



Review

Attitudes of emergency care staff towards young people who self-harm: A scoping review



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ABSTRACT

Aim: To determine whether reported attitudes towards patients who attend A&E following self-harm extend to young people.

Background: Historically A&E staff have displayed negative attitudes towards patients who self-harm, although more recent research suggests that attitudes have shifted. There is retrospective evidence of low satisfaction with A&E services by individuals who self-harmed as adolescents, with comparatively little research which has specifically examined attitudes towards adolescent self-harm available.

Method: A scoping review of papers published from 2000 to 2012 was undertaken, papers accessed through the following databases, British Nursing Index, CINAHL, Medline, Psychology and Behavioural Science Collection, and PsychINFO. Hawker et al.'s (2002) methodology for critical appraisal was adopted.

Results: Eleven papers derived from nine studies were located; three studies adopted qualitative methods, two mixed methods; the remainder were quantitative adopting a survey approach to measure attitudes. The studies revealed inconsistent findings, although the setting, patients' characteristics and education and training all appear to have a bearing on attitudes towards young people who self-harm. **Conclusion:** Further research is required which considers attitudes of emergency care practitioners within the context of emergency care work, and which investigates whether being a young person per se has an influence on attitudes.

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Introduction

The number of patients (adult and adolescents) who access emergency services in England following self-harm increased by 11% between 2007 and 2010 (Fernandes, 2011). The increasing prevalence of adolescent self-harm and the association of self-harm with premature death (Bergen et al., 2012) means that young people with a history of self-harm are identified as a high-risk group in the UK's suicide prevention strategy (H.M. Government, 2012). Adolescent self-harm, while sharing some commonality with self-harm in adults, has distinct features; there is an association with timing of self-harm and the school year, with exam stress and bullying evident as risk factors (Fox and Hawton, 2004). Difficult relationships with peers and family are also risk factors for young people (Evans et al., 2004), who are less likely to be serious in their suicide intent (Hawton and Harriss, 2008; Royal College of Psychiatrists, 2010).

Interest in attitudes of A&E staff towards self-harm has arisen as historically patients who overdose have been cited as 'unpopular', an observation made in Jeffery's (1979) study and further concep-

tualised in a review by Cresswell and Karimova (2010), which draws attention to the discriminatory treatment of patients who self-harm in both in-patient psychiatric units and A&E departments. The National Institute Health and Clinical Effectiveness (NICE, 2004) acknowledged that the level of care provided in emergency services following an episode of self-harm was 'often unacceptable' (National Institute Health and Clinical Effectiveness, 2004, p. 7). Moreover, studies which have ascertained service users' perspectives of their care as adolescents reveal less satisfaction with care received in A&E departments than in other services (Harris, 2000; Nada-Raja et al., 2003; Brophy, 2006), with a graphic account of the poor quality care as experienced by a young person in an A&E department evident in McDougall et al.'s book (2010, p. 175).

Nevertheless, recent research indicates that attitudes held by A&E practitioners towards patients who self-harm are now more benign (Sun et al., 2007; Suokas et al., 2008; McCarthy and Gijbels, 2010; Conlon and O'Tuathail, 2012), but while there has been a fairly substantive interest in attitudes towards self-harm, the extent to which these attitudes have been examined in relation to adolescent self-harm is comparatively minimal. As A&E departments fulfil a key role in the care of young people who self-harm and the concomitant prevention of suicide (H.M. Government,

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2012), this scoping review aims to determine whether reported attitudes towards patients attending A&E services following an episode of self-harm extend to young people.

Design

An initial search of databases revealed that although there is a body of research that has examined attitudes of A&E practitioners towards self-harm, there is comparatively little research that has examined attitudes towards young people who self-harm, consequently a scoping review was the method adopted. The [Centre for Reviews and Dissemination \(2008\)](#) advise that a scoping review is appropriate to gauge the size and nature of the evidence base for a particular topic area with a view to identifying gaps in the literature. A scoping review aims to make recommendations for future primary research, but unlike a systematic review does not attempt to synthesise available evidence, rather they aim to contextualise knowledge, determine current understanding and where gaps exist, within the context of policy and practice ([Anderson et al., 2008](#)).

Methods

A search of the following databases was conducted, British Nursing Index, CINAHL, Medline, Psychology and Behavioural Science Collection, and PsychINFO. Google Scholar was also used to follow up on specific papers using the facility of 'cited by' and 'related articles'. The search was limited to English language publications; no limits were placed on country of publication. In order to capture a range of papers, studies were included that had been published over a 12-year period (2000–2012); the final search was conducted in November 2012. The initial search revealed that there were a limited number of studies that had specifically examined the attitudes of A&E staff towards young people who self-harm with four papers located: ([Anderson et al., 2003, 2005; Crawford et al., 2003; Anderson and Standen, 2007; Timson et al., 2012](#)). The search was therefore extended to include papers that examined attitudes towards adolescent self-harm irrespective of setting. The review was concerned with adolescents aged 12–18 years of age as, in line with the UK's National Service Framework ([Department of Health, 2004](#)), young people between these ages are normally located in paediatric and child and adolescent mental health services.

Although the term 'self-harm' is adopted within this paper, for the purpose of the search strategy, the phrases attempted suicide and self-injury were also employed. Self-mutilation was also entered, but yielded limited results, all duplicates of papers already located. Likewise, adolescents and young people are used interchangeably thus both terms were used within the search strategy; subsequently employing the terms youth or teenager yielded no additional papers (see [Fig. 1](#)).

As the methods adopted for measuring and reporting attitudes varied, [Hawker et al.'s \(2002\)](#) methodology for critical appraisal was adopted. Abstracts for each of the papers returned in the search were assessed for relevance and reviewed to determine whether they met the review's inclusion criteria, which were as follows,

- Primary research reported in peer reviewed journals.
- Research reported specifically on attitudes towards young people.
- Nurses were amongst the study population.

Data were extracted and interrogated using a data extraction table (see [Table 1](#)); the methodological quality of each paper was

assessed using the format provided by [Hawker et al. \(2002\)](#). The findings of each of the studies were collated. Results from the quantitative studies were initially compared and contrasted. Thematic analysis using the steps identified by [Braun and Clarke \(2006\)](#) was undertaken with three themes emerging, 'Setting', 'Patients' Characteristics' and 'Education Makes a Difference'.

Search results

Having excluded duplication across the searches, 302 abstracts were reviewed; nine papers met the inclusion criteria. A further two papers were located by following up references on these papers. Following critical appraisal 11 papers, derived from nine studies were included in the analysis ([Anderson et al., 2000, 2003, 2005; Crawford et al., 2003; Anderson and Standen, 2007; Dickinson et al., 2009; Law et al., 2009; Wheatley and Austin-Payne, 2009; Dickinson and Hurley, 2011; Rissanen et al., 2011; Timson et al., 2012](#)), (see [Table 1](#)). In addition to A&E, the studies were undertaken in a range of settings including an inpatient forensic unit, a young offenders institution, child and adolescent mental health services (CAMHS), and university students.

With the exception of [Rissanen et al. \(2011\)](#) all the studies were conducted in the UK, which is in contrast to the body of research that has examined attitudes of A&E staff towards adult patients, which has a wider international perspective.

A note on terminology – suicide, attempted suicide and self-harm

Scholars working in the field of suicide have for over 50 years been trying to gain consensus on satisfactory terminology to describe various suicidal behaviours ([Skegg, 2005](#)). This is evident in the papers reviewed which variously used 'self-mutilation' ([Rissanen et al., 2011](#)), 'suicidal behaviours' ([Anderson et al., 2000, 2003, 2005](#)) 'deliberate self-harm' ([Crawford et al., 2003](#)) and 'self-harm' ([Dickinson et al., 2009; Law et al., 2009; Wheatley and Austin-Payne, 2009; Dickinson and Hurley, 2011](#)). The term self-harm was most widely used, largely on the premise that it is the term used in the [NICE \(2004\)](#) guidelines, and encompasses both self-poisoning and self-injury.

Historically the term deliberate self-harm was commonly used, but latterly the term 'deliberate' as a prefix to self-harm has been dropped largely due to critiques from service users who have clearly articulated that their harm is not deliberate ([Skegg, 2005](#)). Similarly, the term 'self-harm' is now preferred over 'attempted suicide', in recognition that not all individuals who self-harm intend to complete suicide. This debate is reflected in the use of the term 'suicidal behaviours' in [Anderson et al.'s \(2000, 2003, 2005\)](#) work; they acknowledge that self-harm is on a spectrum of suicidal behaviours. Young people report a range of motives for their 'self-harm' including, 'wanting to kill themselves', as well as 'wanting to get relief from a terrible state of mind', 'getting their own back on someone' and 'wanting to frighten someone' ([Hawton and Rodham, 2006](#)).

While the term self-harm is now preferred over attempted suicide, the work of [Stengel \(1952, 1956, Stengel and Cook, 1958\)](#), was instrumental in distinguishing 'attempted suicide' from 'completed suicide'. The main distinction that Stengel drew was that those attempting suicide were making an appeal to other human beings, and as such those who attempted suicide were making a cry for help, their suicide attempt paradoxically being the individual's attempt at survival in what were frequently adverse circumstances or exceptional life events ([Stengel, 1952, 1956](#)). Stengel's work was also important as he identified how those who do not complete suicide are more likely to be adversely judged, as 'the survivor

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