

An exploration of how secondary school staff support students who engage in deliberate self-harm

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Abstract

Deliberate self-harm (DSH) among young people is a significant and growing public health problem in England. A review of literature suggests that to date there is limited research exploring the perceptions of secondary school staff towards DSH and their role in relation to managing it. This paper presents the findings of a small-scale qualitative study which sought to address the question: What factors support and impede staff in taking up a role in managing students who self-harm? The research took place in a co-educational mainstream secondary school. Semi-structured interviews were used to explore the perceptions of five secondary school staff who identified themselves as having a role in managing students who self-harm. Interview transcripts were analysed using thematic analysis and five overarching themes emerged: psychological role, psychological availability, physical availability, knowledge and experience and emotional impact. Findings are discussed within a framework of systemic and psychodynamic theory. Implications for secondary schools and educational psychology practice are discussed.

Key words— deliberate self-harm, secondary school, educational psychologists, systemic theory, psychodynamic theory, mentalization

Introduction

Self-harm among young people is a significant and growing public health problem which has, in recent years, been attracting increased attention from researchers. Estimates suggest that between 1 in 12 and 1 in 15 young people have engaged in some form

of self-harming behaviour (Mental Health Foundation, 2006).

Deliberate self-harm (DSH) can be considered a maladaptive coping mechanism; a means of dealing with negative feelings which a young person cannot express in any other way. It functions to translate an emotional pain into something physical and tangible and is sometimes described as arising from an inability to mentalize; to put difficult feelings and sensations into words (e.g. Gardner, 2001).

In this study, DSH is defined using the definition provided in the Mental Health Foundation's Truth Hurt inquiry (Mental Health Foundation, 2006), which states that:

In its broadest sense, self-harm describes the various things that some young people do to harm themselves in a deliberate and usually hidden way. The most common methods involve repeatedly cutting the skin, but burning, scalding, banging or scratching one's own body, breaking bones, hair pulling and ingesting toxic substances or objects are all done as well (p. 20).

The report of the Mental Health Foundation (2006) emphasises that schools have a key part to play in the prevention and management of DSH, particularly among those young people who are 'hidden' and have not attended an Accident and Emergency Department. The inquiry recommends that schools should be doing more to prevent and manage self-harm. However, there has been limited research to explore how this might be achieved and, furthermore, there is evidence to suggest that at present teachers are less mindful of self-harm than they are of issues such as child-abuse, bullying or bereavement (e.g. Best, 2004). This paper addresses a gap in knowledge by asking: What

factors support and impede staff in taking up a role in managing students who self-harm?

Context

Since 2010, educational reform in England has led to greater autonomy for schools and greater devolution of funding through initiatives such as the Pupil Premium programme. As a result, there is more scope for variation in practice across institutions, particularly with regard to the social and emotional aspects of schooling. For example, the national Social and Emotional Aspects of Learning curriculum (SEAL) is a whole-school approach to improving the emotional well-being of everyone in a school (Department for Children, Schools and Families, 2007). The model is freely available to all schools who wish to use it. However, it is not statutory and it is used by only a minority of schools. Weare (2010) suggested that the secondary SEAL programme is used in only around 15% of schools.

Furthermore, the Department for Education recently published non-statutory advice regarding the responsibilities of schools and how they can support students at risk of developing mental health problems (Department for Education, 2014). The guidance outlines the important role that schools can play in promoting young people's resilience, advocating a systemic approach that considers the broader culture of the school and the role of parents and carers too. However, PSHE, the subject through which such challenges might be addressed, is not a statutory subject.

In addition to these recent changes, there is ongoing tension between the 'standards' and 'social emotional' agendas. Some of the challenges that result from this are highlighted by Yeo and Graham (2015) in a recent government-commissioned report into social and emotional education:

Participants described Ofsted and attainment targets as being the two key operational priorities for schools. Ofsted requires schools to consider the spiritual, moral, social and cultural development of their students. The way this happens can result in students knowing facts (for example, knowing about different types of illegal drugs), but not necessarily being equipped with the social and emotional skills to safeguard themselves in challenging situa-

tions (such as how to respond if drugs are offered to them). Attainment targets were reported to be demanding, leading to a risk that non-statutory requirements, such as SES provision, may be overlooked. (Yeo and Graham, 2015, p8).

Review of Literature

In order to inform the present study a literature review was completed. A summary of the key studies highlighted in the review is presented below.

Three of the studies included in the review examined the role of school nurses in relation to self-harm. Cooke and James (2009) showed that secondary school nurses perceived their own role to be as someone who offers practical alternatives to self-harm and as a referrer to specialist services. However, concurrent research by Kidger et. al. (2009) found that school students did not consider this to be part of the role of school nurses. Students perceived school nurses to be unavailable or interested only in physical illness. These findings suggest an important distinction between one's own perception of one's role and the perception of service-users.

A survey of 258 school nurses, by Haddad et. al. (2010), asked what areas of training would assist them in taking up the mental-health support aspects of their role. A concern about how to manage self-harm ranked as a top priority area. This lack of perceived knowledge of DSH amongst school nurses has been found elsewhere in the literature and highlights the complexities of working in this area (Cooke and James, 2009; Mental Health Foundation, 2006).

Best (2006a) interviewed a range of education, social care and health professionals and found that, within some schools, individual staff have defined responsibilities for managing students who self-harm. These staff are most frequently form-tutors, special educational needs coordinators (SENCOs) and heads of year. Best (2006b) emphasises the importance of clarity of role to avoid role-conflict for teachers; for example, to avoid conflicts that may arise from acting in the role of class teacher and also in a pastoral role as a form tutor.

Best (2006a) also describes teachers' concerns about time constraints, in that the pressure of delivering the academic curriculum has a negative

impact on the capacity to support students who self-harm. This is consistent with the views of school nurses, who have reported a lack of time and low staffing levels as limiting their capacity to engage with the mental health issues of young people (Cooke and James, 2009; Haddad, Butler, and Tylee, 2010).

Finally, some studies considered the impact that managing young people's mental health issues has on professionals. Best (2006a), for example, found feelings of shock, panic and being powerless typified responses in school staff to students' self-harming. Interviewees described a culture within schools where there was a desire not to recognise deliberate self-harm, due to the anxiety it would raise in that member of staff. Meanwhile, Heath et. al. (2006) describe the findings of a survey of high school teachers, in which 48% of respondents described finding students cutting or burning themselves as 'horrifying'.

Overview of Study

This research took an exploratory approach, using systemic and psychodynamic theoretical frameworks to explore the roles of secondary school staff in managing students who self-harm.

Systemic theory recognises that an individual's behaviour cannot be studied in isolation. The behaviour of individuals is influenced by different systems and these systems are reciprocally influenced by the behaviour of the individuals within them. One of the assumptions of systemic theory is that systems maintain a state of homeostasis. This means that they resist change in order to maintain a state of equilibrium (Dowling and Osborne, 1994). A systemic interpretation of staff behaviour towards students who self-harm therefore focuses on a teacher's ability to support students who self-harm as a product of the social interaction in the eco-systemic context.

Psychodynamic theory considers conscious and unconscious communications at an individual, group and organisational level. It acknowledges that unconscious processes may support or impede staff in taking up the role of supporting young people and recognises the conflicts that may exist on an interpersonal and intrapersonal level.

The study used a purposive sample taken from a

single co-educational mainstream secondary school in England. All staff in the school were invited to take part. Inclusion criteria required that staff had experience of working with a student who has self-harmed and that they were either employed by or located within the school. Five participants were selected, four pastoral coordinators and one school nurse. The research was planned and conducted in accordance with the British Psychological Society's (BPS) code of ethics and conduct (BPS, 2009).

Qualitative data was gathered through semi-structured interview. The interview schedule was piloted and developed using the model outlined by Kvale (2007). Interviews were transcribed and then analysed using thematic analysis, following the five phases of analysis outlined by Braun and Clarke (2006). Transcripts were analysed inductively, based on the theoretical orientation, and deductively using existing research.

The research adopted a pragmatic epistemological position, which took account of different world-views in order to answer the research question. The pragmatic approach has a long philosophical history which emphasises the aims of being flexible and avoiding rigid positions within the epistemological debate. The pragmatic view assumes that the researcher can concentrate on what is of interest and of value to them at the same time as producing positive research outcomes (Tashakkori and Teddlie, 2003).

Findings and Discussion

Five overarching themes emerged from the data. These were: psychological role; psychological availability; physical availability; knowledge and experience and emotional impact. These themes are discussed below, with reference to the responses of participants. Participants are referred to using the letters A to E.

Theme 1: Psychological role

The conceptualisation of role used in this research considers distinctions between psychological role and sociological role (see Reed, 2001, for a fuller discussion).

Thematic analysis highlighted the distinction between the psychological roles that staff took up

and the sociological roles defined by others. For example, some staff have a nominated sociological role in managing self-harm (for example the Designated Senior Person for Child Protection, DSPCP). However, analysis highlighted the importance of established relationships which students already have with particular staff members and which might be unrelated to their job title.

For any person that has self-harmed, the person may have taken a lot of time to select that person. It's not a five second decision. They observed that person for a period of time. They're almost aware of what reaction they're going to get. It's not something they've taken lightly (B).

This possible contradiction between an individual's perception of their role (psychological role) and the perceptions other people have of that person's role (sociological role) is consistent with findings from previous studies (e.g. Cooke and James, 2009; Kidger et al., 2009).

Some interviewees described a tension between wanting to act and having to reconcile this with the limitations of their role.

I think the biggest challenge is the control aspect because you can't control whether they are going to do it or not. And you can keep them safe here all day and give them an environment where they don't need to self-harm, once they walk out the gate at 3:30pm you have no control over what goes on until they come back in (D).

However, Menzies Lyth (1988) describes 'staying in role' as a defence against anxiety and uncertainty. For example the anxiety about a student who is self-harming may lead a staff member to feel guilt at not being able to sufficiently help them. Without having their role to mediate what they can realistically achieve, the individual may take that anxiety as being a reflection of their own personal failure or inadequacy. This again highlights the importance of role clarity for the individual as well as for those around them (Best, 2006b).

Every school in the UK is required to have in place procedures for safeguarding children. The views expressed by participants in this study suggest that having clear safeguarding procedures may serve a containing function for staff. Containment

was originally conceived by Bion when referring to the relationship between a caregiver and their infant (1962). Bion refers to thinking being dependent on the caregiver's capacity to hold an infant's distress and then return it to them in a more manageable form.

From a systemic perspective, containment can be used to describe the capacity of a system to keep within it parts which arouse anxiety (Obholzer and Zagier Roberts, 1994). Within this study it appeared that knowing there were procedures or other staff in place offered a containing function because it prevented staff from feeling overwhelmed.

Theme 2: Psychological availability

This second theme encompasses the active process through which staff tried to understand the perspective of the student who was self-harming by keeping the student's perspective in mind, even during times of emotional arousal. This is sometimes referred to as the capacity to 'mentalize' (see Rossouw, 2010, for further discussion).

The concept of mentalization is particularly relevant to the current study: it is developed from psychodynamic theory but can also be applied to school systems (e.g. Fonagy et al., 2009). Mentalization is defined here as:

keeping one's own state, desires, and goals in mind as one addresses one's own experience; and keeping another's state, desires, and goals in mind as one interprets his or her behaviour (Coates, 2006, p. xv).

Emotional arousal is particularly significant in the context of supporting a student who self-harms. For example, if a teacher feels overwhelmed by a child disclosing that they are self-harming, it might be predicted that the teacher's capacity to mentalize will be impaired due to their own emotional arousal, and that this will then limit their ability to consider the child's perspective.

Attempting to understand why students' self harm was a process discussed by most of the participants. Talking about the unique experiences that might be affecting the student demonstrates a capacity to remain curious about them. This is an important aspect of mentalizing and fits within the perception that self-harm was a 'symptom'

with an underlying ‘cause’ (Malberg, 2008). Four of the five interviewees described the function of self-harm as being a coping mechanism or a sign of distress.

It was a coping mechanism ... she couldn't cope with the stress of anything (A).

Participants in this study described the risk that students were taking in disclosing that they were self-harming, as the students could then lose control of the situation. Interestingly this was also a finding of the national inquiry into young people and DSH (Mental Health Foundation, 2006). Procedures meant a disclosure of self-harm would always initiate the process whereby the DSPCP would be informed and then the student's parents would be told. This created a dilemma for participants who saw the need for a trusting relationship, but this was challenged by safeguarding procedures. This could also act as a barrier to students coming forward to disclose.

Basically they've opened the door slightly and now the door is going to be flung open through their choice or not. By them making the first step was a choice (B).

The National Institute for Clinical Excellence guidelines in relation to self-harm emphasise the notion of parents' rights to be informed about their child's self-harming (NICE, 2004). However, the guidance also notes that the young person's wish for confidentiality cannot be over-ruled automatically by the rights of the parents, as a child who is assessed as being ‘Gillick competent’ can maintain the right not to inform their parents. ‘Gillick competence’ refers to whether a child has the level of maturity and comprehension to make the decision (Gillick v West Norfolk and Wisbech Area Health Authority, 1985).

Theme 3: Physical availability

The third theme encompasses participants' descriptions about making available time and having a safe physical location for students who self-harm to get support. The capacity of the school nurse and pastoral coordinators to offer support seemed to be facilitated by their position on the boundary of the

school site, separate from the main school building.

So I can sometimes be on the outside of the ethos of the school. From a point of view, we're the sort of middle ground between the teachers and the students (A).

This finding is consistent with existing literature that suggests having a separate base or unit where students can meet pastoral staff is perceived as helpful for students (Kidger et al., 2009).

Those in pastoral roles also appeared to have more time and flexibility to be available for students. This was in contrast to teachers who were seen as having a very structured timetable with little free time to work directly with individual students and meant that if a teacher was concerned about a student, they would pass them on to pastoral staff.

They'll often pass it on to the pastoral coordinators, who are non-teaching staff, because they have a lot more time during the day to be able to investigate stuff and to put things in place (C).

The limited availability of time is often cited by professionals to explain difficulties engaging with students who self-harm (e.g. Best, 2006a; Cooke and James, 2009; Haddad, Butler, and Tylee, 2010). Lam and Hui (2010) found that teachers willing to engage in supporting students' emotional issues, have to do so in their own time (i.e. during lunch time and after school), as there is no system in place to compensate for time used in this way. In the present study, interviewees highlighted the need for young people to address issues of self-harm at their own pace. They contrasted this with a school culture which puts pressure on staff to act quickly rather than at the pace that is helpful for students.

Just the ability not to be able to rush things... often in schools you have to rush off to the next thing, you have to get things done because there is so much going on (C).

Theme 4: Knowledge and experience

The fourth theme relates to participants' descriptions of their knowledge and experience of self-harm. Existing literature suggests that a significant factor in whether staff take up a role in supporting students who self-harm is how knowledgeable they feel about the issue (e.g. Cooke and James, 2009; Haddad et al., 2010; Mental Health Foundation, 2006; Patterson, Whittington and Bogg, 2007a; 2007b). This is consistent with the findings of the present study.

The experience that I've had makes a huge difference. And for somebody coming in and that's the first time that they've seen that and if it's somebody that they've been working with for a while, and they've got a relationship it wasn't a difficult thing for me to deal with at the time, because I had the experience, I knew what I was doing. I was confident with what I was doing (C).

Some of the interviewees were more cautious and appeared to want to play down the knowledge they had. This could be related to the perception of interviewees that there were certain staff members or job positions who 'hold the knowledge' when it comes to dealing with students who self-harm. From a systemic perspective, those members of staff who are not in those job positions, may feel unable to take up a role in supporting students as they perceive there to be someone else with more knowledge of how to deal with it.

Theme 5: Emotional impact

The fifth theme relates to the emotional impact of supporting students who self-harm on professionals. The theme encompassed the emotional response to finding out that a student is self-harming and the ways in which staff sought to protect themselves emotionally.

Interviewees described a fear amongst school staff that the way in which they respond to an incident of self-harm could make a situation worse. They reported that staff felt this way about interactions with children already engaging in self-harm and about talking with students who are not currently engaging in self-harm. In respect of the latter, they feared that raising the issue of self-harm

may lead some students to begin engaging in it.

Interviewees also reported that some members of staff may not want to believe that self-harm is taking place because it evokes uncertainty and feels uncomfortable. This leads them to ignore their suspicions.

Because you know things do go on, that you don't necessarily want to believe. You think well no, it can't be that, right you know that can't be happening. And so you tend to... I think some people tend to leave it (E).

This fear of making things worse alongside the hidden nature of self-harm may operate in a systemic cycle, whereby staff feel uncomfortable in being able to proactively talk to students about self-harm, whilst simultaneously students feel that staff need to be more proactive in supporting them (Fortune, Sinclair and Hawton, 2008).

Participants reported feelings of panic and shock from colleagues when students disclosed to them. One interviewee described a scenario where a staff member was so overwhelmed by a disclosure that they were unable to consider the child's feelings and became focused on the physical manifestations of the self-harming.

They're just so frightened that they almost run out screaming...just so interested in the actual wound if you like and seeing it and telling them to 'just stop, just stop, just stop' because it's scary and it's not very nice (A).

The impact on professionals of managing self-harm has been discussed within existing literature (Best, 2006a; Cooke and James, 2009). Self-harming behaviours can often evoke intense negative reactions from other people, including clinicians and the general public (Gratz, 2003), and this may reduce the feeling of empathy towards students. In the present study, one participant described needing to feel emotionally available in order to feel able to respond to the students and used the limits of their professional role as a self-protective action to negotiate the emotional impact of the work.

All I can try and do is with any of the children I work with. I try to look after myself the best I

can, for me, and the kids. If I'm not good, the kids aren't good (B).

Staff noted the students received good emotional support from the school, while there was little recognition of the effect on those staff directly involved; rather an expectation of being able to cope. This finding is consistent with previous literature in relation to school nurses (Cooke and James, 2009). Participants described a lack of formal support for themselves; that it did not fit with the culture of education to provide supervision for staff.

Line management is good; we can talk to them, but really not much. Not for ourselves. We've got support in... if we don't know what to do next then they will support us with that. If we're struggling with our feelings about it then no (laughs) sorry (A).

Finally, all the participants in the present study lacked a defined containing space for sharing emotional experience of working with young people who self-harm. Unfortunately, it is this containing space which could contribute towards encouraging, sharing and support; deepening the capacity to mentalize between staff, who are then in a better position to be able to manage the students who are self-harming (Lee, 2009).

Conclusions

This paper presents findings from an exploratory study in a complex and under-researched area. Whilst being mindful of the limitations of small-scale research, the authors suggest that the study's findings have implications for secondary schools and for the Educational Psychologists (EPs) who support them. The conclusions presented here are tentative recommendations to foster improved responses to students who are harming themselves.

A key recommendation of the study is that schools should ensure staff have clear roles, responsibilities and procedures when responding to students who self-harm. Furthermore, previous research has shown that although a professional may feel they have a significant role, or perhaps perceive themselves to be very accessible to students, the students themselves may feel differently (e.g.

Kidger, et al., 2009). The present study supports this view and highlights the importance of role awareness to those working within secondary schools. It is recommended that in-school training on self-harm addresses this issue.

The study also outlines the challenges that school staff face in making themselves physically available to support students. Barriers to availability include limited time and the physical layout of the school. Therefore, it is recommended that schools consider how best to adapt their physical environments to foster an ethos of availability for students.

Finally, the study illustrates the significant emotional impact that working with students who self-harm has and the lack of recognition of this within schools. The importance of a positive whole school ethos is highlighted by Yeo and Graham who, in their Government commissioned study, conclude:

To be most effective there was a firm belief that there should be a 'whole school approach' to SES [social and emotional skills]: as well as having specific provision through lessons like PSHE, it should be embedded, modelled and reinforced throughout the structures and systems and behaviours of the staff, led by the head teacher (Yeo and Graham, 2015: 8).

Helping staff to deal with the emotional impact of managing self-harm is an area where EPs may be able to help. One way of doing this could be through work discussion groups, with the aim of helping the members of the group to explore processes and understand the impact on their emotions of working with students who self-harm and vice versa (Obholzer and Zagier Roberts, 1994). The EP could encourage and deepen the capacity of staff to mentalize in situations with students who are self-harming and help staff to connect their experiences within the systemic context in which they work. As knowledge, experience and confidence featured as factors in how available staff felt they could be to work with students who self-harm, EPs could also offer training to schools.

Deliberate self-harm is a complex area which presents challenges for all involved. This study has highlighted five key themes which help breakdown some of the complexities and provide a way forward for practice development and further research. It is

hoped that this will help develop and extend support for these vulnerable children and young people as well as the staff surrounding them.

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