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Development and Preliminary Psychometric Evaluation of a Non-Suicidal Self-Injury Needs Analysis Instrument for 12-Year-Old Pupils in Kedah, Malaysia

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Abstract

This study aimed to conduct a need analysis for the development of the MIND–SET Intervention Module for pupils with non-suicidal self-injury (NSSI) concerns. A quantitative survey design was employed involving 141 school guidance and counselling teachers from Kedah, Malaysia. The needs analysis instrument was developed based on literature related to NSSI, Motivational Interviewing, and Rational Emotive Behavior Therapy. Data were analysed using descriptive statistics, reliability analysis, and Exploratory Factor Analysis (EFA). The findings showed that 58.2% of respondents reported the presence of NSSI-related cases among pupils in their schools. The overall instrument demonstrated excellent internal consistency, with a Cronbach's Alpha value of .872. The EFA supported a two-factor structure, namely Psychological and Behavioural Risk among Pupils, and Need for Intervention and Change Support. Both factors showed good reliability. These findings indicate a clear need for a structured school-based intervention module to support early identification and psychosocial intervention for pupils with NSSI concerns.

INTRODUCTION

The landscape of global child mental health has increasingly shifted toward the prioritisation of psychological well-being, emotional resilience, early prevention, and supportive school environments. Within this broader concern, non-suicidal self-injury (NSSI), defined as the deliberate destruction of one's own body tissue without suicidal intent (Nock & Favazza, 2009), has emerged as a significant public health issue among young people (Villodas et al., 2024). If not addressed early, NSSI may further affect psychosocial functioning (Wang et al., 2025; Ren et al., 2025) and increase the risk of suicidal ideation (Shi et al., 2025; Turner et al., 2025; Whitlock et al., 2013). Although NSSI has traditionally been viewed as a concern mainly affecting adolescents, recent empirical evidence suggests that this behaviour may begin much earlier, particularly during late childhood.

Several studies have shown that the onset of NSSI can occur before adolescence. Westers (2023) reported that at least one in 16 children aged 12 years and below had engaged in NSSI at some point in their lives. Similarly, Barrocas et al. (2012) found that children as young as seven years old had shown involvement in NSSI. More recently, Wiggin et al. (2025), through a scoping review of 42 studies, reported that the age of NSSI onset ranged from 9 to 18 years, with most studies identifying the mean onset age between 12 and 14 years. Consistent with Lurigio et al. (2024), who stated that the average age of NSSI onset is between 12 and 15 years, although some individuals begin before the age of 12. Early onset is particularly concerning because it has been associated with more serious and persistent patterns of self-injurious behaviour.

In Malaysia, mental health research reflects a significant age-based gap in the study of NSSI phenomenon. Although several local studies have documented the prevalence of NSSI among adolescents and specific youth populations, including LGBT+ individuals (Thangeswary et al., 2024; Anish Yusrie et al., 2022; Liow et al., 2024), limited empirical attention has been given to primary school

pupils, particularly those aged 12 years. This represents an important research gap because 12-year-old pupils are at a critical developmental transition, as they are preparing to move from primary to secondary education while experiencing rapid emotional, cognitive, and social changes (Malik, F., & Marwaha, 2022). From Erikson's psychosocial perspective, this period reflects a transition from industry versus inferiority toward identity versus role confusion, making pupils more sensitive to issues of self-worth, peer acceptance, emotional regulation, and coping (Erikson, 1968; Sugimura et al., 2023).

This developmental vulnerability may be further intensified by the post-pandemic digital environment. The increased use of digital devices, social media, and online platforms has exposed children to severe mental health challenges (Felix & Green, 2025; Masri-Zada et al., 2025). For pupils whose emotional regulation and self-identity are still developing, these experiences may contribute to psychological distress and maladaptive coping behaviours, including NSSI-related concerns (Robinson et al., 2024; Wolf et al., 2019). Therefore, early identification and school-based intervention are essential to address such risks before they become more severe.

School-based mental health interventions are increasingly recognised as an important approach to supporting pupils who may have limited access to mental health services outside the school setting. Schools provide a structured and accessible environment for early identification, prevention, and intervention. Existing studies suggest that targeted school-based interventions can produce positive outcomes for pupils with mental health needs (Baharuddin et al., 2025; Richter et al., 2022; Foulkes & Stapley, 2022; Mackenzie & Williams, 2018). This need is further supported by Cortina et al. (2021), who found that 93% of respondents aged 11 to 19 believed that mental well-being should be taught in schools.

In Malaysian education system, school guidance and counselling teachers play a central role as gatekeepers and early responders to pupils' mental health and psychosocial concerns (Tengku Mohd et al.,2023; Alexander et al., 2022). Within this setting, they are well positioned to identify pupils who show early signs of emotional distress, anxiety, depression, or other psychosocial difficulties. Existing school-based initiatives, such as mental health screening programmes, can further support counsellors in identifying at-risk pupils and planning appropriate interventions. Furthermore, mental health initiatives in schools may help reduce stigma by normalising conversations about emotional well-being and help-seeking (Lee et al., 2023). This is important because mental health stigma in Malaysia is still shaped by cultural barriers, limited awareness, and family-level perceptions, which may discourage early help-seeking and delay appropriate support for children with mental health concerns (Zubairi & Badzis, 2025).

This study is theoretically grounded in the Sidek Module Development Model (Noah & Ahmad, 2005), which emphasises that the development of an effective intervention module should begin with a systematic needs analysis. The Sidek Module Development Model has been widely used in developing various intervention modules, including modules for depression, stress, irrational beliefs, healthy lifestyle, self-concept, self-esteem, and psychological well-being across different target groups (Aga Mohd Jaladin et al., 2023; Ishak et al., 2022; Madihie & Noah, 2013; Mahfar et al., 2019; Said et al., 2017;

Zaiden & Mahfar, 2023). These studies support the relevance of the model as a systematic framework for module development and highlight the importance of needs analysis in ensuring that module content matches the needs of the target population.

In this study, the needs analysis served as the foundational phase to ensure that the content, objectives, and activities of the proposed MIND–SET Intervention Module are aligned with the actual needs of 12-year-old pupils with NSSI-related concerns. Complementing this, McKillip's Discrepancy Model (1987) provides an analytical framework for identifying the gap between the current condition in schools, namely the presence of NSSI-related concerns, emotional dysregulation, and low readiness to change, and the desired condition, which is the availability of a structured, theory-based, and school-based intervention module.

The integration of these two models strengthens the rationale for conducting a needs analysis before module development. Sidek Module Development Model provides a systematic process for module construction, and the McKillip's Discrepancy Model helps determine whether a real gap exists between pupils' psychosocial needs and the current support available in schools. In this context, the needs analysis is not merely a preliminary procedure, but an essential empirical foundation for developing a module that is relevant, feasible, and theoretically grounded. It also informs the integration of Motivational Interviewing (MI) and Rational Emotive Behavior Therapy (REBT) in the MIND–SET Intervention Module to address emotional difficulties, irrational beliefs, and ambivalence toward change among pupils with NSSI-related concerns.

In Malaysian primary school context, there remains a lack of culturally suitable and psychometrically validated instruments designed for this purpose. Without such an instrument, intervention modules may be developed based on assumptions rather than empirical evidence. Therefore, the primary aim of this study was to develop and empirically validate a needs analysis instrument focusing on NSSI-related concerns and emotional well-being among 12-year-old pupils in Kedah, Malaysia. Specifically, the study examined the underlying factor structure of the instrument using Exploratory Factor Analysis (EFA) and assessed its internal consistency reliability. The findings are expected to provide an empirical basis for identifying pupils' psychosocial and intervention-related needs, thereby informing the future development of the MIND–SET Intervention Module.

Research Question

This study was guided by three research questions: (1) What is the perceived need for developing the MIND–SET Intervention Module to address NSSI concerns among 12-year-old pupils in Kedah, Malaysia? (2) What is the underlying factor structure of the NSSI Needs Analysis Instrument based on Exploratory Factor Analysis? and (3) Is there a significant association between school context and the reported presence of NSSI-related cases among 12-year-old pupils in Kedah, Malaysia?

METHOD

Research Design

This study employed a quantitative survey design to identify the need for developing the MIND–SET Intervention Module. The study focused on examining respondents' perceptions of NSSI-related concerns among pupils, psychological and behavioural risks, and the need for structured intervention and change support. This design was considered appropriate because the study aimed to obtain numerical data that could describe the level of need and examine the psychometric properties of the need analysis instrument.

Respondent

The target population of this study consisted of primary school guidance and counselling teachers serving in government primary schools in Kedah, Malaysia. Based on data from the Kedah State Guidance and Counselling Teachers Council, the population consisted of 216 primary school guidance and counselling teachers. Based on the Krejcie and Morgan recommended sample size for this population is approximately 136 to 140 respondents (Ahmad & Halim, 2017). Since this study obtained 141 valid responses, the sample size was considered adequate for the needs analysis and preliminary psychometric examination of the instrument.

The respondents consisted of 141 primary school guidance and counselling teachers who participated in the need analysis study. They were selected using purposive sampling because they were directly involved in supporting pupils' emotional, psychosocial, and behavioural development in schools.

Instrument

The instrument used in this study was the Need Analysis: MIND–SET Intervention Module questionnaire, which was developed by the researcher. The instrument was designed to identify the perceived need for a structured school-based intervention module for pupils with NSSI-related concerns. Its development was guided by literature on NSSI, Motivational Interviewing (MI), and Rational Emotive Behavior Therapy (REBT). These three domains were selected because the proposed MIND–SET Intervention Module aims to address self-injury behaviour, readiness to change, and emotional dysregulation among pupils. The initial structure and item distribution of the instrument are presented in Table 1.

The first domain focused on NSSI-related concerns. Items in this domain were developed based on literature indicating that NSSI is often associated with emotional distress, poor coping strategies, repeated self-injury behaviour, and the need for structured intervention (Bradley et al., 2025). The second domain was based on MI. MI was included because pupils with self-injury concerns may experience low motivation, ambivalence, and difficulty making behavioural changes (Gray et al., 2023). The third domain was based on REBT. REBT was included because emotional dysregulation, irrational beliefs, and low frustration tolerance are commonly linked to maladaptive coping behaviours (King et al., 2024; Turner, 2016).

The instrument consisted of three sections. Section A is a demographic information, including gender and school context. Section B included an item asking whether there were 12-year-old pupils in the school who had been identified as having self-injury-related concerns. Section C consisted of Likert-scale items related to the need for intervention. The items were rated using a five-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree.

The instrument was developed by utilizing a deductive approach was employed to generate the initial items based on established literature and theoretical domains related to non-suicidal self-injury, Motivational Interviewing, and Rational Emotive Behavior Therapy. This approach is consistent with Fraser's (1998) emphasis on the development and validation of educational questionnaires that are economical, valid, and applicable for assessing participants' perceptions.

The three stages consisted of: (1) literature review to identify key domains and themes; (2) item generation based on the identified domains; and (3) refinement of items to ensure clarity, relevance, and suitability for school guidance and counselling teachers.

The instrument was originally developed in Malay because the respondents were Malaysian school guidance and counselling teachers. For the purpose of this English manuscript, the item descriptions were translated into English. However, the original Malay version was used during data collection to ensure that the items were linguistically suitable and easily understood by the respondents.

Data Analysis

Data were analysed using IBM SPSS Statistics. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to describe the demographic profile, the presence of NSSI cases, and the level of need based on the extracted factors. A chi-square test of independence was conducted to examine the association between school context and the presence of NSSI cases. Reliability analysis was conducted using Cronbach's Alpha to determine the internal consistency of the instrument. Exploratory Factor Analysis (EFA) was then performed to identify the empirical structure of the instrument. Principal Axis Factoring was used as the extraction method, and Direct Oblimin rotation was applied because the factors were expected to be related. Factor loadings of .40 and above were retained as the minimum criterion for item interpretation.

RESULT

Table 2 presents the demographic profile of the respondents and the reported presence of NSSI-related cases among 12-year-old pupils. The respondents consisted of 141 primary school guidance and counselling teachers. In terms of gender, 30 respondents (21.3%) were male and 111 respondents (78.7%) were female. Regarding school location, 91 respondents (64.5%) were from urban schools, while 50 respondents (35.5%) were from rural schools. In addition, 82 respondents (58.2%) reported the presence of NSSI-related cases among 12-year-old pupils in their schools, whereas 59 respondents (41.8%) reported no such cases. This finding indicates that more than half of the respondents

acknowledged the presence of NSSI-related concerns in their school context. A chi-square test of independence showed no significant association between school location and reported NSSI-related cases, $\chi^2(1, N = 141) = 1.206$, $p = .272$. This indicates that NSSI-related concerns were reported across both urban and rural school contexts.

Table 2

Demographic Profile of Respondents and Reported NSSI-Related Cases

Table 3

Reliability and Factorability of the Needs Analysis Instrument

Table 3 presents the reliability and factorability results of the needs analysis instrument. The reliability analysis was conducted to examine the internal consistency of the 12-item instrument prior to conducting EFA. The results showed that the instrument had good internal consistency, with a Cronbach's alpha value of .872. The Cronbach's alpha based on standardized items was .889, which further supported the reliability of the instrument.

The inter-item correlation matrix showed that most items were positively correlated with one another. However, several weak and negative correlations were observed involving NSSI 1, particularly its correlations with NSSI 3, MI 1, MI 2, REBT 2, and REBT 3. This suggests that NSSI 1 may need further examination during item-total analysis and factor analysis. Nevertheless, the overall reliability value remained good, indicating that the instrument was sufficiently reliable for further analysis.

EFA was conducted to identify the underlying factor structure of the needs analysis instrument. Prior to the EFA, the suitability of the data was assessed using the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. As shown in Table 7, the KMO value was .852, indicating good sampling adequacy. Bartlett's Test of Sphericity was significant, $\chi^2(66) = 944.575$, $p < .001$, suggesting that the correlation matrix was factorable. Therefore, the data were considered suitable for EFA.

The anti-image correlation matrix was examined to assess the Measure of Sampling Adequacy (MSA) for each item. The results showed that all items had MSA values above the minimum recommended threshold of .50, ranging from .611 to .950. The lowest MSA value was observed for NSSI 1 (.611), but this value remained acceptable. Therefore, no item was removed at this stage, and all 12 items were retained for EFA.

The extraction communalities ranged from .203 to .753. Most items showed acceptable communalities above .30, indicating that they were adequately represented by the extracted factor solution. However, NSSI 1 showed a low communality value of .203 and was therefore examined further in the rotated factor matrix.

Table 4

Exploratory Factor Analysis and Reliability Results for the Two-Factor Structure

Table 4 presents the EFA and reliability results for the two-factor structure. Analysis shows two factors recorded eigenvalues greater than 1.00. The first factor had an eigenvalue of 5.635 and explained 46.957% of the variance, while the second factor had an eigenvalue of 1.804 and explained 15.034% of the variance. Together, both factors accounted for 61.991% of the total variance. After extraction, the two-factor solution explained 55.049% of the total variance, with Factor 1 contributing 43.527% and Factor 2 contributing 11.522%. These findings supported the retention of a two-factor structure for the instrument.

Principal Axis Factoring with Direct Oblimin rotation was conducted to examine the underlying factor structure of the 12-item instrument. The analysis produced a two-factor solution. As shown in Table 9, all items demonstrated factor loadings above the recommended minimum value of .40, ranging from .410 to .900. Factor 1 consisted of seven items, namely MI 1, NSSI 3, REBT 3, NSSI 2, MI 2, REBT 2, and REBT 1, with factor loadings ranging from .611 to .900. Factor 2 consisted of five items, namely MI 3, MI 4, REBT 4, NSSI 1, and NSSI 4, with factor loadings ranging from .410 to .835. Therefore, all 12 items were retained. Factor 1 was named Psychological and Behavioural Risk among Pupils because the items loaded under this factor reflected pupils' psychosocial concerns, emotional difficulties, maladaptive behavioural indicators, and the perceived need to identify risk-related issues associated with NSSI. However, factor 2 was named Need for Intervention and Change Support reflected the need for structured support, readiness for change, emotional management, rational thinking, and school-based intervention support.

The Factor Correlation Matrix showed a positive correlation between Factor 1 and Factor 2, r = .333. This indicates that Psychological and Behavioural Risk among Pupils was moderately associated with the Need for Intervention and Change Support. The finding also supports the use of Direct Oblimin rotation, as the two extracted factors were related rather than completely independent.

The two factors were named based on the conceptual meaning of the items with strong factor loadings. Factor 1, Psychological and Behavioural Risk among Pupils, showed excellent internal consistency, with Cronbach's alpha of .890. The corrected item-total correlations ranged from .648 to .799, and the alpha values if item deleted were lower than the overall alpha value. Therefore, all seven items were retained. Factor 2, Need for Intervention and Change Support, showed acceptable internal consistency, with Cronbach's alpha of .756. The corrected item-total correlations ranged from .351 to .672, indicating that all five items met the minimum acceptable criterion. Although deleting NSSI 1 would increase the alpha value to .814, the item was retained because its item-total correlation and factor loading were acceptable. Therefore, all five items were retained.

DISCUSSION

The primary objective of this study was to develop and empirically validate a needs analysis instrument focusing on NSSI-related concerns and emotional well-being among 12-year-old pupils in Kedah, Malaysia. The findings demonstrate that the instrument has strong psychometric properties, as reflected in its high internal consistency and clear two-factor structure. These results provide an empirical foundation for identifying the psychosocial and intervention needs of 12-year-old pupils in Kedah, Malaysia.

The overall Cronbach's Alpha value of .872 indicates that the instrument has excellent reliability in measuring the intended constructs. This suggests that the items are consistent, stable, and suitable for use (Souza et al., 2007; Kimberlin & Winterstein, 2008). Researchers also measured reliability according to the extracted factors. Factor 1, Psychological and Behavioural Risk among Pupils, demonstrated excellent internal consistency, while Factor 2, Need for Intervention and Change Support, showed acceptable internal consistency. Although NSSI 1 showed a relatively lower item-total correlation, it was retained because item retention in multidimensional psychosocial measures should consider both statistical adequacy and conceptual relevance (Lotzin et al., 2022).

EFA, which is recognised as an important source of validity evidence in instrument development (Indu et al., 2025; Knekta et al., 2019), further supported the construct validity of the instrument by identifying two distinct factors: Psychological and Behavioural Risk among Pupils, and Need for Intervention and Change Support (Schreiber, 2021). Together, these two factors explained 55.049% of the total variance, indicating that the instrument captures the multidimensional nature of pupils' psychosocial and intervention needs (Tabachnick & Fidell, 2019).

The moderate positive correlation between the two factors, indicates that they are related but represent distinct dimensions (Cohen, 1988). This finding is theoretically meaningful because pupils who show psychological and behavioural risk may also require intervention support, but these two areas should not be treated as the same construct. Psychological risk reflects the presence of emotional distress, irrational thinking, low frustration tolerance, and behavioural vulnerability, which are closely aligned with the core assumptions of REBT (King et al., 2024; Ellis & Rovira, 2015). In contrast, intervention support reflects the need for structured guidance, readiness to change, and counselling-based support, which are consistent with the principles of MI (Miller, 2023; Bischof et al., 2021). Therefore, both factors should be measured separately to ensure a more accurate and comprehensive understanding of pupils' psychosocial and intervention needs.

A critical finding of this study is that 58.2% of school counsellor reported the existence of NSSI-related cases among 12-year-old pupils. This finding is important because previous Malaysian studies have mainly focused on adolescents in secondary school settings. The present finding provides empirical evidence that NSSI-related concerns may emerge earlier, particularly during the transition from late childhood to early adolescence (Wiggin et al.,2025; Wester, 2023). The finding revealed that early adolescence is a critical developmental window for preventive mental health intervention (McGovern et al., 2024).

Furthermore, the Chi-square test revealed no significant association between school context and the presence of NSSI-related cases. This finding indicates that NSSI-related concerns are not confined to either urban or rural schools, but may occur across different educational settings. Such a pattern suggests that geographical location alone may not sufficiently explain pupils' vulnerability to NSSI-related concerns. Rather, NSSI appears to be more closely associated with psychosocial stressors, emotional distress, and maladaptive coping processes. This finding is consistent with Gao et al. (2020), who found that stressful life events had a longitudinal effect on NSSI among Chinese rural-to-urban migrant children, with depressive symptoms mediating this relationship among females.

In addition, the absence of a significant urban and rural difference in the present study suggests that pupils in rural schools may be just as vulnerable to emotional dysregulation, psychosocial distress, and maladaptive coping as their peers in urban schools. This is consistent with Jiang et al. (2024), who reported a high prevalence of NSSI among rural Chinese children and adolescents, with 38.3% of participants reporting NSSI. Taken together, these findings reinforce the view that NSSI-related concerns should be understood as a broader school-based mental health issue rather than a problem limited to specific geographical locations. Therefore, intervention efforts should not be restricted to selected school contexts, but should be embedded within a wider, structured, and preventive school-based mental health support strategy.

Overall, the findings strengthen the rationale for developing the MIND–SET Intervention Module as a structured, developmentally appropriate, and school-based intervention. Thus, the instrument provides both empirical and theoretical support for the future development of the MIND–SET Intervention Module.

Theoretical and Practical Implications

The findings provides an important theoretical implications for understanding NSSI-related concerns among primary school pupils. The first factor, Psychological and Behavioural Risk among Pupils, shows that NSSI-related concerns are closely linked to pupils' emotional, cognitive, and behavioural difficulties. At the age of 12, pupils are moving from late childhood into early adolescence. During this stage, they may face emotional changes, challenges in self-concept, peer pressure, and preparation for the transition from primary to secondary school. From Erikson's psychosocial perspective, this developmental stage may increase pupils' vulnerability to emotional distress and maladaptive coping behaviours (Orenstein & kaur, 2026; Marcia, 2020). Therefore, this factor supports the need to understand NSSI not only as a behavioural issue, but also as a psychosocial concern related to pupils' developmental needs.

The second factor, Need for Intervention and Change Support, strengthens the theoretical foundation for integrating MI into the MIND–SET Intervention Module. This factor reflects the need for structured support to help pupils build awareness, increase readiness for change, manage emotions, and move toward safer coping strategies. Thus, the findings suggest that the proposed module is theoretically grounded and responsive to pupils' psychosocial and intervention-related needs.

In terms of practical implications, the needs analysis instrument may help school guidance and counselling teachers identify pupils' psychosocial and intervention needs in a more systematic way. Instead of relying only on informal observation or responding after a crisis occurs, counsellors can use the instrument to detect early signs of psychological and behavioural risk. This is important in the Malaysian primary school context, where access to specialised child mental health services may be limited and stigma may prevent families from seeking help. Therefore, the instrument can support school counsellors in playing a more proactive role as early helpers who provide structured, school-based support for pupils with NSSI-related concerns.

Limitation, Future Directions, and Conclusion

This study has several limitations. First, the respondents were limited to primary school guidance and counselling teachers in Kedah, therefore, the findings should not be generalised directly to all Malaysian primary schools. Second, the data were based on teachers' perceptions rather than direct responses from pupils, which may not fully capture pupils' lived experiences. Third, although EFA supported the two-factor structure of the instrument, further validation using Confirmatory Factor Analysis (CFA) with a different sample is recommended to confirm the stability of the instrument.

Future research also should focus on the actual development and implementation of the MIND–SET Intervention Module, guided by the two factors identified in this study: Psychological Risk and Intervention Support. These factors may serve as key pillars for designing module content, planning counselling activities, and assessing pupils' psychosocial needs. Further studies are also recommended to evaluate the effectiveness of the module through experimental or quasi-experimental designs, including pre-test, post-test, and follow-up assessments, to determine its impact on NSSI-related concerns, emotional regulation, and readiness to change among 12-year-old pupils.

In conclusion, this study provides a validated needs analysis instrument for assessing NSSI-related concerns and intervention needs within the primary school context. The consistent reporting of NSSI-related cases across both urban and rural school settings highlights the national relevance of this issue and reinforces the need for early, structured, and school-based responses. The findings also suggest that NSSI-related concerns among primary school pupils should not be viewed as isolated behavioural issues, but as psychosocial concerns that require systematic identification and appropriate intervention planning.

Declarations

This study is part of a doctoral research project approved by the Universiti Utara Malaysia Research Ethics Committee (Reference No: UUM/CAS/AHSGS/E-5). The research was conducted in compliance with the university's ethics guidelines. Informed consent was obtained from all participants

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Tables

Table 1 *Item Development Based on Literature Domains*

Domain	Code	Description of Item
NSSI-related concerns	NSSI1	Pupils tend to engage in self-injury behaviour when experiencing emotional distress.
NSSI-related concerns	NSSI2	Pupils do not have healthy strategies to manage stress.
NSSI-related concerns	NSSI3	Self-injury behaviour may continue even after pupils receive advice or guidance.
NSSI-related concerns	NSSI4	A structured intervention is needed to reduce self-injury behaviour among pupils.
Motivational Interviewing	MI1	Pupils with self-injury concerns have low motivation to change their behaviour.
Motivational Interviewing	MI2	Pupils may feel ambivalent about changing their self-injury behaviour.
Motivational Interviewing	MI3	Pupils need support to increase self-motivation to change.
Motivational Interviewing	MI4	Intervention can help improve pupils' readiness to change.
Rational Emotive Behavior Therapy	REBT1	Pupils have difficulty managing negative emotions rationally.
Rational Emotive Behavior Therapy	REBT2	Irrational thinking may influence pupils' self-injury behaviour.
Rational Emotive Behavior Therapy	REBT3	Low frustration tolerance may contribute to self-injury behaviour among pupils.
Rational Emotive Behavior Therapy	REBT4	Pupils need support to manage emotions and think more rationally.

Table 2 *Demographic Profile of Respondents and Reported NSSI-Related Cases*		
Variables	**f**	**%**
Gender		
Male	30	21.3
Female	111	78.7
School Location		
Urban	91	64.5
Rural	50	35.5
Reported NSSI-Related Cases		
Yes	82	58.2
No	59	41.8

Table 3 *Reliability and Factorability of the Needs Analysis Instrument*		
Analysis	**Indicator**	**Value**
Reliability Analysis	Number of respondents	141
	Number of items	12
	Cronbach's Alpha	.872
	Standardized Cronbach's Alpha	.889
Factorability Analysis	Kaiser-Meyer-Olkin Measure of Sampling Adequacy	.852
	Bartlett's Test of Sphericity, $\chi^2(66)$	944.575
	Significance	< .001

Note. KMO = Kaiser-Meyer-Olkin.

Table 4 *Exploratory Factor Analysis and Reliability Results for the Two-Factor Structure*

Factor	Item	Factor Loading	Eigenvalue	Variance Explained (%)	Cronbach's Alpha
Factor 1: Psychological and Behavioural Risk among Pupils	MI 1	.900	5.635	46.957	.890
	NSSI 3	.811			
	REBT 3	.785			
	NSSI 2	.657			
	MI 2	.618			
	REBT 2	.614			
	REBT 1	.611			
Factor 2: Need for Intervention and Change Support	MI 3	.835	1.804	15.034	.756
	MI 4	.647			
	REBT 4	.602			
	NSSI 1	.478			
	NSSI 4	.410			

Note. Extraction method = Principal Axis Factoring; rotation method = Direct Oblimin. Loadings below .40 are not displayed. The two-factor solution explained 61.991% of the total variance based on initial eigenvalues and 55.049% after extraction. The factor correlation was r = .333