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Interventions for Teachers and Other Education Professionals Aimed at Minimising Risk of Self-Harm and Its Impact in Children and Young People: A Scoping Review Focusing on the UK and Australia

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Abstract: *Self-harm among children and young people is a major public health concern, and school-based non-specialist professionals play an important role in early identification and support. However, evidence on self-harm training for this group in the UK and Australia remains fragmented. This scoping review was conducted in accordance with Joanna Briggs Institute (JBI) methodology. MEDLINE, PsycINFO, CINAHL, and Google Scholar were searched for English-language empirical studies published since 2015. Fifteen studies met the inclusion criteria. Across the included studies, school staff consistently reported limited knowledge, low confidence, stigma-related concerns, institutional barriers, and restricted access to specialist mental health support. Training programmes were generally associated with improvements in knowledge, confidence, and practical skills, although evidence for long-term effectiveness remained limited because of short follow-up periods and reliance on self-reported outcomes. Overall, the evidence base remains limited and methodologically heterogeneous, highlighting the need for more rigorous and context-sensitive evaluations to strengthen the evidence for school-based self-harm training.*

Keywords: *self-harm; children and young people; school-based staff; non-specialist professionals; training; scoping review; United Kingdom; Australia*

1. Introduction

1.1 Background

Self-harm in children and young people (CYP) is a well-documented global public health problem. It refers to deliberate damage to body tissues, including self-injury, self-poisoning or overdose, and is usually understood as a way to cope with or express emotional distress. According to the World Health Organization, one in seven individuals aged 10 to 19 experiences a mental disorder, while suicide is the third leading cause of death among those aged 15 to 29 [1]. Although self-harm does not always involve suicidal intent, it is strongly associated with later suicide risk and adverse mental health outcomes. Community-based evidence suggests that the lifetime prevalence of self-harm among adolescents is approximately 13–18%.

Adolescence is a critical developmental period during which emotional and psychological difficulties may first emerge or intensify, making early recognition particularly important. Schools are well positioned for early identification because they provide sustained access to CYP and often act as gateways to wider support services. Teachers and other school staff are among the adults in most regular contact with students and may therefore be well placed to identify social, emotional, and behavioural needs. However, this frontline position does not necessarily translate into preparedness or consistency in practice. Evidence suggests that fewer than 20% of children with social, emotional, and behavioural difficulties are identified by teachers and other frontline gatekeepers, indicating substantial under-identification of early distress.

The quality of school staff responses may also influence whether young people feel able to disclose self-harm and seek further support. Hsiao et al. (2024) found that emotionally charged, avoidant, dismissive, or poorly informed responses could discourage further disclosure, whereas responses characterised by acceptance, acknowledgement, and tangible support were more likely to be experienced as helpful. Although conducted beyond school settings, these findings highlight the importance of

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appropriate responses from school-based non-specialist professionals.

1.2 Rationale for the scoping review

Existing evidence on school staff readiness and self-harm training remains fragmented and has not been comprehensively synthesised. Previous studies have examined staff attitudes, response barriers, training needs, and training interventions, but differ considerably in methodology, focus, and research design. Consequently, there is limited evidence regarding the types of self-harm training provided for school-based non-specialist professionals, how these interventions have been evaluated, and what outcomes have been reported. This evidence gap is particularly evident in the UK and Australia, where differences in educational systems, mental health service infrastructure, and policy contexts may influence the design and implementation of training. Therefore, a scoping review was undertaken to map the existing evidence, identify research gaps, and compare the evidence base across the two settings. As training may influence school staff's ability to recognise distress, respond appropriately to self-harm, and facilitate referral to further support, addressing this gap has important implications for policy and practice.

1.3 Review aims

This scoping review aimed to map and synthesise the available literature on self-harm training programmes and explicit training needs for school-based non-specialist professionals supporting children and young people in the UK and Australia. Specifically, the review explored reported barriers and experiences, the characteristics of training programmes, and the outcomes associated with these interventions.

2. Methods

2.1 Study design

A scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology. This approach was appropriate because the evidence base was heterogeneous, encompassing different study designs, professional groups, training approaches, and educational contexts, as well as evidence on professional experiences, perceived barriers, training needs, and intervention evaluations. Consistent with JBI guidance, the review aimed to map the breadth and nature of the available evidence, identify research gaps, and provide an overview of the existing literature rather than formally synthesise intervention effectiveness.

2.2 Search strategy

In accordance with the Joanna Briggs Institute (JBI) methodology, MEDLINE, PsycINFO, CINAHL, and Google Scholar were searched for English-language studies published from January 2015 onwards. The search was conducted on 12 March 2026 using database-specific search strategies combining terms related to self-harm, school-based non-specialist professionals, training, and children and young people with Boolean operators (AND/OR). Reference lists of all included studies were also screened to identify additional eligible articles.

2.3 Eligibility Criteria

The eligibility criteria are presented in Table 1.

Table 1: Inclusion and exclusion criteria based on the PCC framework

Criteria	Inclusion	Exclusion
Population	School-based non-specialist professionals, especially teachers, school staff, teaching staff, pastoral staff, and educational professionals working with CYP	Mental health specialists; hospital staff; youth justice staff; community helpline staff; generic social care staff; non-school populations
Age group / population focus	Children and young people (CYP), or studies where CYP-related findings can be clearly identified	Adult-only studies; mixed populations where CYP findings cannot be isolated

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Topic	Self-harm among CYP in school or educational settings	Other mental health topics without specific self-harm focus; suicide-only studies without identifiable self-harm content
Intervention	Training programmes, workshops, staff development, training evaluation, or explicit training needs related to self-harm response	No training component; attitudes/awareness/experience studies without explicit training, training evaluation, or training-needs component
Geography	UK and Australia	Other countries for main synthesis; international studies retained only as contextual background when relevant
Language	English	Non-English

2.4 Source of Evidence Screening and Selection

All records retrieved from the database and supplementary searches were imported into Rayyan for reference management and duplicate removal. After duplicate removal, titles/abstracts and full texts were screened in two stages following the Joanna Briggs Institute (JBI) methodology and reported in accordance with the PRISMA-ScR guidelines [2]. Of the 243 records initially identified, 15 studies met the eligibility criteria and were included in the review (Figure 1).

Data were extracted using a structured data-charting form that captured key study characteristics, including author, publication year, country, study design, participant group, training characteristics, reported outcomes, identified barriers, and key themes. Extracted data were synthesised using descriptive numerical mapping and narrative thematic analysis. Studies were compared according to geographical context, study design, participant characteristics, training approaches, and reported outcomes, and findings were organised into themes addressing barriers experienced by school-based non-specialist professionals, training outcomes, characteristics of training programmes, and comparisons between the UK and Australia.

2.5 Methodological Appraisal

Although methodological appraisal is not mandatory for scoping reviews, the relevant JBI critical appraisal checklists were applied according to study design to support interpretation of the evidence rather than determine study eligibility. Quality appraisal was conducted after full-text screening and data extraction, and the results were used to inform interpretation of the strength and limitations of the included evidence. No studies were excluded on the basis of methodological quality.

2.6 Ethics statement

This review only makes a secondary analysis of the published literature, which does not involve any original data collection and does not require ethical approval.

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3. Results

3.1 Search Results

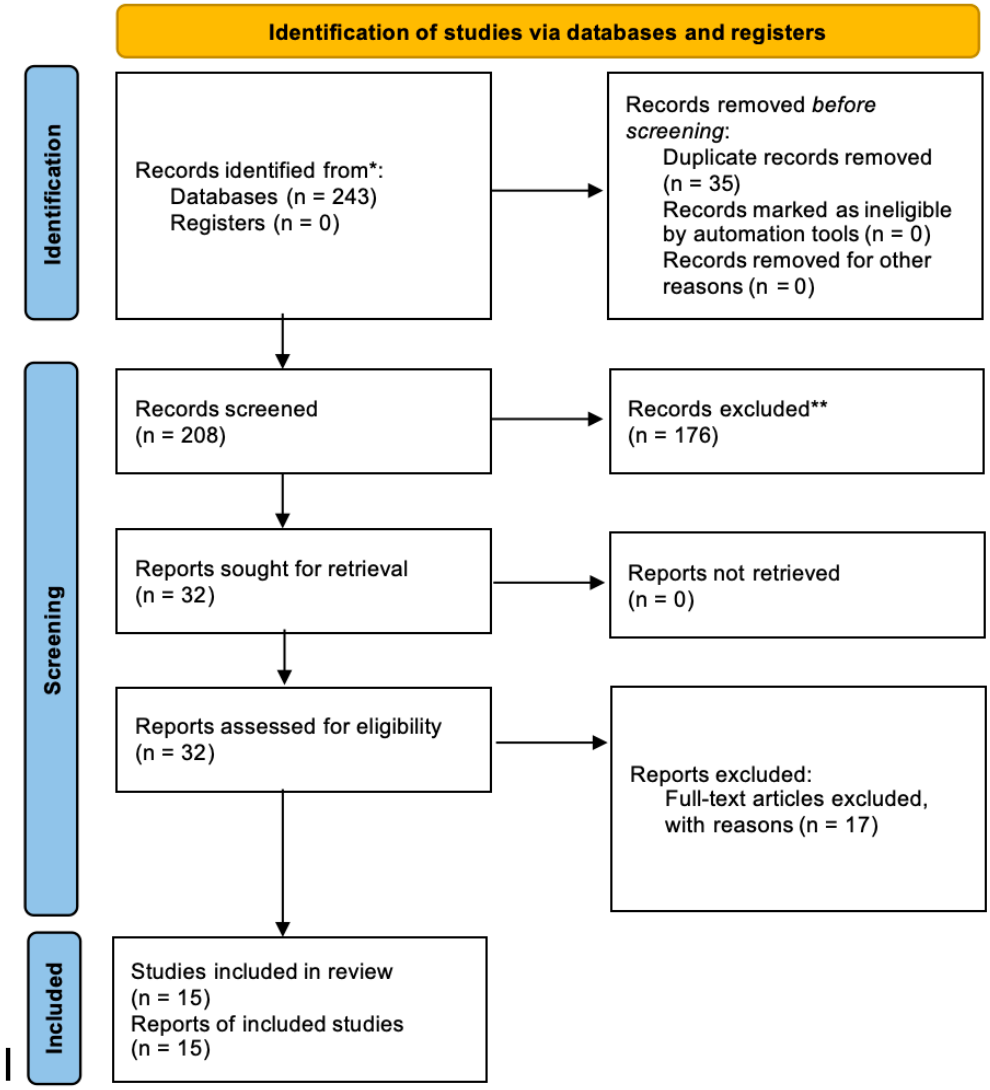

Figure 1. PRISMA-ScR flow diagram of study selection

3.2 Review Findings

The 15 included studies represented a diverse and methodologically heterogeneous evidence base. The evidence is mainly from England, with 9 items in total and 4 items from Australia. One included school samples from Australia and Canada, and one synthesised evidence from multiple countries. The evidence base was therefore uneven, with more UK-focused sources and fewer Australia-specific studies.

In terms of design, the included sources comprised three qualitative studies, one cross sectional survey, three mixed methods studies, four intervention evaluations, two training development or user testing studies, and two review based sources. Participants included teachers, pastoral staff, school welfare staff, school counsellors, school psychologists, school leaders, and other school-based staff involved in responding to self-harm among children and young people. Sample sizes ranged from 10 participants in the smallest primary study to 501 participants in the largest. Overall, UK-focused sources more commonly addressed staff experiences, barriers, training needs, and training development, while Australian studies were more strongly focused on training evaluation and outcomes.

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3.3 Experiences and barriers faced by non-specialized professionals

3.3.1 Theme 1: Lack of knowledge and confidence

A recurring theme across the included studies was that school-based non-specialist professionals often lacked the knowledge and confidence needed to respond to self-harm among children and young people. This was commonly linked to limited training opportunities, uncertainty about appropriate responses, and concerns that saying or doing the wrong thing might worsen distress or risk.

Several studies identified important gaps in staff understanding of the causes and presentations of self-harm. Colville et al. reported that both young people and school staff viewed schools as well placed to provide support, but staff knowledge remained inadequate, particularly in recognising and responding to self-harm [3]. Similarly, Berger et al. found that staff with prior education or experience of student self-injury demonstrated greater knowledge and confidence, suggesting that limited training contributed to uncertainty in practice [4].

Lack of confidence was also evident when responding to student disclosure. Colville et al. and Chan et al. found that staff often felt underprepared, worried about using inappropriate language, and feared intensifying students' distress. Survey evidence from Evans et al. further showed that only 52% of schools had provided staff training on adolescent self-harm, while only 22% rated this training as adequate.

3.3.2 Theme 2：Stigma and fear-related barriers

Stigma and fear emerged as closely related barriers to school-based responses to self-harm. Stigma primarily influenced pupils' willingness to disclose self-harm and seek support, whereas fear affected school staff's confidence in discussing and responding to self-harm.

Parker et al. identified stigma as a major barrier within schools, showing that self-harm was often characterised by avoidance, negative judgement, and exclusion from school discourse, which discouraged young people from seeking help [5]. Chan et al. found that many staff feared that directly discussing self-harm might encourage imitation or worsen students' distress, leading some to avoid explicit conversations about self-harm. Similar findings were reported in Australia, where Berger et al. found that student self-injury frequently evoked confusion and uncertainty among school staff. However, Townsend et al. demonstrated that training could improve teachers' attitudes towards self-harm, suggesting that these barriers may be modifiable .

3.3.3 Theme 3: Educational systemand institutional barriers

Findings across the included studies indicated that barriers to responding to self-harm extended beyond individual knowledge and confidence, reflecting broader educational and institutional constraints. Resource limitations, unclear school policies, insufficient training provision, and restricted access to specialist mental health support were consistently identified as key barriers.

Evans et al. reported that schools faced limited curriculum time, insufficient resources, and a predominantly reactive rather than preventive approach, while access to specialist services such as CAMHS was often restricted. Similarly, Robinson et al. highlighted the lack of dedicated training programmes for school welfare staff and emphasised the importance of integrating training with school policies, procedures, and specialist services [6]. Qualitative studies by Chan et al. and Colville et al. further showed that unclear institutional guidance left staff uncertain about their roles and responsibilities, whereas Berger et al. identified similar needs for clearer policies, additional resources, and more consistent procedures in Australian schools.

3.4 Outcomes of training programmes

3.4.1 Theme 4: Improvements in knowledge

Across intervention studies, training programmes were consistently associated with improved self-harm-related knowledge, including understanding of self-harm, risk recognition, and appropriate response strategies. Robinson et al. and Price et al. reported significant improvements in both actual and perceived knowledge following face-to-face and eLearning training programmes. Australian evidence further suggested that staff with previous experience of supporting students who self-harm demonstrated higher levels of knowledge and confidence, indicating that knowledge may be strengthened through both formal training and practical experience. Although Robinson et al. reported that knowledge gains were sustained beyond the immediate post-training period, evidence on long-term effectiveness remains limited [6].

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3.4.2 Theme 5: Improvements in confidence and skills

Across intervention studies, training programmes were associated with improvements in school staff's confidence and practice-related skills in responding to self-harm and suicidality. Robinson et al. and Townsend et al. reported post-training gains in staff confidence, including greater perceived ability to support young people who self-harm, identify students at risk, ask about suicidality, and refer students to appropriate support[7]. Townsend et al. also reported measurable improvements in practice-related skills, including recognition of risk, assessment, and response to students in distress.

3.4.3 Theme 6：Limitations of effectiveness of training

Although most studies reported improvements in knowledge, confidence, and skills following training, evidence for training effectiveness remained limited. Most outcomes were self-reported, with little evidence of sustained behavioural change, improvements in routine practice, or student-level outcomes. In addition, follow-up periods were generally short, limiting assessment of the long-term sustainability of training effects.

The evidence base was further constrained by substantial methodological heterogeneity, including variation in intervention content, delivery format, outcome measures, sample size, and follow-up procedures, which reduced comparability across studies. Several evaluations, including Robinson et al., relied primarily on self-reported outcomes rather than observed practice change.

3.5 Comparison between the UK and Australia

3.5.1 Similarities in the evidence base

The UK and Australian evidence bases showed several shared concerns. Across both contexts, school-based non-specialist professionals commonly reported limited knowledge, low confidence, uncertainty about how to respond to self-harm, and fear- or stigma-related barriers. Wider systemic constraints were also identified, including limited access to clear guidance, training, and specialist support. Despite differences in study design and focus, the evidence from both settings therefore points to similar core challenges in school-based responses to self-harm.

3.5.2 Differences in the evidence base

The UK and Australian evidence bases differed in emphasis. UK studies primarily focused on staff experiences, perceived barriers, training needs, and the development of training approaches, whereas Australian studies placed greater emphasis on evaluating training interventions. Across both contexts, training was generally associated with improvements in knowledge, confidence, and practice-related skills. However, the Australian literature provided more consistent evaluation of training outcomes, while the UK evidence remained broader and more developmental.

4. Discussion

This scoping review synthesised evidence on the challenges faced by school-based non-specialist professionals in responding to self-harm and the role of training in addressing these challenges. Across the included studies, school staff consistently reported limited knowledge, low confidence, stigma-related concerns, and institutional barriers, while training was generally associated with improvements in knowledge, confidence, and practical skills.

This review extends the existing literature by comparing the evidence bases of the UK and Australia. Although both contexts identified similar staff needs, UK studies focused primarily on staff experiences, barriers, and training development, whereas Australian studies placed greater emphasis on evaluating training outcomes. These findings suggest that training is an important component of school-based self-harm support, but its effectiveness depends on broader organisational, policy, and referral systems.

4.1 Implications for Population Health, Policy, and Practice

These findings have important implications for population health, policy, and practice. From a population health perspective, improving school staff's capacity to recognise and respond to self-harm may facilitate earlier identification, timely support, and appropriate referral for children and young people at risk. At the policy level, the findings support integrating self-harm training into school staff development while strengthening institutional guidance, referral pathways, and whole-school approaches.

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In practice, training should extend beyond awareness-raising to develop communication, risk recognition, and response skills. However, these implications should be interpreted cautiously, as current evidence is stronger for short-term improvements in knowledge and confidence than for sustained behavioural change or longer-term outcomes.

4.2 Strengths and Limitations

This review has several strengths. By adopting a scoping review design and thematic synthesis, it integrated evidence on barriers, training outcomes, and research gaps across a heterogeneous literature. The inclusion of studies from both the UK and Australia also enabled comparison of common themes and differences in the focus of the evidence base.

Several limitations should be acknowledged. The review was restricted to English-language studies and screening was conducted by a single reviewer, which may have introduced selection bias. In addition, the evidence base was heterogeneous and uneven across the UK and Australia, limiting direct comparison. Most included studies also relied on small samples, self-reported outcomes, and short follow-up periods, restricting the strength of conclusions regarding the long-term effectiveness and broader impact of training.

4.3 Implications for Future Research

Future research should respond directly to these limitations by developing a more methodologically robust and contextually comparable evidence base across the UK and Australia. Priority should be given to primary studies examining school staff experiences, training needs, and barriers to responding to self-harm across different educational settings. Longitudinal research with extended follow-up is also needed to determine whether improvements in knowledge, confidence, and skills are sustained over time. In addition, future studies should adopt more consistent evaluation designs and examine broader outcomes, including changes in staff practice, referral processes, school culture, and student help-seeking, to strengthen the evidence base and support more meaningful cross-context comparisons.

5. Conclusion

Overall, this review indicates that non-specialist school professionals face multiple barriers when responding to self-harm among children and young people, including limited knowledge, low confidence, stigma-related responses, and wider institutional constraints. Although training was consistently associated with improvements in knowledge, confidence, and practice-related skills, evidence for its long-term effectiveness remains limited. Overall, the findings highlight the importance of integrating training with broader organisational, policy, and support systems to strengthen school-based responses to self-harm.

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