

LITERATURE REVIEW: THE IMPORTANT SELF-HARM BEHAVIOR PREVENTION IN ADOLESCENTS

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Abstract

Deliberate self-harm behaviour is a major concern for health care systems. The prevalence, repetition and the potential for suicide make this one of the greatest challenges for staff. The method used in this writing is literature review which is a systematic method, uncovered and reproduced to carry out assistance, evaluation and synthesis of research works and ideas that have been produced by researchers and practitioners. Results: Twenty articles met criteria for inclusion. Between a third and one half of adolescents who self-harm do not seek help for this behaviour. Of those who seek help, results showed adolescents primarily turned to friends and family for support. Conclusion: It is important that the views of adolescents are incorporated into the design and delivery of youth-friendly services and that there is a focus on increasing awareness of the youth-orientated services that currently exist.

Keyword: Adolescents; Self-harm;

1. INTRODUCTION

Adolescent self-harm is a common phenomenon; however, little is known about young peoples' attitudes toward self-harm and what they believe can be done to prevent it¹. Deliberate self-harm behaviour is a major concern for health care systems. The prevalence, repetition and the potential for suicide make this one of the greatest challenges for staff. Research has also shown that self-harm is often not a singular occurrence, but is commonly repeated and that the resulting pressure on services affects response to the assessment and treatment of self-harm (Hawton, Fagg, Simkin, Bale, & Bond, 1997). The investigation of self-harm behaviour in adolescence is important because initial self-harm in some young people may signal the start of a process of repeated self-harm, ultimately leading to completed suicide (Joiner, 2002). Those young people who do not present to services and therefore do not receive treatment may be at further risk²

Self-harm (SH) refers to intentional self-poisoning or self-injury, irrespective of motive or the extent of suicidal intent³. The lifetime prevalence of self-harm in adolescents in this review of 16.9% identified in this review was comparable to 13.3% identified by Evans et al⁴. The incidence of adolescent self-harm was 27.60%; the occurrence of adolescent self-harm was closely related to their mental health status, stressful life events, and EMBU. Being female, an urban student, or an only child; having poor school performance or experiences of stressful life events, harsh parenting styles, or excessive interference; and poor mental health were the risk factors for adolescent self-harm⁵

In an extensive report, the Samaritans (2005) argued that since the vast majority of pupils who self-harm do not go to hospital, prevention may need to take place in the

community, ideally within schools. They suggest developing educational programmes that promote psychological well being, for example, by helping pupils to recognise and deal with emotional difficulties. The report also recommended that teachers be educated to recognise those pupils who are getting into difficulties. To add weight to those recommendations, Best's (2006) preliminary pilot qualitative study found that teachers' knowledge and awareness appeared limited and called for education, training, and supervision within schools. In addition, this study found teachers' accounts of incidents of self-harm were couched in emotional terms that included feelings of "alarm and panic and of being scared, repulsed and freaked out". This study aimed to identify adolescents' knowledge and Attitudes in Preventing Self-Harm Behavior.

2. METHODOLOGY

The method used in this writing is literature review which is a systematic method, uncovered and reproduced to carry out assistance, evaluation and synthesis of research works and ideas that have been produced by researchers and practitioners. The sources of literature used in the preparation of this scientific article with this literature review are through news websites and national journals related to the effect of employment status on the performance of nurses in health care facilities.

3. RESULTS

Twenty articles met criteria for inclusion. Between a third and one half of adolescents who self-harm does not seek help for this behaviour. Of those who seek help, results showed adolescents primarily turned to friends and family for support. The Internet may be more commonly used as a tool for self-disclosure rather than asking for help. Barriers to help-seeking included fear of negative reactions from others including stigmatisation, fear of confidentiality being breached and fear of being seen as 'attention-seeking'. Few facilitators of help-seeking were identified⁶.

The majority of studies that showed any effect on suicidal ideation, attempts, or self-harm had some focus on family interactions or nonfamilial sources of support. Two of the most efficacious interventions also provided the greatest number of sessions. Some other treatment elements associated with positive effects include addressing motivation for treatment and having explicit plans for integrating the experimental treatment with treatment as usual. In many studies, suicidal events tend to occur very early in the course of treatment prior to when an effective "dose" of treatment could be delivered. Important factors that might mitigate suicidal risk, such as sobriety, healthy sleep, and promotion of positive affect, were not addressed in most studies⁷. Interventions that can lower suicidal risk should be made available to adolescents who self-harm frequently as soon as possible. Preventative interventions that help adolescents deal with negative feelings should be instituted at the onset of puberty. Because friends are frequently asked for support, interventions also should be developed for peer groups⁴.

Turp (1999) proposed that self-harm behaviour should be seen as a multi-professional issue because those who self-harm may seek help from, or be referred to, a variety of different professionals within the community, such as GPs, social workers, A&E nurses, teachers, community mental health nurses and psychiatrists. This suggests the need to explore staff understanding and knowledge of adolescent self-harm behaviour across a wide range of professional areas².

Health professionals may be susceptible to prevailing stereotypes about adolescents who engage in self-harm behaviour (for example, that they are attention seeking and manipulative, Pembroke, 1998a, Pembroke, 1998b), which may have implications for their judgements. Staff in these services may therefore struggle to work effectively with the complex needs of this client group. Furthermore, inadequate training or understanding about adolescents who engage in self-harm behaviour may result in staff feeling unskilled and unsupported in caring for these clients².

Significant differences were identified between those who self-harmed and their peers. Those who self-harmed were less likely to believe that self-harm was carried out to get attention or was a result of loneliness or depression; they were more likely to believe that self-harm was impulsive. Findings demonstrated that a majority of young people believed that self-harm could be prevented and a number of preventative strategies were identified¹.

the evidence for six types of universal and selective prevention strategies identified from local and overseas literature: (1) restriction of access to means of suicide; (2) guidelines for responsible media reporting of suicides; (3) provision of quality mental healthcare to at-risk populations; (4) school-based screening and prevention programs; (5) online prevention, monitoring, and support programs; and (6) life skills training programs. Research evidence supports that the provision of high-quality mental health services to at-risk populations and some school-based prevention programs (awareness and screening, and gatekeeper training) are effective in suicide prevention. Further research efforts are needed to verify the impact of the other four strategies. Practitioners could make better use of new prevention programs through the internet and instant messaging platforms, which have the potential to alter attitude toward suicide and self-harm as well as promoting help seeking behavior among young people⁸.

Increased experience was found to be associated with improved attitudes relating to negativity. Previous training in caring for children who had self-harmed was found to be associated with improved attitudes around perceived effectiveness of their care. Higher academic qualifications and having undertaken previous training on self-harm were each found to be associated with increased knowledge of self-harm, and increased age was associated with reduced knowledge of self-harm⁹.

Of the small proportion of adolescents who seek help for their self-harm, informal sources are the most likely support systems accessed. Interpersonal barriers and a lack of knowledge about where to go for help may impede help-seeking. Future research should address the lack of knowledge regarding the facilitators of help-seeking behaviour in order to improve the ability of services to engage with this vulnerable group of young people⁶. Eleven interviews with service users aged 14–15 years identified three main themes: (1) Controlling the uncontrollable; (2) Barriers to practising safer self-harm; and (3) Developing a broad repertoire of harm reduction techniques. Participants expressed mixed views regarding the usefulness of such approaches. Some described greater competence and empowerment in self-harm management, whilst others described the utility of harm reduction methods as either short-lived or situation-specific, with the potential for misuse of anatomical knowledge to cause further harm to high-risk adolescents¹⁰.

4. CONCLUSIONS

It is important that the views of adolescents are incorporated into the design and delivery of youth-friendly services and that there is a focus on increasing awareness of the youth-orientated services that currently exist.

5. REFERENCES

1. Louise Doyle. Attitudes toward adolescent self-harm and its prevention: The views of those who self-harm and their peers. *J Child Adolesc Psychiatr Nurs*. Published online 2018. doi:<https://doi.org/10.1111/jcap.12186>
2. Debbie Timson et al. Adolescents who self-harm: Professional staff knowledge, attitudes and training needs. *J Adolesc*. 2012;35(5):1307-1314. doi:<https://doi.org/10.1016/j.adolescence.2012.05.001>
3. Saunders KE, Smith KA. Interventions to prevent self-harm: What does the evidence say? *Evid Based Ment Health*. 2016;19(3):69-72. doi:[10.1136/eb-2016-102420](https://doi.org/10.1136/eb-2016-102420)
4. Donna Gillies et al. Prevalence and Characteristics of Self-Harm in Adolescents: Meta-Analyses of Community-Based Studies 1990–2015. *J Am Acad Child Adolesc Psychiatry*. 2018;57(10):733-741. doi:<https://doi.org/10.1016/j.jaac.2018.06.018>
5. Jixiang Zhang MS et al. Adolescent self-harm and risk factors. *Asia Pacific Psychiatry*. Published online 2016. doi:<https://doi.org/10.1111/appy.12243>
6. Sarah L Rowe et al. Help-seeking behaviour and adolescent self-harm: A systematic review. *Aust New Zeal J Psychiatry*. 2014;48(12). doi:<https://doi.org/10.1177/0004867414555>
7. David A. Brent M.D et al. Protecting Adolescents From Self-Harm: A Critical Review of Intervention Studies. *J Am Acad Child Adolesc Psychiatry*. 2013;52(12):1260-1271. doi:<https://doi.org/10.1016/j.jaac.2013.09.009>
8. Andrew M.H. Siu. Self-Harm and Suicide Among Children and Adolescents in Hong Kong: A Review of Prevalence, Risk Factors, and Prevention Strategies. *J Adolesc Heal*. 2019;64(6):S59-S64.
9. Carter T. An exploration of predictors of children's nurses' attitudes, knowledge, confidence and clinical behavioural intentions towards children and young people who self-harm. *J Clin Nurs*. Published online 2018. doi:<https://doi.org/10.1111/jocn.14361>
10. Davies J et al. Young Peoples' Perspectives on the Role of Harm Reduction Techniques in the Management of Their Self-Harm: A Qualitative Study. *Arch Suicide Res*. 2022;26(2). doi:<https://doi.org/10.1080/13811118.2020.1823916>