Abstract

Introduction: Nurses often work in the community with adolescents who self-harm. There is a lack of qualitative research exploring nurses' experiences of working with adolescents who self-harm. **Aim:** This study aimed to gain an understanding of community nurses' experiences of working with adolescents who self-harm. **Method:** Ten semi-structured interviews were conducted with registered nurses working in Child and Adolescent Mental Health Services (CAMHS) in the United Kingdom (UK). **Results:** Data was analysed using Interpretative Phenomenological Analysis (IPA). Two superordinate themes were identified, each consisting of two subordinate themes: *personal and professional conflicts,* describing interpersonal and intrapersonal conflicts the nurses experienced working with adolescents who self-harm and the systems around them, and *personal and professional development,* outlining processes of management of conflicts and development. **Discussion:** Nurses feel conflicted about working with adolescents who self-harm within the context of working with systems surrounding the adolescent. They report positive experiences, which they use to reframe their experiences and feelings of shame as a result of their emotional responses, self-care behaviours and personal and professional boundaries. **Implications for Practice:** Nurses working with adolescents who self-harm would benefit from training, reflective practice and self-care. CAMHS managers should encourage and invest in these areas.

Key words: psychiatric nursing, adolescent, self-harm, qualitative, mental health

Accessible Summary

What is known on the subject?

- Nurses' experience challenges of managing risk, boundaries and emotional responses when working with people who self-harm.

- Adolescent self-harm is a growing problem, with rates increasing in the UK.

- Existing research has failed to differentiate and specifically explore nurses' experiences of working with adolescents who self-harm.

What the paper adds to existing knowledge?

- This paper provides an understanding of the impact of working with adolescents who self-harm in the community on nurses, and highlights recommendations to improve staff and patient experiences and care.

- Community CAMHS nurses experience personal and professional conflicts when working with adolescents who self-harm. They experience interpersonal conflicts balancing the needs of adolescents with the needs of the systems around them, and intrapersonal conflicts regarding experiencing mixed emotions, and balancing the care they want to provide with service pressures.

- Community CAMHS nurses experience feelings of self-doubt and shame due to their emotional responses, self-care behaviours, personal and professional boundaries. They use their feelings of pride, honour and enjoyment to manage these experiences.

What are the implications for practice?

- Nurses working in CAMHS should be provided with more opportunities for reflective practice and self-care, to enable reflection and learning regarding the emotional impacts and working with systems. Managerial investment is required to facilitate this.

- Nurses working with adolescents who self-harm in CAMHS could benefit from training regarding understanding and managing self-harm (such as Dialectical Behavioural Therapy), and effectively working with families and people who support these adolescents (such as attachment-based family therapy).

Relevance Statement

Adolescents who self-harm in the community come into contact with a wide range of professionals, including nurses. This paper provides an in-depth understanding of nurses' experiences of working with adolescents who self-harm in a community CAMHS setting. It identifies the impact of this work on the nurses themselves, and highlights areas of support relevant for both nurses themselves and service providers, in order to improve staff and patient experiences and patient care (NICE, 2012).

Introduction

Self-harm is defined as self-injury or self-poisoning irrespective of motivation or suicidal intent (Kapur, Cooper, O'Connor & Hawton, 2013; National Institute for Health and Care Excellence (NICE), 2011). It is a growing problem in adolescents with rates reported as increasing between 1990-2015 (Gillies, et al., 2018). Furthermore, self-harm increases the risk of suicide (Hawton et al., 2020; Olfson et al., 2018). It is therefore at the forefront of the Government's initiative for preventing suicide in England (DOH, 2017). Adolescents who self-harm come into contact with a wide range of professionals. This paper focuses on the nursing profession. It provides an understanding of what it is like for nurses to work with adolescents who self-harm, and identifies areas of support relevant for both nurses themselves and service providers, in order to improve patient care (NICE, 2012).

Research investigating nurses' experiences of working with individuals who self-harm has tended to focus on adults (O'Connor & Glover, 2017). Nurses in inpatient and emergency department settings report difficulties in wanting to understand self-harm, and challenges associated with being emotionally affected by self-harm, monitoring risk, and managing professional boundaries and environmental expectations (Lindgren, Molin & Graneheim, 2021; Ngune et al., 2020; Tofthagen, Talseth & Fagerstroem, 2014; Wilstrand, Lindgren, Gilje & Olofsson, 2007). Although working with self-harm in the community is different to working in inpatient and emergency department settings (O'Connor & Glover, 2017), studies exploring community mental health nurses experiences of working with adults have identified similar themes of struggling to understand self-harm, the emotional impact of the work, managing risk and learning to work with self-harm (Thompson, Powis & Carradice, 2008; Murphy, Keogh & Doyle, 2019).

This research has demonstrated that for nurses, working with adults who self-harm can be

emotionally challenging. It is also evident that individuals themselves who self-harm report experiences of punitive responses, such as having treatment withheld and judgmental comments (Taylor, Hawton, Fortune & Kapur, 2009). This can impact patient engagement (Artis & Smith, 2013; Chapman & Martin, 2014) and treatment outcomes (Royal College of Psychiatrists, 2010), with negative attitudes and lack of understanding being associated with reduced help seeking and poorer therapeutic relationships (Coimbra & Noakes, 2021).

This body of research has led to recommendations regarding training and staff support to improve staff well-being and patient care (O'Connor & Glover, 2017). However, it has failed to differentiate and specifically explore nurses' experiences of working with adolescents who self-harm. Nurses working specifically with adolescents in CAMHS settings are likely to report different experiences, owing to differences in impulsivity, emotional dysregulation, risk factors and intent in adolescence (Groschwitz & Plener, 2012). Additionally, in the UK there are notable differences between CAMHS (age 5-17) and Adult Mental Health Services (age 17+), with CAMHS including more focus on developmental processes and working with systems, the people and services that are involved with the adolescents and their care, such as families and education (Broad, Sandhu, Sunderji & Charach, 2017).

Research specifically exploring nurses' experiences of working with adolescents who self-harm in community settings is therefore required (Cleaver, 2014; O'Connor & Glover, 2017). The present study adopted a qualitative methodological approach in order to gain an in-depth understanding of what it is like to work with adolescents who self-harm from a nursing perspective in a community setting. Understanding nurses' experiences not only provides an opportunity to gain insight into what it is like to work with this patient group, it can identify pertinent issues to inform effective staff support systems for nurses working in CAMHS and subsequently improve staff and patient experience, and ultimately patient care (NICE, 2012).

The present study therefore explored the research question: '*What are nurses'*

experiences of working in community CAMHS with adolescents who self-harm?'.

Method

Design

An interpretivist epistemological position was adopted, where knowledge is viewed as socially constructed and gained through an individual's interpretation of their experience of the social world (Larkin & Thompson, 2012).

Participants

Purposive sampling was employed. We recruited CAMHS nurses who had experience (within the previous 12 months) of working with adolescents (11-17) who self-harm. Nurses were recruited via attending CAMHS nursing meetings in two community CAMHS teams in England. Nurses were asked to express their interest by emailing the researcher. A sample of 10 nurses (8 women, mean age= 33 years; mean length of experience= 6.5 years) participated (see Table 1), none dropped out. All nurses had completed a degree in Nursing in England, and were registered nurses.

INSERT TABLE 1 HERE

The study was conducted in accordance with the British Psychological Society (BPS) Code of Human Research Ethics (2018), and the Health Research Authority (HRA) Ethics Committee Guidelines (from whom ethical approval was gained). Participants were provided with information about the study (including that the research was being completed as part of a Doctorate in Clinical Psychology), assured of confidentiality, anonymity, their right to withdraw, given the opportunity to ask questions and fully debriefed by the lead researcher about sources of support.

Data collection and analysis

Interpretative Phenomenological Analysis (IPA) was utilised due to its phenomenological and interpretative basis. IPA emphasises convergence and divergence of experiences and provides an in-depth analysis of how participants make sense of their lived experience. It recognises the influence of researchers' own assumptions by acknowledging dual-hermeneutics, whereby researchers experience participants' accounts of their experiences through inter-subjective meaning making (Larkin & Thompson, 2012). Consistent with IPA, a brief semi-structured interview schedule was developed in accordance with the research aims and previous literature (Thompson et al., 2008), to allow flexibility and produce rich data. The schedule explored general and specific experiences of working with adolescents who self-harm (see Table 2), and was piloted in consultation with the research team, and nurses from the CAMHS teams.

INSERT TABLE 2 HERE

Interviews were conducted by the lead researcher in a private room at the nurses' CAMHS base and audio recorded, lasting between 42-70 minutes (mean of 54 minutes).

The interviews were transcribed verbatim and anonymised through the removal of any identifiable information. The lead researcher utilised Smith et al.'s (2009) iterative, cyclical procedure for IPA; reading and re-reading the transcripts to become immersed in the data and increase access to the deeper reality of the nurses' experiences and identify codes (initial labels/notes). Emergent themes (patterns of meaning) were colour-coded, and cross comparison was conducted to identify convergences and divergences. Abstraction was then used to increase access to the deeper reality of the nurses' experiences, and cluster subordinate themes (subthemes) into superordinate themes (overarching themes).

Reflexivity and Rigour

Auditing of codes and themes within the research team, coding by an independent researcher, and respondent validation were employed to ensure themes were warranted, accurate and grounded in the data. The lead researcher was a female Trainee Clinical Psychologist, who had previously worked in both teams. In order to acknowledge the dual-hermeneutic underpinning of IPA, a bracketing interview, reflexive log and reflective discussions were utilised to facilitate reflexivity, identify researcher impact and manage the risk of researcher bias.

Results

Two superordinate themes were identified, each consisting of two subordinate themes (see Table 3).

INSERT TABLE 3 HERE

Superordinate Theme 1: Personal and Professional Conflicts

All nurses communicated experiences of personal and professional conflict throughout their work with adolescents who self-harm. They described experiences of conflictual emotions and expectations of themselves. This encompassed subthemes relating to conflicts within interpersonal interactions "*keeping everyone happy*" (Sarah) and intrapersonal experiences "*double-edged sword*" (Amy).

Subordinate theme 1a: "keeping everyone happy".

Nurses experienced conflict in their interpersonal interactions. They found it challenging to support the adolescent and maintain a positive rapport, whilst also holding in mind the wishes of the family, keeping them informed and involved in managing risk and responsibility due to the adolescent living at home. They communicated the professional conflict of balancing prioritising the needs of the adolescent, whilst recognising the importance of working with the different people in the adolescents' system:

"*those sorts of situations are so emotionally draining ... you need to be there for the young person, but you can't alienate the parents*" (John).

Nurses felt conflicted when working with systems; they often experienced frustration and increased pressure and responsibility due to unreasonable expectations, unhelpful responses and a lack of understanding from others:

"*some parents think that you have a magic wand and can stop the self-harming overnight. Some parents don't understand it and will punish the young person ... and that actually exacerbates the problem*" (Phoebe).

At the same time, nurses also expressed empathy and understanding for families. They recognised how distressing and challenging it must be to understand and manage adolescent self-harm, the risk associated with it, and the additional demands:

"*If you put yourself in their shoes, you can see it*" (Amy).

These conflictual experiences were exacerbated by service pressures and policies, including large caseloads, and policies to discharge at age 17 and increase "*the throughput of people*" (John). These led to increased frustration, conflict and stress for nurses:

"*that isn't why I came into nursing, to go oh well you have turned 17 so you have to move on to something else, even though you have been working really hard*" (Jade).
"*you feel for them, and then on the other hand you're like "you're having a laugh, come on" and when am I going to be able to sort this?*" (Ashanti).

Conflict around risk management and responsibility was exacerbated by the frequent occurrence of lone working in community CAMHS. Nurses described experiencing increased anxiety due to the adolescents not being constantly monitored as they would be in inpatient settings, and feeling isolated in community settings:

"*it can feel quite lonely when you've got a really risky young person and you're the only one initially involved … you've got their life in your hands*" (Ashanti)

Subordinate theme 1b: "double-edged sword".

Nurses also expressed conflicts regarding their intrapersonal experiences; often because of the responsibility they felt due to internalised expectations, and the competing demands they had to manage. They described feeling personally responsible for the adolescents and their progress, and varying emotional experiences, feeling proud and confident when adolescents were progressing, or like they have *"failed"* (Angela) when adolescents relapse. This was particularly challenging due to some nurses experiencing self-harm as unpredictable:

> "*you get that kind of rollercoaster recovery, you get to that place where you think "ohh, they're doing alright", then they do something and it seems to come crashing down.*" (John).

As a consequence, nurses described feeling conflicted about the adolescents themselves, feeling frustrated due to the lack of progress, but also empathising with them and feeling sad that the young person saw no other option. They experienced working with adolescents who self-harm as a "*double-edged sword*" (Amy), finding the work challenging, frustrating and stressful, but also rewarding and enjoyable:

> "*It is a huge responsibility and a huge honour to work with people when they are so vulnerable.*" (Harpreet).

Most nurses also expressed conflict about their emotional responses to the "*rollercoaster recovery*" (John) evident in adolescents who self-harm. While they recognised that the emotional investment can, at times, improve their understanding and practice, they felt ashamed of feelings of anger and responsibility or taking self-harm personally:

"you take it personally. I mean you're not supposed to, but you can't help it. You feel like you've let them down" (Phoebe).

Nurses also described the importance of the therapeutic relationship, and the personal and professional conflict they experienced as a result of it. Most nurses explained how the therapeutic relationship could lead to conflicted feelings about their professional boundaries and becoming personally attached:

"*it can be very very difficult to figure out where the boundaries are between I am still a professional in this person's life, I am not a friend*" (Harpreet).

When nurses expressed personal conflict about "*blurring the lines*" (Phoebe), there was a sense of shame about becoming too emotionally involved. They explained that they should not become attached, but recognised that sometimes it was inevitable:

"*we are human beings, sometimes as professionals we can be attached to cases, you know, we try not to, but it does happen*" (Zane).

At the same time, they described feeling ashamed of not caring enough, or being too emotionally detached:

"*When she is admitted … there is a big weight off my workload, and I know that is awful, but it's the truth.*" (Phoebe).

Most nurses experienced a professional conflict in the difficulty in managing the physical health and risk associated with self-harm, as well as the underlying mental health:

"*you've got the difficulty of the mental health side … And also the physical health side … It can be quite stressful and quite daunting.*" (Amy).

They felt responsible for addressing the risk element as a priority, which interfered with their goal of addressing the mental health issues underlying the self-harm:

"*Forget the mental health, if they're going to be dead next week*" (Harpreet)
"*it is very hard to actually get beyond that, which is where I like to work*" (Angela).

Superordinate Theme 2: Personal and Professional Development

This theme encompassed subthemes describing the ways nurses learnt to manage the conflicts and difficult emotions they experience, "*I can switch off … from being a professional, and be a person*" (Harpreet), and the overall process of development they have gone through, "*it has got easier, just with experience*" (Sarah).

Subordinate theme 2a: "I can switch off … from being a professional, and be a person".

The nurses described needing to tolerate conflict and manage their emotions, for the adolescents and families they work with:

> "*if you're anxious about them, you're not containing. Once you're seen to be a container… that is when you become really helpful to them*" (John).

Some nurses also recognised the importance of their self-care for their own families, and themselves, although there was a sense of conflict:

> "*I am one person and my own well-being and the well-being of my family has to come first, otherwise I wouldn't be at work at all. Sometimes I feel sad thinking that way, but actually, if I didn't, I wouldn't be here, I'd be off sick*" (Harpreet).

All nurses explained that they coped by finding ways to switch off from being a professional, including having breaks and having a laugh with colleagues at work, and separating their work and home lives, by doing things they enjoy to distract themselves after work:

> "*you have to kind of laugh in the face of adversity*" (Ashanti).

"*I then walk the dog, have a bath, do my thing, I can then switch off*" (Phoebe).

Some nurses detached and switched off when they spoke about emotionally challenging aspects of the job, speaking in the third person, or about nurses in general:

"*You know, emotionally as a human being, you feel that you aren't putting much effort in*" (Zane).

Moreover, the nurses described managing the difficult emotions and conflicts by seeking advice and reassurance from colleagues and supervisors, and sharing the responsibility. They identified how these formal and informal discussions could help them clinically and emotionally. However, many nurses felt that the emotional support was more useful:

"*Sometimes you don't need an answer; you just need to talk through it, to get it off your chest*" (Sarah).

As well as seeking reassurance from colleagues, nurses described challenging their self-doubt by reflecting on positive outcomes, and positively reframing their experiences, by seeing difficult times as an opportunity to understand, learn and become more motivated:

"*you try and think about, well that is working, so maybe there is something specific about this case, rather than I'm just a crap nurse*" (Nala)
"*it's a pressure, but a pressure that you can use in a positive way to make you feel more determined and more engaged*" (Jade).

Some nurses described various ways of validating themselves, such as accepting their limitations and the limits to their responsibility. For example, they normalised the self-doubt and validated themselves by expressing how challenging the work is and acknowledging the complexity of cases:

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"*Ultimately, you have to realise that it's not your fault, or the CAMHS service, sometimes mental illness is horrible*" (Amy).

All nurses also positively reframed their experiences as they spoke and counteracted the challenging aspects; they explained that many adolescents do progress, and reflected on how meaningful and rewarding the job is for them:

"*it's made me unwell, physically and emotionally unwell. But then, they're the young people that I want to work with*" (Phoebe).

Most nurses explained that despite these strategies, they continued to experience some anxiety and found it difficult to switch off at times:

"*if there is something really on your mind you can do those things and it will still pop up*" (Angela).

This was due to not having the time to use their coping strategies, feeling that their colleagues were too busy, or prioritising the adolescents over their own self-care:

"*Finding the space, and prioritising that, that can be hard, because someone needs an appointment*" (Sarah).

Subordinate theme 2b: "it has got easier, just with experience".

As well as learning ways to cope with the conflict they experience, nurses described the process of development that they had been through working with adolescents who self-harm and their families. They described experiencing overwhelming anxiety and low confidence when they began working in the community with adolescents who self-harm, due to a lack of prior experience or training:

"*the risk appears higher when you first start working in the field, because you have nothing to base it on. Nothing in life prepares you for working with self-harm*" (John).

Following their initial anxiety, nurses described a process of learning on the job, gaining increased confidence and understanding through the experience of working with the adolescents:

"*you come out the other side, with supervision, with support, with the parents on-board, with the young person, and grow as a clinician*" (Nala).

They described feeling less overwhelmed and more able to tolerate the risk, uncertainty and difficult emotions over time:

"*you still go through that rollercoaster of emotions with them, but your resilience starts to grow*" (Phoebe).

However, the nurses felt quite conflicted about the emotional desensitisation they experienced through being exposed to self-harm. There was a sense of shame about being less emotionally affected, although they recognised that it was normal and necessary, as it enabled them to think more rationally, be less emotionally involved and continue to do their job effectively:

"*I feel awful saying that, as if I've become hardened to it*" (Amy)
"*you do become desensitised with stuff, and you have to be, to manage and to cope*" (Harpreet).

As well as learning from working with the adolescents, most nurses identified that a significant part of their development was due to learning from their colleagues and attending training. They described the benefit of working within a multi-disciplinary team, who can provide support and a range of different perspectives, enabling them to gain a more in-depth, sophisticated understanding of self-harm, and a wider variety of approaches to address it:

"*that is the most valuable tool we've got, each other's experiences, and different ways we all manage things*" (Harpreet).

Nurses who had attended training reflected on how it increased their confidence in understanding, assessing and managing self-harm. Although some nurses felt that there was not enough opportunity for training, and described having to wait a long time:

"*I've asked for DBT from quite early on and got knocked back a few times*" (Phoebe).

Divergences

All participants contributed to all themes identified. However, there were some important divergences noted. Firstly, the two oldest nurses, who had the most experience (John and Angela), demonstrated additional understanding and confidence, and recognition of enjoyment and progress. This was consistent with the finding that the nurses gained understanding and confidence with experience. Additionally, consistent with the finding that nurses use detachment as a coping mechanism to manage anxiety (O-Connor &Glover, 2017), one of the two males (Zane) presented as very detached throughout the interview, and expressed more concerns around the level of risk.

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Discussion

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This study aimed to explore nurses' experiences of working with adolescents who self-harm in the community in order to gain an in-depth understanding of their experience, to identify support required for nurses working in CAMHS and improve staff and patient experience and patient care. Nurses responses were characterised by two subordinate themes demonstrating the *personal and professional conflicts* experienced by community nurses working with adolescents who self-harm, and how they learn to cope with these conflicts and experience *personal and professional development* through working with the adolescents.

Within *personal and professional conflicts*, community CAMHS nurses described similar interpersonal and intrapersonal conflictual experiences of balancing the needs of patients and services, and managing emotional responses and risk described in adult research (Artis & Smith, 2013; Tofthagen et al., 2014; Wilstrand et al., 2007). However, in the present study, they described additional conflicts relating to working with the systems around the individual (Tofthagen et al., 2014). This conflict is likely due to adolescents being treated in the context of their systems in CAMHS settings (Broad et al., 2017), and the recognised role of family as risk and/or protective factor(s) for adolescent self-harm (Diamond, Asarnow & Hughes, 2017). These findings are particularly important, as research has demonstrated that working collaboratively with adolescents' systems is best practice, and results in greater progress (BPS, 2015). Nurses working in CAMHS would therefore benefit from increased reflective practice to be able to consider their own contributions in these relationships and set clear boundaries (O'Connor & Glover, 2017), and training in systemic working, such as attachment-based family therapy (Diamond, Diamond & Levy, 2013), to enable them to feel more confident and able to work with families and systems around the adolescent.

The subordinate theme *double-edged sword* revealed an emotional rollercoaster experienced by nurses in the present study similar to research in inpatient and emergency departments, whereby working with adolescents who self-harm was described as challenging, unpredictable, and nurses experienced feelings of failure, sadness and frustration (Artis & Smith, 2013; Chapman & Martin, 2014; Tofthagen et al., 2014; Wilstrand et al., 2007). However, they also described pride, honour and enjoyment and used these positive emotions to reframe their experiences and challenge self-doubt. The experience of positive emotions may in part be due to the CAMHS nurses working with less severe cases in the community compared to inpatient and emergency department settings. The longer-term input possible in community settings, which

enables staff to develop more understanding of why the adolescents self-harm, and that the recovery process takes time (O'Connor & Glover 2017), may also be a contributory factor.

The emotional impact of working with adults who self-harm, and the subsequent need for coping mechanisms has been well recognised (Kravits, McAllister-Black, Grant & Kirk, 2010; O'Connor & Glover, 2017). The present study highlights this is also true for community CAMHS nurses. The theme *personal and professional development* indicates community CAMHS nurses cope by switching off from being a professional, and that working with adolescents who self-harm gets easier with time and experience. Nurses in the present study reported emotional detachment and de-sensitisation as necessary self-protective strategies as a consequence of the pressures and emotions. Negative feelings of frustration, anxiety and inadequacy are associated with decreased empathy and engagement with patients (Chapman & Martin, 2014; Hadfield et al., 2009), which may reduce the delivery of compassionate and effective care (Cole-King & Gilbert, 2011). Supervision and reflective practice have been found to be useful approaches to increase distress tolerance, reflection, and shared experiences, subsequently enabling staff to work more effectively with people who self-harm in inpatient and emergency department settings (Artis & Smith, 2013; Wilstrand et al., 2007). Improving community CAMHS nurses well-being through increasing reflection, self-awareness and emotion regulation could therefore improve care (O'Connor & Glover, 2017).

Consistent with this, nurses in the present study described learning to cope with conflict and deal with their experiences by utilising supervision, self-care and informal support and reflection. However, there was a clear divergence in nurses experiences, as whilst the nurses described accepting their need to cope and switch off, they struggled to find time for supervision and breaks, due to feeling that they should prioritise offering appointments. This demonstrates the challenge of self-care for nurses, and the subsequent need for managerial investment to

ensure that it is prioritised (O'Connor & Glover, 2017). Nurses working with adolescents who self-harm, could therefore benefit from opportunities for reflective practice and supervision, which are encouraged and facilitated by their managers and within their job plans and appraisals.

The experiences of development and reduced anxiety by gaining confidence and understanding, becoming desensitised and learning on the job due to a lack of previous training was consistent with the experiences described by nurses working with adults who self-harm (Carter et al., 2018; Ngune et al., 2020; Thompson, Powis & Carradice, 2008).

Previous research has demonstrated that limited training and education are fundamental factors in the development and maintenance of nurses' negative attitudes towards self-harm (Karman et al., 2015), which impact patient engagement and care (Coimbra & Noakes, 2021). This study adds to the general consensus that nurses working with people who self-harm require more training (e.g. Artis & Smith, 2013; Cleaver, 2014; Carter et al., 2018; Timson et al., 2012; Rees et al., 2014; Weare, Green, Olasoji & Plummer, 2019), and that further training is needed for nurses working within CAMHS (Thomas, 2017). Dialectical Behavioural Therapy (DBT; Linehan, Heard, & Armstrong, 1993), a widely recommended intervention for the management of self-harm (Nawaz, Reen, Bloodworth, Maughan & Vincent, 2021), was highlighted by the nurses as a useful training. DBT has been adapted for adolescents (DBT-A) (Rathus & Miller, 2002) and has been found to be effective in the management of self-harm in adolescents (Kothgassneret al., 2021) and is subsequently recommended by NICE (2011). Nurses working with adolescents who self-harm could therefore benefit from training in models such as DBT-A that help them understand and manage self-harm. Given that some nurses described difficulties in attending training, this also needs to be prioritised and encouraged by management.

Community CAMHS nurses experienced shame as a result of their emotional responses, self-care behaviours and professional boundaries. This highlighted a divergence in experience

and a sense of conflict regarding professional boundaries and personal responsibility. Many nurses felt ashamed of being emotionally involved, feeling angry and frustrated with the adolescents, and appearing not to cope, or to cross professional boundaries. Conversely, they also felt ashamed of not caring enough, staying in a more professional and detached position and becoming less emotionally affected. Nurses may experience pressure to be caring and compassionate, as the importance of this is emphasised within the nursing code of conduct (Nursing and Midwifery Council [NMC], 2018). The nurses were therefore in a double bind, where they experienced shame for being either too emotionally involved, or too detached and uncaring. The shame the nurses experienced in the current study can be understood with the context of moral injury (the lasting psychological sequelae, of taking, failing to prevent, or witnessing an action that directly violates one's moral beliefs and values (Litz et al., 2009)). The shame described by the nurses can be understood as a consequence of a moral injurious conflict of providing care they perceived as insufficient (Litz et al., 2009). Staff who experience moral injury require peer support and reflective practice (Greenberg, et al., 2020; Greenberg, 2020). Nurses therefore require a space to access peer support, and think about, process, and learn from the emotional impact of their work on themselves and on patients. Reflective practice sessions could therefore be provided, and would likely improve staff well-being and patient care (O'Connor & Glover, 2017).

What the study adds to the existing evidence

The findings of the present study add to the existing literature in a number of ways: First, community CAMHS nurses felt conflict around 'keeping everyone happy' within the context of working with systems (e.g. parents/carers, social care and school staff) surrounding the

adolescent, in addition to working with the individual. They described additional conflicts and challenges of also maintaining their rapport with the adolescent's system or family. Second, in addition to negative experiences, the nurses' described positive experiences of working with adolescents who self-harm. Third, community CAMHS nurses used these positive experiences to reframe their experiences and challenge self-doubt. Lastly, community CAMHS nurses reported feelings of shame as a result of their emotional responses, self-care behaviours, personal and professional boundaries.

Limitations and Future Research

The exclusion of nurses working in other CAMHS settings is a study limitation, as while it increased sample homogeneity, experiences of nurses working in other settings may differ (Thompson, Powis & Carradice, 2008) and add to our understanding. Additionally, nurses were mostly female, and White-British. These characteristics may have influenced responses, as gender has been shown to impact nurses' attitudes and empathy towards adolescents who self-harm (Dickinson & Hurley, 2011). Further exploration of experiences of various ethnic groups and genders would be useful to gain a more in-depth understanding.

Conclusions

This study provides insight into nurses' experiences of working with adolescents who self-harm in a community setting. It has demonstrated personal and professional conflict these nurses experience, and how they learn to cope and develop as a person and a professional. It emphasises ways to help manage and reduce the conflicts they experience, both personally and professionally. Findings are relevant for community CAMHS leads, in order to improve support and training for CAMHS nurses, and subsequently improve patient care.

Relevance to Clinical Practice

This study highlighted the conflicts and emotional impact of working with adolescents who self-harm and their systems. It has demonstrated the need for managerial encouragement, investment and prioritisation in self-care and reflective practice. Mandatory support and allocated time for breaks in job plans and reflective practice sessions should be provided to enable staff to consider, process and learn from their experience around moral injury, shame and conflict. Furthermore, It has demonstrated the importance of training to improve nurses' understanding and confidence in working with adolescents who self-harm and their systems, as well as clinical outcomes (Karman et al., 2015; NICE, 2004). Training could be drawn from effective educational interventions such as DBT-A, as well as systemic models (Diamond, Diamond & Levy, 2013).

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Table 1. *Participant Characteristics.*

Name†	Sex	Age	Ethnicity	Length of experience*
John	M	55	White British	18 years
Phoebe	F	25	White British	2 years
Harpreet	F	28	White British	2.5 years
Jade	F	24	White British	1.5 years
Nala	F	24	White British	2.5 years
Ashanti	F	38	White British	5 years
Zane	M	40	Black African	4 years
Angela	F	49	White British	25 years
Sarah	F	24	White British	1.5 years
Amy	F	26	White British	3 years

Note. †= Pseudonyms utilised to ensure anonymity.

* total years of experience working with adolescents who self-harm post qualification

Table 2. *Example Questions from the Interview Schedule.*

Example Questions
What is it like working with adolescents who self-harm?
How do you feel about working with clients who self-harm?
If you have one, could you please describe a satisfying experience of working with a client who engaged in self-harm?

Table 3. *Superordinate and Subordinate Themes.*

Superordinate theme	Subordinate themes
Personal and Professional Conflicts	a) *"keeping everyone happy"* b) *"double-edged sword"*
Personal and Professional Development	a) *"I can switch off … from being a professional, and be a person"* b) *"it has got easier, just with experience"*