



# **Self-harm Education in Preregistration Nursing Programme**

## **An evaluative study**

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# Definition morass

Wide range of terminology: deliberate self-harm, self-injury, self-mutilation, self-destructive behaviour, attempted suicide, parasuicide, non suicidal self-injury (Ramluggun 2013)

## Misunderstanding of

- Functionality of the act in both clinicians and researchers (Shaw and Sandy 2016, Ramluggun 2015)
- Mismatch in care givers and patients motivational attributions for self-harm behaviour (Shaw and Sandy 2016)

# What is it?

## **Survival strategy**

To preserve life (not to end it) and unique to the person

*“People do not die from feeling their feelings. In fact, the opposite is true. People die from things they do in order not to feel their feelings” (Mirowsky and Ross 2003 p 295)*

## **Strong association with suicide**

Two recent UK deaths 14-year-old Molly Russel and 16-year-old Leilani Clarke linked to harmful online self-harm content

# Common forms of self-harm

- Cutting on arms and legs (often in lines with razor blades)
- Scratching
- Bruising
- Repeatedly picking at old injuries
- Burning with matches and cigarettes
- Hair pulling
- Head banging
- Medication overdose

# Predisposing Factors

## ❖ Psychological

Traumatic events, abuse, bullying, emotional regulation difficulties, dissociating experience, mental health conditions- psychosis

## ❖ Social

Relationship difficulties-breakdown, bereavement, gender issues- coping with sexuality, cultural expectations-arranged marriage

## ❖ Physical triggers

Substance misuse- increased vulnerability during detoxification

***Caveat: emerging evidence indicate that those with non predisposing factors also self-harm.***

# Prevalence

- A growing public health concern globally with a higher prevalence in adolescent (Morgan et al 2017)
- A rising rate internationally in the **United States** (Monto et al 2018), **Canada** (Collier 2011) **Australia** (Moran et al 2012) and **European countries** (Brunner et al 2014, Tofthagen et al 2014)
- An issue of concern for **Southeast Asia, India** (Singh et al 2016), **China** (Sun et al 2011), **Thailand** (Paholpak et al., 2012) and **Indonesia** (Tresno et al 2012)

# Attitudes to Self-harm

- **Antipathy to self harm a significant barrier**

Many of those seeking help

***were met with ridicule or hostility from the professionals they turned to...*** (“Truth Hurts” Report Mental Health Foundation 2006 p1)

Education- potential to bring attitude change

- Supported by various policy pronouncements
- Training to address knowledge gap

Recommendation for available education

***‘in professional training curricula and continuing professional development’*** (MHF 2006)

# AIM

To test the changes of nursing students' attitudes to self-harm following a self-harm workshop at two higher education institutes in the UK and Thailand.



# Methodology

## Participants

- Preregistration nursing Students (42 UK; 90 Thailand)

## Setting

- Approved Education Institutes

## Design

- Post Test design
- Administration of Self-harm antipathy scale (SHAS) at T1&T2
- Paired t-test

**Ethics** – University Research approval

# Self-harm antipathy scale (SHAS) definition

*The terms 'self-harm' and 'self-harming' in Part A and B below and overleaf relate to individuals who consciously engage in harming themselves by a variety of means e.g. burning, cutting, self-poisoning, but who are not considered to be making a direct attempt to kill themselves-an act with a non-fatal outcome.*

*This definition includes clients of all ages who have harmed themselves on either one or more occasions and excludes those who do not understand the meaning or consequence of their actions.*

# SHAS

**30 items- Antipathy scores ranging from 30-210 with six factors:**

1. Competence appraisal (empathetic)
2. Care futility (apathetic)
3. Client intent manipulation (a manipulation tool)
4. Acceptance and understanding (empathetic)
5. Rights and responsibilities (to stop or not to users)
6. Needs Function (acknowledging the function of self-harm)

# **Self-harm workshop content & delivery**

## **Educational intervention**

- ❖ Teaching methods- active learning
- ❖ Acquisition of attitudes
- ❖ Target affective, cognitive and behavioural responses

## **Workshop content –**

- Discussion terms associated with self-harm
- Explanations and causes
- Complexity of needs and functions
- Debunking the myths about self-harm

# Theoretical Framework

- **Expectancy- value model** -accessible beliefs and the evaluations of the associated attribute
- **Psycho-sociological perspective**- Stereotype (cognitive), prejudice (affective) and actions (behavioural)
- **Phenomenological pedagogy** (critical inquisitiveness) Being receptive to criticism of one's views in forming new perspectives
- **Carl Rogers Humanistic approach**- attending to students' feelings drawing on from

# TEST FOR DATA DISTRIBUTION-UK

## One-Sample Kolmogorov-Smirnov Test (K-S Test)

N		Post	Pre
		42	42
Normal Parameters <sup>a,,b</sup>	Mean	63.5000	78.9524
	Std. Deviation	15.45607	19.51479
Most Extreme Differences	Absolute	.109	.111
	Positive	.109	.111
	Negative	-.062	-.079
<u>Kolmogorov-Smirnov Z</u>		<u>.709</u>	<u>.721</u>
<u>Asymp. Sig. (2-tailed)</u>		<u>.696</u>	<u>.676</u>

a. Test distribution is Normal

b. Calculated from data

# TEST FOR DATA DISTRIBUTION-THAILAND

## One-Sample Kolmogorov-Smirnov Test (K-S Test)

N		Post	Pre
		90	90
Normal Parameters <sup>a,,b</sup>	Mean	92.5111	102.9778
	Std. Deviation	15.32366	10.65810
Most Extreme Differences	Absolute	.073	.103
	Positive	.038	.070
	Negative	-.073	-.103
<u>Kolmogorov-Smirnov Z</u>		<u>.694</u>	<u>.982</u>
<u>Asymp. Sig. (2-tailed)</u>		<u>.722</u>	<u>.290</u>

a. Test distribution is Normal

b. Calculated from data

# PAIRED SAMPLE TEST UK

**Paired Samples Statistics**

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 Post	63.5000	42	15.45607	2.38492
Pre	78.9524	42	19.51479	3.01120

**Paired Samples Correlations**

	N	Correlation	Sig.
Pair 1 Post & Pre	42	.863	.000

**Paired Samples Test**

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Post - Pre	-15.45238	9.94914	1.53519	-18.55275	-12.35201	-10.065	41	.000



# PAIRED SAMPLE TEST THAILAND

**Paired Samples Statistics**

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 Post	92.5111	90	15.32366	1.61526
Pre	102.9778	90	10.65810	1.12346

**Paired Samples Correlations**

	N	Correlation	Sig.
Pair 1 Post & Pre	90	-.095	.373

**Paired Samples Test**

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	Post - Pre	-10.46667	19.47871	2.05324	-14.54640	-6.38693	-5.098	89	.000

# Comparison of SHAS factors at T1&T2

SHAS factors	Mean	SD	Paired t-test	Sig. (2-tailed)
<b>F1 Post-test (T2)</b>	13.55	4.08	-7.251	0.00
<b>Pre-test (T1)</b>	17.98	5.21		
<b>F2 Post-test (T2)</b>	9.67	3.65	-5.503	0.00
<b>Pre-test (T1)</b>	13.05	4.95		
<b>F3 Post-test (T2)</b>	7.62	2.16	-9.282	0.00
<b>Pre-test (T1)</b>	12.59	5.14		
<b>F4 Post-test (T2)</b>	4.71	1.84	-4.884	0.00
<b>Pre-test (T1)</b>	6.29	2.59		
<b>F5 Post-test (T2)</b>	6.67	3.36	-6.067	0.00
<b>Pre-test (T1)</b>	8.86	3.29		
<b>F6 Post-test (T2)</b>	3.62	1.59	-5.223	0.00
<b>Pre-test (T1)</b>	4.83	2.01		

# Findings of SHAS factors

- Re-examine their attributes towards self-harm
- Increase awareness of the dynamics of help seeking behaviour
- Development in a sense of worth for patients who self-harm
- Positive appraisal of care for patients who self-harm
- Increase understanding of self-harm as a coping mechanism

# Limitations

- Self-selecting intervention group/existing interest on self-harm
- Outcome measure based on self-report
- Expressed attitudes may not correlate to actual behaviour

# Implications & Recommendations

- Nursing students have a moderate level of antipathy to self-harm
- Antipathy to self-harm can be improved with educational interventions
- The learning and teaching strategies on self-harm
- Attitudinal dimensions were mostly improved in area of F3 (Client Intent Manipulation)
- Educational significance for further self-harm training in the curriculum
- How their competence translate into practice

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