







Recommendations for nursing care for self-injury among adolescents and young people: a systematic review*

Recomendações para o cuidado de enfermagem à autolesão entre adolescentes e jovens: revisão sistemática

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ABSTRACT

Objective: to map the recommendations for nursing care in non-suicidal self-injury among adolescents and young people. **Methods:** this is a systematic review using meta-aggregation to synthesize studies with qualitative data, as recommended by the JBI. The search was conducted in the LILACS and BDNF databases; MEDLINE; CINAHL; Web of Science; APA PsycInfo; EBSCOhost; Scopus Preview; Embase; and PubMed Central repository. **Results:** a total of 16 studies were included, and two synthesized findings were identified. The first identified the importance of relationships permeated by bonding and trust, free from stigmas involving the adolescent or young person as protagonists. The second finding highlighted the need for adequate nursing training, in addition to physical preparation of the different services to accommodate this population in situations of self-injury. **Conclusion:** care needs to be performed in a humanized manner, with the building of trust and in a welcoming environment. The focus should be on actions guided by the community and the interprofessional and intersectoral logic. **Contributions to practice:** the need for systematization of individualized care centered on the adolescent/young person and family is highlighted. Continuing education and mental health support from Nursing are recommended.

Descriptors: Adolescent; Young Adult; Self-Injurious Behavior; Nursing Care; Review.

RESUMO

Objetivo: mapear as recomendações para o cuidado de enfermagem na autolesão não suicida entre adolescentes e jovens. **Métodos:** revisão sistemática, utilizando a meta-agregação para a síntese dos estudos com dados qualitativos, conforme recomendado pelo JBI. A busca foi conduzida nas bases LILACS e BDNF; MEDLINE; CINAHL; Web of Science; APA PsycInfo; EBSCOhost; Scopus Preview; Embase; e repositório PubMed Central. **Resultados:** foram incluídos 16 estudos, sendo identificados dois achados sintetizados. No primeiro, identificou-se a importância de relações permeadas pelo vínculo e confiança, livres de estigmas que envolvam o adolescente ou jovem como protagonistas. No segundo achado, emergiu a necessidade de formação adequada à Enfermagem, além do preparo físico dos diferentes serviços para acolher esta população em situação de autolesão. **Conclusão:** o cuidado necessita ser executado de forma humanizada, com a construção de confiança e em ambiente acolhedor. Deve-se focar em ações pautadas na comunidade e na lógica interprofissional e intersectoral. **Contribuições para a prática:** evidenciou-se a necessidade de sistematização de um cuidado individualizado, centrado no adolescente/jovem e família. A educação permanente e apoio em saúde mental da Enfermagem foram recomendados.

Descritores: Adolescente; Adulto Jovem; Comportamento Autodestrutivo; Cuidados de Enfermagem; Revisão.

Introduction

Contemporary adolescence and youth are understood as continuous processes of human development, and should be treated beyond age groups. Furthermore, they are moments lived in a unique and contextual way, characterized by an expansion of the construction of identity and autonomy, impacted by and impacting the social, historical and cultural structures associated with them⁽¹⁾.

Adolescents and young people present health processes which are mainly impacted by difficulties in accessing services and preventable conditions; attention to the mental health of this population has been called for, especially after the pandemic period⁽²⁻³⁾. In this sense, among self-inflicted violence, non-suicidal self-injury is a behavior which has increased considerably in the last three decades⁽⁴⁾. This phenomenon can be conceptualized as a deliberate injury which leads to an alteration and/or destruction of the body tissue of the person who has been injured. It includes, but is not limited to, burns, cuts, scratches, hitting oneself or inserting objects into the body⁽⁵⁾. There is no initial conscious intention to commit suicide, but it can constitute a risk factor for this⁽⁵⁻⁶⁾.

In epidemiological terms, it is estimated that approximately 14% of adolescents and young people worldwide will self-injury at least once in their lives; there is a prevalence of self-injury of 22.1% throughout life, the highest among self-inflicted violence. Furthermore, it has been shown that living in countries with high social inequities increases the risk of such violence⁽⁷⁾. A higher incidence of self-injury and suicidal behaviors has been identified in the Brazilian scenario in recent years⁽⁸⁾.

Despite the need to understand and act in facing self-injury, such care still represents a challenge for child and youth protection and care services. In the national context, the National Policy for the Prevention of Self-Injury and Suicide was established in 2019, with the purpose of promoting intersectoral coordination for preventing and confronting the de-

terminants and conditions associated with these problems⁽⁹⁾.

Nursing is understood as an essential area for systematizing sensitive and unique care for adolescents and young people involved in non-suicidal self-injury, occupying a privileged place in health teams and services⁽¹⁰⁾. Nursing care is presented as a social practice, involved in transformations which demand reflection in facing new phenomena and challenges in constant change; the objective is to maintain or restore the dignity of people in the different development processes⁽¹¹⁾.

Scientific knowledge about Nursing care for adolescents and young people in situations of non-suicidal self-injury is lacking, leading to difficulties and discomfort for nurses in managing this phenomenon^(10,12-13). Considering the above, this study aimed to map the recommendations for nursing care in non-suicidal self-injury among adolescents and young people.

Methods

This is a systematic review guided by the JBI recommendations, employing a meta-aggregative approach for the synthesis of qualitative evidence⁽¹⁴⁾, and its protocol was registered in the International Prospective Register of Systematic Reviews (PROSPERO) under the identifier CRD42021249847.

This study aimed to answer: What are the recommendations for nursing care for non-suicidal self-injury in adolescence and youth, according to the perception of adolescents, young people and nurses? The question was inserted in the PICo strategy, which is an acronym for P – population, I – phenomenon of interest, and Co – context. The study population was adolescents, young people and nurses. The age range for adolescents was considered from 13 to 18 years old, and for young people from 19 to 24 years old, according to the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). The term Nursing was used throughout the work to establish a more

neutral and comprehensive language. The phenomenon of interest was non-suicidal self-injury and the context was Nursing care, according to the concepts presented in the introduction^(8,10).

The inclusion criteria for this review were studies with qualitative data that answered the guiding question, such as descriptive and mixed methods (considering only qualitative data extraction), without time or language restrictions, and published up to 12/31/2023. The following were excluded: literature reviews, abstracts published in conference proceedings and editorials.

The search strategy used three stages for this review. An initial search was performed with the indexed terms “Adolescent”, “Self-Destructive Behavior”, “Nursing Care” and “Health Services”, also using their Spanish and English versions. This initial search was limited to the Medical Literature Analysis and Retrieval System Online (MEDLINE) databases, via Pubmed; Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Database (BDENF), via Virtual Health Library (VHL). Next, the words present in the titles and abstracts were analyzed, as well as the descriptors used in the articles, and a systematic search for this study was then performed.

A second search using all indexed and free terms identified in the previous search was conducted in the LILACS and BDENF databases, via BVS; Medline via Pubmed; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Web of Science; American Psychological Association (APA PsycInfo); EBSCOhost; Scopus Preview; Embase; and PubMed Central digital repository. Finally, as a third step, the reference lists of all included articles were searched for additional studies.

As indicated in Figure 1, terms and synonyms according to DeCS, MeSH and Embase Subject Headings (EMTREE), as well as free terms, were used in all search strategies performed in the databases and repositories. The searches were independently performed by a librarian.

DeCS
((<i>Adolescente</i> OR Adolescent) OR “ <i>Adulto Joven</i> ” OR “Young Adult” OR “ <i>Adulto Joven</i> ”) AND (((“ <i>Comportamento Autodestrutivo</i> ” OR “ <i>Conducta Autodestructiva</i> ” OR “Self-Injurious Behavior”) OR <i>Automutilação</i> OR “Self Mutilation” OR <i>Automutilación</i>) OR “ <i>Autolesão Não Suicida</i> ” OR “ <i>Autolesión No Suicida</i> ” OR “Non-suicidal Self-injury” OR NSSI OR ALNS) OR cutting) AND (((“ <i>Papel do Profissional de Enfermagem</i> ” OR “Nurse’s Role” OR “ <i>Rol de la Enfermera</i> ”) OR “ <i>Cuidados de Enfermagem</i> ” OR “Nursing Care” OR “ <i>Atención de Enfermería</i> ”) OR “ <i>Relações Enfermeiro-Paciente</i> ” OR “Nurse-Patient Relations” OR “ <i>Relaciones Enfermero-Paciente</i> ”)
MeSH
((Adolescent) OR “Young Adult”) AND ((((((“Self-Injurious Behavior”) OR “Nonsuicidal Self Injury”) OR “Self Mutilation”) OR automutilation) OR “non-suicidal self-injury” OR NSSI) OR cutting) AND (((Nursing Care) OR “Nurse’s Role”) “Nurse-Patient Relations”)
EMTREE
((Adolescent) OR “Young Adult”) AND (((automutilation) OR “Non-suicidal Self-injury”) OR Cutting) AND (((“Nurse Attitude”) OR “Nursing Care”) OR “Nurse Patient Relationship”)

Figure 1 – Terms, synonyms and free terms used in the systematic review. São Carlos, SP, Brazil, 2023

The search and data collection period took place in January 2024. Duplicate articles were pre-selected and excluded using two applications: End-Note Web and Rayyan, a software program from the Qatar Computing Research Institute (QCRI). Titles and abstracts were also read in Rayyan, and exclusion or inclusion were determined.

After this initial selection, the texts were read in full to verify whether they were actually eligible. The methodological quality of the studies was assessed using the Qualitative Research Critical Appraisal Checklist. Details about the journals, objectives, population, context, methodology, and main results were included for data extraction. In addition, the findings and illustrations which represented them were extracted, and assigned a level of credibility. The “Findings” refer to the part of the text extracted in the authors’ analytical interpretation. The part called “Illustration” accompanies each result and contains a direct extrac-

tion of the participant’s voice or observations from the fieldwork. Furthermore, the findings were scored according to the level of credibility, for which there are three: “Evident” (findings and illustrations are articulated in terms of interpretation); “Reliable” (findings and illustrations do not have a clear articulation); and “Unsupported” (findings are not supported by the study data)⁽¹⁴⁾.

Data selection and extraction were independently performed by two reviewers, and a third reviewer was called upon in the presence of conflicts. The meta-aggregation approach was used to synthesize the

data, which generates a set of statements through categorized findings. The following steps were followed: a) Separation of Findings; b) Construction of Categories; and c) Construction of synthesized findings⁽¹⁴⁾. The final synthesized findings were graded according to the ConQual instrument⁽¹⁵⁾.

Results

The process of searching and selecting studies followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-analyses Protocols (PRISMA-P)⁽¹⁶⁾, according to Figure 2.

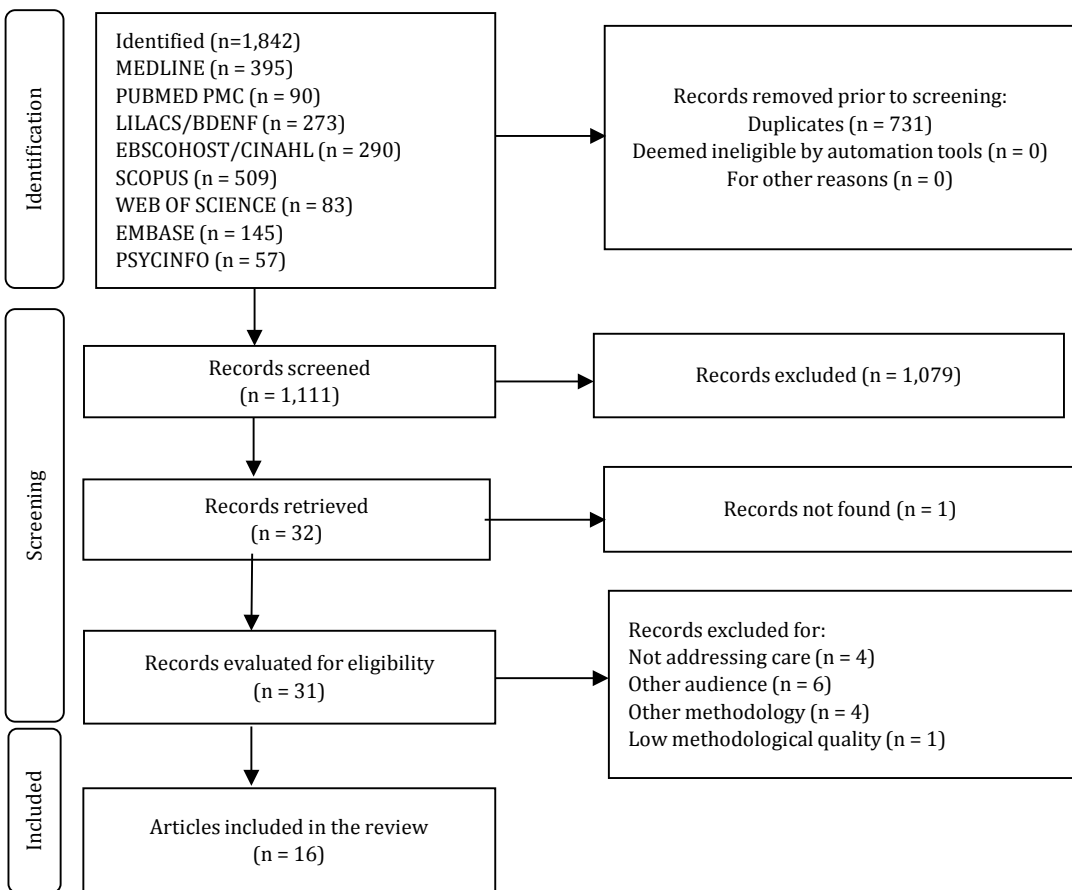


Figure 2 – Flowchart of study identification through databases and electronic libraries based on the Preferred Reporting Items for Systematic Reviews and Meta-analyses model. São Carlos, SP, Brazil, 2023

All studies that met the inclusion criteria were assessed using the Critical Appraisal Checklist proposed by the JBI⁽¹⁴⁾, which consists of the following questions: 1 - Is there congruence between the stated philosophical perspective and the research methodology? 2 - Is there congruence between the research methodology and the research question or objectives? 3 - Is there congruence between the research methodology and the methods used to collect data? 4 - Is there congruence between the research methodology and the representation and analysis of data? 5 - Is there congruence between the research methodology and the interpretation of results? 6 - Is there a statement locating the researcher culturally or theoretically? 7 - Is the influence of the researcher on the research and vice versa addressed? 8 - Are participants and their

voices adequately represented? 9 - Is the research ethics according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body? 10 - Do the conclusions drawn from the research flow from the data analysis or interpretation?

Studies were required to answer questions 2, 4 and 8 at this stage, as recommended in the literature⁽¹⁴⁾. One study was excluded⁽¹⁷⁾ because it only answered “Yes” to question 8 of the checklist, compromising its analysis in this review. The details of the methodological quality assessment are reported in Figure 3.

The 16 studies included were published from 2000 to 2023; the other specificities are described in Figure 4.

Authors	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Anderson et al ⁽¹⁸⁾	Y	Y	Y	Y	Y	N/C	N/C	Y	N/C	Y
Anderson et al ⁽¹⁹⁾	Y	Y	Y	Y	Y	N	N/C	Y	N/C	N
Cooke et al ⁽²⁰⁾	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Rissanen et al ⁽²¹⁾	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Gros et al ⁽²²⁾	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Rissanen et al ⁽²³⁾	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Cleaver et al ⁽²⁴⁾	Y	Y	Y	Y	Y	N	N/C	Y	Y	Y
Medina et al ⁽²⁵⁾	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Hay et al ⁽²⁶⁾	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Bailey et al ⁽²⁷⁾	Y	Y	Y	Y	Y	N	N/C	Y	N	Y
Miettinen et al ⁽¹¹⁾	Y	Y	Y	Y	Y	N/C	N/C	Y	Y	Y
Byrne et al ⁽¹²⁾	Y	Y	Y	Y	Y	N/C	Y	Y	Y	Y
Leddie et al ⁽¹³⁾	Y	Y	Y	Y	Y	Y	N/C	Y	Y	Y
Dåstøl et al ⁽²⁸⁾	Y	Y	Y	Y	Y	Y	N/C	Y	Y	Y
Li et al ⁽²⁹⁾	Y	Y	Y	Y	Y	Y	N/C	Y	Y	Y
Wang et al ⁽³⁰⁾	Y	Y	Y	Y	Y	Y	N/C	Y	Y	Y

Q: Question; Y: Yes; N: No; N/C: Not clear

Figure 3 – Results of critical appraisal for included studies using the JBI Critical Appraisal Checklist for Qualitative Research. São Carlos, SP, Brazil, 2023

Reference/ Year/Journal	Method	Context	Participants	Main findings
Anderson et al ⁽¹⁸⁾ 2000 Int J Nurs Stud	Mixed	General hospital (inpatient and mental health department) - UK	59 nurses and doctors	There are still challenges in nursing care for patients with suicidal behavior; non-violent communication is necessary.
Anderson et al ⁽¹⁹⁾ 2003 Int J Nurs Stud	Mixed	A&E, paediatric and mental health department - UK	45 nurses and doctors	Professionals lack time to deal with young people with suicidal behavior; importance of support; frustration at feeling that they are not being helped; understanding of specialized care.
Cooke et al ⁽²⁰⁾ 2009 J Child Health Care	Mixed, being a qualitative phenomenological component	Schools - UK	Nine school nurses	Continuing education, as well as the deconstruction of stigmas, is emphasized to support the care of young people.
Rissanen et al ⁽²¹⁾ 2009 J Child Adolesc Psychiatr Nurs	Qualitative	Community - Finland	72 teenagers	Adolescents who self-injury want to be helped; they also understand that nursing can understand their care needs by seeing, listening and maintaining contact.
Gros et al ⁽²²⁾ 2011 Sant� Ment Qu�bec	Mixed	Hospital psychiatric unit - Canada	Nine teenagers	Nursing interventions can favor the recovery of young people at risk of suicide during hospitalization. The importance of human relationships and social support are emphasized.
Rissanen et al ⁽²³⁾ 2012 Issues Ment Health Nurs	Qualitative	Adolescent Psychiatry Unit of a University Hospital - Finland	Seven nurses and two health professionals	Healthcare at school and by parents was highlighted. Respect for individuality and an ethical approach are important. There is a lack of knowledge in Nursing for such actions.
Cleaver et al ⁽²⁴⁾ 2014 J Adv Nurs	Mixed	A&E Care - England	143 doctors and nurses	The team has an easier time caring for young people who self-injury; however, the place of care is not clear. Education programs are needed.
Medina et al ⁽²⁵⁾ 2014 BMC Fam Pract	Qualitative	Primary Healthcare - Nicaragua	5 nurses and 7 general practitioners	The professionals acknowledged that they were not properly prepared to deal with issues related to mental health and suicidal behavior. Feelings of frustration and incompetence were present, with the need for ongoing education.
Hay et al ⁽²⁶⁾ 2015 Child Psychol Psychiatry	Qualitative	Mental Health Services for Children and Adolescents - United Kingdom	18 professionals from the service studied	Practices that were not very collaborative and coordinated between services were identified. In this sense, actions can become reductionist and rigid, thereby not enabling comprehensive care.
Bailey et al ⁽²⁷⁾ 2019 Fam Pract	Mixed, participatory action research type	Primary Healthcare - United Kingdom	14 doctors, 16 nurses and 15 young people	Difficulties in welcoming young people with a history of self-injury. Support materials used (self-help) were well evaluated. Need for longer consultations.
Miettinen et al ⁽¹¹⁾ 2021 Issues Ment Health Nurs	Qualitative, with an ethnographic approach	Mental Health Support Association Websites - Finland	27 young people	Participants reported receiving formal and informal support, with both positive and negative experiences. There are significant barriers to seeking help for self-injury.
Byrne et al ⁽¹²⁾ 2021 Int J Environ Res Public Health	Mixed	Primary Healthcare - Australia	13 young people	Participants reported feeling frustrated and disappointed because services did not meet their needs or even increased their distress. This highlights the importance of compassionate and person-centered care.
Leddie et al ⁽¹³⁾ 2022 J Psychiatr Ment Health Nurs	Qualitative	Child and Adolescent Mental Health Services - England	10 nurses	Nurses felt conflicted about having to work with adolescents and the systems in which they are involved. They reported positive experiences, which they used to reframe feelings of shame about their emotional responses and personal and professional barriers.
D�st�l et al ⁽²⁸⁾ 2022 Nordic Psychology	Qualitative	Online Blogs - Multicentre	10 young people	Participants reported the importance of human care, beyond their diagnoses, which makes them feel safe, welcome and supported.
Li et al ⁽²⁹⁾ 2023 BMC Nurs	Qualitative	Psychiatric Hospital - China	18 psychiatric nurses	Nurses experience both internal challenges, such as lack of knowledge and skills, feelings of burden and stress in working with adolescents who have self-injured, as well as external challenges, such as little support from communities and schools and uncooperative family members.
Wang et al ⁽³⁰⁾ 2023 Arch Psychiatr Nurs	Qualitative	Psychiatric Hospital - China	17 teenagers	Negative attitudes towards self-injury, fear of being seen as a person who "draws attention", fear of interfering in personal relationships, fear of increasing family burden or being criticized by parents, fear of hospitalization and medication were considered barriers to seeking professional help.

Figure 4 – Characterization of studies included in the systematic literature review. S o Carlos, SP, Brazil, 2023

It is important to note that studies that addressed other health professionals were included, but data related to Nursing were extracted. All findings used in this study were evaluated as “Evident” or “Reliable”. The categories were aggregated to form two synthesized findings, described in Figure 5.

Synthesized findings	Categories
Need for humanized care	<ul style="list-style-type: none"> - Having someone to listen - building trust and bonds^(11,19-24,27-28) - Having daily, humanized and inclusive support^(11,22) - Knowing where and when to seek help^(12,21,30) - Respecting individualities⁽²¹⁻²³⁾ - Building a welcoming environment^(11,21-23,28,30) - Avoiding stigmas and negative judgments^(11-12,24,26-28) - Avoiding further trauma^(11-12,23) - Health literacy⁽³⁰⁾ - Family, school and community support⁽²⁹⁻³⁰⁾
Need for professional and environmental preparation	<ul style="list-style-type: none"> - Have basic knowledge^(20-21,23,25) - Have training and care in mental health in Nursing^(13,19-20,25,27,29) - Train professionals from all areas to work^(11,19,20-21,26-27) - Take physical and mental care^(18,20,23,25-26) - Access and assess future risks and consequences^(11-12,23,26-27) - Expand the adolescent’s vision to positive aspects^(19,22-23) - Establish therapeutic discussion with the adolescent and/or young person⁽²²⁻²³⁾ - Establish interprofessional work^(13,22-23,29) - Have working conditions^(13,25-26) - Focus on care community^(11-13,19-20,25,27) - Organize care spaces^(11-12,19,24-26) - Avoid pathologization, medicalization and hospitalization⁽³⁰⁾

Figure 5 – Aggregation into categories to create synthesized findings. São Carlos, SP, Brazil, 2023

In the first summarized finding, it was evidenced that building trust and bonds between adolescents/young people and nurses, as well as other health professionals, is essential for self-injury care^(11,19-25,27-28); being heard and welcomed is one of the greatest needs for adolescents and young people. Care must be humanized^(11,22), in a safe, welcoming^(11,21-23,28,30) and stigma-free^(11-12,21-22) environment that considers individualities⁽²¹⁻²³⁾ and involves the adolescent and young person in dialogue^(11-12,22,26). The lack of know-

ledge leads to the need to develop health literacy in adolescents and young people⁽³⁰⁾, in addition to family, school and community support⁽²⁹⁻³⁰⁾.

The second summarized finding revealed that nurses and services must have adequate training^(11,19-21,23,25-27) in order to care for adolescents and/or young people who self-injury. It is also important to consider the mental health of the professionals themselves^(13,19-20,25,27,29). There is a need to increase consultation time^(13,25-26); provide an appropriate place for this care and for hospitalization, if necessary^(11-13,19-20,25,27,29); attention must be paid to the uniqueness of care and sensory kits while waiting in emergency services, such as headphones, blankets and modeling clay^(11-12,19,24-26). A well-established continuing care network based on Primary Healthcare is important^(11-13,19,20,25,27).

The first synthesized finding was classified as a moderate ConQual⁽¹⁵⁾ reliability level, and the second synthesized finding as a low level. Both were compromised due to not mentioning the theoretical and/or cultural position and the researcher’s involvement with the research.

Discussion

The first synthesized finding presented the need for humanization in care for adolescents in situations of non-suicidal self-injury. There is the relevance of a welcoming physical and relational space that considers the singularities of the adolescence process⁽³¹⁾. Also in this context, the essential place of creating bonds between the adolescent/young person and their family members or caregivers was highlighted. The therapeutic process begins when this person shares their feelings with the professional⁽³²⁾.

Practical and managerial difficulties in caring for adolescents/young people in situations of self-injury may be related to inappropriate behavior and feelings of helplessness on the part of health professionals⁽³³⁾. This population may be stigmatized, and they may be seen as aggressive and manipulative. Profes-

sionals end up distancing themselves and deconstructing “being a nurse” to avoid providing direct care⁽³⁴⁾. These results are in line with the findings of this review, as it was found that stigmas and pre-judgments do not qualify care and generate mutual frustration for both the caregiver and the person being cared for.

Nursing in the hospital setting chose not to direct actions towards self-injury care because it understood that they could provoke negative feelings in users, limiting care to physical aspects only. The lack of coping strategies for these professionals was also identified, especially in relation to the lack of emotional preparation for providing care to this population⁽³⁵⁾. This aspect is also related to work overload. It is generally agreed that nursing workspaces can be stressful environments, and these professionals face high levels of fatigue, thereby constituting an aspect which can affect their capacity for compassion and directly impact care⁽³³⁾. It is important that nursing professionals are educated to identify and manage emotions, since such aspects affect their quality of life and the care provided to other people⁽³⁴⁾.

Experiencing care permeated by prejudice and negative interactions in health services can signify such behavior as a lack of support for adolescents or young people in situations of non-suicidal self-injury. Feeling invalidated and judged, they may develop less adherence to therapy^(33,36). Thus, if care occurs under these conditions, it can trigger conflicts and even evasion by the user⁽³⁷⁾. In turn, the design of humanized and compassionate care permeates attitudinal issues of professionals. In this sense, it is necessary to understand among the actions for the ongoing education of the Nursing team that self-injury should be seen as an expression of singular suffering, generally linked to difficulties in seeking support⁽³⁶⁾. Many adolescents and young people may even hide their injuries and/or scars, avoiding the perception of other people and health professionals. Therefore, education to provide care for this phenomenon before any action must involve its understanding as a significant act for the person and not just a pathological symptom⁽¹¹⁾.

As identified in this review, care for adolescents or young people in situations of non-suicidal self-injury should be considered and implemented in an expanded manner. One of the alternatives for care which aims to look beyond the logic of “abstinence” from the act is injury reduction. This is an approach which recognizes the limitations and relapses of users, focusing on eliminating risks. It is understood that prevention of self-injury is not always possible and that sudden interruption of the behavior can lead to risks of death, since the person may progress to other more lethal methods. Examples of injury reduction are the provision of clean instruments and education on “safe ways” of self-injury. In any case, the person essentially needs to be involved and be part of the interprofessional care to give meaning to their self-injury, and in the long term promote construction of alternative coping strategies⁽³⁸⁾.

The importance of the environment for welcoming and providing care to adolescents and young people who self-injury was verified from the perspective of Nursing. There are challenges related to staffing in a hospital environment, as well as the physical structure of the spaces; in this sense, there are difficulties in building a preventive and safe environment for this population⁽³⁵⁾. Concern also emerges in the Primary Healthcare scenario, especially linked to structural issues such as inadequate spaces for developing collective care and educational activities for adolescents or young people, and work overload⁽³⁹⁾.

In the context of the two summarized findings, discussion of the need for adolescent-friendly services is interesting. There are essential elements of adolescent-friendly care, both from the perspective of nurses and validated by this population. Confidentiality/privacy, accessibility, staff, environment, and comfortable and trusting relationships were the main attributes necessary for adolescent care services. These characteristics and approaches should be considered for the comprehensive care to be directed, as well as in services aimed at adolescents⁽⁴⁰⁾.

The importance of interprofessional and inter-

sectoral coordination for the care of adolescents and young people in situations of non-suicidal self-injury was highlighted. This care should be organized throughout the care network, in addition to sharing knowledge, aiming to guarantee care longitudinality and coordination⁽³³⁾. Professionals from the various professional groups included in the health teams, as well as in the network for protecting the rights of adolescents and young people, can develop strategies according to the needs presented by this population. In this context, the ongoing education of these professionals and continuous updating are premises for implementing resolute care and with a view to comprehensive care⁽³⁹⁾.

The focus on community care was highlighted in this review. It is true that Nursing can exercise its educational role in different spaces of the territory which are often little considered. Health promotion and education is a care technology which mobilizes significant knowledge and seeks to transform people, particularly making adolescents and young people more autonomous, critical and protagonists of their existence, improving their quality of life⁽³⁴⁾.

Finally, society's understanding and action must be included as elements present in the care plan for adolescents and young people involved in non-suicidal self-injury. This population is often reluctant to seek help because such behavior is still socially stigmatized, corroborating studies in the area⁽³¹⁾. Adolescents feel lonely, anxious, afraid of making themselves understood and afraid of rejection by others⁽⁴¹⁾. Thus, social relationships are essential to reduce feelings of loneliness, and are constituted through welcoming and non-hostile attitudes which only marginalize and make the possible consequences of this behavior invisible⁽⁴²⁾.

Study limitations

The study's limitations were related to both the synthesized findings having a low to moderate level of reliability due to the lack of clarity in the cultural and researcher implications for the study. Furthermore,

the conceptual inaccuracies between non-suicidal self-injury and other self-inflicted violence may have compromised the present review, since the frontier of understanding between such phenomena is still tenuous for professionals and services, and consequently for studies.

Contributions to practice

The following contributions to nursing and health practices were listed: (1) building a welcoming and trust-building environment for nursing; (2) designing care based on the nursing process where the adolescent or young person is the protagonist; (3) continuing education, including deconstruction of stigmatizing practices against adolescents and young people by the nursing team; (4) interprofessional and intersectoral action, with a territorial and community focus. It is recommended that future qualitative studies improve their methodological quality and be conducted in countries with greater social vulnerability.

Conclusion

The synthesized findings which generated recommendations for nursing care for non-suicidal self-injury among adolescents and young people demonstrated that this care needs to be performed in a humanized manner, with building of trust and in a welcoming environment in order to be efficient. Elements that can be incorporated into professional and service practice were also exposed, in addition to the focus on actions guided by the community and the interprofessional and intersectoral logic. Continuing education and mental health support in nursing are recommended.

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Authors' contributions

Conception and design, analysis and interpretation of data; writing of the manuscript, critical review of relevant intellectual content; final approval of the version to be published; agreement to be accountable for all aspects of the manuscript being investigated and resolved appropriately: Lopes DG, Costa LCR, Morais e Oliveira AP, Fumincelli L, Oliveira WA, and Carlos DM.

References

1. Malla A, Shah J, Iyer S, Boksa P, Joobor R, Anderson N, et al. Youth mental health should be a top priority for health care in Canada. *Can J Psychiatry*. 2018;63(4):216-22. doi: <https://dx.doi.org/10.1177/0706743718758968>
2. Meherali S, Punjani N, Louie-Poon S, Rahim KA, Das JK, Salam RA, et al. Mental health of children and adolescents amidst COVID-19 and past pandemics: a rapid systematic review. *Int J Environ Res Public Health*. 2021;18(7):3432. doi: <https://doi.org/10.3390/ijerph18073432>
3. Cassiani SHDB, Dias BM, Caffè S. Improving the skills and practice of nurses to provide quality care to adolescents in conditions of vulnerability. *Rev Latino-Am Enfermagem*. 2022;30(spe):e3616. doi: <https://doi.org/10.1590/1518-8345.0000.3616>
4. World Health Organization. Suicide in the world: global health estimates [Internet]. 2019 [cited May 24, 2024]. Available from: <https://apps.who.int/iris/handle/10665/326948>
5. Hasking PA, Boyes ME, Lewis SP. The language of self-injury: a data-informed commentary. *J Nerv Ment Dis*. 2021;209(4):233-6. doi: <https://dx.doi.org/10.1097/NMD.0000000000001251>
6. Wang YJ, Li X, Ng CH, Xu DW, Hu S, Yuan TF. Risk factors for non-suicidal self-injury (NSSI) in adolescents: a meta-analysis. *EclinicalMedicine*. 2022;46:101350. doi: <https://doi.org/10.1016/j.eclinm.2022.101350>
7. Lim KS, Wong CH, McIntyre RS, Wang J, Zhang Z, Tran BX, et al. Global lifetime and 12-month prevalence of suicidal behavior, deliberate self-harm and non-suicidal self-injury in children and adolescents between 1989 and 2018: a meta-analysis. *Int J Environ Res Public Health*. 2019;16(22):4581. doi: <https://doi.org/10.3390/ijerph16224581>
8. Silva AC, Miaso AI, Araújo A, Barroso TMMDA, Santos JCP, Vedana KGG. Prevention of non-suicidal self-injury: construction and validation of educational material. *Rev Latino-Am Enfermagem*. 2022;30(spe):e3735. doi: <https://dx.doi.org/10.1590/1518-8345.6265.3735>
9. Ministério da Saúde (BR). Lei nº 13.819, de 26 de abril de 2019. Institui a Política Nacional de Prevenção da Automutilação e do Suicídio [Internet]. 2019 [cited May 21, 2024]. Available from: https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/l13819.htm
10. Zoboli ELCP, Schweitzer MC. Nursing values as social practice: a qualitative meta-synthesis. *Rev Latino-Am Enferm*. 2013;21(3):695-703. doi: <http://doi.org/10.1590/S0104-11692013000300007>
11. Miettinen TM, Kaunonen M, Kylmä J, Rissanen ML, Aho AL. Experiences of help from the perspective of Finnish people who self-harmed during adolescence. *Issues Ment Health Nurs*. 2021;42(10):917-28. doi: <https://doi.org/10.1080/01612840.2021.1904468>
12. Byrne SJ, Bellairs-Walsh I, Rice SM, Bendall S, Lamblin M, Boubis E, et al. A qualitative account of young people's experiences seeking care from emergency departments for self-harm. *Int J Environ Res Public Health*. 2021;18(6):2892. doi: <https://doi.org/10.3390/ijerph18062892>
13. Leddie G, Fox C, Simmonds S. Nurses' experiences of working in the community with adolescents who self-harm: a qualitative exploration. *J Psychiatr Ment Health Nurs*. 2022;29(5):744-54. doi: <https://doi.org/10.1111/jpm.12806>
14. Lockwood C, Porritt K, Munn Z, Rittenmeyer L, Salmond S, Bjerrum M, et al. Systematic reviews of qualitative evidence. In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBI Manual for Evidence Synthesis*. 2024. doi: <https://doi.org/10.46658/JBIMES-24-02>
15. Munn Z, Porritt K, Lockwood C, Aromataris E, Pearson A. Establishing confidence in the output of qualitative research synthesis: the ConQual approach. *BMC Med Res Methodol*. 2014;14:108. doi: <https://doi.org/10.1186/1471-2288-14-108>

16. Page MJ, Mckenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:71. doi: <https://doi.org/10.1136/bmj.n71>
17. Clarke J. Self-harm in children and young people: a case study (part 2). *Br J Sch Nurs*. 2016;11(5):239-41. doi: [10.12968/bjsn.2016.11.5.239](https://doi.org/10.12968/bjsn.2016.11.5.239)
18. Anderson M, Standenb P, Nazir S, Noon JP. Nurses' and doctors' attitudes towards suicidal behaviour in young people. *Int J Nurs Stud*. 2000;37(1):1-11. doi: [10.1016/s0020-7489\(99\)00057-7](https://doi.org/10.1016/s0020-7489(99)00057-7)
19. Anderson M, Standenb P, Noon J. Nurses' and doctors' perceptions of young people who engage in suicidal behaviour: a contemporary grounded theory analysis. *Int J Nurs Stud*. 2003;40(6):587-97. doi: [https://dx.doi.org/10.1016/s0020-7489\(03\)00054-3](https://dx.doi.org/10.1016/s0020-7489(03)00054-3)
20. Cooke E, James V. A self-harm training needs assessment of school nurses. *J Child Health Care*. 2009;13(3):260-74 doi: <https://dx.doi.org/10.1177/1367493509337440>
21. Rissanen ML, Kylmä J, Laukkanen E. Descriptions of help by Finnish adolescents who self-mutilate. *J Child Adolesc Psychiatr Nurs*. 2009;22(1):7-15. doi: [10.1111/j.1744-6171.2008.00164.x](https://doi.org/10.1111/j.1744-6171.2008.00164.x)
22. Gros CP, Jarvis S, Mulvogue T, Wright D. Les interventions infirmières estimées bénéfiques par les adolescents à risque de suicide. *Santé Ment Québec*. 2012;37(2):193-207. doi: <https://dx.doi.org/10.7202/1014951ar>
23. Rissanen ML, Kylmä J, Laukkanen E. Helping self-mutilating adolescents: descriptions of Finnish nurses. *Issues Ment Health Nurs*. 2012;33(4):251-62. doi: <https://doi.org/10.3109/01612840.2011.653035>
24. Cleaver K, Meerabeau L, Maras P. Attitudes towards young people who self-harm: age, an influencing factor. *J Adv Nurs*. 2014;70(12):2884-96. doi: <https://doi.org/10.1111/jan.12451>
25. Medina CO, Kullgren G, Dahlblom K. A qualitative study on primary health care professionals' perceptions of mental health, suicidal problems and help-seeking among young people in Nicaragua. *BMC Fam Pract*. 2014;15:129. doi: <https://dx.doi.org/10.1186/1471-2296-15-129>
26. Hay A, Majumder P, Fosker H, Karim K, O'reilly M. The views and opinions of CAMHS professionals on their role and the role of others in attending to children who self-harm. *Clin Child Psychol Psychiatry*. 2015;20(2):289-303. doi: <https://dx.doi.org/10.1177/1359104513514068>
27. Bailey D, Kempa L, Wright N, Mutalea G. Talk About Self-Harm (TASH): participatory action research with young people, GPs and practice nurses to explore how the experiences of young people who self-harm could be improved in GP surgeries. *Fam Pract*. 2019;36(5):621-26. doi: <https://doi.org/10.1093/fampra/cmz006>
28. Dåstøl A, Stänicke LI, Mossige S. "Treat me like a fellow human": how young adults who blog about self-harm describe positive encounters with health care workers. *Nord Psychol*. 2022;75(2):1-16. doi: <https://doi.org/10.1080/19012276.2022.2063929>
29. Li X, Liu S, Tian Y, He J, Chen H, Ning M, et al. Challenges for psychiatric nurses working with non-suicidal self-injury adolescents: a qualitative study. *BMC Nurs*. 2023;22:382. doi: <https://doi.org/10.1186/s12912-023-01542-z>
30. Wang L, Zou H, Yang Y, Hong J. Adolescents' attitudes toward non-suicidal self-injury (NSSI) and their perspectives of barriers to seeking professional treatment for NSSI. *Arch Psychiatr Nurs*. 2023;45:26-35. doi: <http://dx.doi.org/10.1016/j.apnu.2023.04.016>
31. Costa LCR, Gabriel IM, Lopes DG, Oliveira WA, Silva JL, Carlos DM. Non-suicidal self-injury and school context: perspectives of adolescents and education professionals. *Rev Eletr Saúde Mental Álcool Drog*. 2020;16(4):39-48. doi: <http://doi.org/10.11606/issn.1806-6976.smad.2020.168295>
32. Moraes DX, Moreira ES, Sousa JM, Vale RRM, Pinho ES, Dias PCS, et al. "The pen is the blade, my skin the paper": risk factors for self-injury in adolescents. *Rev Bras Enferm*. 2020;73(suppl 1):e20200578. doi: <https://doi.org/10.1590/0034-7167-2020-0578>
33. Babic MP, Bregar B, Radobuljac MD. The attitudes and feelings of mental health nurses towards adolescents and young adults with nonsuicidal self-injuring behaviors. *Child Adolesc Psychiatry Ment Health*. 2020;14(37):1-10. doi: <https://doi.org/10.1186/s13034-020-00343-5>

34. Fontão MC, Rodrigues J, Lino MM, Lino MM. Nursing care in urgency/urgency/emergency to people who attempt suicide. *Rev Eletr Saúde Mental Álcool Drog.* 2020;16(4):122-32. doi: <https://doi.org/10.11606/issn.1806-6976.smad.2020.152045>
35. Paes MR, Mildemberg R, Machado EM, Schultz JV, Nitz MA. Perceptions of nursing professionals at a general hospital about patients with suicidal behavior. *Enferm Foco.* 2020;11(6):101-7. doi: <https://doi.org/10.21675/2357-707X.2020.v11.n6.3838>
36. Gabriel IM, Costa LCR, Campeiz AB, Salim NR, Silva MAI, Carlos DM. Non-suicidal self-injury among adolescents: meanings for education and Primary Health Care professionals. *Esc Anna Nery.* 2020;4(24):e20200050. doi: <https://dx.doi.org/10.1590/2177-9465-ean-2020-0050>
37. Watson RD, Walker KB. The perspectives of health care providers on adolescent non-suicidal self-injury. *Issues Ment Health Nurs.* 2023;44(9):891-9. doi: <https://dx.doi.org/10.1080/01612840.2023.2248499>
38. Murphy C, Keogh B, Doyle L. There is no progression in prevention - the experiences of mental nurses working with repeated self-harm. *Int J Ment Health Nurs.* 2019;28(5):1145-54. doi: <https://dx.doi.org/10.1111/inm.12626>
39. Leal CBM, Porto AO, Barbosa CB, Fernandes TSS, Fernandes ESF, Viana TBP. Nursing Assistance to the Adolescent Public in Primary Care. *Rev Enferm Atual In Derme.* 2018;86:1-8. doi: <https://doi.org/10.31011/reaid-2018-v.86-n.24-art.123>
40. Daley AM, Polifroni EC, Sadler LS. The essential elements of adolescent-friendly care in school-based health centers: a mixed methods study of the perspectives of nurse practitioners and adolescents. *J Pediatr Nurs.* 2019;47:7-17. doi: <http://dx.doi.org/10.1016/j.pedn.2019.03.005>
41. Félix IRS, Ribeiro AJS, Campos DS, Souza ARL, Morais MS, Santos Junior DF, et al. Analysis of the emotional health of school adolescents. *Rev Rene.* 2024;25:e93121. doi: <https://doi.org/10.15253/2175-6783.20242593121>
42. Felipe AOB, Resck ZMR, Bressan VR, Vilela SC, Fava SMCL, Moreira DS. Non-suicidal self-harm in adolescents: integrative community therapy as a sharing and coping strategy. *Rev Eletr Saúde Mental Álcool Drog.* 2020;16(4):75-84. doi: <https://dx.doi.org/10.11606/issn.1806-6976.smad.2020.155736>



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