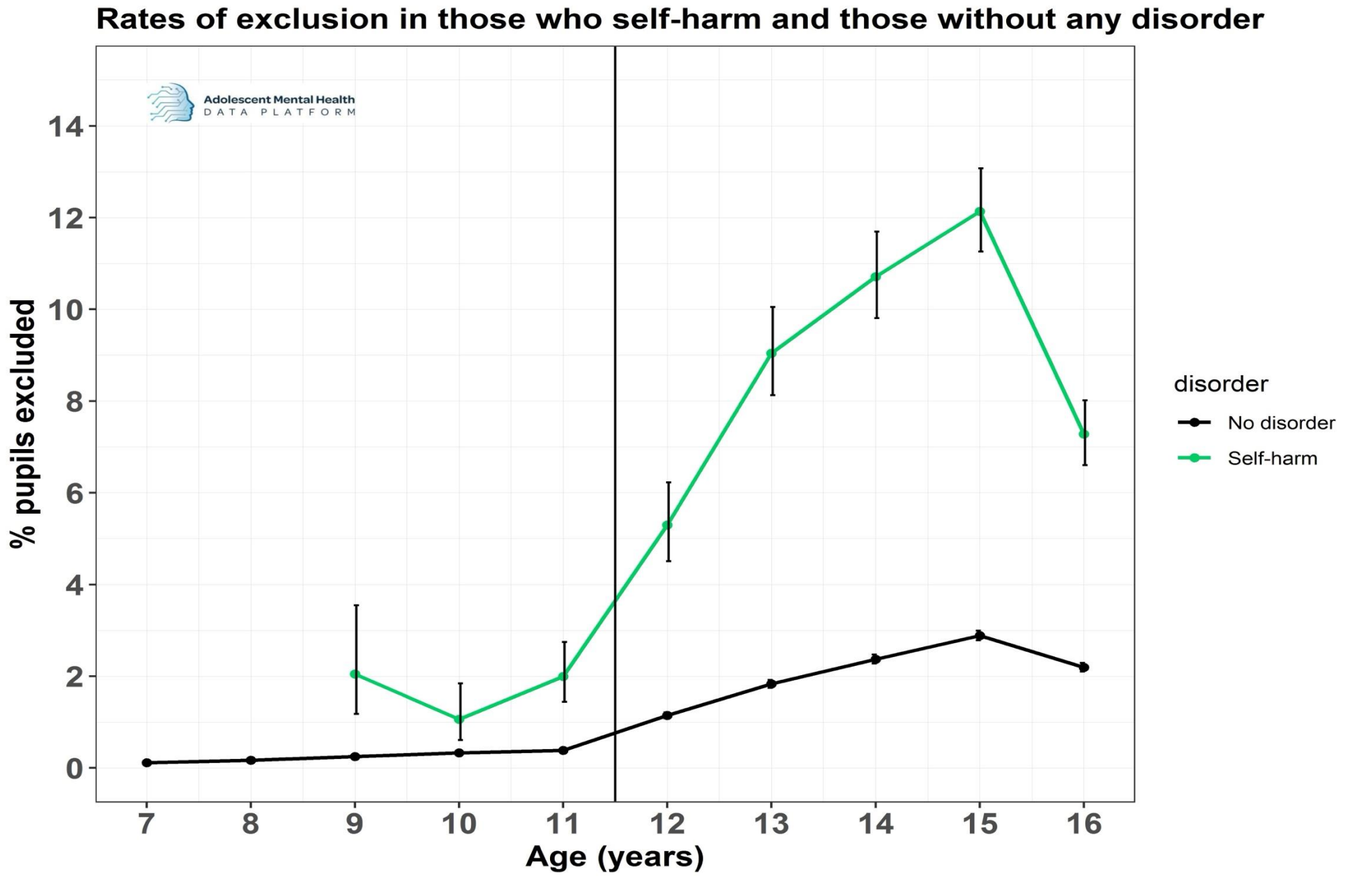

Welsh Parliament
Children, Young People and Education Committee

Pupil absence

November 2022

- Changed definition of persistent absence
- Change narrative
- Avoid exclusions
- Work to improve responses
- Published guidance
- Ministerial taskforce

Senedd Cymru
Welsh Parliament

Senedd Busin

Home > Senedd Business > Pupil absence

Pupil absence

Published 12/04/2022 | Last Updated 12/04/20 | Reading Time 7 minutes

Issue Details | **Issue History** | **Related Meetings**

Inquiry proposed → Receiving evidence → Drafting report → Report published → Complete





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Welsh Government

Responding to issues of self-harm and thoughts of suicide in young people

Guidance for teachers, professionals, volunteers and youth services







Co-produced

Ministers across departments

Webinar 600 educators across Wales

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Welsh Government

Responding to issues of self-harm and thoughts of suicide in young people

Guidance for teachers, professionals, volunteers and youth services







When dealing with a young person who has self-harmed or has suicidal thoughts try and remember the following.

- Stay non-judgemental. Don't make the young person feel 'bad'.
- Use neutral terms like 'trying to end your life' rather than 'commit suicide', which implies an offence.
- Treat the young person with respect – don't 'talk down' to them.
- Be patient and give the young person time. Don't pressure them.
- Listen to what they have to say.
- Don't try to use authority to force them to stop any self-harm. Don't threaten or try to coerce them.
- Be aware of body language – eye rolls, folded arms, a cross look, sighs can make a young person seeking help feel like they are wasting your time.
- Be aware of any preconceptions and prejudices you may hold about self-harm and/or suicidal thoughts.
- Don't make assumptions about the young person based on any disclosure. Even if the young person has disclosed self-harm and/or suicidal thoughts before, their reasons and motivation may be different.
- Be honest with the young person about your role and the limits of confidentiality.
- Don't dismiss 'minor wounds' or non-lethal attempts to end life as unimportant. The severity of injury has no relation to the degree of distress that led to it.
- Use a safe place to discuss self-harm and suicidal thoughts – somewhere private, calm and quiet, where you are unlikely to be interrupted
- Try to make sure you have enough time for a conversation.

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Responding to issues of self-harm and thoughts of suicide in young people

Guidance for teachers, professionals, volunteers and youth services







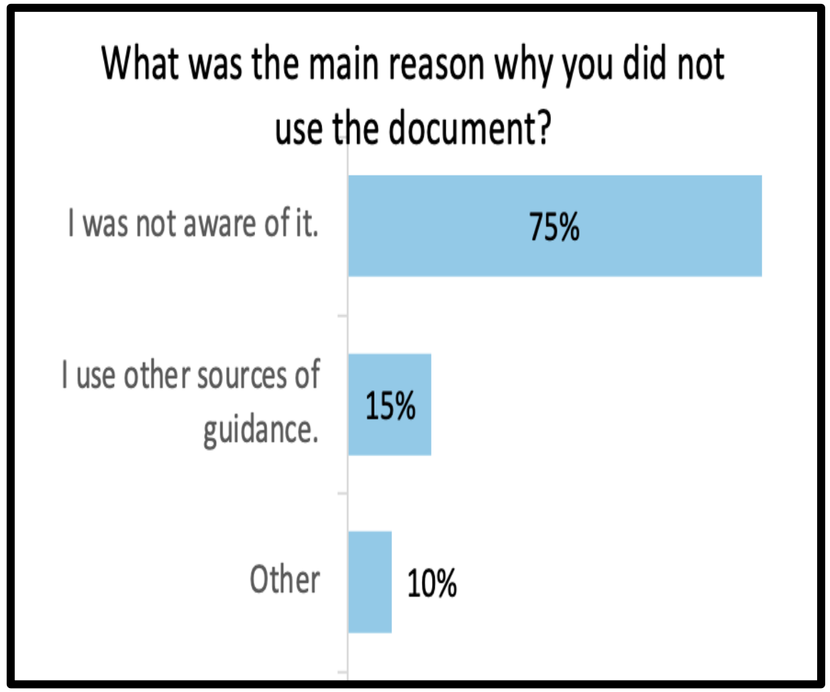
Best practice principles

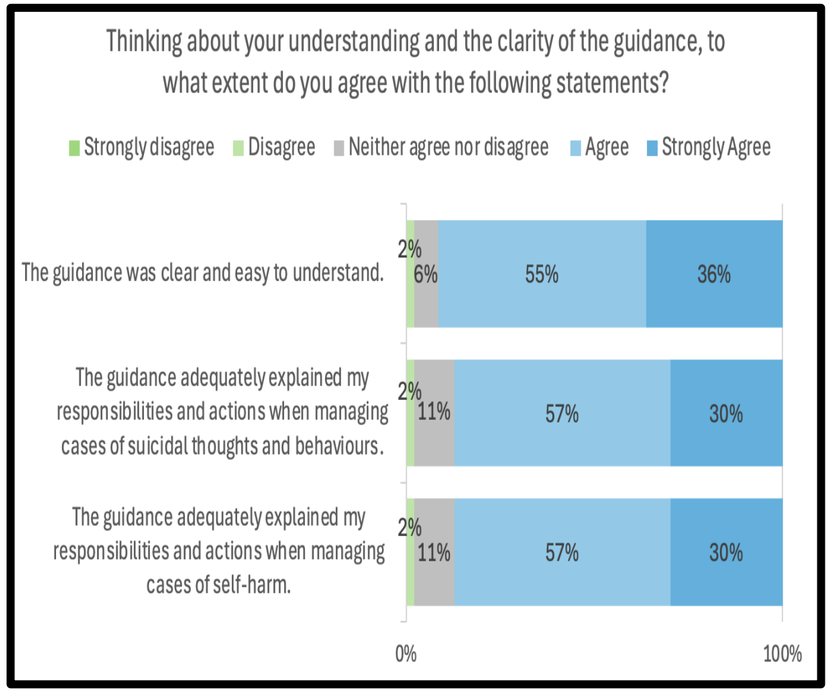
If you need to share confidential information about a young person then apply the following best practice principles as far as possible.

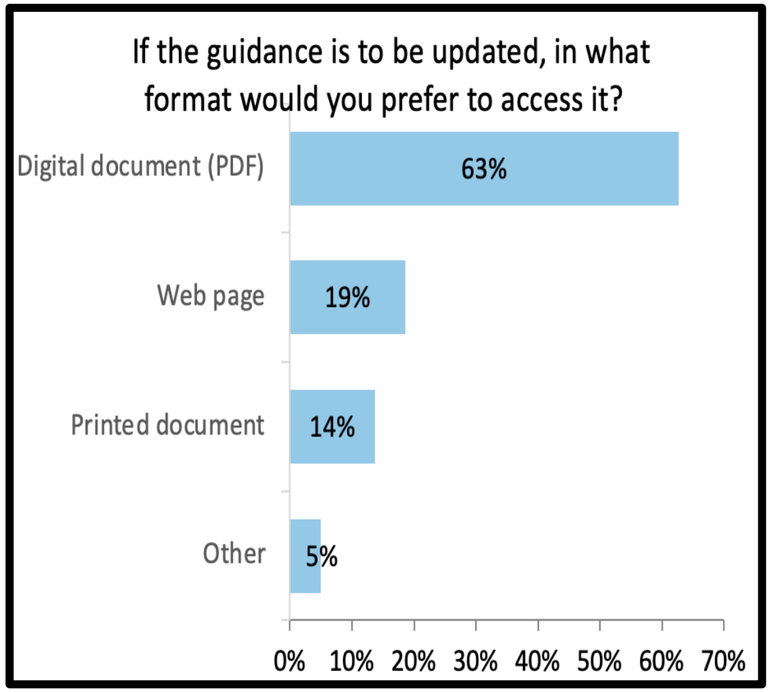
- If your organisation has a named person responsible for child protection and/or safeguarding then seek advice where possible. Cases may be discussed anonymously for the purpose of seeking advice.
- If the information that needs to be disclosed came from the young person, try to support them to share the information themselves.
- Explain the need to share the information, the reasons it needs to be shared and the people who need to know, and try to gain consent to the disclosure. Do not do this, however, if asking for consent would seriously increase the risk to the young person, or if danger is imminent and there is no time for delay.
- If the young person does not have capacity to give consent to the disclosure then seek consent from a guardian, unless doing this would seriously increase the risk to the young person, or if danger is imminent and there is no time for delay.
- If you cannot seek consent for the above reasons, or if consent is refused, you can still share the information if doing so will prevent serious harm to the young person or to others.
- Only share information that is relevant to the concern/risk.

So does guidance work?







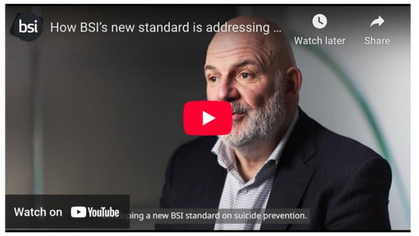


So…

- Academic success, MH, SH
- Higher attainment is a social determinant of positive trajectories and societal prosperity
- Stresses identified are common in young people; ? most come through without serious harm.
- **Support for or management of family factors (e.g. mental HCs), childhood maltreatment, bullying, physical health, social isolation, loneliness, mental HC and alcohol or drug misuse important**
- **Cross sectoral prevention**-schools with other agencies
- **Stepped care pathways, early identification, assessment, management and follow-up**
- **Teach skills**
  - **Encourage online safety**
  - **Social-emotional life skills in adolescents**
  - **Safe dating and relationship skills**
  - **Help-seeking**
- **Train teachers**
- **Embed policies and pathways**
- **Schools as communities**-parental engagement, mentorship, belonging

BUT IMPLEMENTATION EVIDENCE BASED INTERVENTIONS IN COMPLEX SETTINGS MATTERS

Overview of BS 30480



0.3 Questions that this British Standard can help to address

Table 1 identifies specific subclauses and annexes that address important questions in this topic.

Table 1 — *Examples of questions that this British Standard addresses*

Question	Subclause/annex
What is a supportive workplace culture?	4.1
What are the ethical considerations?	5.3
What are the causes of workplace distress?	6.3
How do I reduce access to means of suicide?	6.6
How do I recognize the signs of suicide?	7.3
How do I ask about suicide?	7.4
What about confidentiality when someone talks to me about suicide?	7.5
What can an organization do following the suicide death of a colleague?	7.4 to 7.8
What are HR's responsibilities and what are a line manager's responsibilities?	Annex B and Annex D
How do I support a colleague's return to work after a suicide attempt?	Annex B, B.7
What practical things can an organization do for suicide prevention?	Annex D
How do I create an individual's safety plan?	7.9 and Annex D

- BS 30480 provides organisations with a structured framework to recognise, prepare for, and respond to the impact of suicide in workplace settings.
-
- Download BS 30480 here: https://bit.ly/4nKcXft

PMQs yesterday 'I congratulate BSI on 125 years of vital work, this guidance reminds us that every part of society has a role to play in suicide prevention. It is really positive so many businesses are putting it into practice, I am pleased to raise awareness of it and encourage others who have not seen it yet to look closely at it and follow it.'

Thank you

Social channels, website and mailing list details below

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National Centre for Suicide Prevention and Self-harm Research

thencsr.bsky.social

www.ncsruk.co.uk

Please scan to join our mailing list