Helping university students who self-harm: can digital technology offer an acceptable and effective option?

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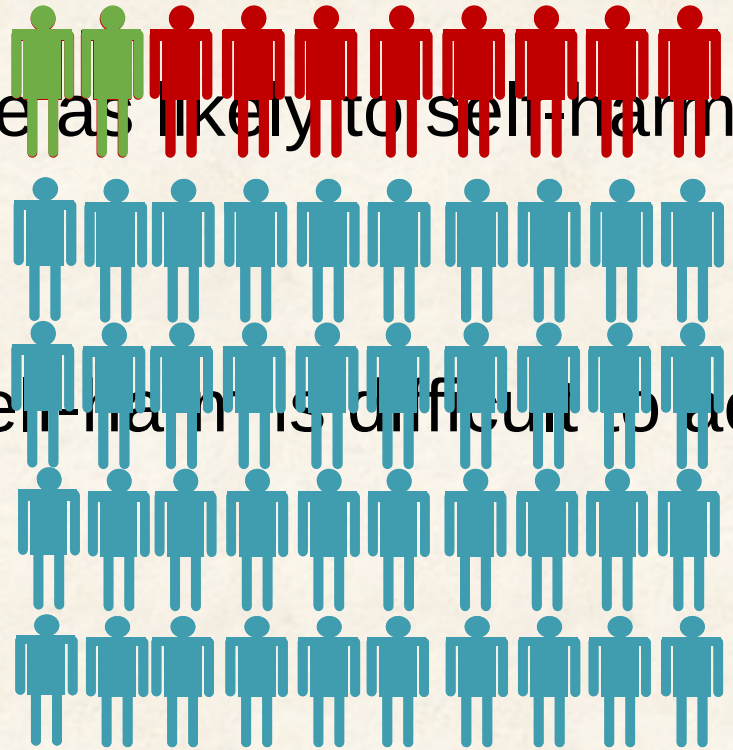
Outline

- Brief background
- Students’ perceptions of support for self-harm
- Evaluation of a self-help smartphone app

Background

- Students twice as likely to self-harm than age-matched non-students

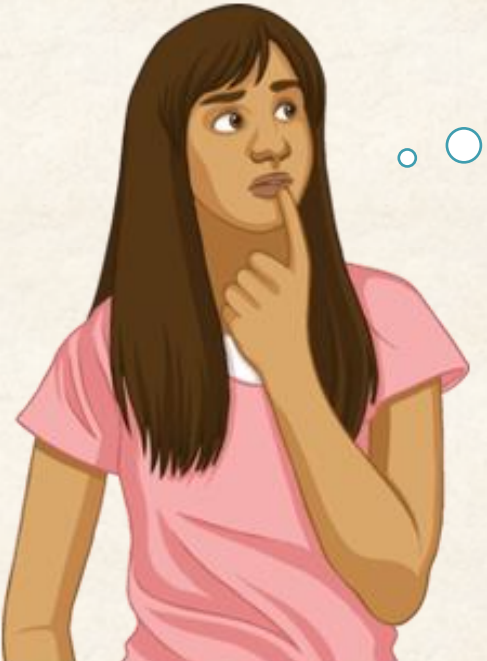


19%

- Support for self-harm is difficult to access

Face to face support isn't for everyone

University services can be hard to access



99% of students own a smartphone

Apps are effective and appealing

University students' experiences and perceptions of interventions for self-harm

- Semi-structured interviews with 25 students
- Mostly white, undergraduate women aged around 20, around half were heterosexual.
- High rates of mental health symptomatology within the sample

Understanding self-harm

Self-harm is private and secretive

Self-harm is a 'symptom'

"I don't think that self-harm is the problem, I understand it's **a** *problem but it's not* **the** *problem, there's always a reason that it happens"*

Function of self-harm

A way of coping

A protective factor

"an alternative to doing something worse"

Barriers to seeking support

Self-harm is hard to talk about

Negative response from others

Impact on others

"I was ok talking about suicidal thoughts and things but not to admit that I was self-harming, I actually felt quite guilty, so I think it's quite a hard thing to directly reach out about."

"I find that (self-harm) the hardest thing to talk about. I mean they (family and friends) know about mental health issues that I have, but never to that extent…I feel a lot of guilt to admit that I'm physically hurting myself, I can't do that to people I care about."

Issues of access

"taking up time that could be used on people who might need it more."

Preferences in support for self-harm

Function of support

Treating the 'cause'

Learning other ways to cope

Willingness to seek support

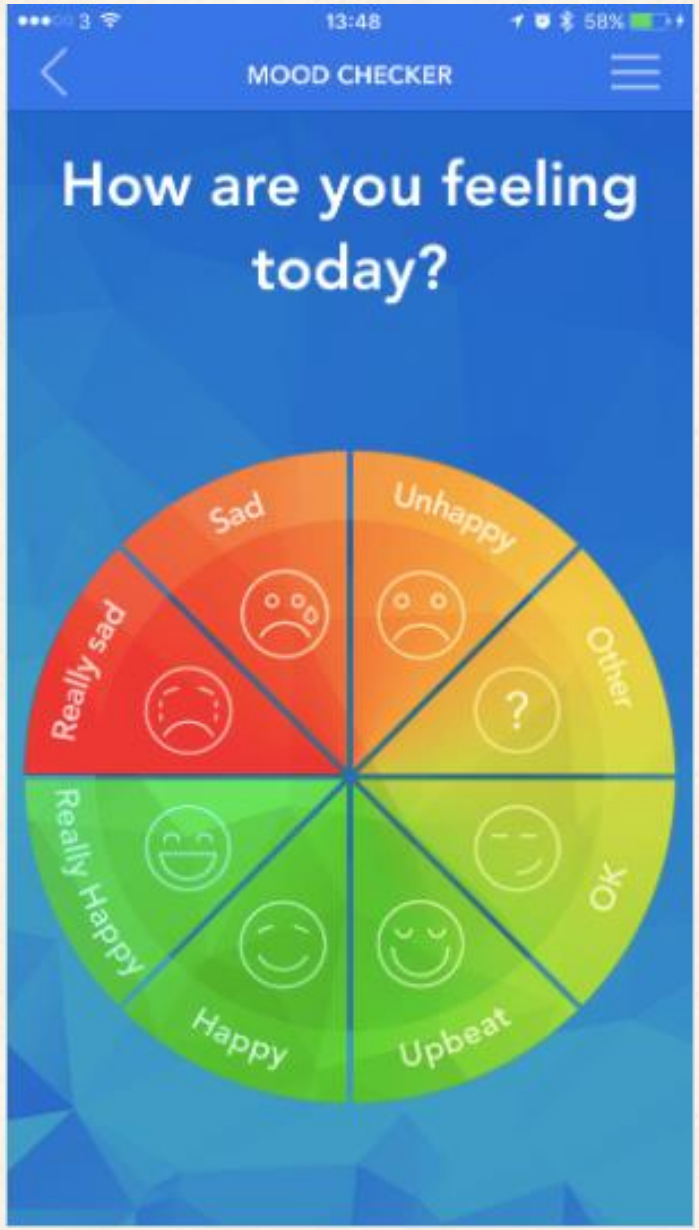
Varied preferences for professional/ informal / online support

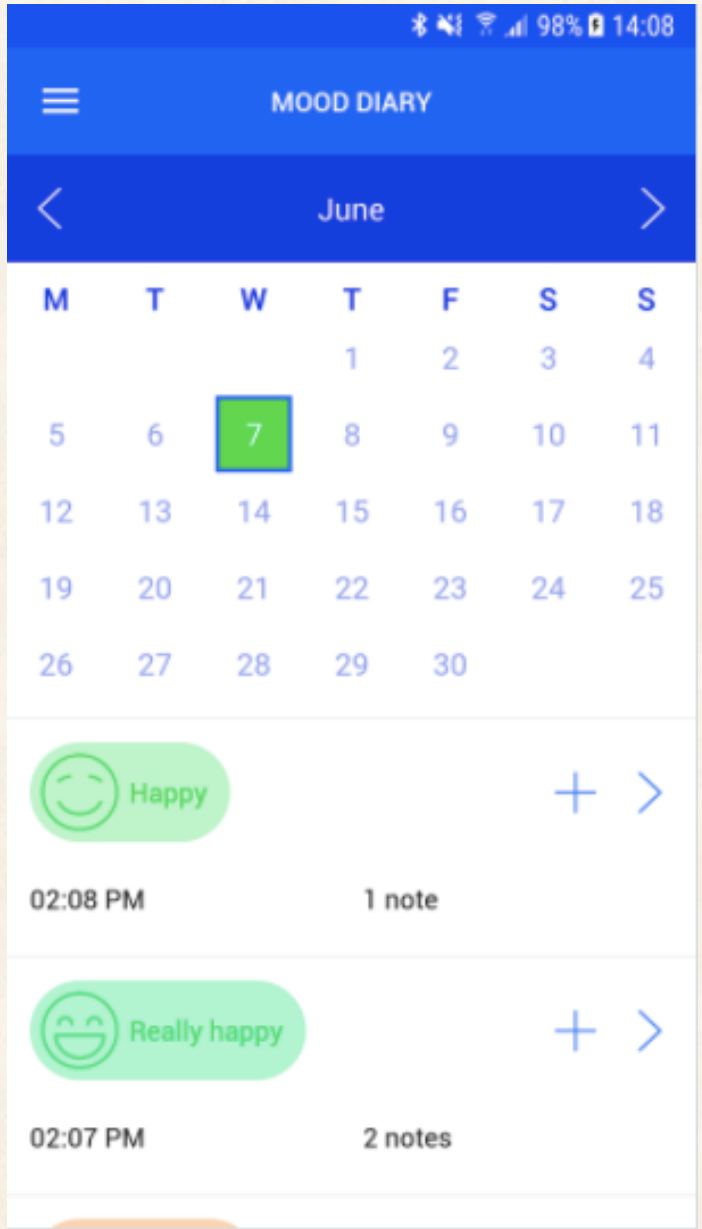
"just relying on instances of self-harm is not the full picture … if the feelings behind it that trigger self-harm, if that's like, feeling worthless, if that person is still not valuing their body or their self, then the core kind of, underlying the behaviour hasn't changed at all, so then it's quite likely that that person has just switched that behaviour into something else

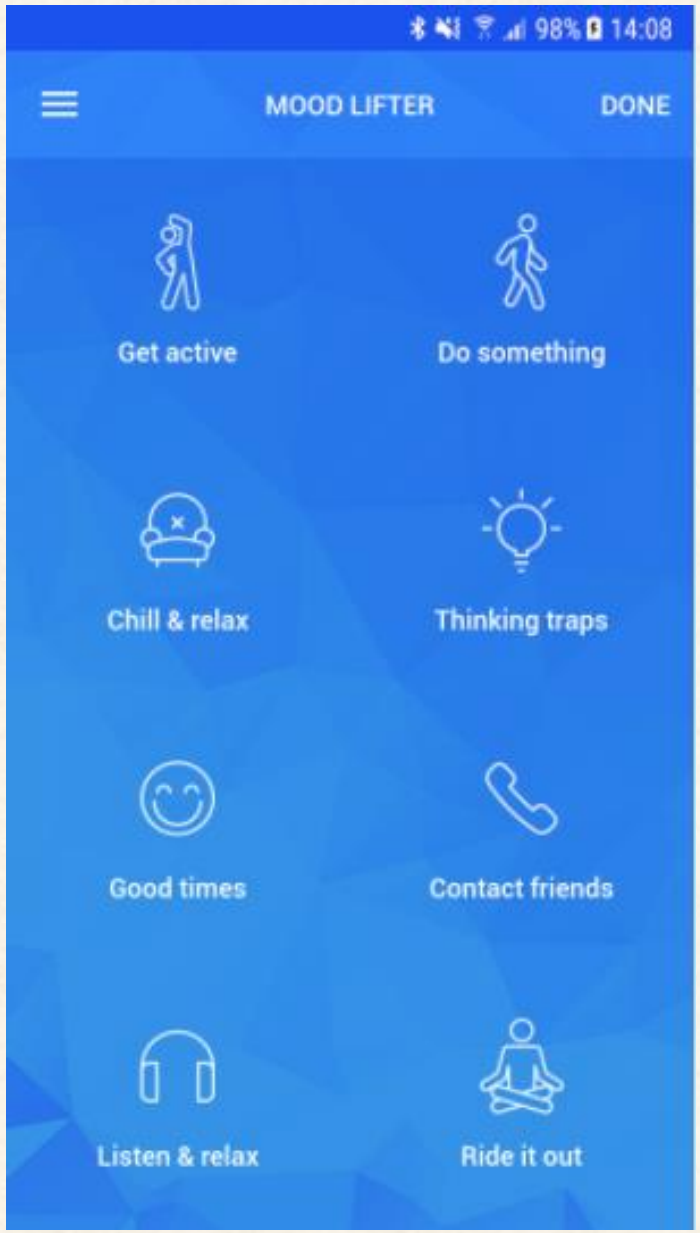
"there are things you can say online that you won't say in person"

BlueIce

- **Evidence** based
  - Improved self-harm
  - Improved anxiety & depression
- Appealing, easy to use and helpful
- Based on **CBT** & **DBT** principles
- **Co-produced** with users


13:48
58%
MOOD CHECKER
How are you feeling today?
Sad
Unhappy
Really sad
Other
Really Happy
Happy
Upbeat
OK


98% 14:08
MOOD DIARY
June
M T W T F S S
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30
Happy
02:08 PM
1 note
Really happy
02:07 PM
2 notes


98% 14:08
MOOD LIFTER
DONE
Get active
Do something
Chill & relax
Thinking traps
Good times
Contact friends
Listen & relax
Ride it out

An open study to explore the acceptability, and safety of a smartphone application for university students who self-harm.

- BlueIce used alongside TAU by 15 students
- Mostly white, undergraduate women aged around 20, around half were heterosexual.
- High rates of mental health symptomatology within the sample

Perception of BlueIce

- ✓ Met all treatment goals
- ✓ Convenient, accessible, **safe**
- ✓ Helpful for anxiety, stress etc. as well as self-harm
- ✗ Some students wanted more and preferred in-person support

“I think it’s great, the app’s great, the whole idea is great, the fact that those are things that I’ve seen in therapy and that are there in clear format and can be used by everyone and that nobody has access to unless they’ve been through the mental health system is what we need for everyone.”

The Implementation and Evaluation of a Smartphone app for University Students who Self-harm

- BlueIce implemented in general university population
- N=27
  - Visited download platform n = 175
  - Baseline n = 80
- Mostly white, undergraduate women aged around 20, less than half were heterosexual

Scale	Pre-BlueIce M (SD)	Post-BlueIce M (SD)	T-test
GAD 2 (anxiety)	5.35 (1.77)	4.38 (1.88)	$t(25)= 2.31, p = .030, d = .44$
PHQ 2 (depression)	5.27 (1.76)	4.38 (1.47)	$t(25)= 2.58, p = .016, d = .49$
ABUSI (self-harm urges)	1.80 (1.29)	1.28 (1.31)	$t(24)= 2.98, p = .006, d = .58$
Coping self-efficacy	4.68 (1.82)	5.80 (1.61)	$t(24)= -3.13, p = .005, d = .61$
Reappraisal coping style	4.08 (2.04)	5.36 (2.23)	$t(24)= -3.53, p = .002, d = .69$

Summary

- ✓ Students face barriers in accessing support
- ✓ They have clear ideas about what they want for support – let's listen to them!
- ✓ Apps can be an appealing and feasible option for support
- ✓ BlueIce was helpful and impactful in relation to meaningful outcomes

Thank you for listening!

- **BlueIce:** https://www.oxfordhealth.nhs.uk/blueice/
- Cliffe, B., Stokes, Z., Stallard, P. (2022). The Acceptability of a Smartphone App (BlueIce) for University Students Who Self-harm. Archives of Suicide Research 0, 1–17. https://doi.org/10.1080/13811118.2021.2022552
- Cliffe, B., Stallard, P. (2022). University students' experiences and perceptions of interventions for self-harm. Journal of Youth Studies 0, 1–15. https://doi.org/10.1080/13676261.2022.2033187
- Cliffe, B., & Stallard, P. (2023). Evaluating a Smartphone App for University Students Who Self-Harm. Education Sciences, 13(4), Article 4. https://doi.org/10.3390/educsci13040394

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