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Self-help group therapy interventions for self-harm in adolescents

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Abstract

Background: Adolescents who are unable to manage negative emotions are more likely to engage in self-harm. Alternative management that can be applied to reduce self-harm symptoms in adolescents is self-group therapy.

Purpose: To determine the effectiveness of self-help group therapy in reducing self-harm symptoms in adolescents.

Method: A quantitative approach, specially focusing on pre-experimental one-group pretest-posttest method. The study took place from June 2023 in Junior High Schools, Malang. The independent variable was self-help group therapy dependent variable is self-harm symptoms. Using total sampling, 70 respondents were selected who met specific inclusion and exclusion criteria. The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using paired sample t-test.

Results: Self-harm symptoms before the administration of self-help group therapy showed a minimum score of 40 and a maximum score of 79, with a mean score of 58.16. After the implementation of self-help group therapy, the self-harm symptom scores decreased, ranging from a minimum of 22 to a maximum of 67, with a mean score of 36.51.

Conclusion: Self-help group therapy has been shown to significantly reduce self-harm symptoms in adolescents. This is evidenced by a notable decrease in the average self-harm score following the intervention, compared to the score prior to receiving self-help group therapy.

Keywords: Adolescents; Mental Health; Self Harm; Self Help Group Therapy.

INTRODUCTION

Adolescence includes the transition period from childhood to adulthood. A person is said to be an adolescent from 12 to 24 years old. The transition experienced by adolescents includes hormonal, cognitive, physical, and psychosocial aspects. Adolescence is a period of conflict if individuals cannot adapt to the changes experienced. Adolescents who are unable to manage negative emotions will be more likely to engage in self-harm (Tarigan & Apsari, 2021). Self-harm behavior is a mechanism of maladaptive coping manifested in the use of physical pain in overcoming emotional distress (Woodley, Hodge, Jones, & Holding, 2021).

Another definition states that self-injurious behavior, or self-harm, refers to the act of intentionally hurting oneself, such as cutting oneself. It is a harmful way to cope with emotional distress, and people often try to hide the behavior and feel shame or guilt (Kang, Li, Liu, Ma, Sun, Zhang, & Liu, 2021). Previous research in Korea reported that forms of self-injurious behavior in the mild category, such as biting, hitting, pulling hair, and scratching the skin. Moderate forms of self-injury include cutting or slashing the skin with sharp objects (Son, Kim, & Lee, 2021).

The prevalence of self-harm globally indicates that 19% and 20% of adolescents commit self-harm. Trends show that adolescents are the age group with higher rates of self-harm than other age groups (Lucenna, Rossi, Azevedo, & Pereira, 2022). According to a YouGov Omnibus survey conducted in June 2019, more than a third of Indonesians, or 36.9%, have intentionally self-harmed. The highest prevalence was found in the 18-24 age group, with up to 45% of respondents having self-harmed, meaning that 2 in 5 teenagers have self-harmed, and 7% of respondents have self-harmed regularly (Widyawati, 2020). Apart from having physical and psychological impacts, self-harm committed by adolescents hurts the social, educational, and economic environment. Health care for individuals who commit self-harm includes medical treatment, wound treatment, and psychotherapy. Social relationships between individuals are damaged, as well as feelings of shame suffered by individuals with self-harm (Li, Chen, Lin, Jia, Tucker, He, & Yuan, 2020).

Factors that play an important role in causing an adolescent to self-harm include psychological conditions such as depression, anxiety disorders, and personality disorders; traumatic experiences such as physical or emotional abuse, sexual abuse, and profound loss; adolescents with high-stressor environments, bullying, inability to manage emotions well, and substance abuse such as alcohol or drugs (McEvoy, Brannigan, Cooke, Butler, Walsh, Arensman, & Clarke, 2023). The impacts that will arise when adolescents commit self-harm include physical injuries such as scars, increased suicide risk, ongoing psychological problems, and problems with social relationships such as social isolation (Townsend, Ness, Waters, Rehman, Kapur, Clements, & Hawton, 2022).

One alternative management that can be applied to reduce self-harm symptoms in adolescents is self-group therapy. Self-group therapy is a type of therapy that involves peer support where a small group of people work together to support each other, educate each other, and solve difficulties to achieve a goal (Munawaroh, Hidayat, Prasetyo, & Nizar, 2024). The purpose and benefits of self-help groups are that adolescents feel more understood and supported when they meet other friends who have

the same problems; they can express their feelings and experiences safely and without being judged; they can help develop coping skills in dealing with problems so that they can replace self-harming behavior; and they can reduce social isolation behavior that is common in adolescents who self-harm (Cox, Mills, Hermens, Read, & Salmon, 2024).

RESEARCH METHOD

A quantitative approach, specially focusing on pre-experimental one-group pretest-posttest method. The study took place from Juni 2023 in Junior High Schools, Malang. The independent variable was self-help group therapy dependent variable is self-harm symptoms. Using total sampling, 70 respondents were selected who met specific inclusion and exclusion criteria.

The inclusion criteria inquired adolescents aged 12-18 years old, have a history or symptoms of self-harm (physical injury without suicidal thoughts) in the last 6 months, willing to attend group therapy sessions regularly (e.g. 6-8 meetings), receive written permission from parents or guardians, can communicate verbally and actively participate in group discussions. Exclusion criteria included adolescents with a diagnosis of severe mental illness (e.g. schizophrenia, acute stage bipolar disorder), currently undergoing other intensive psychological interventions (e.g. psychiatric hospitalization), have a serious medical condition that may interfere with participation in group therapy, will not be willing to participate in the entire series of therapy sessions or have a history of high non-compliance in similar programs.

Data obtained from intervention provided during this self-help group therapy includes four sessions outside of teaching and learning activities. Activities for each session include the Self-Help Group (SHG) intervention to reduce self-harm symptoms in adolescents was implemented through four structured sessions. The initial phase involved problem identification through observation, interviews, and a pre-test using the Self-Harm Inventory (SHI) to prioritize issues. In the second session, selected student representatives were involved in planning and initiating early detection efforts among peers. The third session focused on implementing early detection, stress management,

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and counseling by trained teachers and student representatives over ten meetings. Stress management included basic relaxation techniques, while counseling helped student's express emotions and manage symptoms. Finally, the fourth session evaluated the impact of the intervention using a post-test SHI to assess symptom changes following SHG participation.

The instrument used in this study was the Self-Harm Inventory questionnaire, which consists of a total of 22 items. Each item is rated using a four-point Likert scale, where the response options are: "never" scored as 1, "rarely" scored as 2, "quite

often" scored as 3, and "often" scored as 4. This scoring system is designed to measure the frequency of self-harming behaviors among respondents. Total score range 22 – 88, the higher the total score, the higher the prevalence or intensity of self-harm behaviors.

The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using paired sample t-test. This research has obtained permission from Health Research Ethics Committee Faculty of Medicine, University of Muhammadiyah Malang with number. E.5.a/308/KEPKUMM/X/2023.

RESEARCH RESULTS

Table 1. Distribution Characteristics of Respondent (N=70)

Variable	Results
Age (Mean±SD)(Range)(Year)	(15.37±1.780) (12-18)
Gender (n/%)	
Male	13/18.6
Female	57/81.4
Grade (n/%)	
7	34/48.6
8	36/51.4
Self-Harm Category (n/%)	
Low	12/17.1
Moderate	40/57.1
High	18/25.7

Tabel 1. characteristics of respondent with a mean age and standard deviation (15.37±1.780) ranging from 12-18 years. Most respondents were female with 57 (81.4%), still in grade 8 as many as 36 (51.4%) and had a moderate selfharm category 40 (57.1%).

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Table 2. The Mean Value of Self-Harm Symptoms in Adolescents

Variable	(Mean±SD)	95% CI		Min-Max	SE	p-value
		Lower	Upper			
The mean value of self-harm symptoms in adolescents before being given self-help group therapy	58.16±10.467	19.795	23.490	40-79		
The mean value of self-harm symptoms in adolescents before being given self-help group therapy	36.51±13.745	19.795	23.490	22-67		
Decrease in self-harm symptoms in adolescents before being given self-help group therapy	21.643±7.748				0.926	0.000

Based on Table 1, self-harm symptoms prior to the implementation of self-help group therapy showed a minimum score of 40 and a maximum score of 79. The mean score was 58.16, with a standard deviation of 10.467 and a 95% confidence interval ranging from 19.795 to 23.490. Following the self-help group therapy intervention, the self-harm symptom scores decreased, with a minimum of 22 and a maximum of 67. The mean score was 36.51, with a higher standard deviation of 13.745, while the 95% confidence interval remained the same at 19.795 to 23.490. The statistical test yielded a p-value of 0.000, which is less than the significance level ($\alpha = 0.05$). Therefore, it can be concluded that self-help group therapy has a significant effect in reducing self-harm symptoms among adolescents.

DISCUSSION

The results of this study found that self-harm symptoms before being given self-help group therapy had the lowest score of 40 and the highest score of 79. The mean score reached 58.16 with a standard deviation of 10.467 and a confidence interval (95% CI) of 19.795–23.490. This reflects that the level of self-harm symptoms in the adolescent population who became the subject of the study was in the high category, in line with several previous studies that indicate that self-harm often occurs in adolescents. These results are in line with earlier

research. before receiving self-help group therapy, 24 adolescents (60 %) exhibited high levels of dysfunctional coping (Fitrianur, Suminar, Sari, & Al-Firdaus, 2023).

From 55 % of adolescents relied on maladaptive coping strategies. Such patterns likely stem from the developmental transition between adolescence and early adulthood, when decision-making, conflict-resolution, and problem-solving skills are still maturing, leaving many problems unresolved. During late adolescence, emotions are often intense and difficult to differentiate, and limited emotion-regulation skills further elevate the risk of self-harming behavior (Lavari, Erianti, & Rasyid, 2019). Psychologic influences on adolescents who have self-harming symptoms include feeling that they are a burden. Other contributors include affectionless, low self-esteem, social isolation, impulsivity, hopelessness, and poor parent-child attachment (Witt, Hetrick, Rajaram, Hazell, Salisbury, Townsend, & Hawton, 2022).

Adolescent mental health problems, if not effectively addressed, can lead to a variety of unintended harms throughout their lives, such as disability, reduced productivity, reduced social contact, poor academic and educational performance, and the development of several adverse risk factors. A self-help group is an

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alternative therapy organized by peer individuals to fulfil a common interest (Suwetty, 2018).

After being given a self-help group intervention, the results of the study were obtained in the form of a decrease in self-harm symptoms committed by adolescents. Self-harm symptoms after being given self-help group therapy ranged from the lowest score of 22 to the highest score of 67. The mean score reached 36.51 with a standard deviation of 13.745 and a confidence interval (95 % CI) of 19.795 to 23.490. The research findings explain that there is an effect of self-help group therapy in reducing self-harm symptoms in adolescents, which demonstrated that group counseling services using Rational Emotive Behavior Therapy (REBT) techniques can reduce self-harm behavior among students at SMPN 10 Semarang. Through this group counseling, students were able to openly share their problems with one another. Although their issues were similar, each had different causes and experiences. This process enabled the counseling service to effectively help students understand their personal challenges, think more rationally, and develop stronger self-control (Aisyah, 2022).

A self-help group (SHG) is a therapy where member's express physical and mental problems or issues. SHGs seek to foster empathy among group members by reinforcing each other to create adaptive coping mechanism. Group-based interventions provide benefits in building a sense of community, reducing isolation, and providing space for individuals to share experiences and coping strategies. In adolescents, such supportive environments are particularly important as they are in a developmental phase vulnerable to emotional and social stress (Al-Mefa & Syarqawi, 2024).

These studies describe a range of perceived social benefits, including reduced loneliness and the acquisition of a sense of community and interpersonal skills; they also describe a range of emotional benefits, including a sense of being able to help others, the opportunity to vent frustrations, and the provision of access to information and support. In addition, these studies describe perceived clinical benefits, including reduced frequency and severity of self-harm and improved mood (Abou, Bastien, Wang, Davies, Isaken, Ball, & Rowe, 2022).

Self-help groups allow adolescents to learn from the experiences of others facing similar challenges. This process helps them understand that they are not alone and provides a model for developing new ways of dealing with stress or negative emotions. The decrease in self-harm symptom scores in this study suggests that the therapy helped adolescents constructively reduce self-harm behaviours. This study confirms that self-help group therapy is effective in reducing self-harm symptoms in adolescents (Nasution & Angraini, 2021). This intervention contributes significantly to helping adolescents manage their emotions better, reduce self-harm behaviours, and improve coping skills through group support. Group support in this case is peers for self-harm behavior and has an important therapeutic role in the life of someone who has self-harmed (Hanan, Kusumawati, Putri, & Oktaviani, 2024).

CONCLUSION

The self-help groups can reduce symptoms of self-harm in adolescents significantly. This is evident through the decrease in average scores before and after receiving self-help group treatment. It is expected that self-help groups will be one of the treatments used to reduce symptoms of adolescent self-harm as well as to prevent and treat it.

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