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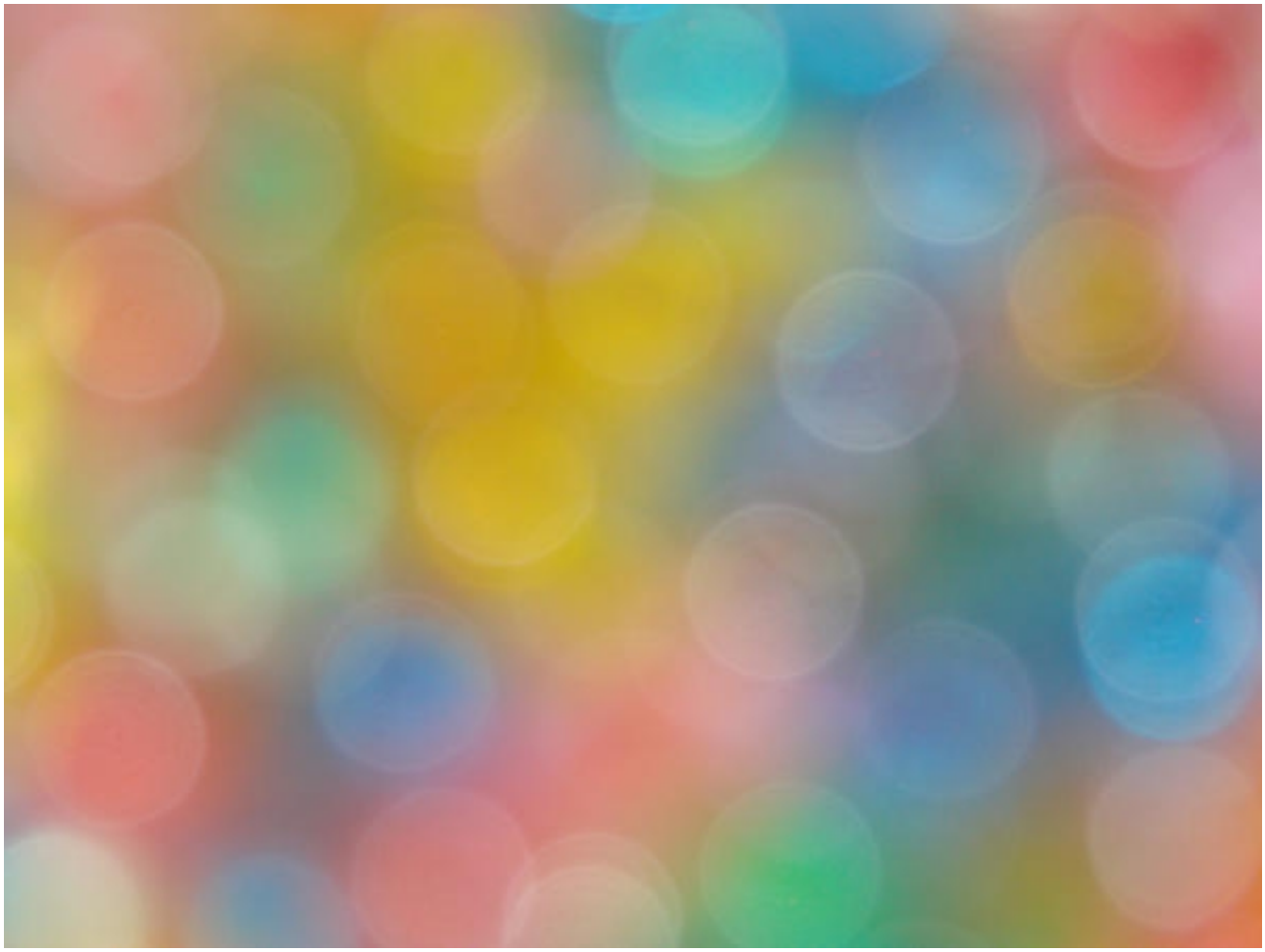

The Signature Strengths Pilot Programme Report

2013 - 2014

Author: Rachel Parker, CAMHS Consultant, Young Person's Mental Health & Well-being Researcher.
Report Commissioned by Shropshire Safeguarding and Support Services, Shropshire Council.
Report Date: Feb 2015.

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Part 1:

INTRODUCTION & OVERVIEW

INTRODUCTION

The Signature Strengths Pilot Programme is a Shropshire county-based pilot project within Targeted Mental Health in Schools (TaMHS). It is a comprehensive programme that incorporates a number of specific health-focused interventions within it in regards to adolescent self-harm, to promote the health and well-being of this specific population group. These interventions include:

- A specialist staff training programme for professionals working with adolescent self-harm.
- Psychosocial skills training workshops for adolescents, to promote their emotional regulation, problem solving, coping skills and resilience.
- Regular data collection to facilitate the use of evidence-based practice when supporting pupils to learn the psychosocial skills, and to promote their health management behaviours.
- A detailed resource manual for practitioners who deliver the psychosocial workshops.

The programme centres upon providing 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-harming behaviours[i] as a maladaptive emotional regulation strategy for themselves.

ADOLESCENT SELF-HARM

It is estimated that one in ten UK adolescents self-harm[ii]. Accidental death from self-harm is one of the common causes of injury-related adolescent death[iii], and only a small percentage of this population group access hospital support[iv]. Research is sparse[v]. These issues mean that there are serious concerns and significant public health issues surrounding this population group[vi]. Evidence from the UK national context, with 28,730 admissions in England for 10 to 19 year olds in the year up to March 2014, means there has been a 25% increase in self-harm upon the previous year (22,978 admissions). Self-harm is a hidden, private behaviour. These statistics represent the "tip of the iceberg", as many individuals do not present at hospital, or access support. Teachers and school-based staff are cited as "struggling to cope" with adolescent self-harm[vii].

Evidence-based clinical guidelines[viii] state that supporting adolescents who self-harm requires a specific set of knowledge and skills. Self-harm occurs in the context of heightened emotional arousal. Psychosocial skills training supports individuals to learn emotional regulation through the use of problem-solving skills to help manage their emotional states and interpersonal relationships[ix]. Although research is sparse, school-based skills-training programmes appear to have a positive impact[x]. The Signature Strengths Pilot Programme encompasses these two vital strands of specialist staff training in working with adolescent self-harm, and the psychosocial skills training for pupils, in the context of school-based support.

The Signature Strengths Pilot Programme equips school-based staff with the knowledge and confidence to work with adolescent self-harm, and also increases young people's resilience and coping skills through the psychosocial skills training programme, which can prevent the use of self-harm as a coping strategy[xi] .

Reducing self-harm is a key current health improvement promotion goal[xii] for young people's health and well-being. The Signature Strengths Pilot Programme resides within this framework, as well as the programme's ongoing development from the initial pilot project. This report therefore makes key recommendations for these purposes.

PROJECT BACKGROUND

The TaMHS Self-Harm Working Group in Shropshire was established in 2013. It contributed to the SSCB Self-Harm Care Pathway[xiii] and subsequent resources. The Signature Strengths Pilot Programme was developed through the TaMHS Self-Harm Working Group. This work was endorsed by the Safeguarding Board and with the advisory sub group consisting of local head-teachers. Local schools in Shropshire were committed to the programme and facilitated staff to attend the Signature Strengths staff training programme in March 2014. These schools included Belvidere, Bridgenorth Endowed, Corbett, Grange, Grange Primary, Mary Webb, Meole Brace, Oldbury Wells, Oswestry, Priory, Sundorne and Thomas Adams. Furthermore, three local schools provided an extensive range of intensive support and resources, and undertook significant commitments, to ensure the delivery of the Signature Strengths psychosocial skills training workshops to pupils. These secondary schools were Belvidere, Mary Webb and Meole Brace. In the 2013 – 2014 pilot programme (January 2013 to February 2015), school-based staff and educational settings in Shropshire were designed to be the delivery point of the psychosocial skills training workshops for adolescents.

The TaMHS Self Harm Working Group	
Wendy Andrews	School Nurse, School Nurse Team.
Sara Altinok	Student Welfare Officer, Meole Brace School.
Liz Aspinall	School Nurse, School Nurse Team.
Helen Bayley (Chair)	Targeting Mental Health Support Project Manager, Safeguarding Support Services & Commissioning.
Angela Bithell	Assistant Headteacher, Sundorne School.
Laura Caldecott	School Nurse, Lead for LAC and 'Educated other', School Nurse Team.
Lisa Charles	SSCB Development Officer.
Alex Davies	School Nurse, School Nurse Team.
Mansel Davies	Education Improvement Adviser.
Helen Godding	School Nurse, School Nurse Team.
Ros Jagoe	School Nurse, School Nurse Team.
Julie Johnston	Sir John Talbots School.
Sharon Jones	Social Worker, Hope House.
Renee Lee	TaMHS Support Officer.
Karen Marston	Targeted Youth Support.
Rachel Parker	CaMHS Consultant. Mental Health & Well-being Researcher.
Sue Reynolds	Inclusion Manager, William Brookes Academy.
Jo Robins	Locum Consultant in Public Health.
Kay Smallbone	5-19 year old Public Health Lead.
Vince Wallace	CaMHS Practitioner.
Ann Williams	Pastoral Support Officer, Belvidere School.

Staff who attended the Signature Strengths specialist training programme were:	
Sara Altinok	Student Welfare Officer, Meole Brace School.
Julie-Ann Beveridge	School Staff Nurse, Shrewsbury Area.
Angela Bithell	Assistant Headteacher, Sundorne School.
Jane Cook	School Nurse, Ludlow Hospital.
Tina Dubell	Council Youth Worker.
Sara Harris	School Nurse, Oswestry School.
Valerie Hussein	Pupil Counsellor, Corbet School.
Sharon Jones	Social Worker, Hope House.
Hannah Mansell	Family Support Worker, Shropshire County.
Sara Nicklin	Learning Mentor, Bridgnorth School.
Terri-Ann Plant	Thomas Adams School.
Colette Purdon	Pastoral Support Centre Manager, Oldbury Wells School.
Sue Rose	Senior Primary Mental Health Practitioner.
Tony Walters	Senior Student Support Officer, Priory School.
Ann Williams	Pastoral Support Officer, Belvidere School.
Beverley Williams	Head of Pastoral Care, Grange Primary School.
Sheri Wight	Specialist Senior Educational Psychologist.

School-based professionals who delivered training workshops to	the Signature Strengths psychosocial skills pupils.
Sara Altinok	Student Welfare Officer (Meole Brace School).
Julie Ann Beveridge	School Staff Nurse (Meole Brace School).
Jane Cook	School Nurse (Mary Webb School).
Tina Dubell	Youth Worker (Mary Webb School)
Rebecca Glazzard	Graduate Psychologist (Belvedere School).
Anne Williams	Pastoral Support Officer (Belvedere School).
Sheri Wight	Specialist Senior Educational Psychologist (Belvedere School).

The professional team at TaMHS consisted of Programme Lead Kay Smallbone (who took over the co-ordination and management of the programme from Helen Bayley in March 2014), Renee Lee Project Officer at TaMHS and Jo Robins, Locum Public Health Consultant. Authorship of the Signature Strengths Programme was by Rachel Parker, CaMHS Consultant and Young People's Mental Health and Well-being Researcher, who also designed and delivered the specialist staff training days. Overall directorship resided with Professor Rod Thomson, Director of Public Health in Shropshire.

The 2013 – 2014 Signature Strengths Pilot Programme was therefore the consequence of all the work undertaken by the TaMHS Self-Harm Working Group, the Safeguarding Board and the advisory sub group of local head-teachers, the local schools in Shropshire, the staff who attended the Signature Strengths specialist training programme, the school-based professionals who delivered the psychosocial skills training workshops to secondary school pupils, the TaMHS professional team, the CaMHS Consultant and Young People's Mental Health and Well-being Researcher, and the Director of Public Health.

TaMHS & THE SIGNATURE STRENGTHS PROGRAMME

TaMHS facilitates the training of school-based staff to set up projects in schools that can identify need, to provide emotional and behavioural support to young people at an early stage[xiv] in regards to their mental health and well-being. TaMHS resides within the Early Help support services to children and families in Shropshire, the remit of which is to increase the number of children subject to early help plans delivered through lead professionals. TaMHS is part of Shropshire's Public Health Children & Young People's Team.

TaMHS aim is to support school based staff to have the opportunity to increase their knowledge and skills related to health promotion, prevention, early identification and early intervention, so that they are better equipped to provide long term maintenance and sustaining support to children and young people who are at risk of or are experiencing mental health problems. TaMHS therefore provides training for school staff and partners to deliver targeted intervention programmes supporting varying emotional needs within Tier 1 and Tier 2[xv] .

As part of TaMHS, the Signature Strengths Programme is designed as a Tier 2 specialist support programme. It equips graduate qualified front-line professionals (e.g. school nurses, school pastoral staff, social workers, teachers) in skills in working with pupils at risk from developing initial and low levels of self-harming behaviours[xvi], which are used as a maladaptive emotional regulation strategy. It focuses upon providing psychosocial skills training to pupils for them to learn adaptive and healthy emotional regulation strategies. It has a flexible delivery, for use to support pupils in individual and/or group training sessions. It incorporates evidence-based practice in supporting pupils' needs and skills acquisition, as well as partnership-based work with pupils, utilising ongoing assessment, such as in regards to pupils' health management behaviours.

The programme is based within the framework of the SSCB Self-Harm Care Pathway[xvii] which outlines information, advice and guidance to practitioners. The Signature Strengths Programme therefore provides training and resources for practitioners who are to give support to pupils. The SSCB Self-Harm Care Pathway focuses upon the need for preventative and early help support for young people with emotional difficulties[xviii], which the Signature Strengths Programme is designed to fulfil. **As such, the programme is for use within these parameters, as a preventative and early help approach for pupils with emotional dysregulation, who may be at risk in regards to developing initial and low level self-harming behaviours**[xix]. Pupils with higher emotional intelligence and productive coping skills are less likely to deliberately harm themselves as a method of coping with emotional distress[xx]. Furthermore, early identification of self-harm increases the chances of recovery from engaging in this behaviour, and can potentially

prevent progression into mental illness[xxi] .

Evidence-based research literature outlines that the early help and preventative support model of psychosocial skills training used within school-based self-harm populations has positive effects[xxii]. Professor Keith Hawton, from the Centre for Suicide Research at Oxford University, states that providing psychological well-being programmes in schools for pupils as a preventative measure is vital[xxiii]. It should be noted that the evidence base for self-harm interventions in young people is not well established[xxiv]. Promising interventions that have been highlighted for further research include school-based prevention programmes with a skills training component[xxv], such as the Signature Strengths Programme.

PSYCHOSOCIAL SKILLS TRAINING FOR PUPILS

Emotional dysregulation and self-harming behaviour present simultaneously in individuals[xxvi]. Emotional dysregulation means that there are marked fluctuations in mood; inadequate strategies for emotional regulation are used by the individual, which may lead to acts of self harm[xxvii]. Emotional dysregulation is a key feature of individuals who self-harm[xxviii] . Emotional dysregulation means that there can be an intense emotional arousal which an individual finds difficult to self-manage. This arousal can negatively impact thoughts, actions and interactions with others, responses, social competency and engagement with daily tasks[xxix]. Emotion regulation is considered to be the most frequent purpose of self-harming behaviour[xxx]. The psychosocial skills training programme is therefore designed to help individuals to understand and manage their emotions successfully, for emotional regulation. This involves organising oneself for coordinated action in service of an external goal; also self soothing physiological arousal; and refocusing attention in the presence of strong emotion. Interventions to prevent the development and maintenance of self-harming behaviour should be targeted upon the emotional regulation difficulties pupils are experiencing[xxxi].

The core psychosocial skills that are taught to young people through the Signature Strengths Programme are drawn from the Dialectical Behaviour Therapy psychosocial skills training model, which targets emotional regulation issues. Dialectical Behaviour Therapy focuses upon an individual's thought processes and behaviours (such as those activated within interpersonal relationships), and supports an individual to learn emotional regulation and literacy, coping skills, effective problem solving and stress management. This in turn enables the individual to choose to make more positive life choices for themselves, which may alleviate the use of behaviours that are

negatively impacting their psychological health and well-being .

Psychosocial skills training supports individuals to learn coping skills and emotional regulation strategies. This approach has been used to successfully support individuals with emotional and mental health needs[xxxii]. Emotional dysregulation is a core motivation for self-harm[xxxiii] and psychosocial skills training, with its focus on teaching coping and problem-solving skills, as well as emotional regulation skills, is an effective evidence-based intervention[xxxiv]. Self-harm is a sign of distress[xxxv].

The psychosocial skills include mindfulness, interpersonal effectiveness, distress tolerance, and emotional regulation. **Mindfulness** is the ability to be aware of one's thoughts and feelings, physical sensations and actions, in the present moment, without judging or criticising oneself (or others) or one's experience (or the situation one is in). **Interpersonal effectiveness** focuses upon the importance of effective communication skills within individual relationships, and also includes three "effectiveness" domains (objective, relationship and self-respect) which underpin good interpersonal skills which must be prioritised within each situation - these skills increase the likelihood of positive outcomes. **Distress tolerance skills** constitute a natural development from mindfulness skills. They include the ability to accept, in a non-evaluative and non-judgemental fashion, both oneself and the current situation. **Emotional regulation** is each individual's flexible and adaptive process of identifying, understanding, processing, expressing and successfully managing the range of emotions that occur within the contexts of daily reality, structured within societal parameters. It is a complex and learned process, with situational and functional dimensions. Within the programme, there is a regular framework established for young people to practice and acquire skills. There are applied exercises as "homework". Targeted support is given by professionals for pupils to consolidate learning. A task-centred, strengths-based approach is used, with a focus upon achievable, step-by-step goals[xxxvi]. There are ongoing needs assessment. In this way a supportive environment is provided that allows opportunities to practice the skills without over stimulation, fully focused on each pupil's individual needs.

The workshops and programme reside within the framework of the SSCB Self-Harm Pathway[xxxvii], and are incorporated within schools' policy in regards to self-harm. As such, the programme is delivered within a comprehensive whole school approach to mental health promotion, which seeks to complement other activities. For example, detailed planning is undertaken to meet pupils' needs through the SSCB Self-Harm Pathway and schools' policy in regards to self-harm. Additional

confidential services and support for pupils' health and well-being are established in schools. Therefore, no direct reference or discussion in regards to pupils' self-harm is made in the Signature Strengths training workshops that pupils attend, as the focus is upon the psychosocial skills training for the purposes of 'emotional regulation needs and coping skills. However, confidential and individual discussions may take place with pupils outside of the workshops in additional support sessions, centred upon each pupil's individual needs, as outlined in the SSCB Self-Harm Pathway and schools' policy in regards to self-harm.

The Signature Strengths Pilot Programme is therefore structured upon the theme of "signature strengths" to support pupils to acquire the specific psychosocial skills to support their own emotional and mental well-being[xxxviii]. The use of the programme's title addresses the social stigma that can be associated with interventions focused upon supporting psychological health and well-being. It is also to help promote pupils' positive engagement with the resources and the specific skills acquisition. The Signature Strengths Pilot Programme is used within the framework of the UK laws that protect the rights of children and young people, and that ensure equality and non-discrimination.

WORKING WITH ADOLESCENT SELF-HARM

The Signature Strengths Pilot Programme provides specialist training to school-based professionals. It is well documented in research literature[xxxix] that working with adolescent self-harm requires a specific set of knowledge and skills which the Signature Strengths Pilot Programme is designed to equip school-based practitioners with. There can be a lack of awareness about self-harm in many school-based contexts, and specific pupil incidents may provoke a distressed and anxious response within staff[xl]. The Signature Strengths Pilot Programme includes specific staff training to help ensure stigma and discrimination are eradicated within professional practice, which is exacerbated by a lack of knowledge and skills in working with the adolescent self-harm population. **Increased staff confidence levels and understanding as a result of the Signature Strengths training are clearly demonstrated** (see Staff Training Days section below for more details, and Appendix 1).

Research literature demonstrates some of the themes that are present, that perpetuate the stigma and discrimination. Stigma occurs when an individual perceives some circumstance or action as carrying a mark of disgrace. In the self-harm population this is prevalent[xli]. Discrimination is the

unjust or prejudicial treatment of a group of people; for example, in judgemental attitudes surrounding self-harm. For this population group, research demonstrates both the prevalence and consequences of this stigma and discrimination within our society:

- 1 in 10 children and young people are self-harming[xlii]. This is an estimate of two in every classroom[xliii].
- The number of boys being admitted to hospitals in England for self-harm is currently at a five-year high, and a World Health Organization (WHO) report due to be released in 2015 is expected to show the number of teenagers who have self-harmed has tripled over the last decade in England[xliv].
- 3 in 4 young people state they do not know where to turn to talk about self-harm[xlv].
- A third of parents say that they would not seek help if their child was self-harming[xlvi].
- Almost half of GPs feel that they don't understand young people who self-harm and their motivations[xlvii]. Furthermore, a UK research study demonstrates how some doctors undertaking specialist training in paediatrics feel that they lack self-harm training and do not believe that they have appropriate skills and knowledge, leading to them feeling unconfident in supporting young people who self-harm[xlviii].
- 2 in 3 teachers do not know what to say to young people who self-harmed[xlix].
- Many young people who self-harm keep it hidden, do not ask for help, or undertake any help-seeking behaviours from professionals[l]. There is therefore a shortage of reliable information about young people who do **not** make use of accident and emergency, or other services. This means that self-harm incidents are under-reported**,** impacting accurate health population statistics[li]. It is posited that the pervasive stigma and discrimination that surrounds self-harm may be a key factor in why individuals do not seek help.
- The number of deaths due to intentional injuries and self-harm have not declined in 30 years[lii] .
- There are significant issues with research in regards to this population group. Research is needed on the epidemiology, causes, clinical management, outcome and prevention of self-harm[liii].

Stigma and discrimination is therefore associated with self-harm, which evidence-based UK policy guidelines state that all staff need to be educated about, as well as in the avoidance of judgemental attitudes[liv]. These attitudes can exist in professionals working with this population group[lv]. This includes professionals working with adolescents[lvi]. There is limited research in regards to the

attitudes of school-based professionals who work with adolescents who self-harm[lvii], but it demonstrates the existence of negative attitudes. In the research it is posited that professionals' lack of knowledge about adolescent self-harm contributes to negative attitudes[lviii]. **Training front-line staff can therefore help to reduce negative attitudes to self-harm[lix], tackling stigma and discrimination.** The Signature Strengths Pilot Programme includes specialist training to staff in order to support their knowledge and understanding about self-harm in adolescent populations. This helps to ensure positive staff attitudes when supporting pupils, to address stigma and discrimination.

SCHOOL-CONTEXT

Schools can play an important role in identifying and responding to pupils' emotional and mental health needs[lx], and therefore school-based staff should be fully equipped in how to respond effectively to adolescent self-harm[lxi]. Current policy framework centres upon the point that schools can support pupils' emotional health and well-being through the promotion of resilience, including pupils who are experiencing high levels of psychological stress or who are at risk of developing mental health problems. These include pupils who self-harm[lxii].

Resilience in the context of schools is defined as "*providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen - this helps them to thrive even in the face of significant challenges* " (Department for Education, 2014:18). Policy guidance states that the teaching of **coping skills** within the school environment is one method to bolster mental health. It is within this framework that the Signature Strengths Pilot Programme was designed, residing within the established TAMHS service. The Signature Strengths Pilot Programme equips staff to help facilitate pupils to learn coping skills and resilience, through the delivery of a series of psychosocial skills training workshops for pupils. The ten workshops were designed to be able to be used universally as a whole-school approach to psychosocial skills training, or for targeted group-work and/or individual work, as in the 2013 – 2014 pilot programme. An in-depth resource manual enabled staff to run the workshops, which included full workshop plans, and detailed guidance on the running of each of the workshops. The school setting, with its key focus upon learning and education, is a positive environment for a psychosocial skills training programme to be embedded within.

The Signature Strengths Pilot Programme provides a central resource that has the capacity to

protect pupils' health and well-being. It utilises resilience theory to facilitate healthy development. This theory posits a multi-systemic approach of person-and-environment reciprocal processes, for overcoming risks to health and well-being. The programme provides support for pupils to help them manage challenges to their health and development appropriately.

Part 2:

EVALUATION & ADDITIONAL OUTPUTS

STAFF TRAINING DAYS

In March 2014, a total of 17 professionals from Shropshire were successfully trained (see Appendices 1 and 2, Signature Strengths Staff Training Programme) through the Signature Strengths Pilot Programme. At this date all professionals were committed to running the psychosocial skills training workshops for pupils within their professional settings. The professions of the training participants were in the following areas: school nursing (3), welfare (1), youth work (1), family support work (1), social work (1), primary mental health (1), public health services (2), education management (1), educational psychology (1), and school pastoral support (5).

The training was designed to equip school-based practitioners to develop a professional skill set and knowledge in working with and supporting adolescents at risk from initial and low level self-harming behaviours, through the framework of the Signature Strengths Pilot Programme (see Appendix 3: Key professional skills and knowledge areas in the staff training programme).

Prior and post training assessment scales were utilised to collate statistical training data centred upon outcomes, incorporating qualitative and quantitative methods that focused upon the participants' level of specific knowledge acquisition in regards to the key professional skills and knowledge development. **The training statistics demonstrated significantly improved outcomes in knowledge and practice for all of the training participants,** with 100% of the trainees gaining all of the 12 key professional skills and knowledge development areas in the staff training programme (see Appendix 1). A scoring grade was further used to assess the quality and level of professional skills and knowledge achieved by the training participants. This was converted into percentages, for grade scoring purposes, which amounted to 87% as being the total average of all the trainees' grade scores. This score correlated strongly with participants' post-training confidence levels in their capacity to work with pupils with initial and low level self-harming behaviours, within the framework of the Signature Strengths Programme. *There was a 97% average score of confidence levels by training participants on completion of their training.*

Table 1: Staff Training - Summary of Group Scoring (Averages).

Key Professional Skills and Knowledge Professional skill set & knowledge in working with adolescent self-harm that trainees gained.	**Confidence Levels** Trainees' post-training confidence levels (self-reported) in regards to their capacity to work with pupils with initial and low level self-harming behaviours.
POST-TRAINING SCORE: Average group ***post-training programme*** score: 52[1] = 87 % POST-TRAINING INCREASE Average % group increase in professional skills & knowledge, ***post-training programme***: 78 % [1] *Scoring out of a total score of 60.*	POST-TRAINING SCORE: Average group ***post-training programme*** score: 97 % POST-TRAINING INCREASE Average % group increase in confidence levels, ***post-training programme***: 88 %

Training was delivered to two separate groups to ensure individual support, across a two day period. For the 17 professionals who undertook the training there were 100% targets achieved in the following key training outcome areas:

- Participants were much more confident in their capacity to work with pupils with initial and low-level self-harming behaviours, through the support framework of the Signature Strengths Programme.
- The professional training needs of the participants were met.
- The training knowledge and information was achieved by all participants.
- Participants were equipped, and felt confident, to use the training information within their professional practice/service setting.

Feedback was gathered from the trainees, to fully ensure the needs of the participants were met. Over 90% of the professionals stated that they would have liked more training days, due to the amount of information covered in the training. Professionals also wanted to have additional training days to experience the psychosocial skills training workshops themselves, to increase their practical skills in the delivery of the workshops. Additional training support days for the professionals were also felt to be needed for when practitioners ran the programme in schools, in a group supervision framework. It was universally acknowledged that time and resources would be needed to be carefully planned for and managed in schools for the delivery of the programme. Scheduling the workshop programme within a demanding school framework would require management and

planning time for the programme to be successfully implemented. Professionals also needed to be given time to familiarise themselves with the resource manual. It was envisaged that staff would run the programme in the summer term following their training, however this schedule was delayed until a later date. This was due to the points raised about scheduling the workshop programme within a busy school framework, and further training needs.

There were a number of themes that training participants demonstrated as being important factors in the success of the training, that were facilitative of their achievements in knowledge and understanding. The group face-to-face training format, and supervisory framework within the training days, were highlighted, which enabled the development of significant skills and knowledge increase for the participants. This approach also laid the foundations for the development of a peer-based support community within Shropshire. The additional online resources were highlighted as keys to consolidating participants' learning from the training days. The theory underpinning the professional practice, practical explanations, structured activities, training example clips, knowledge and expertise of the trainer were also highlighted. The resource manual was stated as being of particular importance to participants, and perceived as a highly valuable resource. Further training sessions were planned to be delivered, to support the practitioners whilst delivering the Signature Strengths Pilot Programme in their school-based settings, which practitioners felt they needed. A peer-buddy system was also established for senior and experienced practitioners to support less experienced practitioners whilst delivering the programme.

Practitioners received the Signature Strengths resource manual on the first day of their training. It had been envisaged that practitioners would be fully familiar with the resource manual prior to attending the training days, however this was not the case. This added extra demands on the training schedule and content, as practitioners were unfamiliar with the manual. A virtual learning platform was developed alongside the face-to-face training to address these additional demands within the two-day face-to-face training schedule. A training need highlighted for the future is to ensure practitioners are fully familiar with the resource manual, its psychosocial skills training model, and the foundations of Dialectical Behaviour Therapy principles and practice, through providing additional training support to ensure practitioners' confidence and understanding in using the resource manual (and in delivering the psychosocial skills training sessions). This would mean providing more extended training on the training segments *a-c* as outlined in training topics (see Appendix 3: Signature Strengths Staff Training Programme).

The additional training days that had been planned to support the practitioners in the pilot phase

whilst delivering the programme did not take place. The feedback from practitioners attending the March 2014 initial training days was that more training days were needed, in regards to the delivery of the psychosocial skills training workshops, and the resource manual content. The pilot project structure (used for programme's future development), enabled these important points from practitioners in regards to their training needs (for the delivery of the psychosocial skills training programme and the resource manual content) to be documented, and raised as key future recommendations. Within the pilot project, as a direct and immediate response to practitioners' feedback in regards to their training needs, a host of additional distance-based virtual learning activities were designed for practitioners to access, which supported practitioners' knowledge and understanding, and which were used by practitioners. However this training platform could not fully meet the need for the experiential learning and practice sessions required to support practitioners' planning and delivery of the programme, which would be best met by additional face-to-face training days.

A key recommendation that is centred upon the feedback from practitioners in regards to their training needs is that a full audit and/or strategic mapping exercise of the training needs of practitioners to deliver the Signature Strengths Pilot Programme, and the subsequent training schedule necessary to meet these needs, should be undertaken. This would ensure that practitioners receive regular face-to-face training and support whilst delivering the psychosocial skills training programme, until they become confident in its delivery, in the psychosocial skills training and the Dialectical Behaviour Therapy model. This is why it is also recommended that a practitioner experienced in delivering the Signature Strengths Pilot Programme, who is fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm, should run the programme, to build county-wide professional capacity, and to address the subsequent professional staff training needs.

Evidence-based mental health guidelines state that there is a need for all school-based staff to be educated about self-harm[lxiii]. The Signature Strengths training days' statistics demonstrate the programme's effectiveness in supporting practitioners to develop a professional skill set and knowledge in working with adolescents who self-harm, as well as in becoming confident in working with this population group (see Appendix 1, and Appendix 3). A key recommendation is to continue to use this training strand of the Signature Strengths Pilot Programme and develop it further for a universal school-based staff training programme in regards to adolescent self-harm. This training would be separate from the psychosocial skills and resource manual training aspects of

the Signature Strengths Pilot Programme.

THE TRAINING AND RESOURCE MANUAL

The resource manual gave detailed step-by-step instructions for the training participants to deliver the school-based psychosocial skills training, to promote pupils' positive mental health and well-being. This included the complete planning, lesson plans and pupil support methods for 10 psychosocial skills training workshops, drawn from the Dialectical Behaviour Therapy model and its principles and practice. It outlined an early help approach of psychosocial skills training to support pupils with initial and low level self-harming behaviours. The resource manual focused upon school-based professionals' knowledge and understanding regarding adolescent self-harm, and the development of a professional skill set when working with this population. A universal intervention model and whole school approach informed the psychosocial skills training programme delivery, for use as both a preventative approach and also for targeted support for initial, low-level self-harming behaviours. Working with adolescent self-harm requires a specific set of knowledge and skills, which the resource manual was designed to support and develop.

The manual contained detailed information and knowledge in key themed sections, which included:

1. The development of pupils' emotional literacy and coping skills.
2. The rapid physiological and cognitive growth and development in adolescence.
3. Challenges and risks to adolescent health and well-being .
4. Psychological approaches.
5. Information from research evidence about adolescents who self-harm.
6. Self-harm clinical health guidelines.
7. Generic skills development: capability to establish a positive working relationship with pupils; skill in structuring sessions and homework material; use of a non-judgemental, strengths-based and person-centred approach within sessions; ongoing ability to assess pupils' achievements, and to help them to consolidate their learning; use of a solution-focused working approach to develop pupils' learning and understanding of new skills; creating a safe and positive learning environment for pupils to be part of.
8. Emotions: differential response rates; build up of emotional arousal; the strength of emotional memory; cycles of intense emotions; managing emotions.
9. The cognitive psychology model.

10. Balanced thinking; use of problem-solving techniques.
11. Stress management for adolescents, relaxation techniques including progressive muscle relaxation.
12. Educational contextual setting. Socratic questioning, Bloom's taxonomy.
13. Psychosocial skills training overview: mindfulness; interpersonal effectiveness; distress tolerance; emotional regulation.
14. Expressive arts-based activities to facilitate Emotional Regulation.
15. School support plans with pupils for goal planning and targets, including assessment scales to support this process and skill acquisition.
16. Understanding and facilitating behavioural change: models, theory and practice.

The manual was designed to enable practitioners to become fully familiar with psychosocial skills training, consolidating the skills and knowledge from the intensive training days they attended. A range of additional resources were included in the resource manual, for use to support pupils, and to develop and extend practitioners' skills and knowledge. These included the use and development of expressive arts activities for specific project work to achieve set goals (such as in an art exhibition within the wider school or community, in a specific time scale to focus the work and for pupils' additional skills acquisition), assessment scales templates, examples of a school policy, risk indicators and action plan examples, expressive art templates and completed examples, and the Signature Strengths Skills certification and award templates for pupils to receive. Expressive arts activities were used to facilitate pupils' initial communication strategies and engagement, as well as to begin the process of Socratic questioning for the themes in each of the sessions, as part of supporting young people who have emotional regulation issues, drawing upon the principles and practice of Expressive Arts Therapy[lxiv] and Cognitive Behaviour Therapy[lxv].

In the training days, the resource manual had been highlighted by trainees as an extensive and valuable support resource, with important knowledge and information that they wished to access to support pupils. Trainees needed to have dedicated time and in-depth training in its principles and practice, and in the step-by-step approach of using the resource manual for the purposes of delivering and running the psychosocial skills training workshops. A key recommendation is that a full audit and/or strategic mapping exercise of the training needs of practitioners to deliver the Signature Strengths Programme, and the subsequent training schedule necessary to meet these needs, should be undertaken. The psychosocial skills training workshops to pupils were subsequently successfully delivered by Shropshire professionals (an educational psychologist, a

graduate psychologist, two pastoral support officers and two school nurses) who had professional knowledge and expertise that they drew upon in order to access the information within the resource manual and to deliver the programme (TaMHS Meeting Brief, Jan 2015). However, there were issues in practitioners being fully familiar with the resource manual, its psychosocial skills training model, and the foundations of Dialectical Behaviour Therapy principles and practice. These issues should be addressed in the future, through a key recommendation in regards to having an experienced practitioner (in delivering the Signature Strengths Programme), who is fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm, to deliver the programme.

THE SCHOOL-BASED PSYCHOSOCIAL SKILLS TRAINING WORKSHOPS FOR PUPILS

The design of the Signature Strengths Pilot Programme was informed by the Child and Adolescent Mental Health Services framework, which uses evidence-based assessment practices to support pupils' specific emotional health and well-being needs[lxvi]. Regular data collection and analysis was therefore an integral part of the programme. To support this process, practitioners received specific training in the March 2014 training days, a detailed assessment scales pack within the the resource manual, and also a data collection leaflet. For the evaluation purposes of the psychosocial skills training workshops, anonymous quantitative data was gathered from psychometric assessment scales, to analyse pupils' health management behaviours, emotional regulation and coping skills. Anonymised qualitative data drawn from practitioners' detailed reflective practice journals elicited key themes for evaluation.

Ten pupils were part of the initial pilot programme of psychosocial skills training workshops. From the programme's quantitative data that was available for analysis, it demonstrated that pupils who attended the psychosocial skills training workshops gained an INCREASE in coping skills (group average was a 12% increase), and a DECREASE in emotional dysregulation issues (group average was a 13% decrease). The pupils' average group scoring in the Coping Self Efficacy Scale[lxvii] prior to the school-based intervention programme was 109 out of a possible 260, which is a low score on this scale, demonstrating the vulnerabilities in the group. Two of the pupils had extremely low scores of 50 and 60. Post training the group average score had raised to 139. One of the pupils with the initial extremely low scores made a 28% increase in coping skills by the end of the programme. In the Difficulties in Emotional Regulation Scale[lxviii] , the group average score prior to attending the

psychosocial skills training programme was 125 out of a maximum score of 180 (70%), which is a high score. This score demonstrated significant vulnerabilities in regards to emotional dysregulation, and greater problems with emotional regulation. Two pupils had significantly raised scores, at the 150 level. By the end of the programme, both of these pupils had undertaken a 17% decrease in their difficulties in emotional regulation. Post training, the group average score had decreased to 102 (57%).

Table 2: Pupils' Psychosocial Skill Training - Summary of Group Scoring (Averages).

Coping Self-Efficacy Scale Higher scores are associated with higher ability to cope. *Maximum Score is 260*	**Difficulties in Emotional Regulation Scale** Higher scores are associated with greater problems with emotional regulation. *Maximum Score is 180.*
PRE-SCORE: Average group ***pre-programme*** intervention score: 108.7 = 42 % POST-SCORE Average group ***post-programme*** intervention score: 139.3 = 54 % **Average Group Score Increase = 12 %** *Note: the initial pre-score 108.7 group scoring on the scale is a LOW SCORE, suggesting vulnerabilities in the group.*	PRE-SCORE Average group ***pre-programme*** intervention score: 125.3 = 70% POST-SCORE Average group ***post-programme*** intervention score: 101.8 = 57% **Average Group Score Decrease = 13%** *Note: the initial pre-score 125.3 group scoring on the scale is a HIGH SCORE, suggesting vulnerabilities in the group. Average population scores centre around 78 out of the 180 maximum scoring (i.e. 43%).*

Further positive outcomes as a consequence of the programme included:

- A number of pupils stating that they had not self-harmed since attending the workshops.
- Pupils undertaking help-seeking behaviours for support for their additional needs, and accessing specialist services. Pupils' additional needs also coming to light, through the regular contact with pupils by practitioners. For example two pupils gained access to targeted support through Shropshire's relevant service pathways for these additional needs.
- Two pupils gaining improved relationships in their home context. For example, through the use of the programme handouts at home with parents, and the programme's staff giving support to parents. A key recommendation is to build on this initial work, to improve support and communication with parents, through the Signature Strength Programme handouts and information as a starting point.
- Pupils actively using the programme's distraction techniques (informed by Expressive Arts

Therapy and Dialectical Behaviour Therapy), in order to replace the use of self-harm as a coping method. For example, a mandala art-piece was undertaken on a bedroom wall, graffiti-like art work on a pupil's arm was utilised, and the mindfulness activities were used by most pupils.

- Pupils gaining an understanding of the need for them to find coping methods and activities to support their own underlying emotional regulation needs. Problem-solving and self-reflection were undertaken by pupils (supported by the programme's practitioners), and a range of individual methods were designed and undertaken by pupils. Pupils therefore undertook their own health-management behaviours, centred upon increasing their coping skills and emotional regulation strategies. This gave the pupils insight into their behaviours, which they could then plan to act upon.

- An increase in pupils' social skills, interactions and the group cohesion was noted by the end of the programme. It was noted that pupils who completed the programme were “chatting”, smiling and sharing information much more than in the beginning.

- Pupils entering the beginning of a session in a low mood, but leaving at the end of a session in a much happier state.

- Pupils engagement and focus in the sessions, and motivation. Pupils completed the homework activity tasks that were set, in between the sessions, and committed to the schedule.

At the end of the programme, many pupils could remember the psychosocial skills training information that had been covered in the sessions they attended, and were able to easily identify what they felt had helped them. Particular activities that pupils enjoyed in their workshop programme, and felt were beneficial in regards to emotional regulation and coping skills included some of the following:

- Mandala art-work.
- Changing body temperature.
- Mindfulness.
- Problem-solving.
- Distraction techniques.

- Relaxation strategies.
- Interpersonal skills.
- Increasing positive experiences.
- Positive feedback and praise.

A key recommendation is to ensure pupils who attend the programme are fully briefed about the purpose and use of the programme's expressive arts activities in each session. These activities, which are drawn from Expressive Arts Therapy, are used to facilitate pupils' communication (and also to offer a range of non-verbal communication methods as a starting point for pupils' self reflection and understanding), engagement and emotional regulation. They are also designed to begin the process of Socratic questioning for the themes in each of the sessions, as part of supporting young people who have emotional regulation issues, drawing upon the principles and practice of Expressive Arts Therapy[lxix] and Cognitive Behaviour Therapy[lxx].

The psychosocial skills training programme for pupils was successfully delivered by six school-based professionals in Shropshire (an educational psychologist, a graduate psychologist, two pastoral support officers and two school nurses) within three secondary schools in the 2014 autumn school term. Ten pupils, who each initially met the programme's criteria, attended. In one of the schools, a number of pupils were further identified as meeting the programme's criteria, but these pupils did not want to attend the student support area in the school where the programme would run, nor work with other students in the school who they might possibly know. Stigma was therefore apparent, and this impacted pupils' access to the support programme. This is in contrast to another school, where seven pupils were identified as meeting the programme's criteria, and six chose to and subsequently did attend the school-based sessions. A key recommendation is to undertake consultation with pupils, so that pupils can contribute to the decision as to where and when would best suit the provision of the Signature Strengths Programme.

At one school two pupils began the programme, but it became evident during the programme that one of these pupils did not meet the programme's entry criteria (there were behaviours present which staff did not know about prior to the pupil's entry to the programme). The other pupil left the school prior to the programme's completion. The pupil with additional behaviours that became apparent during the programme received full support through another pathway, targeted to the pupil's mental health needs. This meant that the programme in this school did not complete. There are therefore some issues in using data that was undertaken from this school (also detailed

programme data was pending at the time of this report) due to the early cessation of the programme. The workshops:

- Resided within the framework of the SSCB Self-Harm Pathway[lxxi].
- Were delivered as part of a comprehensive whole school approach to mental health promotion.
- Sought to complement other activities.
- Were linked to the school policy in regards to mental health promotion, including self-harm.
- Focused upon strengths, emotional regulation, problem solving and coping skills.
- Were led by staff who had undertaken the programme's specific training days in regards to working with adolescent self-harm.
- Encouraged pupils' peer-based communication skills, which included an ongoing feedback process from pupil participants.
- Promoted pupils' help-seeking and health management behaviours.
- Strengthened protective factors in adolescents themselves, in their relations with key adults, professionals and peers, and within their wider environments.

The initial programme engagement by pupils in one school was further facilitated by accurate use of the programme's assessment scales by the practitioners (who were experienced in the administration of psychometric tests), prior to the commencement of the programme workshops, through individual pupil support sessions. A key recommendation is that pupils each attend an individual initial support session (as outlined in the pilot programme's data collection booklet and resource manual) where the assessment scales are administered in private, and to fully inform pupils about the programme, its purpose and its structure, and its psychosocial training skills goals for the pupil. This initial meeting should also give pupils space and time to ask questions, as well as begin to build and establish the professional relationship with pupils to support their engagement with the programme and the staff who are running the programme (for example, through the use of person-centred counselling methods, and in promoting the role of “trusted adult” for each pupil).

The schedule in the Signature Strengths Programme for the use of assessment scales is for regular use (e.g. at the beginning, middle and end of the Signature Strengths Programme). This is because the use of assessment scales supports pupils' engagement, reviews their feelings of confidence in applying the new skills they are learning, and acts as a monitor for both pupils and practitioners in

where pupils are in their cycle of change in learning and applying the Signature Strengths Programme's skills to support new behaviours. It is recommended that this evidence-based practice framework and schedule continues to be incorporated by practitioners within the programme, that practitioners both fully understand the purpose and use of this framework (for example, the University of Rhode Island Change Assessment Scale was not used by any of the practitioners within the pilot programme), and also that practitioners who are not confident in the use of this framework are supported by further training.

The Signature Strengths Pilot Programme utilised the framework of evidence-based practice to support pupils' specific needs. The use of regular data collection and analysis was therefore an integral part of the programme. There were a series of assessment scales to support pupils' health management behaviours, and practitioners kept a professional journal for reflective practice. Reflective practice enabled professionals to consciously analyse their decision making, draw on the Signature Strength Programme's knowledge and theory, and relate it to what they did in practice. It was a core professional learning tool, and also ensured focus upon the specific needs of each pupil in each workshop session. It is recommended that an audit should be undertaken in regards to gaining an assessment of the time that is needed for practitioners to plan, deliver, and complete the pupil/practitioner assessment practices that are required for evidence-based practice as part of the programme.

There was a delay in running the Signature Strengths Programme, due to scheduling issues centred upon meeting the educational needs of pupils in schools. For example, pupils had exams in the summer term, which meant the schedule of the programme needed to be delayed. The programme had been planned to run in schools in the summer term 2014, but this was therefore delayed. This meant that there was a six month gap between practitioners attending the initial training days in March 2014, and the psychosocial skills training workshop delivery. A key recommendation (that has already been made within this report) is that a full audit and/or strategic mapping exercise of the training needs of practitioners to deliver the Signature Strengths Programme, and the subsequent training schedule necessary to meet these needs, should be undertaken. This would ensure that practitioners receive regular face-to-face training and support whilst delivering the psychosocial skills training programme, until they become confident in its delivery, in the psychosocial skills training and the Dialectical Behaviour Therapy model. This is also why it is recommended that an experienced practitioner in delivering the Signature Strengths Programme, who is fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm,

should run the programme, to build county-wide professional capacity, and to address the subsequent professional staff training needs.

Whilst running the programme in schools, staff sometimes had scheduling conflicts due to overriding school duties. Sometimes there were issues in regards to delivering the sessions in an appropriate space due to room shortages at school. Furthermore, the daily duties of school-based staff meant that sometimes there was not enough planning time for a new programme that practitioners were running for the first time. This planning time should significantly decrease once practitioners become fully familiar with delivering the psychosocial skills training workshops. A key recommendation therefore is that an experienced practitioner in delivering the Signature Strengths Programme, who is fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm, should deliver the programme.

A reflection point that could be further discussed by professional colleagues is whether school-based professionals have the necessary time and resources to deliver the programme in schools, given the active, daily and responsive school-based professional duties within the school schedule. A further recommendation is that consultation should be undertaken regarding the timing of the programme delivery. Key areas of discussion should centre upon the conflicts in supporting the educational needs of pupils, and in needing to have time in the school schedule to commit to the regular Signature Strengths schedule. Furthermore, the structure of the school term means there can sometimes be little flexibility in the sessions' schedule. For example, sometimes sessions may need to run over a longer period of time, to cover the content of each themed session over more than one session, depending on the specific needs of each pupil in acquiring the psychosocial skills training goals target goals. It may also be that sessions could be planned for a longer session period, to give enough time for participants to complete the activities at their own pace, such as within a 90 minute session, which might be difficult to undertake in schools. The full ten sessions are necessary in order to support pupils with emotional dysregulation issues to learn some of the key skills within the psychosocial training, in particular within the arena of interpersonal relationships and emotional regulation, which require considerable time to consolidate new behaviours through regular weekly practice. As such, consultation with pupils and professionals should be undertaken to plan an appropriate setting and schedule. Further investigation regarding the actual time that sessions should run for, to meet the pace and needs of the pupils, should take place, based on actual practice.

The school-based professionals facilitated pupils' engagement in the programme by enabling each pupil to understand the practical relevance of the psychosocial training skills for their own usage, and the reasons why this skill-set was valuable to them. It is recommended that practitioners delivering the programme continue to focus upon facilitating each pupil's reasoning skills in regards to their individual reasons for accessing the programme's skills-set. This enables pupils to have a clear focus upon why they are learning the skills, and to be committed to attending the programme. This can be achieved within the procedures outlined in the framework of the SSCB Self-Harm Pathway[lxxii]and school-policy for self-harming behaviours. For example, in individual consultations, meetings and pastoral-support sessions that the pupil might attend, as part of initial support planning, which could be documented within support plans for the pupil .

As the initial pilot programme has now completed, ongoing development of the psychosocial training workshops should continue to take place through an active consultation process with pupils and professionals. To support this process, the content and format of the resource manual should be revisited (as well as the training needs of staff to deliver the programme) both to ensure the format and content are more easily accessible for practitioners delivering the programme, and to facilitate the consultation process.

The handouts and resources used in the workshops are drawn directly from the Dialectical Behaviour Therapy psychosocial skills training model, which was initially designed in the United States of America. Dialectical Behaviour Therapy therefore has a specific set of "jargon", that is, special words or expressions are used that may be difficult for others to understand. As such, some of the resources may need to be adapted further to meet the needs of professionals, adolescents and young people in Shropshire. However, for the efficacy and integrity of the programme, the Dialectical Behaviour Therapy psychosocial skills training model, and its underlying principles and practice should still be fully utilised, understood and encompassed by practitioners both delivering and developing the programme in the future. Practitioners running the workshops in the pilot programme adapted many of the handouts and resources due to this point, and this work should continue, informed by the Dialectical Behaviour Therapy psychosocial skills training model. This also means that adolescents and young people should be asked to contribute to the development of the resources, to meet their communication needs, but being mindful that some of the concepts contained in the resources may be new learning areas and unfamiliar, that pupils need to be scaffolded by practitioners to fully understand. Therefore any resource development should also be

undertaken in partnership with an experienced practitioner in delivering the Signature Strengths Programme, who is fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm.

Practitioners delivering the programme felt that having a group size of 4 – 6 young people was an optimum size, and that the group structure worked well within the programme. One practitioner felt that the group needed to be led by both school-based professionals and an outside professional. For this particular group there were many benefits from this approach with having an "expert" present in partnership with school-based professionals. It worked extremely well, was highly effective, and enabled a considerable momentum and professional support structure to be established, that ran for the whole programme of workshops. Furthermore, this partnership approach of expert and school-based professionals in the school-based workshops gave familiarity to the way the school operated and supported pupils in a familiar context with trusted school-based staff. It also brought in the role of an outside "expert", which pupils valued and that also facilitated a formal group process. This aspect adds weight to the key recommendation for an experienced practitioner in delivering the Signature Strengths Programme, who is fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm, who would take the role of "expert".

By the end of the pilot programme, practitioners, schools and pupils who had successfully completed the pilot programme's psychosocial skills workshops had gained in confidence, knowledge, familiarity and understanding in regards to the programme and its psychosocial learning areas. This has established a significant foundation that can be developed further. Practitioners who ran the psychosocial skills training workshops are fully committed to contributing to the programme's ongoing development to meet the needs of pupils at risk from initial and low level self-harming behaviours. Significant acknowledgement and thanks must be given to all of the practitioners and the schools who ran the pilot psychosocial skills training workshops for pupils, as the demands and challenges placed upon them in completing a pilot programme were considerable. These demands and challenges were successfully met by the ongoing sheer dedication, commitment and hard-work by all concerned.

ADDITIONAL OUTPUTS

There were a number of positive and additional outputs as a result of the Signature Strengths Pilot Programme, that were established as the pilot project developed. This work was voluntarily undertaken by the professionals involved, to promote evidence-based practice when working with adolescent self-harm.

Output 1. An Online Staff-Training Platform for Working with Adolescent Self-Harm.

see http://www.euphelia.com/seminars.htm

As an additional resource (due to the training needs for school-based professionals within the pilot programme), the CaMHS consultant delivering the training developed a programme of online training resources to support professionals' knowledge and skills acquisition. This further included the voluntary arrangement of an online platform to host the training resources. An additional output from the project was therefore the development of an online staff-training platform for working with adolescent self-harm, with online support resources. Some of these resources included:

- Guidance for school professionals.
- Examples and supporting information for reflective practice.
- Emotions and the brain.
- The adolescent brain.
- Environmental contexts of emotional dysregulation.
- The development of emotional awareness and learning. Support information for pupils.
- Current self-harm stressors, from adolescents' perspectives.
- Neurological origins of stress, and the stress cycle.
- Completing questionnaires and scales.
- Assessment scales pack.
- Developing a school self-harm protocol.
- 15 misconceptions about self-harm.
- Immediate distraction techniques for self-harm.
- Recovery from self-harm.
- Family policies.
- Support for peers.
- Self-harm in the media.
- Self-harm and the internet.
- Detailed communication skills activities and examples.
- Motivational interviewing.
- Positive psychology.
- Workshop management resources, for use in schools.
- Core psychosocial skills detailed examples and practice.

Output 2. Professional Recognition for the Signature Strengths Programme

Significant professional acknowledgement for the Signature Strengths Pilot Programme was received from the International Association of Applied Psychology at the International Congress of Applied Psychology, Paris 2014. This was achieved through the voluntary work of the Signature Strengths Programme's author. A peer-reviewed abstract paper by researchers based at the Department of Psychology, Aberystwyth University was accepted by the Congress (see Appendix 5), published and delivered to all 4,500 Congress delegates. A full presentation regarding the programme (see Appendix 6) was presented to over 200 conference delegates at the Congress, who were mainly UK and international psychologists.

Output 3. Future Health Research Partnerships established to Facilitate Evidence-based Practice from the Signature Strengths Programme, centred upon Adolescent Self-harm

Due to the ICAP presentation, there is currently a level of UK and international interest in the programme, within the professional community. As a consequence of this, a research project proposal has been submitted to the School of Social Sciences at Cardiff University, to begin in October 2015 (see Appendix 7), to facilitate evidence-based practice in working with adolescent self-harm in UK secondary schools, drawing upon the initial work completed in the Signature Strengths Pilot Programme.

Output 4. Development and Evaluation of Complex Interventions for Public Health Improvement (DeCIPHer)

DeCIPHer brings together leading experts to tackle public health issues, focusing upon the health of children and young people. DeCIPHER promotes research excellence, and in building partnerships across policy, practice and research to capitalise on the strengths of each. It is one of five UKCRC Public Health Research Centres of Excellence coordinated by the Medical Research Council[lxxiii]. Professional networking through the DeCIPHer programme meant that information about the Signature Strengths Pilot Programme was shared with key public health professionals, for the purposes of developing new school-based service support and programmes for adolescent self-harm. This was undertaken at the Children and Young People's Suicide and Self-Harm Workshop for the Development of School-based Interventions and Support, held at Cardiff University in January 2015.

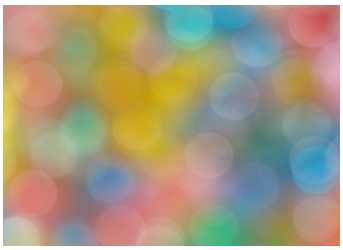
Part 3:

SUMMARY OF PILOT PROGRAMME ACHIEVEMENTS

The 2013 – 2014 Signature Strengths Pilot Programme was the consequence of all the work undertaken by the TaMHS Self-Harm Working Group, the Safeguarding Board and the advisory sub group of local head-teachers, the local schools in Shropshire, the staff who attended the Signature Strengths specialist training programme, the school-based professionals who delivered the psychosocial skills training workshops to secondary school pupils, the TaMHS professional team, the CaMHS Consultant and Young People's Mental Health and Well-being Researcher, and the Director of Public Health. At the conclusion of the pilot programme there are a number of achievements.

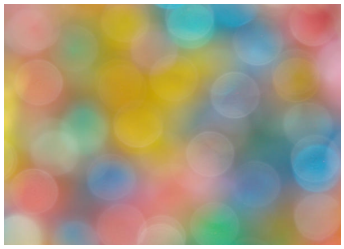
Pilot Programme Achievements:

Achievement 1



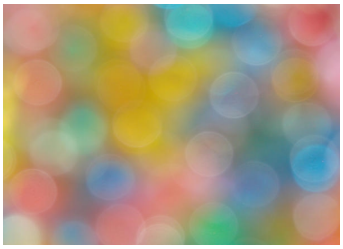
The pilot programme engendered in professionals and school-based practitioners in Shropshire county a professional skill set, and practitioners' knowledge and resilience, in working with adolescent self-harm. 17 school-based professionals completed the training, and significantly increased their knowledge and skills on average by 78 %, and their confidence levels by an average of 88%. It therefore increased staff confidence and emotional resilience in working with adolescent self-harm.

Achievement 2



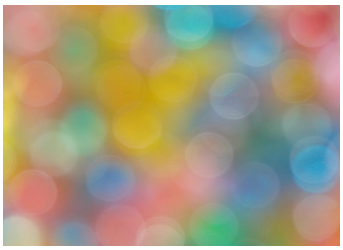
The pilot programme developed specialist staff training, a significant resource manual and a programme of psychosocial skills training workshops to enable professionals to support the emotional regulation and coping skills of pupils and young people in Shropshire, in the context of the risks from initial and low level self-harming behaviours[lxxiv] . This was significant work that was successfully completed.

Achievement 3



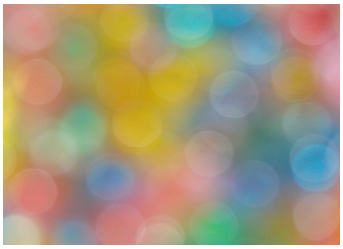
The pilot programme supported secondary school pupils involved in the pilot programme's psychosocial skills training workshops in Shropshire to increase their emotional regulation and coping skills. Emotional dysregulation decreased by a group average of 13%, coping skills increased for the group by an average of 12%. Furthermore, during the programme pupils both learned and undertook health-management behaviours in regards to self-harm, which led to a reduction in their use of self-harm as a coping strategy; other coping strategies were put in place by pupils. This meant that there were improvements in young people's resilience to managing and preventing the use of self-harm as a coping strategy. The programme therefore promoted and strengthened young people's resilience and ability to cope, delivered targeted support, and resided within the Young People's Health and Well-being public health framework (Public Health England, 2014: 21).

Achievement 4



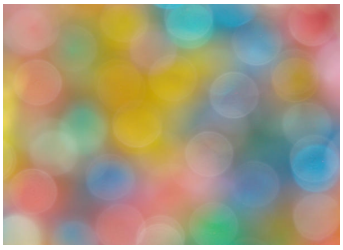
The pilot programme enabled a sustained, local service programme to be developed, increased professional support capacity, as well as consultation, in regards to adolescent self-harm in Shropshire. *Improving young people's health is a collective endeavour between young people, their families, local leaders, commissioners and providers across the statutory and voluntary sectors* (Public Health England, 2014: 21). The pilot programme initiated this collaborative approach, which will continue to grow as the programme develops in the future.

Achievement 5



The pilot programme promoted and achieved the use of evidence-based practice[lxxv] in Shropshire in regards to adolescent self-harm. The programme was fully informed by adolescent self-harm clinical and health research evidence.

Achievement 6



An initial research framework for the programme, through critical appraisal, partnerships with key researchers and professional research organisations, and professional acknowledgement for the programme, was established. This included: the International Association of Applied Psychology at the International Congress of Applied Psychology, Paris 2014; the Department of Psychology, Aberystwyth University; DeCIPHer (Development and Evaluation of Complex Interventions for Public Health Improvement); and the School of Social Sciences, Cardiff University. This research framework is currently active, and will continue to develop for the future.

Part 4:

KEY RECOMMENDATIONS

As a pilot programme, there are *key recommendations to be made*, to support the successful development of the Signature Strengths Programme within Shropshire county. These include the following points:

Continue to Develop Targeted County-wide Support Programmes & Resources for Adolescent Self-harm

Point 1(a). Reducing self-harm is a key current health improvement promotion goal (Public Health England, 2014: 15) for young people's health and well-being. The Signature Strengths Programme resides within this framework, as well as its ongoing development from the initial pilot project.

Point 1 (b). Adolescents and young people in Shropshire should continue to be part of a consultation framework centred upon the Signature Strengths Programme, to ensure the programme's development is informed by their views, perspectives and needs. For example, pupils should contribute to the decision as to where and when would best suit the provision of the Signature Strengths Programme for the adolescent self-harm population group; also in the further development of the programme's handouts and resources to ensure that they use the current language and communication strategies of adolescents in Shropshire.

Point 1(c). The county policy context has changed since the initial programme was planned and developed in January 2013 by the TaMHS Self-Harm Working Group. No Tier-2 service support for adolescent self-harm will be delivered in educational settings, in order to ensure the specific needs of pupils with self-harming behaviours are met through statutory health and social care co-ordinated services and assessment processes within Shropshire (TaMHS Meeting Brief, Jan 2015). As part of the programme's ongoing development, it is thought that the Signature Strengths Programme could be utilised in non-school Tier-2 service settings (TaMHS Meeting Brief, Jan 2015).

Encourage Staff Training for Schools In Regards to Child and Adolescent Self-harm

Point 2. The staff training days within the Signature Strengths Pilot Programme were designed to equip school-based practitioners with the knowledge and skills to work with adolescent self-harm, and were very effective in achieving these goals. UK evidence-based clinical health guidelines state the need for all school-based staff to be educated about self-harm[lxxvi]. The Signature Strengths training days' statistics demonstrate the programme's effectiveness in supporting practitioners to develop a professional skill set and knowledge in working with adolescents who self-harm, as well as becoming confident in working with this population group (see Appendix 1). A key recommendation is to continue to use this training strand of the Signature Strengths Pilot Programme for a universal school-based staff training programme in regards to self-harm. This training would be separate from the psychosocial skills and resource manual training aspects of the Signature Strengths Pilot Programme.

Ensure Psychosocial Skills Training is Delivered by Qualified Professionals

Point 3 (a). A key recommendation is that the psychosocial skills training aspect of the programme should be delivered by a practitioner fully trained in Dialectical Behaviour Therapy and/or Cognitive Behaviour Therapy, and adolescent self-harm. This lead specialist professional should also build county-wide professional capacity through training and mentoring other graduate-level trained staff (with knowledge of mental health and psychology) to deliver the programme (whilst they also attend the specialist's programme sessions as a support worker).

Point 3 (b). A training need highlighted for the future is to ensure practitioners are fully familiar with the Signature Strengths Resource Manual, and its principles and practice, prior to the programme's delivery, through providing extended training support to ensure practitioners' skills, confidence and understanding regarding the information contained in the resource manual (*see Appendix, TABLE 2: Signature Strengths Staff Training Programme. Further training areas included (a to c)*).

Point 3 (c). The training schedule, and its delivery to support the needs of staff to deliver the Signature Strengths Programme's psychosocial skills training workshops, is greater than practitioners received in the initial pilot project. A full audit and/or strategic mapping exercise of the training needs of practitioners to deliver the Signature Strengths Programme,

and the subsequent training schedule necessary to meet these needs, should be undertaken. Part of this audit should include an assessment of the time that is needed for practitioners, to plan, deliver, and complete the pupil/practitioner assessment practices that are required for evidence-based practice as part of the programme.

Investigate Location & Schedule of Programme Delivery through Consultation Process

Point 4. A key recommendation is that consultation with pupils and professionals should be undertaken to plan an appropriate setting and schedule for the programme delivery; also that further investigation regarding the actual time that sessions should run for, to meet the pace and needs of the pupils who attend the sessions, should be undertaken, based on actual practice. Areas for consultation should centre upon the conflict between supporting the educational needs of pupils at school, and in needing to have time in the school schedule to commit to a regular Signature Strengths Programme (which could potentially mean an extended period of missed lessons for pupils).

As a cognitive behavioural psychology-based programme, a regular programme schedule is important to consolidate new behaviours. The programme's weekly and regular schedule based in schools may sometimes have to change through the daily and term-time school commitments. Pupils may also prefer to have a different location than their school for the sessions they attend This may be due to a number of reasons, including stigma, or ease of access, or being more comfortable in a different environment, which should be investigated further through research and consultation with pupils.

Additionally, the structure of the school term means there can sometimes be little flexibility in the session schedule. For example, sometimes sessions may need to run over a longer period of time, to cover the content of each themed session over more than one session, depending on the specific needs of each pupil in acquiring the psychosocial skills training target goals. It may also be that sessions could be planned for a longer session period, to give enough time for participants to complete the activities at their own pace, such as within a 90 minute session, which would be difficult to undertake in schools.

The ten sessions are necessary in order to support pupils with emotional dysregulation issues to learn some of the key skills within the psychosocial training, in particular within the arena of interpersonal relationships and emotional regulation, which require considerable time to consolidate new behaviours through regular weekly practice. The programme's weekly and

regular schedule based in schools can sometimes be delayed through the daily and term-time school commitments that are a necessary and normal part of education for pupils.
(PLEASE ALSO NOTE point 1 (c), in regards to policy change for school-based support)

Develop a Tier 1 Universal Support Programme in Schools for Emotional Literacy & Coping Skills

Point 5. Due to the policy context changing in regards to providing a Tier-2 service support for adolescent self-harm in educational settings, and the point that many adolescents who self-harm may choose not to access support, a Tier-1 universal programme delivered in schools for the development of all pupils' emotional literacy and coping skills (which are key skills to support good mental health) should be developed. Psychosocial skills-based programmes in schools, targeting the development of problem solving, coping and cognitive skills have a positive impact upon supporting adolescents to cope with psychosocial stresses and distress, and support the use of more positive and adaptive behaviours[lxxvii]. In the self-harm population group (1 in 10 adolescents), where many individuals do not access support or help, a Tier-1 universal programme within schools may have many benefits. Some of the psychosocial resources from the Signature Strengths Programme could be adapted to meet the design of a Tier-1 universal programme within schools.

Continue to Develop the Signature Strengths Programme, Using the Evidence from the Initial Pilot.

Point 6 (a). A key recommendation is to ensure that the programme's guidelines are followed, and pupils each attend an individual initial support session, prior to the start of the workshops, where the programme's assessment scales are administered in private. This session should also be used to fully inform pupils about the programme, its purpose and its structure, the psychosocial training skill goals for the pupil to meet, and also so that pupils understand the behavioural expectations, the programme's ground rules are established with each pupil and pupils' commitments within the programme. This support session would further facilitate pupils' engagement in the programme, and begin to establish the practitioner as a "trusted adult" for the pupil's specific needs.

Point 6 (b). It is recommended that practitioners delivering the programme continue to focus upon facilitating each pupil's reasoning skills in regards to their individual reasons for

accessing the programme's skills-set. This enables pupils to have a clear focus upon why they are learning the skills, and to be committed to attending the programme. This can be achieved within the procedures outlined in the framework of the SSCB Self-Harm Pathway[lxxviii] and school-policy for self-harming behaviours. For example, in individual consultations, meetings and pastoral-support sessions that the pupil might attend, as part of initial support planning, which could be documented within support plans for the pupil .

Point 6 (c). The Signature Strengths Programme uses the framework of evidence-based practice to support pupils' specific needs. The use of regular data collection and analysis is therefore an integral part of the programme. It is recommended that the evidence-based practice framework and schedule continues to be incorporated by practitioners within the programme, and that practitioners who are not confident in the use of this framework are supported by further training. For example, as outlined in the resource manual, it is recommended that the assessment scale URICA (University of Rhode Island Change Assessment Scale) is utilised to support pupils' health management behaviours and to promote health behaviour change. This assessment scale enables a dialogue and discussion to be undertaken with the pupil regarding the pupil's readiness to change some of their current behaviours, and learn new skills.

Point 6 (d). The pilot programme supported pupils to gain improvements in their family and social relationships through communication skills centred upon the programme. For example, through the use of the programme handouts at home with parents, and the programme's staff giving support to parents. A key recommendation is to build on this initial work, to improve support and communication with parents, through the Signature Strength Programme handouts and information as a starting point.

Point 6 (e). The ongoing development of the psychosocial training workshops should continue to take place through an active consultation process with pupils and professionals. To support this process, the content and format of the resource manual should be revisited (as well as the training needs of staff to deliver the programme) both to ensure the format and content are more easily accessible for practitioners delivering the programme, and to facilitate the consultation process.

Recommendations for Further Research to Support Evidence-based Practice

Point 7 (a). County-based research should be undertaken to understand the rate and prevalence of adolescent self-harm in Shropshire county (as in the Child & Adolescent Self-harm in Europe Study), and the attitudes of school-based professionals to working with pupils who self-harm (for training needs purposes). Anonymous self-report questionnaires in school-based settings would enable this information to be gathered and analysed, and public health planning to be undertaken to address any issues or themes that arise from this research. This research process could also facilitate the beginning of a consultation and/or dialogue with the adolescent self-harm population group, their peers, professionals, parents, carers and schools in regards to this public health issue within Shropshire. Research in regards to the adolescent self-harm population group is sparse, and undertaking a specific piece of research based solely in Shropshire would yield valuable public health information.

Point 7 (b). A key recommendation is to engage with the discrimination and stigma that surrounds the adolescent self-harm population group. There is lack of research and knowledge regarding the attitudes of school-based professionals who work with adolescents who self-harm. In evidence-based clinical health research it is posited that professionals' lack of knowledge about adolescent self-harm contributes to negative attitudes. Training front-line staff can therefore help to reduce negative attitudes to self-harm, tackling stigma and discrimination, and helping to ensure effective support for pupils. Therefore undertaking county-wide research to investigate staff knowledge, attitudes and training needs would be of significant importance.

Point 7 (c). Drawing upon the information gathered in the pilot programme, and the initial first phase of the programme, county-wide research should now be undertaken in regards to mapping the barriers and facilitators to school staff intervening with students' self-harm behaviour, as well as developing a theoretically informed complex intervention to support school staff in preventing and intervening with self-harm. This research should centre upon the use of the adolescent self-harm staff training programme within the Signature Strengths Programme, given its success in significantly improving school-based practitioners knowledge and confidence in working with adolescent self-harm.

Point 7 (d). The evidence base for self-harm interventions to support young people is not

well established[lxxix]. Promising interventions that have been highlighted for further research include school-based prevention programmes with a psychosocial skills training component[lxxx], such as the Signature Strengths Programme. A larger scale evaluation and research study of the project should therefore be undertaken in order to achieve sustainable improvements in the health, well-being, and address the health inequalities within the adolescent self-harm population group [A].

[A] *This key recommendation is currently under consideration by Cardiff University, where a proposed research project may take place from October 2015.*

Part 5:

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REPORT APPENDICES

APPENDIX 1. Signature Strengths Staff Training Programme

NB: *All trainees achieved 100% of the 12 key professional skills and knowledge areas in the training programme*. This table gives the post-training days' scoring grade details, which were used to assess the quality and level that each participant attained in regards to the Signature Strengths' Staff Training Programme.

Trainee ID Number	**Scoring Grade Marks[1]**	**Scoring Grade Marks as Percentages**	**Post-training Percentage Scoring for trainees' self-reported confidence levels[2]**
17030	54	90	100
17031	56	93	100
17032	58	97	100
17033	48	80	80
17034	49	82	100
17035	60	100	100
17036	48	80	100
17037	52	87	100
17038	44	73	80
17039	45	75	100
19031	47	78	100
19032	53	88	100
19033	49	82	100
19034	47	78	100
19035	55	92	100
19036	56	93	100
19037	54	90	80
GROUP TOTALS	**875** [1]The scoring grade was used to assess the quality and level of professional skills and knowledge achieved in the training programme. Each trainee's score was out of a total of 60 marks.	**% Average: 87%**	**% Average: 97%** [2]**Trainees' confidence levels** *in their capacity to work with pupils with initial and low level self-harming behavours within the framework of the Signature Strengths Programme)*

APPENDIX 2. Signature Strengths Staff Training Programme.

March 2014 Staff Training Days : Training feedback Comments from each of the 17 Trainees.

"Excellent training sessions I now feel much more equipped."

"The amount of material is brilliant and the easy use manual very helpful".

" I now have a clearer understanding and ability to provide clearer explanations".

" The clearly communicated content made sense".

"Very thorough training presentation, with a variety of aids, clear and concise".

"Great training – feel empowered".

"All excellent – strengths included knowledge and expertise of the subject".

"Excellent training: theory underpinning practice, structured, clear, good mix of activities.

"Good training resources that backed up the training information delivered".

"Really informative and easy to follow. Insightful to what we are asking for".

"Very informative, especially through training video clips".

"Excellent. Clear, concise, informative and professional ".

"Explanations through the training days were excellent".

"This was outstanding training".

"Thoroughly enjoyed the training, all of it! Very interactive and informative".

"Fantastic. I was well supported throughout the training, which really helps".

"Great. Really thorough".

APPENDIX 3. Signature Strengths Staff Training Programme

Key professional skills and knowledge areas in the staff training programme*:*

1. Reflective Practice for Continuing Professional Development and to Support Evidence-Based Practice.
2. Overview of Self-Harm.
3. Emotional Regulation, Self-Harm and the Relationship to Emotional Regulation Difficulties .
4. Effective Communication Skills with Adolescents.
5. Providing Support to Pupils with Emotional Regulation Difficulties (of which a risk of or actual incidence of self harm can be a consequence) .
6. Specialist Communication Skills , drawn from Psychosocial Skills Training Techniques.
7. Effecting Change through "Change Talk", and the use of the Readiness to Change Cycle.
8. Overcoming Resistance, and Promoting Change.
9. Use of Assessment Scales (DERS, URICA, Coping Self Efficacy Scale) for Evidence-based Practice.
10. Administering Assessment Scales .
11. Psychological Theory and Knowledge (that informs the Signature Strengths Programme and Skills eg. Cognitive Psychology).
12. Psychosocial Core Skills Training.

Further training areas included (a to c):

- (a) An introduction and overview of the resource manual content.
- (b) Practise activities in regards to the specialist skills introduced to within the training programme.
- (c) Familiarisation with the additional on-line training support resources.

APPENDIX 4. Signature Strengths Pilot Programme

Example of the training feedback form, for trainees.

(Page 1)

Training Evaluation and Learning Self Assessment

1. Please rate this training in terms of **Trainer's Expertise, Clarity, Amount of Specialist Information Covered, Time Management,** and **Support** for your training needs. Provide any additional feedback in the **Comments** section. Circle the appropriate numbers.

RATING SCALE: 1 = LOW 3 = MEDIUM 5 = HIGH

Trainer Name(s)	Expertise	Clarity	Amount of Specialist Information Covered	Time Management	Support
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:					

2. Please review the following list of knowledge and skills statements. Give some thought to what you knew before this training and what you learned here today. Circle the number that best represents your knowledge and skills **before** then **after** this training.

RATING SCALE: 1 = LOW 3 = MEDIUM 5 = HIGH

BEFORE TRAINING	SELF-ASSESSMENT OF KNOWLEDGE AND SKILLS RELATED TO:	AFTER TRAINING
1 2 3 4 5	Reflective Practice for Continuing Professional Development (eg GIBBS Model etc.)	1 2 3 4 5
1 2 3 4 5	Emotional Regulation	1 2 3 4 5
1 2 3 4 5	Self Harm & the Relationship to Emotional Regulation Difficulties	1 2 3 4 5
1 2 3 4 5	Effective Communication Skills with Adolescents	1 2 3 4 5
1 2 3 4 5	Providing Support to Pupils with Emotional Regulation Difficulties (of which self harm is a consequence)	1 2 3 4 5
1 2 3 4 5	Specialist DBT Communication Skills	1 2 3 4 5
1 2 3 4 5	Effecting Change ("Change Talk")	1 2 3 4 5
1 2 3 4 5	Use of Assessment Scales (DERS, URICA, Coping Self Efficacy Scale)	1 2 3 4 5
1 2 3 4 5	Administering Assessment Scales	1 2 3 4 5
1 2 3 4 5	Psychology Knowledge (that Informs the Signature Strengths Programme & Skills)	1 2 3 4 5
1 2 3 4 5	Use of the Specialist Skills introduced to in the 2-Day Training	1 2 3 4 5
1 2 3 4 5	Use & Knowledge of Additional On-line Support Resources	1 2 3 4 5

Training Evaluation and Learning Self Assessment 1 of 2 Signature Strengths Training Programme

Example of the training feedback form, for trainees.

(Page 2)

OVERALL EVALUATION OF PRESENTATION

3. Please take a moment to answer the following questions. Your comments are an **important contribution** as we design learning experiences to meet your professional needs.

What will you do **differently** in your practice/service setting as a result of this training?

What do you feel were the **strengths** of this presentation?

What constructive feedback could you offer in regards to the presentation?

How can we **improve** this presentation?

What **additional** training-development education do you require?

4. Please rate the following statements using a 1 through 5 scale where:

1 = Disagree Strongly **5 = Agree Strongly**

_____ The **difficulty level** was about right.

_____ I can **apply the information** in my practice/service setting.

_____ The presentation met my professional training **needs**.

_____The trainer **actively involved** me in the learning process.

_____ As a result of this training, I feel **more confident** in my capacity to work with pupils with initial self harming behaviours (within the framework of the Signature Strengths Programme).

2 of 2

APPENDIX 5.

Peer Reviewed Abstract Paper, accepted by the International Congress of Applied Psychology, Paris 2014.

TITLE: Supporting Secondary Pupils at Risk from Self Harm - Targeted Mental Health Project

Parker, R.[1,2], Pritchard, V. E.[2], Holt, N.[2]

[1]UK Child and Adolescent Mental Health Services Consultant, Young Person's Mental Health & Well-being Researcher. [2]Department of Psychology, Aberystwyth University, Aberystwyth, Wales.

An overview of an innovative early intervention mental health and wellbeing pilot project currently being delivered in schools in Shropshire to support secondary school-aged pupils at risk from initial self-harm behaviour will be presented. The project was designed to be delivered in schools through an early help support intervention model, as a preventative and non-stigmatising approach, and also to ensure targeted support for pupils experiencing initial self-harming behaviours, to promote coping skills and emotional regulation. School-based staff received specialist training to deliver the project (which also included the design of a detailed resource manual).

Detail:

Adolescence is a period of rapid physiological and cognitive growth and development. In this period there are potential behaviours that can demonstrate challenges and risks to health and well-being. Many adolescents will manage these challenges appropriately, as part of their trajectory towards adulthood. However adolescents with mental health issues will require additional support. Pupils experiencing self-harm require support to help manage this condition, and to manage the risk factors that may accentuate negative behaviours. For example, many young people who engage in self-harm do not seek help for their problems. This can be due to a number of reasons, including the social stigma surrounding mental health issues and self-harming behaviour. Early identification of self-harm increases the chance of recovery from engaging in this behaviour, and could potentially prevent progression into mental illness. Repeated self-harm is associated with risk of suicide, and accidental death. Clinical health statistics state that of those adolescents who do not find a way to cease self-harm, 5% will die, either through accidental fatal self-harm or suicide.

Psychosocial skills-based programmes in schools, targeting the development of problem-solving, coping and cognitive-skills appear to have a positive impact upon supporting adolescents to cope with psychosocial stresses and distress, and to support the use of more positive and adaptive behaviours.

APPENDIX 6

Presentation Delivered at the International Congress of Applied Psychology, Paris 2014

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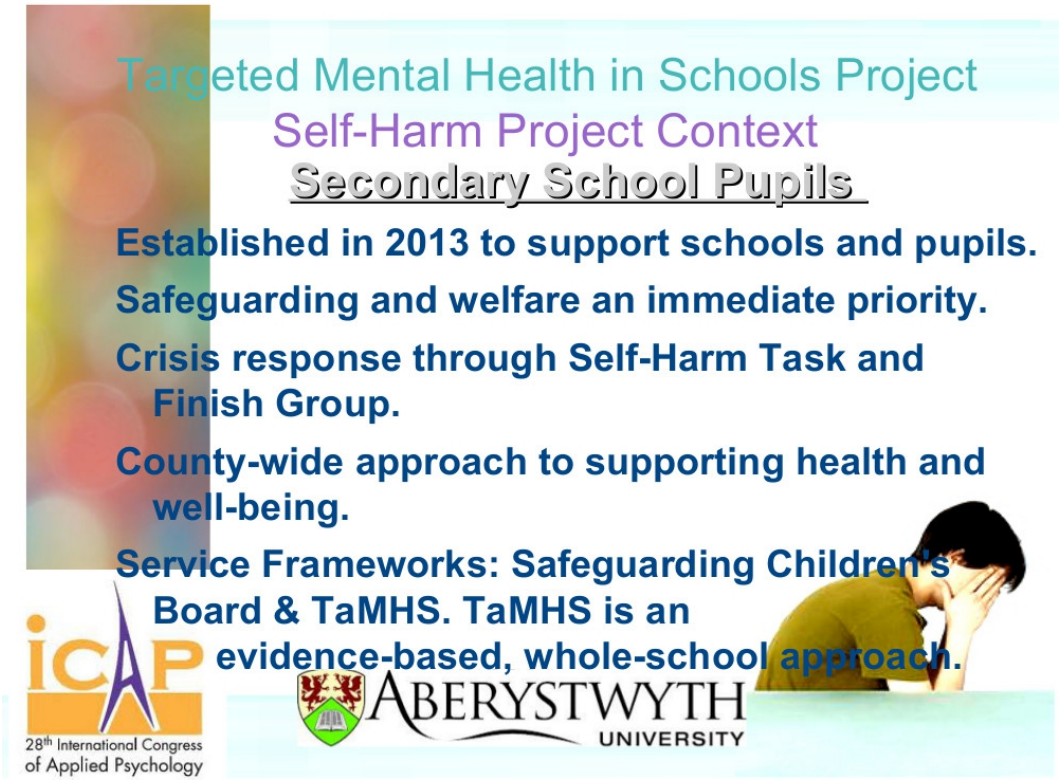
Slide 2

Slide 3



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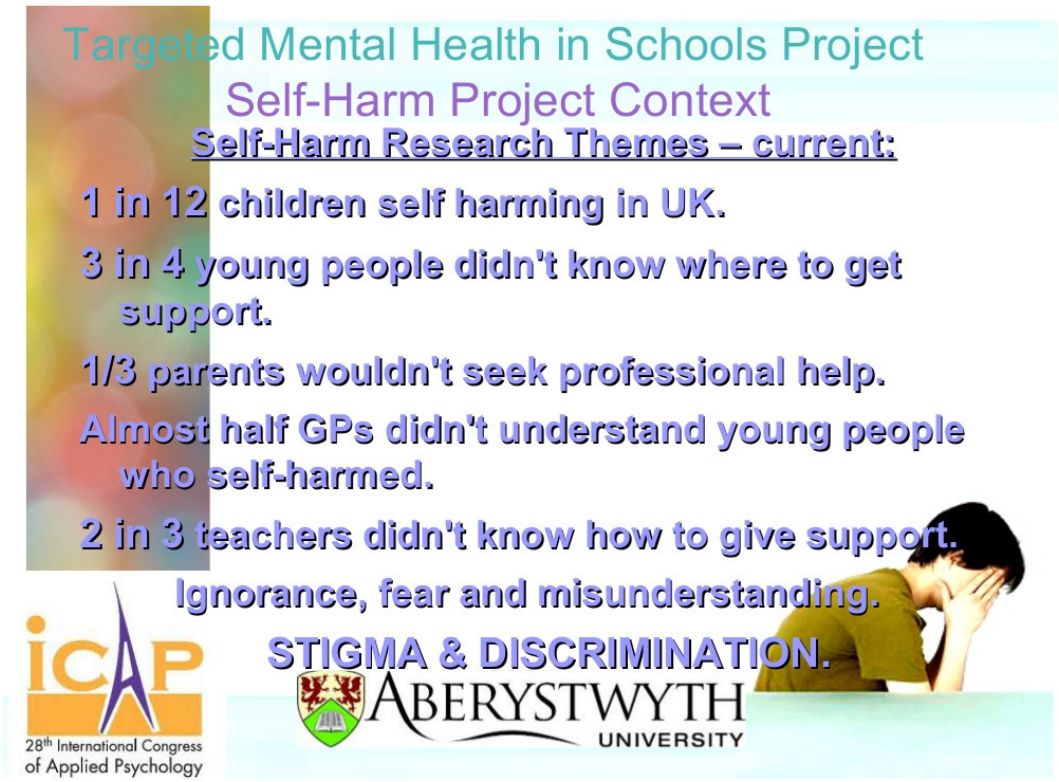

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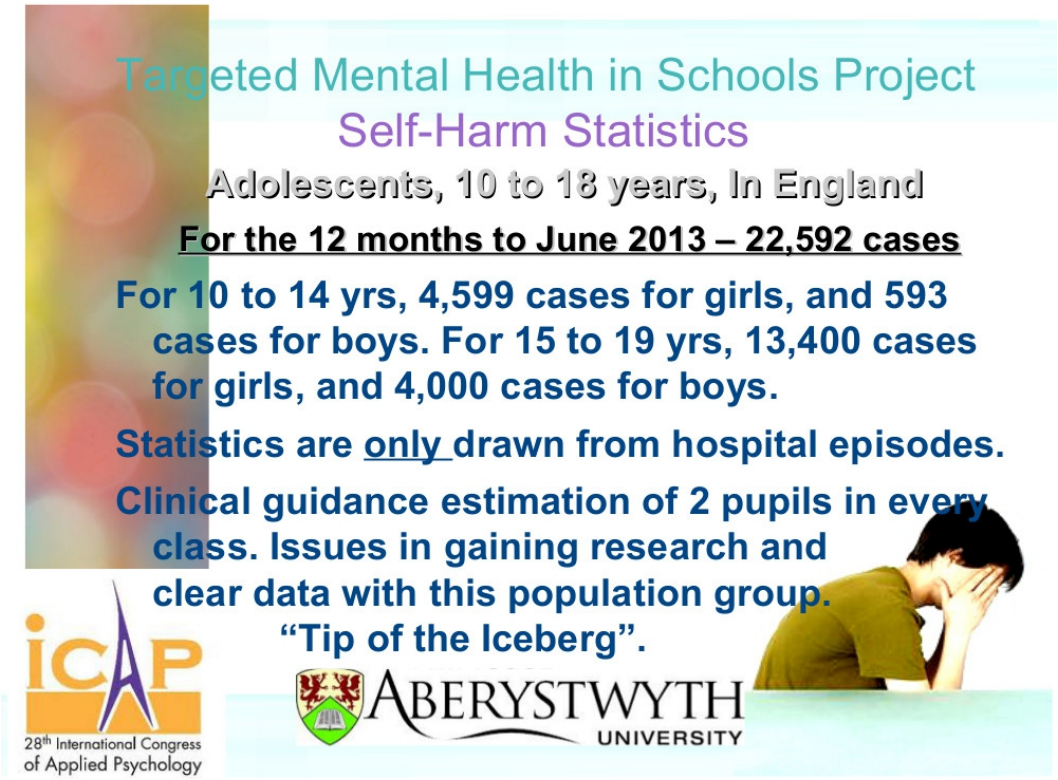

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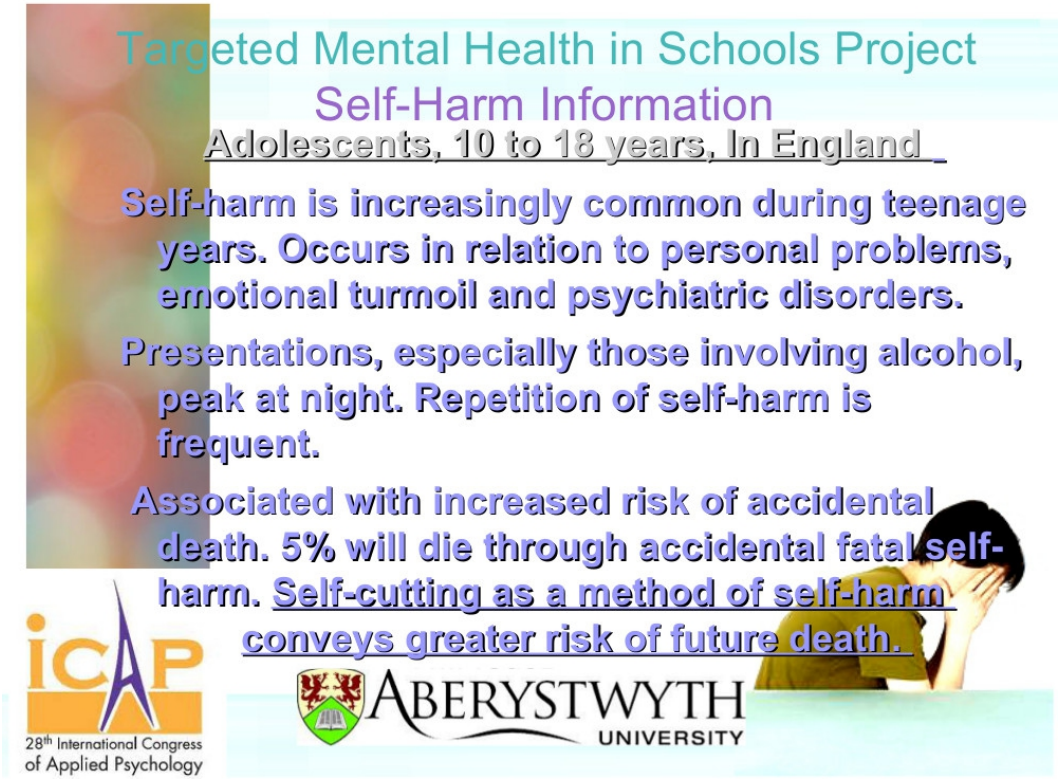

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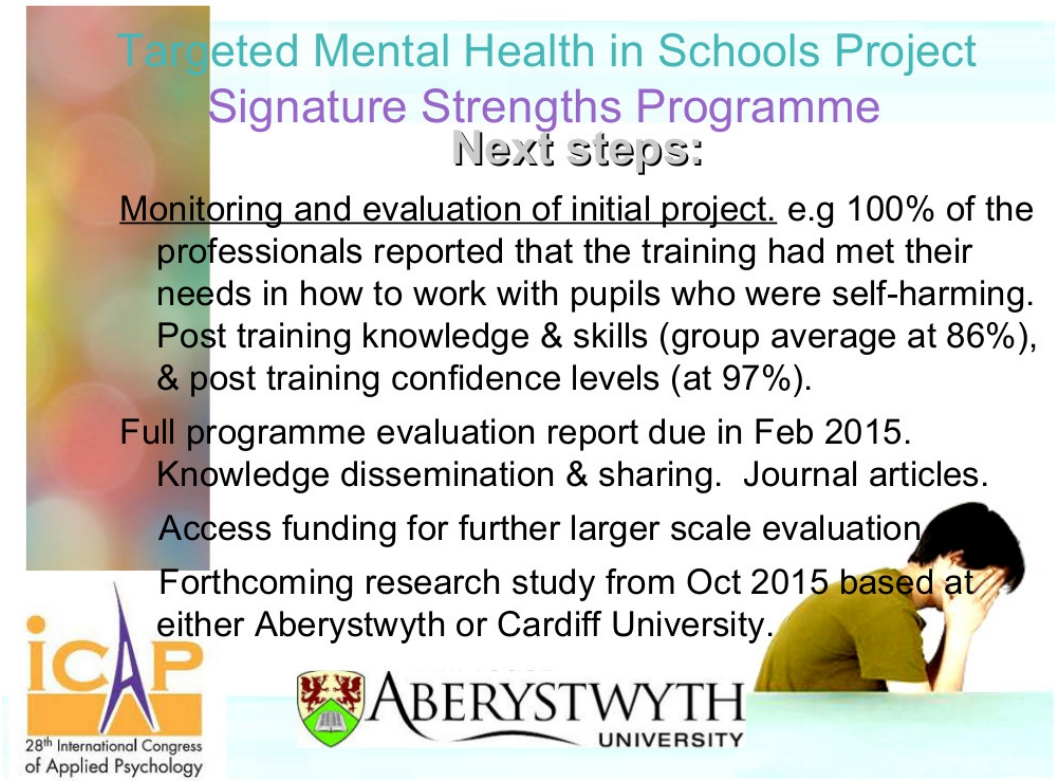

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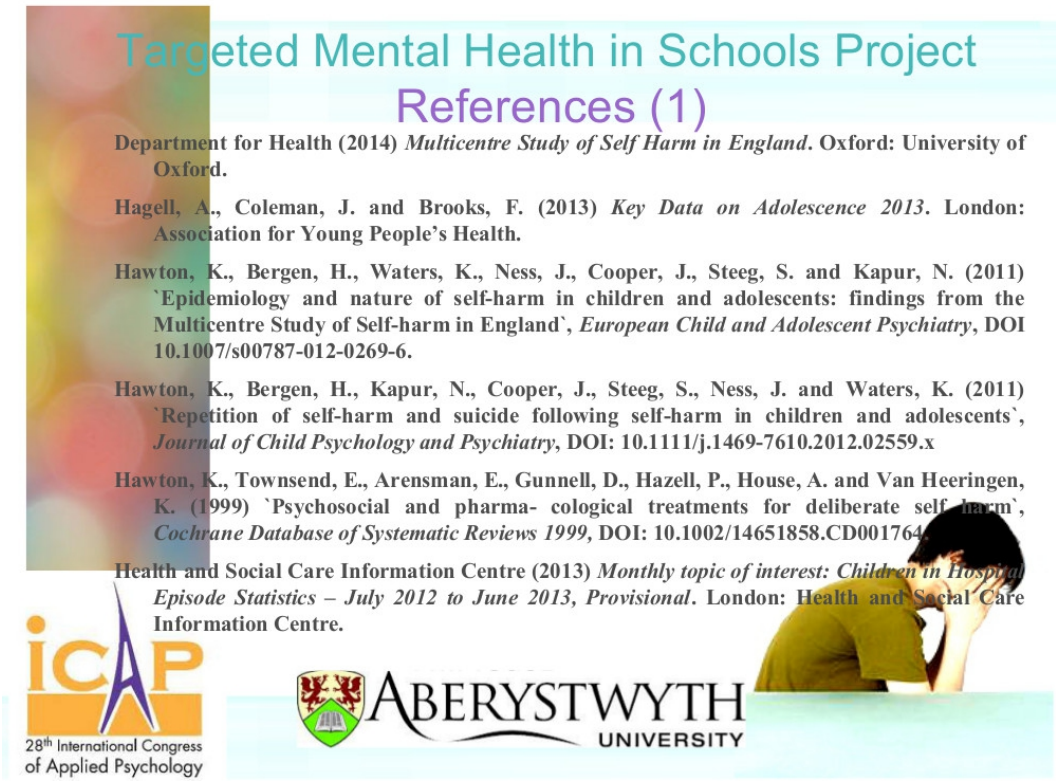

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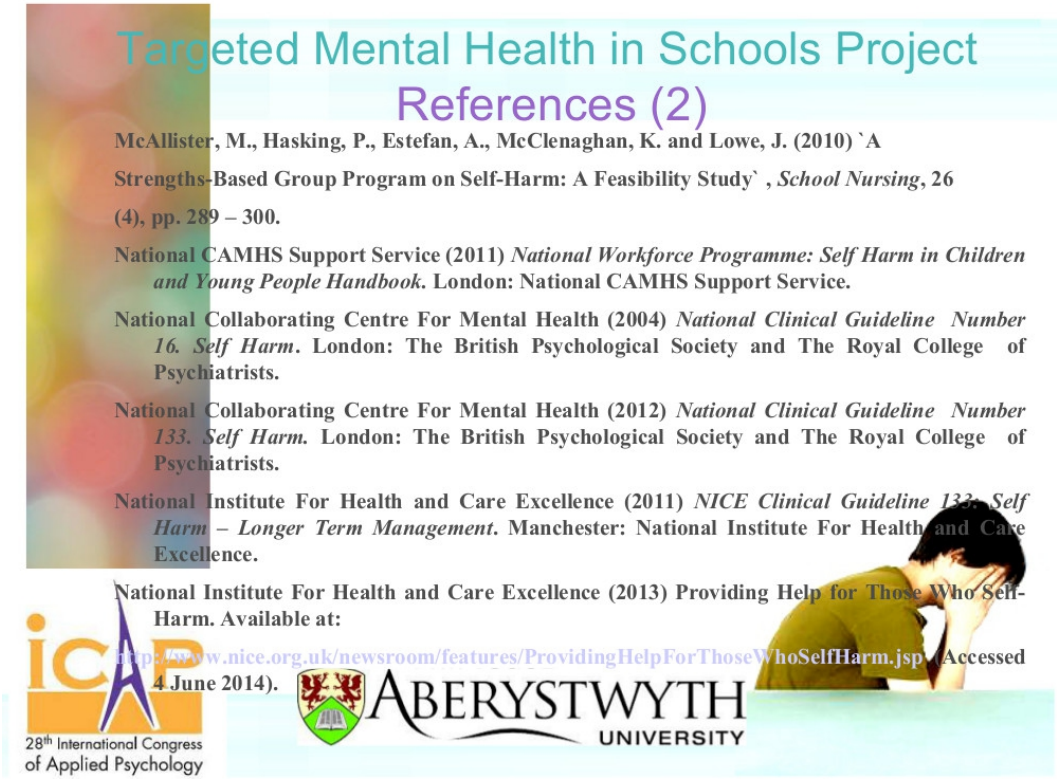

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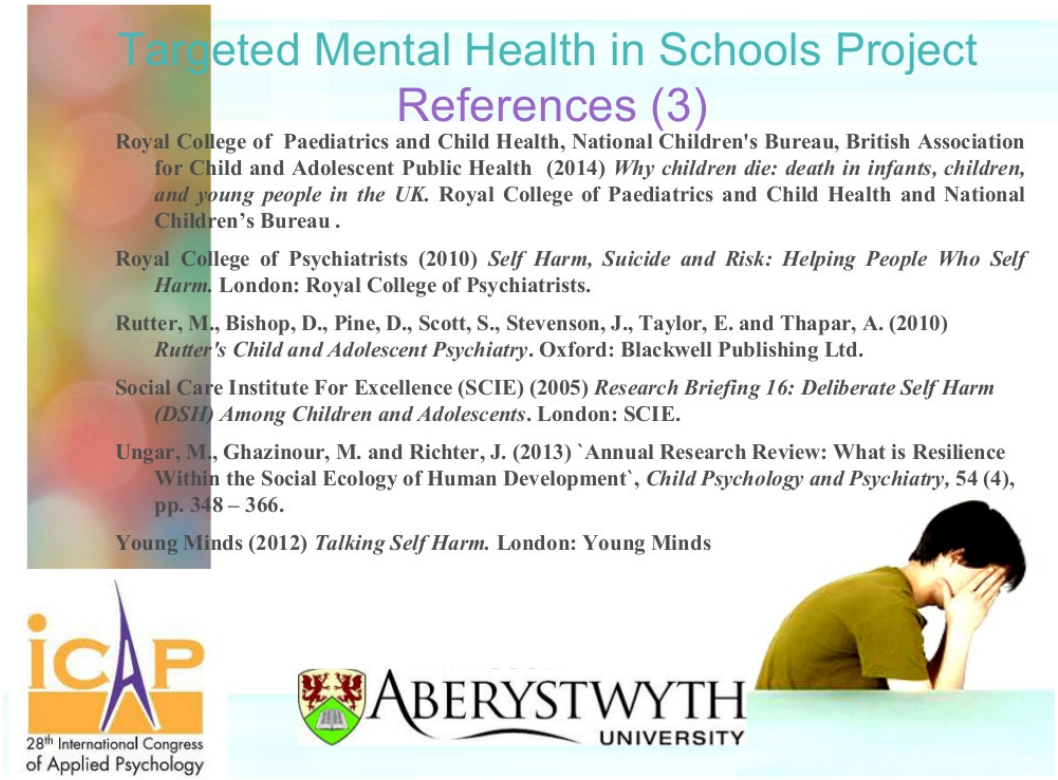

APPENDIX 7 .

2015 Research Project

Building upon the work undertaken within the Signature Strengths initial pilot programme, a research project proposal has been submitted to the School of Social Sciences at Cardiff University, to begin in October 2015 to facilitate evidence-based practice in working with adolescent self-harm in UK secondary schools.

Project Title: Using process evaluation to develop a complex, school-based intervention to prevent adolescent self-harm.

Project Overview;
The research aims to develop a complex intervention to prevent adolescent self-harm. The intervention will focus upon school-based staff attitudes and knowledge in regards to adolescent self-harm, delivering specific staff training to improve knowledge and understanding. Utilising the framework of process evaluation (Evans, Scourfield & Murphy, 2014; Moore *et al.*, 2014), the proposal will centre upon the initial phases of theory and modelling for randomised controlled trials in complex interventions, for the project's evaluation purposes (Medical Research Council, 2000:3).

It is estimated that one in ten UK adolescents self-harm (Hawton, Saunders & O'Connor, 2012). Accidental death from self-harm is one of the common causes of injury-related adolescent death (Wolfe *et al.*, 2014: 12), and only a small percentage of this population group access hospital support (Hawton, Saunders & O'Connor, 2012). Research is sparse (Ougrin, 2012). These issues mean that there are serious concerns and significant public health issues that need to be addressed (Ougrin, 2012; Mars *et al.*, 2014; Wolfe *et al.*, 2014).

Evidence-based clinical guidelines (National Institute for Health and Clinical Excellence, 2004; National Institute for Health and Clinical Excellence, 2011*;* Nixon, 2011) state that supporting adolescents who self-harm requires a specific set of knowledge and skills. There is limited research in regards to the attitudes and knowledge of school-based professionals, but it demonstrates the existence of negative attitudes (Crawford *et al.*, 2003; Taylor *et al.*, 2009; Timson, Priest & Clark-Carter, 2012). Adolescents who have self-harmed also report negative attitudes being present in school-based professionals (Mental Health Foundation, 2006). Pupils therefore may not have access to effective support for their needs; delays lead to poor outcomes (Mars *et al.*, 2014). Negative attitudes underpin stigma and discrimination (McDaid, 2008; Miao & Haddock, 2010; Crisp & Turner, 2014) which create barriers to services and support for effective health management behaviours within the self-harm population group (Mackay & Barrowclough, 2005; McCann *et al.*, 2006; Mental Health Foundation, 2006; Patterson, Whittington & Bogg, 2007; Law *et al.*, 2009; Heath *et al.*, 2010).

UK clinical guidelines state the need for all school-based staff to be educated about self-harm (National Collaborating Centre for Mental Health, 2012: 94). However, due to research sparsity and quality issues, the prevalence and effect of self-harm training is inconclusive (National Collaborating Centre for Mental Health, 2012:121). The proposed project aims to make an academic contribution to improve these issues, through the use of process evaluation to design a school-based self-harm training programme to increase staff knowledge, address stigma and discrimination, and facilitate effective support for pupils in order to prevent adolescent self-harm.

Methodology

The project will aim to:

- Assess the type, rate and prevalence of adolescent self-harm and professionals' negative attitudes within the project's secondary school settings.
- Map the barriers and facilitators to school staff intervening with students' self-harm behaviour.
- Develop a theoretically informed complex intervention to support school staff in preventing and intervening with self-harm.

A review of the literature will be undertaken, to inform the research questions. The project will be structured by process evaluation theory and practice (Evans, Scourfield & Murphy, 2014; Moore *et al.*, 2014). A mixed methods approach (Bryman, 2008) will therefore be utilised for project data collection and analysis, combing quantitative and qualitative research methods for method triangulation (Adamson, 2005; 233).

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