DATASET SAMPLE FOR THE STUDY TITLED: A small-scale study investigating staff and student perceptions of the barriers to a preventative approach for adolescent self-harm in secondary schools in Wales - a grounded theory model of stigma.

Table 1 gives qualitative research data extract evidence samples for the main categories and sub-categories of the theoretical model of stigma that was generated by the grounded theory data analysis.

TABLE 1: The Stigma Model Main Categories – qualitative research data extract samples.

<table>
<thead>
<tr>
<th>STIGMA MODEL Main Categories</th>
<th>Research interview extract examples</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Word-tabooing</strong></td>
<td>Example 1</td>
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</tbody>
</table>
| Sub-categories of the word-tabooing behaviours included: replacement words (the use of “it”, and euphemisms); long pauses (which centred around the oblique or non-oblique word usage) and physical discomfort gestures. | Pupil 1: That’s the thing. It’s (i.e. adolescent self-harm) very awkward to talk about in, like, every sense of the word. I think that’s just been from how it’s been dressed for so long in society.... a lot more people will be like it’s less taboo to speak about it in an educated way, but it’s still awkward.  
Staff Member: Yes. If they are that low that they have chosen that way to (long pause)....you know (i.e. adolescent self-harm). I mean, I’m not saying the only reason they would do it is to get some attention. Because they are not coping.  
Pupil 2: There is like, even though more people are talking about it (i.e. adolescent self-harm) there is still negative ideas surrounding it obviously. Umm... but it’s .... it’s very difficult to talk about in school, because it is not talked about.  
Staff Member: Yes. If home is the problem that is causing (long pause)....the... the ..... cry for help (i.e. adolescent self-harm), then clearly we are not going to ring home immediately.  
Staff Member: Yes. I think if they are that low that they have chosen that way to (long pause).... you know (i.e. adolescent self-harm). I mean, I’m not saying the only reason they would do it is to get some attention. Because they are not coping. Sometimes .....erm (long pause)....I've had students that say .... it's actually almost become an addiction. Er, and they are fearful of what could happen if they took it too far. There are also some that have said “It feels nice, so if I'm not gonna do that, what can I do?”, Because they've found something that actually they've said as the blood came out that they felt a release. And they are scared of that “lovely” feeling being taken away. How can they get that from .. pinging an elastic band, or .... do you know what I mean? So it's exploring that. It is very individual I would say.  
Pupil 1. Err, there has been slight ... I wouldn't say serious, serious .... self-harm. But there has been (long pause).... people in the past have ....(long pause) done it, slightly in school.  
Pupil 3: Yes.  
Pupil 2: Yes. |
| Example 2                         | Staff Member: Yes. I think if they are that low that they have chosen that way to (long pause)....you know (i.e. adolescent self-harm). I mean, I'm not saying the only reason they would do it is to get some attention. Because they are not coping. Sometimes .....erm (long pause)....I've had students that say .... it's actually almost become an addiction. Er, and they are fearful of what could happen if they took it too far. There are also some that have said “It feels nice, so if I'm not gonna do that, what can I do?”, Because they've found something that actually they've said as the blood came out that they felt a release. And they are scared of that “lovely” feeling being taken away. How can they get that from .. pinging an elastic band, or .... do you know what I mean? So it's exploring that. It is very individual I would say. |
| Example 3                         | Staff Member: Yes. If home is the problem that is causing (long pause)....the... the ..... cry for help (i.e. adolescent self-harm), then clearly we are not going to ring home immediately. |
| Example 4                         | Staff Member: Yes. I think if they are that low that they have chosen that way to (long pause).... you know (i.e. adolescent self-harm). I mean, I’m not saying the only reason they would do it is to get some attention. Because they are not coping. Sometimes .....erm (long pause)....I’ve had students that say .... it’s actually almost become an addiction. Er, and they are fearful of what could happen if they took it too far. There are also some that have said “It feels nice, so if I’m not gonna do that, what can I do?”, Because they’ve found something that actually they’ve said as the blood came out that they felt a release. And they are scared of that “lovely” feeling being taken away. How can they get that from .. pinging an elastic band, or .... do you know what I mean? So it’s exploring that. It is very individual I would say. |
| Example 5                         | In this part of the interview, all three pupils were watching each other closely. Prior to this point, they had been looking at the researcher. Firstly P1 and then P2 each made a physical movement with their face, wrinkling up their noses. P3 copied P1 and P2 facial expressions. This appeared (from the researcher outsider view) like a group of individuals doing a group “grimace” response, starting from P1. It was very brief, and very fast. This “mirrored” physical response appeared to pass from one to another immediately, “like a wave” during the following discussion.  
Pupil 1. Err, there has been slight ... I wouldn't say serious, serious .... self-harm. But there has been (long pause).... people in the past have ....(long pause) done it, slightly in school.  
Pupil 3: Yes.  
Pupil 2: Yes. |
Pupil 1. I think it was almost more just for attention.  
Pupil 2: Yes.  
Pupil 1: Not because they were…. (long pause)  
Pupil 2: Distressed.  

### 2. Avoidance (individual)

Sub-categories of avoidance included:
- a refusal to engage with the topic;  
- keeping a physical distance (and giving reasons/excuses why);  
- excluding a person from social norms (on grounds of the behaviour and topic);  
- specialists being used to deliver care and support;  
- passivity and inaction as a response to the behaviour.

**Example 1**
Staff Member: That's why, it's (*i.e. adolescent self-harm*) not something I think ... you couldn't train every person in school to be empathetic ...when ... some teachers don't want to know anyway, and they don't see it as part of their role. I wouldn't see the point in every teacher going through training.

**Example 2**
Staff Member: It’s very difficult, because everyone is very aware of their safeguarding responsibilities. So it’s kind of running counter to that. It’s a bit of a subtle one really. I think it might come down to feeling unskilled. In kind of .... just .... you know .... what am I dealing with, and maybe feeling very apprehensive about the whole thing. And so perhaps that creates a sort of distance there. Without you wanting to distance. But .... um .... it’s just like a whole can of worms .... that really you are thinking, “Oh my God, how do I deal with this (*i.e. adolescent self-harm*), without making it a lot worse?”.

**Example 3**
Staff 1: I sometimes feel that self-harm is invisible to lots of people in school.  
Researcher: So invisible to other staff? To pupils?  
Staff 2: I don’t think to other pupils, I think to staff.  
Researcher: Why do you think that is?  
Staff 1: Um... I guess sometimes it might come down to .... perhaps.... I’m talking out of turn here .... I’m putting myself in someone else’s shoes .... to what extent they feel .... um .... (long pause).... it’s their kind of central purpose.

**Example 4**
Staff 2: Schools want a key team of trained staff to deal with teen self-harm.  
Staff 1: That's just from talking to teachers who have spotted self-harm. The ones that I've spoken to don't feel they can approach it, but they will phone me, and they say, “do you know?”. And I say, “it’s fine, they are getting support”. ... And they've said, “Oh, I didn't know that (*i.e. adolescent self-harm*) was rife in school", or something like that. And then they say “thank you for this”. Because they don't feel they can broach it with the pupil..... And I’ve said, “it’s fine, it’s ...it's (*i.e. adolescent self-harm*)being dealt with”.

**Example 5**
Pupil 2: There’s a lot of instances where someone will mention something (*i.e. adolescent self-harm*) to a teacher, and it will be completely dismissed and forgot about. So somebody’s thinking that they are waiting for help, but there is nothing going on.  
Pupil 3: And then they just kind of stop, and like that’s it.  
Researcher: And then what happens to that person who thinks that they are getting help?  
Pupil 3: Well they feel worse then they did.

### 3. A judgemental stance

Sub-categories of a judgemental stance included: the minimisation of the self-harm; negative joking (that belittled the seriousness of adolescent self-

**Example 1**
Staff Member: Because I think something we have come across, and I am sure teacher Y has too, there are two distinct groups. Isn’t there? There’s the group with genuine mental health issues, that do it (*i.e. adolescent self-harm*) to help them feel better. And then you’ve got other groups that do it, I shouldn’t say this I suppose because it’s not PC, for attention ...for attention seeking, and it’s a low level behaviour.

**Example 2**
Pupil 1: People have been told that their cases are “too extreme” (*i.e. due to adolescent self-harm*) so that they are not allowed to have school counselling.  
Pupil 2: Or, if you break down, they say, “you should see the school counsellor”. But they
say “the waiting list is too long, so I wouldn’t bother” ....

Example 3
Pupil 1: I’ve seen a lot of people joking about it (i.e. adolescent self-harm).
Pupil 2: Yes.
Pupil 1: Which makes me sick. Because obviously ... like... they don’t know.
Pupil 3: It’s people who have not gone through the experience.....
Pupil 1: It trivialises it, doesn’t it? It’s not a thing, it’s a joke now.
P2: It makes it a topic of comedy when it shouldn’t be.

Example 4
Pupil 1: There’s like a group of people who are connected by this one opinion. Like, if you do it (i.e. adolescent self-harm) , you are selfish, you are childish.
Pupil 2: Pupil 3: [yes]
Pupil 2: There is a view that it is very selfish. Like, “oh you are only thinking about yourself, how do you think it affects other people?”.

Example 5
Pupil 2: For example, if you are self-harming, they might think that you are trying to get help, but you also get their attention. They’ve noticed you … and you get grief for it behind the scenes.
Researcher : When you say “grief behind the scenes”, how do you get this?
Pupil 1: Some people are just too invested in other people, so they will ask you lots of questions. They will be just too personal. They will be invasive. They will pick it apart, and assume what they think you are going [through].
Pupil 2: [Yes]....
Pupil 1: People [judge you]. F1. [Yes, judge].

4.Exclusion (public)
The sub-categories exclusion include:
the topic is not taught in the whole-school context (self-harm is excluded from the curriculum); training is not delivered in the whole-school context for all staff (the topic of self-harm is excluded from whole school staff training); and no public information about the topic is given (this includes no signposting to help and support).

Example 1
Staff 1: I am also thinking every form of communication is of benefit ... such as the school website. (But)... Not ... not anything about self-harm ..... Researcher : Can I just unpick that a bit? Why would you not do that?
Staff 1: I think it’s knowing your audience...We know things happen. But we also feel ..
Staff 3: It’s (i.e. adolescent self-harm) not advertised in the school.
Staff 2: And also, if you put it on there, “ we help with self-harm advice”, I think lots of people would say...
Staff 1: That's like saying we have lots of people who self-harm
Staff 2: Exactly. “We have an abundance of them here, look what”
Staff 1: When actually
Staff 3: It's the wrong message.
Researcher: You are very clear, you don't want that message to be linked to the school?
Staff 3: Correct.
Researcher: Again, because we are just trying to understand it. Do you know why?
Staff 2: So just knowing our community, because we are all local people, and we know all the families. I think if you did put those words, "Self-harm advice available"...they might, you know, it might sensationalise it. It might cause ...unnecessary panic amongst parents thinking, “Oh my goodness, I didn't know they had self-harm at high school”.

Example 2
Researcher: You have done PSE education topics, you have done all about drugs. Have you done one on self-harm?
Pupil 1: Pupil 2:Pupil 3: [no]
Pupil 2: No, not explicitly about self-harm itself. There was one about bullying, but it was just a mention of “people deal with it in this way”. That’s about as far as it goes.
Pupil 3: It hardly talks about it at all.
Researcher: So nothing in detail about self-harm?
Example 3
Staff Member: There is a lack of time and adequate training (i.e. for adolescent self-harm). And at least some mental health training needs to be done at least by one member of staff, done well. I think probably a team of staff need to do that.

Example 4
Staff Member: I think it's key to have a team (i.e. to support pupils with adolescent self-harm). We are first response, they will come to us if they have an issue. However, it's still a whole school approach, isn't it? We still all need to be aware of what to look out for, and when to know when to ask for advice and support. So, I am sure we wouldn't create this, but it's still an awareness by everybody. Say Staff Member 2 is trained, but everyone still needs to know about it (i.e. adolescent self-harm), don't they? Everyone still needs to be able to recognise it.

Example 5
The pupils here are reflecting upon the experience of not gaining access to the school counsellor.
Pupil 1: I think for this case (i.e. adolescent self-harm), I don’t even think it was even brought to the counsellor. To get to the counsellor, you normally tell a teacher, and then they talk to one of the teachers who communicates with the counsellor. I think it only got as far as the communicator.
Researcher: So they didn’t make a referral to the counsellor at that point?
Pupil 1: No. I went to the GP, but nothing happened....
Pupil 2: I find it personally that it can knock you down if you do go to someone for advice and they are like, “No, I can’t help you”.
Pupil 3: Yes.
Pupil 2: And I feel that they should advise you to go elsewhere, even if it’s a phone number you can call.
Researcher: Why do you think they say they can’t help you?
Pupil 2: I don’t think they have the correct qualifications, or practice to work in certain cases.

5. Fear and/or danger beliefs
Sub-categories include: adolescent self-harm being a dangerous topic that cannot be taught in schools; stigma fear (an individual’s fear of the associated stigma which surrounds the topic); panic response (the topic and behaviour evokes an overwhelming fear); and complexity fear (the fear of the potential...
really deep water”

Example 3
Staff Member: That feeling that there’s the potential for a lot of harm to be done if the situation (i.e. adolescent self-harm) isn’t handled in a sort of skilled, knowledgeable, confident way. I think that can go for staff as well. Apprehension. What’s the best way of supporting this person.

Example 4
Staff Member: Another thing I feel that is a barrier for school is that … um … a few key people perhaps have had adequate training (i.e. in adolescent self-harm), but a huge amount of people haven’t. So I think really, that is something else. I think as well …. that those persons have to be a certain “type” of people …. um …. I don’t know what the qualities are …. but it has to be somebody who …. is knowledgeable and calm. And perhaps …. I suppose this would come with the training …. it’s not, “Oh my God, I’ve got to DO something!”. But we do have to do something about it (i.e. adolescent self-harm).

Example 5
Pupil: It used to be, “don’t talk about it”, for example, like homophobia. With people who were gay, like quite a few, when my mum was younger, if someone was gay, they would try and hide it because people were like, “Oh if you are talking about sexuality and being gay, then more people are just going to become gay”. They were really horrible about it. And that sort of applies to this (i.e. adolescent self-harm) I think.

n.b. 1 = the bracketed term (i.e adolescent self-harm) is the author’s note, for clarity of meaning within these sample extracts. Not all instances of this have been completed (as this would be extensive at times).

n.b. 2 = “staff”, “staff member” and “pupil” are generic descriptive terms.