

Summary and conclusions

SBU's evaluation of current knowledge

Self-harm can take different forms and have different functions, ie people self-harm for many different reasons.

Self-harming behaviour is more common among teenagers and young adults than in other adults. It usually begins between the ages of 12 and 14 and is more common in girls than boys. In Swedish school-based studies from 2011, 34–42% of the participants reported having harmed themselves at least once, while 15–20% reported repeated acts of self-harm (on at least five occasions). As not all the affected young people seek help, there is a risk that some cases of self-harm may remain undetected.

There is little research into treatment received by people who self-harm, nor their experiences of the healthcare and school systems. This applies to children and adolescents as well as adults. The aim of this report is to investigate how people who self-harm experience their interactions with the healthcare and educational services. Because of the close relationships and the dependence of young people on relatives and friends, the report also includes these perspectives when they have been reported in the included studies.

In addition to this report, SBU has also produced a systematic review of school-based programmes to prevent self-harming behaviour among children and young people.

Conclusions

- ▶ There is a need for significant improvement in the attitudes of healthcare personnel to treating people who self-harm. Good communication between healthcare professionals and adults¹ with self-harming behaviour includes participation and continuity and can be crucial in motivating continued treatment.

¹ The majority of the adult participants in the included studies were women.

At present, many adults feel that healthcare professionals are judgmental, do not listen to them and lack sufficient knowledge, both of psychiatry and self-harm. They say that they are rarely offered the opportunity to participate in planning their care, that there is a lack of continuity in terms of treatment plans and staff, and that the care lacks meaningful content.

- ▶ In cases where boundaries are set or coercive measures are used, it is particularly important to act respectfully. *Good contact with healthcare professionals, where explanations of implemented coercive measures/boundary-setting are communicated and understood, is crucial in order to avoid a situation where adults who self-harm experience these set boundaries or coercive measures as punitive or disciplinary.*
- ▶ *It is important that young people with self-harming behaviour can confide in the people close to them and who can support them. Currently, many young people find it hard to confide in someone and seek help. Both healthcare and school personnel are responsible for ensuring that young people are aware of where to seek help and for following up to ensure that the help is provided.*
- ▶ *There is a danger that responsibility for helping people who self-harm falls between the cracks. Sometimes, society has unrealistic expectations of the ability of schools, parents and other relatives to help and support people who self-harm, although these people have neither the means nor the resources to assume such a responsibility. From an equality perspective, this is both problematic and unethical if it means that the conditions for helping these people are highly variable.*

Defining self-harming behaviour

The term *non-suicidal self-injury* (NSSI) refers to behaviour which is not intended to result in suicide. This

distinguishes NSSI from suicidal behaviour, where death is the intention.

Method

In order to disclose the experiences and perceptions of people who self-harm with reference to healthcare and school personnel, SBU has conducted a systematic review of the literature. The review was conducted in accordance with SBU's established methodology. The report is based mainly on studies applying qualitative methods of analysis.

Results

Experiences and perceptions of healthcare services

The scientific evidence supports the perceptions of people who self-harm that it is important that healthcare professionals have a supportive approach and listen to them. They also feel that healthcare personnel do not understand them and have a judgmental approach.

There is scientific evidence that people who self-harm consider it important that healthcare personnel should be well-versed in psychiatry and self-harming behaviour. Their perception is that the healthcare services fail to ensure continuity of contact with the same healthcare professional or contact person, and that interventions are planned without their participation.

There is scientific evidence that people who self-harm need and want care that is readily accessible and offers contact with a trained healthcare professional. Preferably, contact should be with the same person over time and should also be followed up. In addition, they want healthcare services to provide patient participation, sufficient time, relevant measures and activities.

Scientific evidence shows that people who self-harm perceive it as negative when boundaries are set and/or

coercive measures are used, as punishments or as disciplinary consequences, and that they have experienced this type of treatment. They have experienced care without content, being just a name on a file.

There is scientific evidence that negative experiences and perceptions of healthcare services by people who self-harm has discouraged them from subsequently seeking help. These negative experiences and perceptions contribute to feelings of powerlessness and vulnerability.

Experiences and perceptions of home, friends and school

The scientific evidence is insufficient to determine how young people who self-harm experience contact with healthcare and school services; more studies are needed.

There is scientific evidence that young people who self-harm often turn to friends for support. While they feel the need for adult support, they experience difficulties and obstacles in confiding in someone and seeking help.

Ethical aspects

People who self-harm come into contact with healthcare professionals following self-inflicted acts and injuries and are thus a particularly vulnerable group. For the healthcare personnel involved, these are very demanding circumstances, challenging their ethical awareness and their ability to reflect on their own opinions, attitudes and actions.

Having a child or loved one who harms themselves is emotionally exhausting and often leads to feelings of failure and powerlessness. Close relatives, parents and siblings need support and guidance to enable them to provide optimal support for the person who self-harms.

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