Available online at www.sciencedirect.com

ScienceDirect

journal homepage: http://ees.elsevier.com/hsag/default.asp

Full Length Article

Mental health nurses' attitudes toward self-harm: Curricular implications

David G. Shaw [a], *Peter Thomas Sandy* [b,*]

[a] *Buckinghamshire New University, Reader in Health Psychology, Department of Psychology, Queen Alexandra Road, High Wycombe, Buckinghamshire, UK*

[b] *University of South Africa, Department of Health Studies, 6-184 Theo van Wyk, Muckleneuk Ridge, Pretoria, 0003, South Africa*

ARTICLE INFO

Article history:
Received 11 April 2015
Accepted 2 August 2016

Keywords:
Attitudes to self-harm
Mental health curriculum
Interpretative phenomenological analysis
Nurses
Secure environments

ABSTRACT

Background: Self-harm is an old problem but increasing in incidence. It has important consequences for the individual concerned, the health care system, and can impact the well-being of staff. Extensive prior research has adopted a quantitative approach, thereby failing to explore in detail the perspective of mental health nurses. The literature also neglects secure mental health settings.

Methods: The study aimed to explore the attitudes of mental health nurses toward service users who self-harm in secure environments, and to inform mental health curriculum development. It was conducted in a large forensic mental health unit, containing medium and low secure facilities, to the west of London, UK. A qualitative multi-method approach was adopted, underpinned by interpretative phenomenological analysis. Data were obtained from mental health nurses using individual interviews and focus groups, and analysis followed a step-by-step thematic approach using interpretative phenomenological analysis.

Results: Nurses' attitudes toward self-harm varied but were mainly negative, and this was usually related to limited knowledge and skills. The results of the study, framed by the Theory of Planned Behaviour, led to the development of a proposed educational model entitled 'Factors Affecting Self-Harming Behaviours' (FASH).

Conclusion: The FASH Model may inform future curriculum innovation. Adopting a holistic approach to education of nurses about self-harm may assist in developing attitudes and skills to make care provision more effective in secure mental health settings.

* *Corresponding author*. Fax: +27 12 429 3361.
E-mail addresses: david.shaw@bucks.ac.uk (D.G. Shaw), sandypt@unisa.ac.za (P.T. Sandy).

Peer review under responsibility of Johannesburg University.
http://dx.doi.org/10.1016/j.hsag.2016.08.001

1. Introduction

This paper reports on a qualitative study into the attitudes of nurses toward users who self-harm within a large secure mental health unit in London. The study has been reported in full elsewhere with particular emphasis on practice implications (Sandy & Shaw, 2012), and the present purpose is to report on the educational implications of the results.

Self-harm is a significant international public health problem with increasing incidence (Sandy, 2013). In a document published by the World Health Organisation (WHO, 2009), it is indicated that globally between 10 and 100 million incidents of self-harming behaviour occur every year. Citing the United Kingdom (UK) as an example, the incidence of this behaviour has been rising since the 1960s (Mental Health Foundation, 2006). More recent studies report that self-harm is responsible for 24,000 hospital admissions in England each year (Long & Jenkins, 2010). Similar claims have been made by the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPS NI, 2008). It is estimated that self-harm is responsible for 7000 hospital admissions per year in the province of Northern Ireland, a rate that has increased by 9% since 2000. These figures are likely to be an underestimate because of the secrecy associated with the behaviour, and estimates of its incidence tend to vary between countries. For example, a review of the work of Favazza and Rosenthal (1993) and Walsh and Rosen (1988) in the United States of America by Sakinofsky (2000) unveiled a self-harm rate of 300–1400 people per 100, 000 of the general population. A review of the UK literature by Cooper et al. (2005) indicates that self-harm is responsible for 170, 000 admissions per year to UK hospitals. The National Institute for Health and Care Excellence (NICE) considers this rate the highest in Europe (NICE, 2004). As regards the Republic of South Africa (RSA), there are no reliable figures on the incidence of self-harm. There are a couple of published accounts based on retrospective record analysis. But, as Favara (2013) points out, many cases of physical (as opposed to chemical) self-harm are fatal, and other cases are turned away from busy critical care units. From the data that are available, however, it appears that self-harm is a significant problem in South Africa. In addition to the human cost, it has a substantial impact upon health care resources (Favara, 2013).

Whilst these studies indicate the historical nature of the behaviour of self-harm, the variation in rates illustrated is attributable to the absence of a universal definition which, in Magnall and Yurkovich (2008) view, is reflected in healthcare workers' use of a number of definitions and terms, such as deliberate self-harm and self-mutilation in describing self-harming behaviours. Such usage causes confusion for both researchers and healthcare workers. In this paper, the term self-harm is used to refer to all self-harming behaviours, which is in accordance with the NICE definition, "… self-poisoning or self-injury, irrespective of the apparent purpose of the act." (NICE, 2004, p. 7).

Self-harming behaviours are common among people with mental health problems, causing distress to the individuals concerned. This association was demonstrated, for example, in Lippi's study (2012) that established a strong correlation between self-harm and depression in South Africa. Self-harm also impacts on nurses, who are charged with safeguarding users, and it has resource implications. It is therefore a problem worthy of investigation.

The literature indicates a mis-match in motivational attributions for self-harm between nurses and users. This has the potential to negatively affect professional-user relationships, undermine care, and perpetuate self-harming behaviour. What follows is a summary of the relevant literature and theoretical stance, followed by an account of the methods used in the present study. From that point, the paper focusses on those findings that have educational implications.

Self-harm is a complex multidimensional behaviour, and such complexity indicates a multitude of reasons motivating people to engage in it. Tension release is one of the most commonly cited reasons by users, as they tend to report emotional release and subsequent feelings of calm following acts of self-harm (Sandy, 2013). Communication of unbearable feelings (such as anger), self-cleansing, driving others away, regaining control of their lives and coping with stigmatisation and labelling are motives also frequently expressed by users (Bosman & van Meijel, 2008). Punishing others and avoidance of the impulse to commit suicide are other reasons for self-harm, but these motives are unusual (Sandy, 2013). It is important to note that most of the research literature focusses on Western countries, yet it is well established that cultural factors play an important part in self-harm.

For many years, users who self-harm have been described as manipulative and attention-seeking (Cook, Clancy, & Sanderson, 2004). More recently, Sandy and Shaw (2012) assert that healthcare workers often perceive people who self-harm as time wasters and unworthy of treatment. These negative perceptions have the potential to impede therapeutic engagement, a view regularly reiterated in the literature (Wilstrand, Lindgren, Gilje, & Olofsson, 2007). Although these claims of negative attitudes should be treated with caution since there is limited evidence to support them, there are grounds for further investigating the nature and acquisition of attitudes since any educational intervention will depend on such an understanding.

It is clear that the existing research literature is biased towards quantitative studies (McCann, Clark, & McConnachie, 2007). Most of these studies focussed on exploring this behaviour in Accident and Emergency departments and generic psychiatric settings, neglecting to consider self-harm in secure mental health settings (Hadfield, Brown, & Pembroke, 2009). Previous studies do provide tantalising suggestions that self-harm among users might be perpetuated by the inappropriate behaviour of nurses, such as ignoring and ascribing negative labels, which can be harmful to the health of both themselves and users (Mchale & Felton, 2010). The next section relates to the theoretical basis considered in developing a model for those who educate mental health professionals.

2. Theoretical underpinning

The core concept is attitude, which is described by Rosenberg and Hovland (1960) as predispositions to respond to some