

## The prevention of self-harm in adolescents

Self-harm during adolescence is unfortunately common. Community surveys indicate that around one in five children and young people have self-harmed with rates increasing following the COVID pandemic. Self-harm is an important risk factor for subsequent suicide in young people, the leading cause of death in this age group. Reducing self-harm is therefore an important public health priority although the evidence for effective interventions for adolescents who self-harm is scarce and inconclusive.

This workshop will provide an overview of the research about adolescent self-harm and will summarise the current evidence for effective interventions. A framework (harmLESS) for helping non-mental health professionals talk with young people about self-harm will be provided and ways in which carers can help their children summarised. The use of smartphone apps for adolescents who self-harm will be reviewed and their strengths and limitations identified. An overview will then be provided of a self-help app (BlueIce), developed and co-designed with young people with a lived experience of self-harm. Findings from the Beating Adolescent Self-Harm (BASH) study evaluating BlueIce with adolescents (aged 12-17) with complex mental health problems and repeated self-harm will be presented.

### Key learning objectives

- Increased awareness of adolescent self-harm and the evidence for effective interventions.
- Familiarisation with the harmLESS framework for helping non-mental health professionals talk with adolescents about self-harm.
- Enhanced ability to provide carers with practical ideas about how they can help their child
- Knowledge about the strengths and limitations of self-harm prevention apps for adolescents
- Familiarisation with the BlueIce self-harm prevention app, user views and clinical outcomes.

### References

- Bahji A, Pierce M, Wong J, Roberge JN, Ortega I, Patten S. Comparative efficacy and acceptability of psychotherapies for self-harm and suicidal behavior among children and adolescents: a systematic review and network meta-analysis. *JAMA network open*. 2021 Apr 1;4(4):e216614-.
- Greenhalgh I, Tingley J, Taylor G, Medina-Lara A, Rhodes S, Stallard P. Beating Adolescent Self-Harm (BASH): A randomised controlled trial comparing usual care versus usual care plus a smartphone self-harm prevention app (BlueIce) in young adolescents aged 12–17 who self-harm: Study protocol. *BMJ open*. 2021 Nov 1;11(11):e049859.
- Stallard P, Porter J, Grist R. A smartphone app (BlueIce) for young people who self-harm: open phase 1 pre-post trial. *JMIR mHealth and uHealth*. 2018 Jan 30;6(1):e8917.
- Witt KG, Hetrick SE, Rajaram G, Hazell P, Salisbury TL, Townsend E, Hawton K. Interventions for self-harm in children and adolescents. *Cochrane database of systematic reviews*. 2021(3).

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