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SELF-HARM AMONG YOUNG PEOPLE

– A Literature Review

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SELF-HARM IN YOUNG ADULTS

Self-harm is according to literature is an increasing global concern. Therefore to cope and manage the risks of self-harm,suitable evidence-based therapies has to be used and others reviewed and implemented. Systematic literature review is used in the writing of this paper. Several databases,books as well as relevant webpages targeting young adults were searched. The literature used had to be in English language and published between the year 2000 to date.

The main aim of this paper is to produce a guideline for nurses which will be published in hoitonetti. In this paper,the role of nurses in intervening and caring for people who self-harm is discussed. The writer goes on to state some of the risk factors leading to self-harm as well as possible remedies. Nurses's views and perceptions is also earmarked.Alternative approach to self-harmers can be achieved by bringing together the both practice and academic-based professionals who understands self-harm and how to engage the youth in therapeutic treatment.

Recent follow up studies have indicated that self-harm at a young age is an important indication of mental health problems at a later life as well as increased risk of suicidal behavior. The phenomenon of self harm has gained attention in contemporary culture; tattooing, body piercing and branding. There continues to be a definitional ambiquity and lack of consensus regarding what is self-harm and what is not. This paper presents a review of current literature that outlines the state of self-harm among young people in this era.

KEYWORDS:

Self-harm, young adults, nurses, self-injury, nursing, interventions, nursing views,

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ITSETUHOISUUS NUORILLA AIKUISILLA

Itsetuhoisuus on kirjallisuuden mukaan lisääntyvä mailmaanlaajuinen huoli.Toipuakseen ja osatakseen käsitellä itsetuhoisuuden riskejä, on käytettävä näyttöön perustuvia terapiamuotoja.Tämä tutkielma on systemaattinen kirjallisuuskatsaus. Tutkielmaa kirjoittettaessa käyttettiin apuna useita eri tietokantoja,kirjoja sekä nuorille aikuisille suunnattuja internet sivustoja. Käytettävän kirjallisuuden tuli olla englanninkielistä ja se tuli olla julkaistu vuodesta 2000 tähän päivään.

Tutkielman tavoite oli tuottaa suositus sairaanhoitajille,joka tullaan julkaisemaan hoitonetissä. Tutkielmassa on otettu kantaa sairaanhoitajan roolin itsetuhoisan käyttäytymisen ehkäisemisessä ja hoidossa. Työssä käsitellään riskitekijöitä, jotka johtavat itsetuhoisuuteen sekä mahdollisia hoitotoimenpiteitä. Hoitajien mielipide ja näkemys on myös otettu huomioon. Vaihtoehtoinen lähetymistapa saadaan yhdistämällä itsetuhoisuuteen perehtyneet, sekä käytännön että teoreettisen tiedon ammatilaisten mielipiteet itsetuhoisuudesta ja siitä kuinka saada nuoret terapeuttiseen hoitomenetelmään.

Viimeaikoina,ilmestyneet tutkimukset ovat osoittaneet,että nuorten itsetuhoisuus on merki mielenterveysongelmista sekä taipumuksista itsemurhaan myöhemällä iällä. Itsetuhoisuus on ilmiönä saavuttanut huomioita nykyaikana kulttuurissamme; tatuoinnit,lävistykset. On edelleen olemassa epäselvyyksiä siitä miten määritellään itsetuhoisuus,kuten myös yhteisymmärrykseen puute siitä, mikä on itsetuhoista käyttäytymistä ja mikä ei ole. Tämä tutkielma tarkastelee tämän hetkisen kirjallisuuden pohjalta itsetuhoisuutta nuorten aikuisten keskuudessa nykypäivänä

.

ASIASANAT:

Itsetuhoisuus, nuoret aikuiset, itsevammoja, sairaanhoito, hoitajien mileipide,hoitajien näkemys.

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LIST OF ABBREVIATIONS

WHO	World Health Organization
DSH	Deliberate Self-Harm
CPGs	Clinical Practice Guidelines
DBT	Dialectical Behavioral Therapy
PST	Problem Solving Therapy
RCT	Randomized Control Trial
ICD	International Classification of Diseases
RANZCPG	Royal Australian and New Zealand Clinical Practice Guidelines

1 INTRODUCTION

Self-harm is defined as a compulsion or impulse to inflict physical wounds on one's body motivated by a need to cope with unbearable psychological distress or regain a sense of emotional balance. This act is usually carried out without suicidal, sexual or decorative intent. (Sutton 2007, 22-23.)

Other researchers have different concepts and names attributed to self-harm. Some examples are self-harm (Beasley, 2000), self injurious behavior (Alper & Peterson, 2001; Bockian, 2002), repeated self-injury, parasuicide and self-mutilation. Deliberate self- harm (DSH also referred to as self-mutilation, self-injury or auto-aggression) is also defined as the deliberate direct destruction or alteration of body tissue, without apparent or conscious suicidal intent but resulting in injury severe enough for tissue damage to occur. (Gratz 2003,192-205.)

In the plethora of definitions of self-harm, the behaviors that are usually identified include cutting, burning and overdosing (Pembroke 1994,32-56). It is therefore important for researchers as well as nurses to identify the causative effects of self-harm among young adults and the proper way of preventing, teaching and empowering the young adults against it. Typically young men are prone to self harm whereas girls would opt for self poisoning.

According to ICD, definition of self-harm incudes; purposely self inflicted poisoning or injury, suicide (attempted). Classificational code for intentional self-harm / event of undetermined intent contain injuries resulting from ,self poisoning, hanging, strangulation, suffocation, drowning, submersion, discharge of guns / firearms, explosive material, smoke, fire, flames, steam, hot vapours, hot objects, sharp / blunt objects, jumping from a higher place, lying before moving object, crashing of motor vehicle, other specified and unspecified means. (Mangnall,2008,176-177.)

Adolescents who deliberately self-harm have, in part become the focus of research because of their greatly increased risk of suicide as well as an association between self harm and a range of psychological disorders (Hurry 2000,12, 31-36.)

Different authors has varying definitions of self-harm in divergent ways.While some describe it as existing only when there is clear intent not to kill oneself, others define it in just the opposite way saying it exists only when there is a clear intent to kill oneself. (Klonsky et al, 2003; Ross & Health 2000, see Manghall et al 2008,176.)

Self-harm and attempted suicide are often used interchangeably. To add further complication, self-harm can coexist with suicidality. Thus, just as it would appear wrong to say that self-harm is a subset of suicide. It is proven that people who self-harm may become suicidal and thus the link between the two is undeniable. (McAllister, 2003, 177-178.)

A clear standard universal definition is necessary in order for the scientific community to wade out other meanings and advance its inquiry into this complex phenomenon. For the purpose of this paper, the term self-harm will be used for those whose intent is not to kill themselves.

I consider this topic to be very important especially after working in a psychiatric hospital which deals with young adults who had several mental ailments self-harm being one of them.The patients I dealt with were British soldiers who had been deployed in Iraq and Afghanistan and had experience grieving scenarios and/or lost their friends in the battlefield. Nurses have different opinions and view on how they view young adults who self-harm. This difference of opinion has created much debate and thus I decided to study self-harm by way of systematic literature review in order to identify and argue out the truth on how nurses can help young people who self harm.

Internationally, various methods are being used to determine the extent and burden of DSH. Hospital admissions, prison population and ethnic groups are some of the ways to study the trends of self-harm. In the WHO study on parasuicide, in 16 European countries, rates were 2.6-542 per 100,000 population per year women having the highest rates. An Australian survey of 10 641 adults in 1997 found a lifetime prevalence of 2500 for men (2.5%) and 4500 for women (4.5%) per 100 000 population. A similar New Zealand survey in 1986 found a combined rate of 4430 per 100 000 (4.4%) and 720 (0.7%) in Lebanon (Royal Australian and New Zealand college of psychiatrists clinical practice guidelines team for deliberate self-harm,RANZCP 2004, 870.)

In a study to investigate trends and characteristics of DSH, Hawton and colleagues (2003) used data collected by the Oxford Monitoring System for Attempted suicide. Data was collected on the basis of patients presenting at the Oxford general Hospital with DSH. During the 11 year study period, (1990 - 2000), 8590 individuals presented following 13 858 DSH episodes. The annual numbers of persons and episodes increased overall by 36.3% and 63.1% respectively. The study indicates that there were gender- and age-specific changes, with a rise in DSH rates in males aged >55 years and in females overall and those aged 15–24 years and 35–54 years.The studfy further continues to admit that substantial changes in the characteristics of the DSH population and a rise in repetition suggest that the challenges facing clinical services in the management of DSH patients have increasingly grown. (Hawton et al, 2003, 989-992.)

2 FACTORS AFFECTING SELF-HARM

Young adults perform acts of self-harm to overcome and act towards a situation or life crisis that they are facing. People with physical disabilities for instance may seem isolated from their peers and other normal adults in their community. The risk of self-harm might be higher in circumstances where close family members and the society as a whole discriminate against young adults with physical illnesses and abnormalities. A person may in these way feel neglected and seen as a burden resolving to suicidal ideations. (Kegg, 2005,1474-1475.)

Low socioeconomic status, a low level of education and living in poverty are all risk factors for self-harm. According to Karen Skegg (2005), self-harm admission rates are higher in areas of socioeconomic deprivation. In longitudinal study conducted by (Woodward et al, 2000, 23-29), childhood socioeconomic advantage continues to predict self-harm independent of later mental health problems and stressfull life events.

Religion and believes is also an important factor for and against self-harm. However few studies have far gone to research and discuss in depth. Eagles at al (2003, 261-65) in their study on suicide prevention on psychiatric patients, the implication is that religious beliefs prevented some of the patients from self-harm citing moral objections as a clear factor for depressed patients. In an Australian twin study, people with a roman catholic affiliation were less likely to have made a serious suicide attempt. (Statham et al, 1998,839-855.)

2.1 Mental health drugs and alcohol

Previous research has shown that exposure to traumatic events, especially sexual trauma during childhood, is associated with an increased risk of attempted suicide. However, no information is available as to whether the increased risk of attempted suicide is related primarily to posttraumatic stress disorder (PTSD) following traumatic experiences or applies also to persons who experienced trauma but did not develop PTSD. (McAllister, 2003, 179.)

Wilcox et al (2009, 305-311) did a cohort study of young adults in Maryland. 10% of persons with PTSD had attempted suicide, a proportion higher than that of those without PTSD (2% of trauma-exposed participants and 5% of those who had never been exposed to traumatic events).

Mental health disorders are common among young people who self-harm. In the National Institute of Mental Health Methods for the Epidemiology of Child and Adolescent Mental Disorders study, 76% of youth, aged 9 to 17 years, who had ever attempted suicide met current criteria for 1 or more mental disorders. Due to the close link between mental health illnesses and self-harm and the health threats to young adults, professional guidelines recommend that all young adults admitted and treated for self-harm or related incidences should be sent to a mental health professional for possible evaluation before discharge. (Olfson et al 2005,1122-1123.)

Alcohol ,as Anderson et al (2004, 871) states, is commonly a precursor to DSH whereas alcohol dependence is a risk factor for both DSH and suicide. From the study, alcohol misuse and suicidal behavior was demonstrated in a 25-year longitudinal study of Swedish male conscripts. Those who abused alcohol had an elevated risk of attempted suicide. Approximately one-third of those who self harm regularly misuse drugs or alcohol.(Anderson et al,2004,871.)

In another investigational study in England, alcohol was said to be used in the six hour before or as part of the act of self-harm. Alcohol involvement in act of self-harm remained stable for both genders and somewhat surprising especially in women. (Bergen et al 2010,496 – 497.)

Drug use is highly associated with the episodes of DSH for both boys and girls. Adolescents argue that use of drugs assists and relieves them from a terrible state of mind. Self-medication for psychological distress has also been reported to be central motive in adolescent drug use.Young adults experiencing distress attempts to relieve negative feelings through drug use and in some situations, self-harm. (McMahon et al 2010,1816.)

Self-harm prevalence has increased in recent years. Among psychiatric populations, depression, bipolar disorder, borderline personality disorder and suicidal behavior have consistent association among young adults who self-harm. Hintikka et al (2009) on a study on adolescents with mental health disorders indicates that major depressive disorders, eating and anxiety disorders were more common among adolescents who engaged in self-cutting. The study continues to ,once again, highlight alcohol as a factor to self-harm. Alcohol is known to have a rapid anxiolytic effect but when used frequently, it may provoke anxiety and depression. Depressive young adults who have the experience of self cutting may use alcohol as means of self help but in the long run this may exacerbate their symptoms and potentially increase the need to repeat self harming for symptom alleviation. (Hintikka et al, 2009, 465 – 467.)

Self-harm is rare before puberty and becomes more common through adolescence, with the most common age for the first onset of self-harm at about 16 years in the USA. According to WHO/EURO study, the greatest risk of hospital representations was in women aged 15-24 and men aged 25-34 years. Older people are at a much lower risk, and when they do self-harm they are much more likely to commit suicide. (Skegg, 2005, 1473 – 1477.)

It is important to note that socio-economic factors, such as unemployment and poverty, childhood experiences of abuse, and experiences of domestic violence are all associated with a wide range of mental disorders, as well as self-harm. How these experiences and factors interact needs to be explored and better understood. (Hawton et al, 2003, 989.)

2.2 Physical health and genetic aspects

Young adults with physical disabilities may seem isolated from their peers and other normal children in the community.The risk of self-harm might even be higher in circumstances where close family members and the society as a whole discriminate against people with physical illnesses. A person may in this way feel neglected and seen as a burden resolving to suicidal ideations. (McAllister, 2003, 180.)

Neurological abnormalities underlie some of the psychiatric and psychological disturbances associated with self-harm. Furthermore, some seem to be independently associated with suicide and self-harm as well as depression. Low concentrations of 5-HAA, a seroton metabolite have been found in the cerebrospinal fluid of people from several groups who have harmed themselves. These low concentration may predict future self-harm and violence. (Mann et al 2002, see Skegg 2005, 1476.)

Children and youth with special health care needs are at risk for a chronic physical, developmental, behavioral or emotional condition. They also require health and related services of a type or amount beyond that required by other youth generally. Anxiety or depression and emotional behavioral problems are more common in youth with special health care needs than those without. (Barnes et al, 2010, 890-891.)

2.3 Childhood abuse and trauma

Several studies have indicated that there is a link between suicidal attempts and childhood trauma and/ or family factors. A child with an experience of family rivalry and the character of their parents have higher prevalence of self-harming compared to a normal child brought up in a normal family.This may be so especially when the child receives no or less attention from the parents and the community. (Mangnall,2008 180-181).

Girls compared to boys have higher rates of self-harm in this domain.This is so because of their gender and place in society. Childhood abuse may include sexual, physical and emotional abuse (Sansone, 2005) Forced sexual abuse, relationship problems and serious fights with parents or friends are some of the factors towards self-harm.The presence of childhood trauma has been shown to precipitate DSH in childhood and in later life. In a study by Zanari (2006), on self harming patients, 32.8% first harmed themselves as children 12 (years of age or younger) 30.2% as adolescents and 37% as adults. The results of this study suggests that when self-harm begins in childhood, the course of DSH maybe particularly malignant. (Zanari et al, 2006, see Mangnall 2008, 180.)

In a systematic literature review by Fliege (2008) on of risk factors and correlates of deliberate self-harm behavior,childhood trauma is highlited as a causative factor for self-harm. The study reports an association between current self-harm behavior and a history of early childhood sexual abuse.Young people with childhood trauma have low emotional expressivity, low esteem and dissociation with respect to a vulnerability to self-harm. (Fliege at al, 2008, 490.)

3 NURSING PERCEPTIONS AND ATTITUDES

Nurses and health care professionals in general have different views on how they perceive young adults who self-harm. As Holland & Plumb (1973), mentioned, healthcare professionals may feel ambivalent towards patients who self-harm sometimes perceiving them as troublesome or attention seeking. Negative attitudes can be influenced by encountering and coping with the suicide with a patient on the ward and lack of emotional support which can bring about feelings of guilt, grief, shame and failure in nurses (Holland & Plumb 1973 see McCann et al 2005,1705.)

Negative attitudes among nurses may lead or rather determine the type of care self-harmers receive from them. Nurses may find their work being time-consuming and unrewarding therefore a reduction in care to their patients.There is evidence that young people who have self-harmed have experienced negative attitudes from healthcare proffessionals.This among other factors makes its difficult in dealing with self-harm especially when trying to achieve a therapeutic process (Patterson et al, 227,438,2007).

In a systematic review on attitudes to clinical services among people who self-harm, there were significant number of issues raised by the participants; including physical treatment in various hospital departments. (Taylor et al 2006, 105 -106.)

However there are promising results,according to research, that nurses are warming up and changing their attitudes towards self-harmers.Terence and colleagues did a study by use of questionnaire to determine how emergency department nurses perceived self-harmers. Contrary to other studies,the respondents showed favourable attitudes towards people with DSH.The main items were that people who self-harm felt that life was no longer worth living and that people who attempted self-harm should be required to undertake therapy. (McCann et al, 2005,1707.)

3.1 Knowledge of self-harm

The knowledge that people cut and burn themselves can be shocking and unthinkable but becomes less so when the reasons for and by whom is understood. Attitudes of professionals is said to be positive when they are knowledgeable about self-harm.(McHale, 2010, 737.)

The right of life is one factor that nurses need to study further.There are nurses who believe that people have the right to take their own life by engaging in self-harm whereas others do not. This is infact a contrast as nurses are seen as protectors and savers of life. This suggests more recognition of the psychological and social problems faced by youth of today and that when faced with such problems it is not surprising that they react by engaging in acts of self-harm. However, mental health difficulties are linked to episodes of self-harm and healthcare professionals need to be updated regularly on current trends. Nurses have to work in harmony with health care professional from other fields especially mental health wards and Psychiatry. (Anderson, 2007 , 474 - 475.)

3.2 Nurses' role

A further area influencing negative attitudes is the impact of healthcare professionals' perceptions of the differences of what they are expected to perform and their roles. Nurses feel that their role is to offer medication rather than developing therapeutic relationships within mental and psychiatric wards. Clients are therefore prevented from being able to express reasons for self-harm and developing alternative coping strategies often leading to repeated cases of self-harm.(McHale, 2010, 736.)

Healthcare professionals are, depending on the nature of the wards they are in, busy viewing the self-harmers as an obstacle to the ward and challenging Compared to medical patients, self-harmers have different requirements. For example: asking for cigarettes and to discharge themselves early. Escorts by nurses for self-harmers for a cigarette, outside the ward or in the smoking room, slows down the work on the ward meaning an increased work load for the nurses. The clients feel dissatisfied by the way they are treated reducing their chances of coping with their life situations as they cannot stick to the recommendations and expectations of health care professionals. (Hopkins, 2000.)

3.3 Lack of training

McCann et al (2005, 4-7) assessed emergency department nurses' attitudes towards patients with DSH in an Australian hospital. The overall results, by use of suicide opinion questionnaire, on 43 emergency department nurses displayed that respondents had favorable attitude towards people with DSH. Respondents also rejected lay conceptions that people who self-harm are trying to get attention contrary to many claims by some authors. Their views also revealed that self-harm is not permanent and that is treatable. No purpose of living was acknowledged as the main influencing factor in people who self-harm. The results further showed positive disposition by agreeing that individuals who self-harm felt that life was no longer worth living and that self-harmers should be required to undertake a therapy.

According to McHale et al, (2010, 735,) lack of training and proper education among the nurses and health care professional is seen as one of the factors that contribute to negativity to young people who self-harm. Attending professional development courses and clinical supervision are recommended for healthcare professionals. (Fortune et al, 2005,577-578.)

4 PURPOSE AND AIM

The aim is to produce a guideline for nurses on ways to help young people who self-harm which is to be published in hoitonetti. The purpose of this paper is to investigate, by a way of systematic literature review, read analyse and identify methods and ways in which nurses can help and care for young people who self-harm.

5 RESEARCH QUESTION

What are the possible interventions to help young people who self-harm?

6 SYSTEMATIC LITERATURE REVIEW

Systematic literature review is used while writing this paper. The author reads and analyses different kinds of literature related to self harm in young adults in order to gain more knowledge and to identify different ways on how nurses intervene when caring for young adults who self-harm. Literature was sought across a range of health care settings. Electronic databases were accessed. Literature review provides evaluation and appraisal of literature used relating to self-harm. (Polit and Beck 2004,11-13.)

6.1 Method

Systematic literature review was considered the best method in analyzing research articles during the writing of this paper. (Giroux, 2000 see McAllister, 2003) mentions that systematic literature review assists to open up previously hidden aspects to self-harm and reveals that which is ordinarily obscured.

Systematic literature review is a fundamental scientific activity. Its rationale is grounded firmly in several premises. Firstly, large quantities of information is reduced into palatable pieces for digestion and easy understanding. Systematic review is an efficient scientific technique. Although sometimes arduous and time consuming, a review is usually quicker and less costly than embarking on a new study. Systematic reviews assess the consistency of relationships. Assessments of whether effects are in the same directions and of the same general magnitudes, given the variance in study protocols, can be made. More specifically, systematic reviews can determine consistency among studies of the same intervention or even among studies of different interventions. (Mulrow, 1994,598.)

Healthcare providers, consumers, researchers, and policy makers are inundated with unmanageable amounts of information, including evidence from healthcare research. It is unlikely that all will have the time, skills and resources to find, appraise and interpret this evidence and to incorporate it into healthcare decisions. Systematic reviews respond to this challenge by identifying, appraising and synthesizing research-based evidence and presenting it in an accessible format. (Mulrow , 1994,597-598.)

In the process of making a literature review, the author searches,reads, analyses numerous sources of articles and information and combine then into one article. Therefore, large amount of information is put together and written in a language that can be well understood by the reader. Thus, Systematic reviews can help practitioners keep abreast of the medical literature by summarizing large bodies of evidence and helping to explain differences among studies on the same question. A systematic review involves the application of scientific strategies, in ways that limit bias, to the assembly, critical appraisal, and synthesis of all relevant studies that address a specific clinical question. (Cook et al,1997,377-378.)

The writer also visited some of the important websites WHO to get the prevalence rates of young adults who self-harm. Other relevant articles and journals were identified on the web but were not used in the writing of this paper as it will infringe the rules and regulations guiding the writer at that time.

6.2 Search strategy and process

In order to meet the aims of this paper, the literature review and research articles used focused on self-harm and self-injury. To gain detailed insight of how health care professionals view young adults who self-harm, literature was sought across a range of health care settings which included both medical and mental health environments. (McHale 2010,733-734.)

Although the searches were limited to the year 2000,the writer uses a few of the articles published earlier as it had relevant information required in the writing of the thesis. Some of the searches found had no link for a full text even though they were appropriate for this review.Research articles were also available in webpages. Archives of general psychiatry is one of the webpage used by the writer.

The research for the articles occurred between November 2010 and March 2011.Two databases mainly CINAHL (EBSCOhost) and MEDLINE (Ovid) were used through The Turku University Of Applied Science's Library.

International research articles were included during the search for a broader examination of self-harm as well as to provide opportunity for comparison of cultural influences. Nineteen key words were used for the search on CINAHL database as well as Medline(Ovid) see appendix 1 and 2. Several citations were identified, when combined, 41 were found to be related to self-harm. Finally after reading and analyzing the articles on nursing interventions,6 articles were found to be relevant.

On accessing the databases, articles related to self-harm were found.However for the interests of this topic,an exclusion criteria was formed to guide the writer.

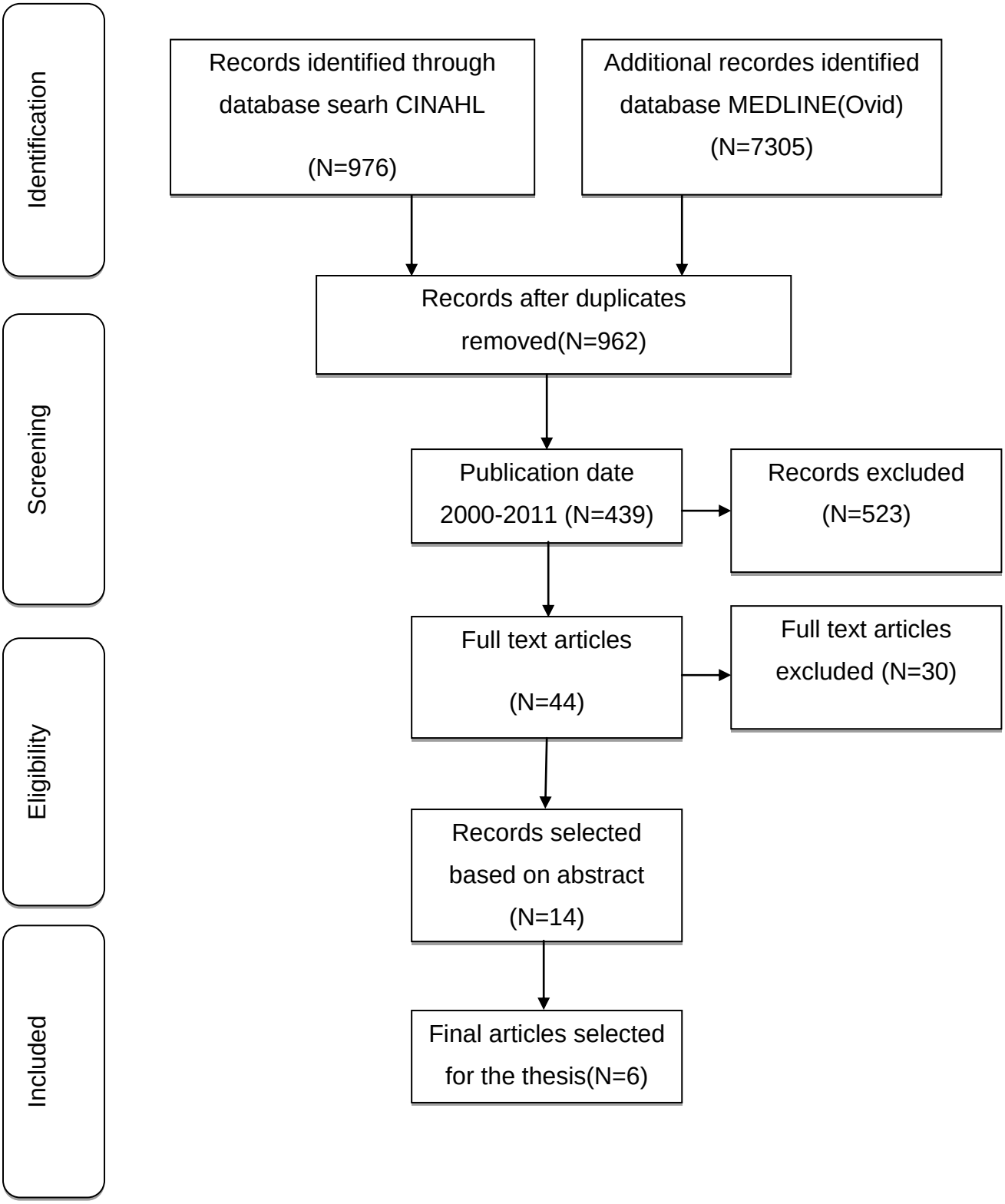
1.The searches was published between 2000 to date

2.The searches had to be in pdf form

3.The searches had to be in English language

4.Articles being research study based

Figure 1.Flow chart of review



Relevant articles were found for the study,the oldest being published in 2003 and the latest published in 2010. The table herebelow show the years of publication and the number of research articles found for the review.

Table 2. Numbers and year of publications

Year of Publication	2003	2004	2005	2007	2009	2010
No. of Articles	1	1	1	1	1	1

Two of the articles (Beautris et al, 2010 & Young et al, 2007) were published in the British Journal of Psychiatry (2007 & 2010), other two (Burns et al, 2005 & Royal Australian and New Zealand college of psychiatrist 2003) by the Australian and New Zealand Journal of Psychiatry (2003 & 2005) one(Hazell et al, 2009) from the American Academy of Child and Adolescent Psychiatry (2009) and one (Anderson et al, 2004) by the International Council of Nurses (2004). The descriptive features of the articles are summarized. See table 3.

Table 3. Summary of research articles

Author(s)/ Journal	Title & Year	Aim & purpose	Research Method	Sample & place	Main Findings
Royal Australian and New Zealand college of psychiatrists clinical practice guidelines team for deliberate self harm / Australian and New Zealand journal of psychiarty	Australian and New Zealand clinical practice guidelines for the management of adult deliberate self harm (2003)	To co-ordinate and develop clinical practical guidelines in psychiatry and to improve clinical care.	Systematic literature review(Medline,Psyc INFO,Index Medicus and EMBASE) and consultation with practitioners and patients.	Australia and New Zealand	Use of available therapeutic methods on people who self-harm. Genereal organization of hospital settings and services to provide emergency care admission for people who self-harm. Development and evaluation of possible interventions for young people who self -harm
Anderson,M. et al / International council of Nurses , International Nursing Review	Self-harm in young people: a perspective for mental health nursing care (2004)	To address the assessment and management of self-harm in young people and to present theoretical perspectives of services and its effects on young people	Assessment and management of self-harm in young people by a nurse consultant-led self-harm service.	Nottingham, UK	Intergration of therapeutic methods and multidisciplinary health care professionas enhances better understanding and care for self harm in young people.
Burns, J. et al / Australian and New Zealand journal of psychiatry	Clinical management of deliberate self-harm in young people:the need for evidence based approaches to reduce repetition (2005)	To examine the evidence for the effectiveness of clinical interventions designed to reduce repetition of self-harm in adolescents and young adults	Systematic literature review. (MEDLINE,PsychoINFO,EMBASE,ERIC,CINHAL,Cochrane Database of systematic reviews and the Cochrane controlled trials register.	Australia and New Zealand	Group therapy was found to be the only specific programme which led to significant reduction in rates of repetition of self-harm among young people.

Table 3. Summary of research articles contd..

Young, R. et al./ British Journal of Psychiatry	Young people who self harm (2007)	To investigate self harm in young people,prevalence,methods used,motivations for starting and ceasing,service use and how they are related to predisposing factors	Population based survey.	Survey of 1258 young adults aged 18-20 living in Central Clydesude Conurbation,Scotland	Gender,social class and labour market position are predictors of self-harm among young people
Beautrais, A.L et al./ British Journal of Pychiatry	Postcard intervention for repeat self-harm:randomized control trial (2010)	To examine whether a postcard intervention reduces self-harm re-presentations in individuals in representing to emergency department	Randomized control trial conducted in Christchurch	327 individuals aged 16 and older who represented themselves at Christchurch Hospital	Post card intervention is only effective for selected sub groups.Post card intervention reduced rates of presentation among people who self-harm but does not does not reduce repetition
Hazell, P.L et al./ AmericanAcademy of Child and Adolescent Psychiatry	Group therapy for Repeated Deliberate self-Harm in Adolescents:Failure of Replication of a Randomized Trial (2009)	To replicate a study which found group therapy superior to general care In preventing recurrence of self harm	Single blind study with parallel randomized groups in Australia	126 Participants aged 12-16 years.Australia	Less or no difference between the randomized control group and general care.Improvement in the rates of self harm for the control group over time

6.3 Results of the review

Various research methods were used in the studies used these include; Literature review, single blind study, randomized control trials and questionnaires. Two fo the studies published in the Australian and New Zealand Journal of Psychiatry literature review. One searched for papers describing randomized and clinical control trials whereas the other reviewed treatment outcome literature including meta-analyses and consultation between practitioners and patients.

The purpose of this thesis was to find an answer on how nurses can intervene and manage for young adults who self-harm.The six articles reviewed had divergent as well as similar ways on how nurses can interevene on self-harmers. Burns et al (2005, 122-1227) identified three RCT's, four clinical control trials and three quasi experimental studies as possible clinical management in young people. In total five treatment and management methods were identified; Problem solving therapy,intensive intervention,emergency card family therapy and group therapy

Two of the research articles Burns et al, (2005) & Beautrais et al, (2010) emphasized on group therapy and postcard intervention as means of assisting self-harmers. Effective therapies, ineffective therapies and therapies that might increase rates of self-harm were identified and noted by the Royal Australian and New Zealand College of Pyshiatrists (RANZCP,2004). Ineffective therapies included; PST, greencard therapy, long term therapy and inpatient behavior therapy.

The RANZCP team (2004) further recommended general hospital management for young people who self-harm.

1. Ensuring prompt access to medical care in the emergency department using appropriate triage procedures.

2. Ensuring prompt access and maintenance of safety.

3. Ensuring prompt access to medical and/or surgical assessment.

4. Ensuring prompt access to mental health /psychiatric assessment

5. Treating underlying mental disorders optimally.

6. Encouraging treatment engagement and follow up attendance

7. Avoid treatment that might increase the risk of self-harm.

Beautrais et al, (2010) using a randomized controlled trial conducted a study on post card intervention in New Zealand. The sample consisted of all individual aged 16 and over who had presented to psychiatric emergency services at Christchurch Hospital, New Zealand, following self-harm or attempted suicide during the period 1 August 2006 to 6 April 2007. The hospital in itself serves a population of approximately 500 000 people. The population were residents at a New Zealand address and were able to understand English sufficiently for the study. Of the 541 people eligible, 327 were enrolled. The participants were divided into two groups in a ration of 1:1, those for usual treatment (153) and those for usual treatment plus the post card intervention (174). The groups were studied for a 12 month period. The results indicate a significant difference between the two groups in number of attendances for self-harm in the previous 12 months with the number of prior attendances being lower in the intervention group than in the control group. However there were no much difference in age, gender marital status and method of self-harm between the two groups.For the majority of participants, self-harm involved self-poisoning (n=250), cutting (n=47) ,hanging (n=6), motor vehicle crash (n=6) and other methods (n=9).

The study further states that post card intervention did not reduce self-harm. Compared to previous studies, findings suggested that post card intervention maybe effective only for selected sub groups. (Beautrais et al 2010,56-58.)

The Royal Australian and New Zealand college of psychiatrists identified several useful clinical guidelines for management of adult self-harm.They reviewed therapies that were more less the same compared to other studies. Burns et al, (2005). However the article went ahead to state treatment recommendations of which can be signicant in the care and management of self-harm.

Group therapy for repeated self-harm in adolescents: Failure of replication of a randomized trial using a single blind study with parallel randomized groups in three sites in Australia mentioned that there is no significant trend or pattern between the randomized to group therapy and those randomized to normal care.However,there is a trend for greater improvement among the experimental group over time.The study further states that the results of the group therapy varies due to some differences in participant characteristics between the studies.The benefit of group therapy as an intervention for self-harmers is still unproven outside the environment that it was originally developed. (Hazell et al, 2009, 665-667.)

By use of population base survey Young et al, (2007) investigated self harm among young people its prevalence, methods used,motivations for starting and ceasing, service use and how they are related to pre-disposing factors. A survey of 1258 young adults aged 18-20 were surveyed.Gender,social class and labour market positions were identified as predictors of self-harm among young people.The study reveals that self harm was highest among those outside the labour market. Cutting, scoring or scratching were the most common methods of self-harm.Typically violent methods such as burning was relatively rare. (Young et al, 2007,45-47.)

Anderson and colleagues (2004) by assessed the management of self-harm in young people by a nurse consultant-led self-harm service in the United Kingdom. Alternative approach to care offered to young people who self harm can be possibly developed by bringing together both practice and academic-based professionals.The study recommended intergration of sociological theory in care and management of self harmers however, the principles were based on sociological concepts. (Anderson et al 2004 ,225.)

The emotional life of a young person is of a particular significance as it has the potential to become a state of great confusion and disturbance during adolescence. Childhood touches all the boundaries of physical,psychological and emotional development. At this stage, processing of distressing experiences can result in some form of mental ill-health. To improve and develop care according to the needs of young people, healthcare professionals need to understand the many issues and listen to the voices of the distressed youth. (Anderson et al 2005,224-227.)

Self identity of an individual need to be understood before making precise judgements. If a person's actions are not within a socially acceptable framework of behavior, then they maybe understood or accounted for in terms of mental illness. Self-harm for young people may subsequently act as a perceived rational response to life events in the face of emotional distress, in turn becoming part of self-image.(Anderson et al 2005, 225.)

Children are exposed to societal norms and rules through socialization. The self undergoes diverse changes during adolescence phase of development which maybe different upon cultures and societies. Societies are subject to continuous changes which may place a number of pressures upon an individual. Young people who act immorally,incompetently or irrationally can be deemed by others as to be either bad or sick.Therefore,more attention need to be given to the young person's understanding of why he or she is self harming or maybe seen as bad or sick .(Anderson et al 2005, 226-227.)

7 DISCUSSION

Health care professional and nurses in general has a heavy load in intervening amongs young adults who self-harm. Acute management of DSH in a hospital setting requires a multidisciplinary approach that may include several disciplines and allied health care professionals. To find the answer for the research question which was “how can nurses help young adults who self harm”, 6 articles were found to be the best having relevant and uptodate information as they were conducted between the year 2003-2009.

In depth views and methods have been highlited in the 6 articles used here. However other studies indicated otherwise and different views as well. From the six articles selected for this review, Dialectical behavioral therapy was the said to be the best way on how nurses can help young people who self harm.

Dialectical behavioral therapy is a cognitive behavioral treatment program for suicidal, self-harm behavior and borderline personality disorder with well documented efficacy. DBT directly targets suicidal behavior, behaviours that interefere with achievement of treatment and other dangerous behaviours. Standard DBT has mainly five functions; improving motivation for skillful behavior (through contingency management and reduction of interfering emotions), structuring the treatment environment to enforce functional behaviours, increasing behavioral capabilities enhancing therapist capabilities, assuring generalization of gains to the natural environment and motivation to treat effectively. (Linehan et al 2006,759.)

DBT combines behavioral and psychoeducational principles and has four components: individual therapy, group based training, telephone contacts and therapist supervision group. Self-harmers are exposed to situations that require behavioral and emotional adaptation. When compared to other usual therapies, DBT reduced the amount of repeated self-harm during a yearly trearment and later six months after treatment.(RANZCP 2003,875-876.)

Self harmers have difficulties in generating and finding solutions to their problems. Problem solving therapy (PST) a form of cognitive therapy best suits this kind of young adults. PST is a progress through a sequence of steps; definitionof the problem, brainstorming, alternative solutions and arriving at a better solution. (Burns et al 2004,122.)

In the sense that will concern us here, problem solving has been defined as‘the self-directed cognitive-behavioral process by which a person attempts to identify or discover effective or adaptive solutions for specific problems encountered in everyday living.

PST involves teaching a client how to use a step-by-step process to solve life problems. The usual process taught can be broken into two major parts: (1) applying a problem-solving orientation to life and (2) using rational problem-solving skills. Applying a problem-solving orientation usually involves appraising problems as challenges, thinking that the problems can be solved, and realizing that effective problem solving tends to require time and systematic effort. (Nezu, 2004, 4-5).

Rational problem-solving skills include: attempting to identify a problem when it occurs, defining a problem,attempting to understand the problem, setting goals related to the problem, generating alternative solutions, evaluating and choosing the best alternatives, implementing the chosen alternatives, and evaluating the efficacy of the effort at problem solving. (Malouff, 2005,46-48.)

Donaldson et al,(1997), reports a clinical control trial of PST for adolescents who had ideation of self-harm. Twenty three adolescents received the intervention and their outcome was compared with 78 adolescents who had received standard care.The intervention included three follow up phone interviews over two months period and a verbal agreement between the self-harmer and his guardian to attend at least four psychotherapy sessions. At 3 month follow up, there was no significant difference between the treatment group and the group that received standard aftercare. (Donaldson et al 1997 , 224-282.)

In another study (RANZCP, 2003) on the same modality of treatment, the researchers tends to differ on the implementation of PST. Whereas same therapist was encouraged,the study totally opposes it. Young adults tend to repeat the act of self harm when they get used to same therapist always. The relationship between healthcare proffessionals and their clients is once again highlited as being a major topic that must be well studied and better approaches implemented to it.

Of all the the six studies reviewed in this paper,there were methodological problems that hindered interpretation, this included inadequate sample sizes, exclusion of high risk groups, use of equal and standard treatment as the control and use of self reports rather than objective measurement.

8 LIMITATIONS

The writer had limitations in the writing of this paper.Language was one of the major hinderance as self harm is in itself a wide topic and subject that affects every group worldwide. Research articles were searched in English language, however articles written in other languages that also dealt with self harm was not used thus relevant information was not put in use. The articles used herein are majorly from English speaking countries; United Kingdom, Canada, Australia and New Zealand. Therefore countries with less socioeconomic advantage as well as higher population rates of young adults were not covered in the research. Generally, the findings can be biased due to imbalance in the research processes done.

Self harm is one of the major concern for health care workers globally. More research and debates are on going in an attempt to achieve relevant and evidence based solutions. Selection of articles from the many retrieved from the databases proved to be a heavy task especially for this topic as it is closely related to other injurious behaviours tried and done by young adults.

The search process used during the writing of this paper was done with little knowledge on research methods and techniques. Sufficient know-how and skills on search process could have produced a much better results for the literature review. Due to the broadness of the topic and the research studies on it, many relevant studies might have been omitted due to the limitations done in order to arrive at a certain number of articles required for the thesis.

Given that self-harm is a relatively common problem in young adults, there have been few studies on the effectiveness of the interventions already in use. Before interpreting the data on the 6 articles, the author warrants comments concerning methodology. Bias may well have been operated in the studies as far as global coverage is concerned. Additionally there might be contamination in the studies used.

Nursing interventions against self-harm were compared with normal or standard care. Normal treatment is usually developed through clinical wisdom but rarely supported by empirical evidence. The term “normal” is a misnomer since there is considerable heterogeneity in the care for young adults. Further methodological concerns include low participation rates of young peole who received the intervention in two of the studies. (Beautrais, (2010) & Hazell, (2009)

9 CONCLUSIONS

Self-harm is common among young adults and causes distress and discomfort on them, family, friends and the society as a whole. Necessary service provision should be made available for its management and treatment. Health care professional must be educated well enough to cater for the rising number and cases of self-harm. The hospital management should be organized in a manner that necessary or rather further diagnosis are made by a mental health professional before discharge of a client. Follow up is advised as a way of showing care and encouragement to the client therefore reducing the chances of repeated self-harm. Careful attention should also be given to process evaluation to determine what hinders or helps the delivery of interventions in clinical settings. Addressing methodological limitations inherent in the study of interventions designed to prevent self-harm in young adults will facilitate better practice in the delivery of care in clinical settings.(Burns et al,2009).

Combination of pharmacological and therapeutic interventions is seen to be an appropriate measure only if medication is given during a dangerous situation. Therapeutic interventions should be carried out by a trained personnel in order to achieve better treatment. However there maybe challenges to the self-harmers due to the limited number of trained pyschologists and therapists. This is so depending on the location and the need or severity of one's problem.

The literature highlights the significance of mananagement and intervention of young people who self-harm and this is an important clinical area hence the need for the clinically valid research-based evidence. The royal college of psychiatry guidelines offers clear recommendations for the assessment and management of young people who self-harm. Indeed policy makers and public alike need a more clear understanding of self-harm in young people than ever before. (Anderson et al, 2004).

10 RELIABILITY

Based on literature, the validity and reliability of this thesis is a step forward as mental health researchers and professionals can use it in helping young adults from self-harm and create more options and coping strategies to the young adults who self-harm. (Burns et al, 2005)

The validity of this paper is considered fair as the writer consulted and read many relevant articles, books and journals in the writing of the thesis. The writer strictly followed all the guidelines stipulated by the university as well as seeking permissions ,in some cases, of use for articles found on the databases. The nursing interventions as a major topic herein was read and compiled from different sources and authors.

The author was very keen in identifying the origin of the articles used and read. Studies from well know authors were identified and used in this paper. Studies that were occassionaly referred by two or more articles were also considered.

Journal and archives especially psychiatry proved to be very meaningful to the author in a sense that the results and methodology could be compared and methods and ways of helping self-harm in young people identified. The databases used Medline (ovid) and CINAHL (Ebscohost) through the schools' library proofed to be helpful in the writing of this paper.

11 ETHICAL CONSIDERATIONS

This paper was written according to the stipulated rules and regulations of Turku University of Applied sciences at that time. Literature review was done in a manner stipulated by the authors. To avoid plagiarism,the writer used own understanding to express the same topic in this paper. Journals and website pages were also referenced to ease review to the reader.The writer had to, in some circumstances, write in person to the author or the publishing company requesting the use of an article. There are best articles concerning this topic that were not used because of language difficulties. Furthermore, relevant information can be lost in attempt to translate the studies.

During the last decade, self-harm has prominently figured on the health agenda with increasing acknowledgement that evidence based approaches to the intervention and prevention of self harm should be studied, tested and adopted. It is increasingly recognized that clinical practice benefits from research studies is effective as it has been tried and tested (Burns et al, 2005).

An increasing volume of qualitative research and articles about qualitative methods has been published recently in medical journals. However, compared with the extensive debate in social sciences literature, there has been little consideration in medical journals of the ethical issues surrounding qualitative research. A possible explanation for this lack of discussion is that it is assumed commonly that qualitative research is unlikely to cause significant harm to participants. There are no agreed guidelines for judging the ethics of qualitative research proposals and there is some evidence that medical research ethics committees have difficulty making these judgements.

While recognizing the reservations held about strict ethical guidelines for the study , further debates is required on these issues so that the health services research community can move towards the adoption of agreed standards of good practice. In addition, the author suggest that empirical research is desirable in order to quantify the actual risks to participants in the studies.

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Database:Cinahl(EBSCO host) Full text articles.Publication date 2000-2011

Search words	Hits
Self-harm	752
Young adults	13837
Parasuicide	178
Nurses	98699
Self-injury	337
Nursing interventions	1927
Self-identity	664
Nursing	153643
Nursing views	203
Young adults,drugs	40
Young adults,sex	25
Young people	10950
Nursing roles	996
Attitudes	49943
Nursing attitudes	180
Nursing care	13947
Evidence based	14775
Deliberate self-harm	154
Interventions	57611

Database:Medline (Ovid) Full text articles.Publication date 2000-2011

Search words	Hits
Self-harm	669
Young adults	7554
Parasuicide	25
Nurses	21153
Self-injury	283
Nursing interventions	558
Self-identity	145
Nursing	21531
Nursing views	1
Young adults,drugs	231
Young adults,sex	590
Young people	322
Nursing roles	104
Attitudes	13569
Nursing attitudes	7
Nursing care	2041
Evidence based	15039
Deliberate self-harm	193
Interventions	58385

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