Health Topic: Adolescent Self-Harm in the UK
The Development Phase of a Complex Public Health Intervention:
THE INTERVENTION THEORY

Parker, R. 2017. Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer), School of Social Sciences, Cardiff University, Cardiff, Wales.

SUMMARY: This is the model of the intervention theory that informed the design of a complex public health intervention in a UK county (2013-2015) to support secondary school pupils at risk of developing initial self-harming behaviours. It was designed through the concerted action of key stakeholders in health, child welfare, education and social science, due to concerns about the increasing self-harm rate within the adolescent population group. As self-harm is a complex behaviour, and the evidence-base for effective interventions is sparse, the development of protective factors within education, health and social care environments were targeted. A synergy of theoretical models focused on adolescent self-harm and social science informed the intervention’s logic model. An ecological systems-based public health approach was utilised to embed these protective factors across the contexts that influence young people. The overarching framework was the Local Safeguarding Children Board (LSCB), which operationalised the statutory mandate for inter-agency working to safeguard and promote the welfare of children: adolescent self-harm in UK school settings resides within county-wide child safeguarding and protection protocols. The intervention’s development phase utilised the Medical Research Council’s (MRC) guidance on complex interventions to improve public health, and the methodological knowledge transfer from the MRC Population Health Sciences Research Network (PHSRN).

BACKGROUND CONTEXT: Self-harm has a strong prevalence within adolescent populations in Europe, and a potent relationship with suicide. In the UK, adolescent self-harm hospital admissions are rising each year. These statistics reflect the “tip of the iceberg”, with the majority of incidents hidden from public health networks. 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. It is also a serious health risk for this population group, and accidental death from self-harm is one of the common causes of injury-related adolescent death. Schools are posted as key settings where support could be delivered. From this initial project, there are now CURRENT RESEARCH strands within DECIPHer situated upon understanding the school-based context further in regards to adolescent self-harm.

MODEL OF INTERVENTION THEORY
Ecological Systems-based Public Health Approach

1. CONTEXT 1 UK PUBLIC POLICY
Statutory Child Safeguarding policy gives guidance to Local Safeguarding Children Boards (LSCB). The design of the UK county adolescent self-harm project resides within this safeguarding framework. LSCB leads project. Self-Harm Task & Finish Group established with core statutory professionals to provide services. CORE DOCUMENT: HM Government. 2013. Working Together to Safeguard Children.

2. CONTEXT 2 COUNTY PUBLIC POLICY (1)

3. CONTEXT 3 COUNTY PUBLIC POLICY (2)
Professional Consensus: Systematic review of research evidence completed, target population defined & flagged behaviours. Self-Harm Task & Finish Group review & agree the next phase of the targeted school-based intervention. This is the Signature Strengths Pilot Programme, designed by seniorChild & Adolescent Mental Health Services Consultant.

4. CONTEXT 4 PROFESSIONAL COMMUNITY
Senior county-wide professionals are trained in the Signature Strengths Pilot Programme of specialist adolescent self-harm resources including: professional staff training, psychosocial skills workshops for pupils, the complete training & resource manual, & data collection for evidence-based best practice. Core professionals are trained to provide best practice & support for pupils within their professional settings.

5. CONTEXT 5 SCHOOLS COMMUNITY
All system levels designed to interact with each other: synergistic & adaptive.

SONT Target Population & Setting: Secondary school pupils in UK county. Targeting Risk Behaviours: Risk of pupils using initial self-harm as maladaptive emotional regulation coping strategy, due to emotional difficulties and emotional dysregulation being present. The UK adolescent self-harm is defined in public health services as when an adolescent (13 to 19 years old) intentionally damages or injures their body, usually as a way of coping with, or expressing, overwhelming emotional distress.

Intervention: A Local Safeguarding Children Board pilot programme centred upon providing system level support for adolescents with emotional difficulties, who do not have co-existing mental health issues, who may be at risk in developing the use of initial and low level self-harm behaviours as a maladaptive emotional regulation strategy for themselves.

MRC Process Evaluation Framework: Intervention theory is built from causal assumptions regarding how the intervention will work in context, which in this case is the ecological systems-based public health approach. The model outlines the system-level support in each of the contexts. This provides the statutory underpinning framework to safeguard and promote the welfare of children: adolescent self-harm in UK school settings.

Acknowledgements & Special Thanks to:
Dr Rhiannon Evans, Dr Jonathan Scourfield.

For the Summary Report of this presentation topic see:

Get in Touch about the Project:
For more details about this work, or the current DECIPHer research projects about adolescent self-harm in secondary schools, please contact:
ParkerR9@cardiff.ac.uk