EXPERIENCES OF PRE-REGISTRATION MENTAL HEALTH NURSING STUDENTS WHO WITNESS SELF-INJURY AMONGST SERVICE USERS DURING PLACEMENT
A CROSS-SECTIONAL STUDY

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RESEARCH AIMS & OBJECTIVES

Aim: To understand the personal impact of witnessing self-injury (SI) upon Mental Health Nursing (MHN) students whilst on placement
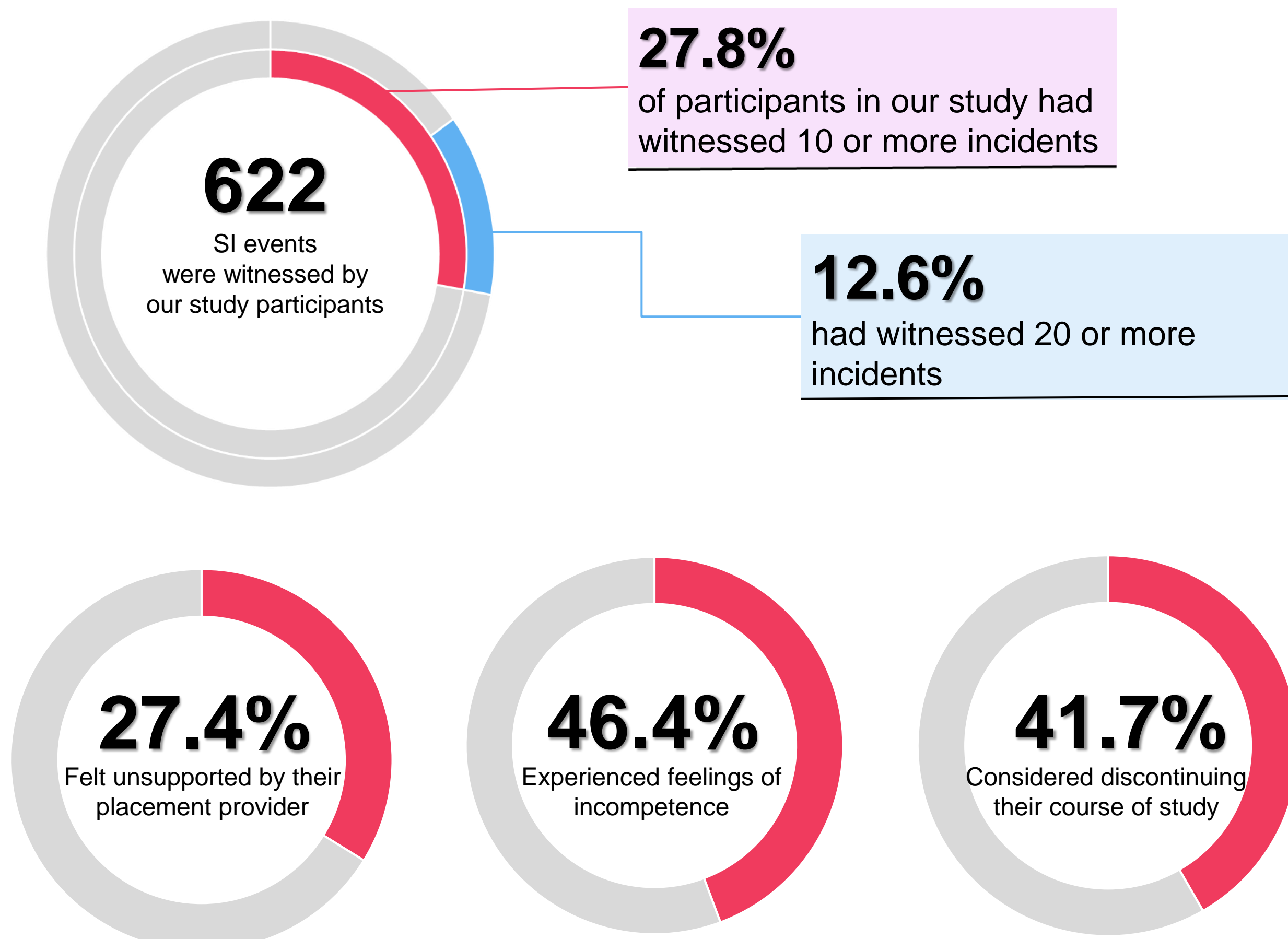
Objectives:
1. Identify types of SI witnessed by MHN students.
2. Evaluate perceived self-competence in working with service users who have self-injured.
3. Appraise access to and desired types of interventions for MHN students.
4. Assess the potential trauma of witnessing SI upon MHN students.

METHOD

Data Collection & analysis: Online survey using questionnaires with open-ended and closed items and included a Trauma Screening Questionnaire.
Descriptive analysis was completed on the quantitative data gathered, and a thematic analysis conducted on the qualitative data.
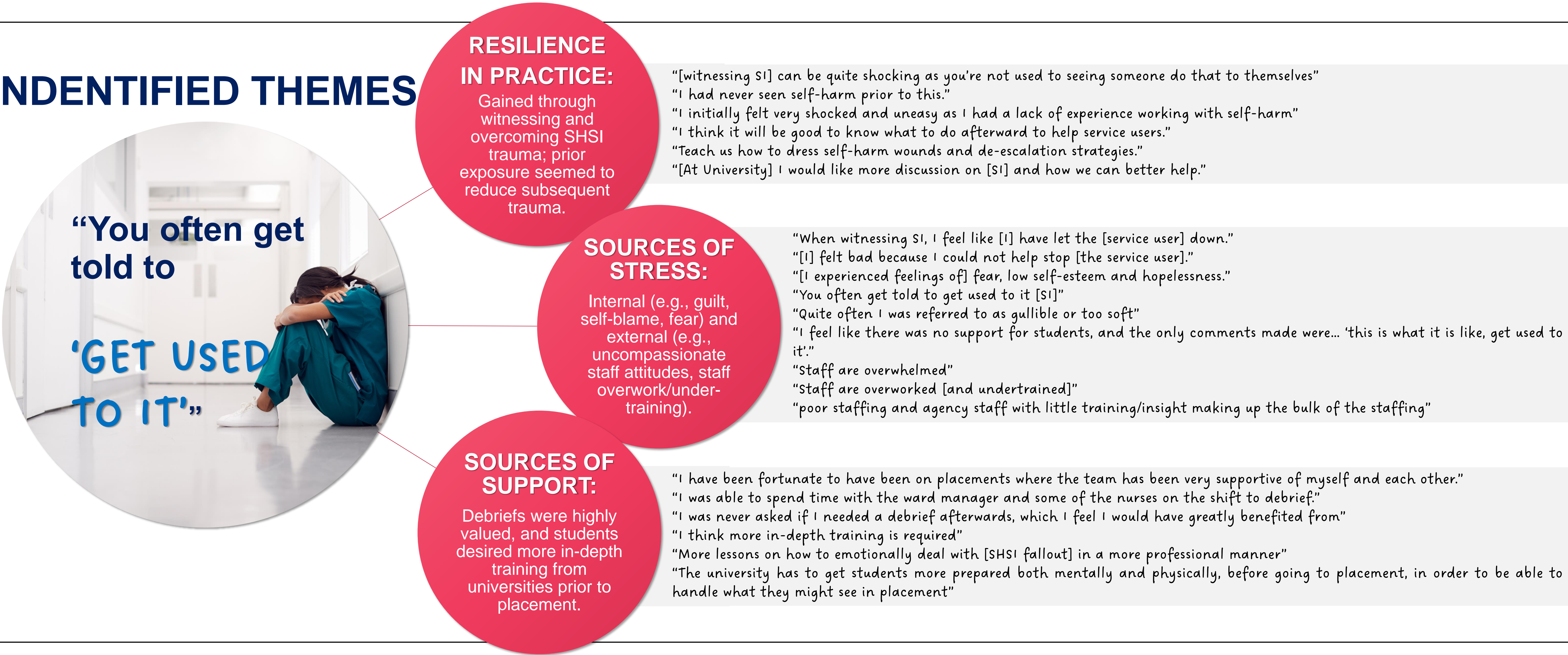
Recruitment & Participants: MHN students recruited to the study via Mental Health Nurse Academic UK's participating universities (Universities of, Bedfordshire, Huddersfield, Lancashire and Liverpool).
84 participant responses were considered fully completed and included in the final analysis.

KEY FINDINGS…

622 SI events were witnessed by our study participants

27.8% of participants in our study had witnessed 10 or more incidents

12.6% had witnessed 20 or more incidents

27.4% Felt unsupported by their placement provider

46.4% Experienced feelings of incompetence

41.7% Considered discontinuing their course of study

…AND THE IMPACT

INDENTIFIED THEMES

"You often get told to 'GET USED TO IT'"

RESILIENCE IN PRACTICE:
Gained through witnessing and overcoming SHSI trauma; prior exposure seemed to reduce subsequent trauma.

"[witnessing SI] can be quite shocking as you're not used to seeing someone do that to themselves"
"I had never seen self-harm prior to this."
"I initially felt very shocked and uneasy as I had a lack of experience working with self-harm"
"I think it will be good to know what to do afterward to help service users."
"Teach us how to dress self-harm wounds and de-escalation strategies."
"[At University] I would like more discussion on [SI] and how we can better help."

SOURCES OF STRESS:
Internal (e.g., guilt, self-blame, fear) and external (e.g., uncompassionate staff attitudes, staff overwork/under-training).

"When witnessing SI, I feel like [I] have let the [service user] down."
"[I] felt bad because I could not help stop [the service user]."
"[I experienced feelings of] fear, low self-esteem and hopelessness."
"You often get told to get used to it [SI]"
"Quite often I was referred to as gullible or too soft"
"I feel like there was no support for students, and the only comments made were... 'this is what it is like, get used to it'."
"Staff are overwhelmed"
"Staff are overworked [and undertrained]"
"poor staffing and agency staff with little training/insight making up the bulk of the staffing"

SOURCES OF SUPPORT:
Debriefs were highly valued, and students desired more in-depth training from universities prior to placement.

"I have been fortunate to have been on placements where the team has been very supportive of myself and each other."
"I was able to spend time with the ward manager and some of the nurses on the shift to debrief."
"I was never asked if I needed a debrief afterwards, which I feel I would have greatly benefited from"
"I think more in-depth training is required"
"More lessons on how to emotionally deal with [SHSI fallout] in a more professional manner"
"The university has to get students more prepared both mentally and physically, before going to placement, in order to be able to handle what they might see in placement"

IMPLICATIONS FOR PRACTICE

1. **Importance of Support**: Meaningful debriefs and a feeling of being part of a supportive team are crucial for MHN student well-being and resilience development.
2. **Addressing Negative Attitudes:** Student concerns about uncompassionate staff attitudes, particularly towards service users with personality disorders, suggest a need for improved education and challenging stigma in clinical practice.
3. **Gap in Preparation:** Students often feel unprepared for the emotional and practical demands of witnessing SI, highlighting a need for more practical training and emotional preparation from universities.
4. **Joined-up approaches needed:** Professionally and personally navigating SI experiences, requires a joined-up approach between universities and placement providers

Traumatic event → Support > stress → Positive post-traumatic growth → Resilience
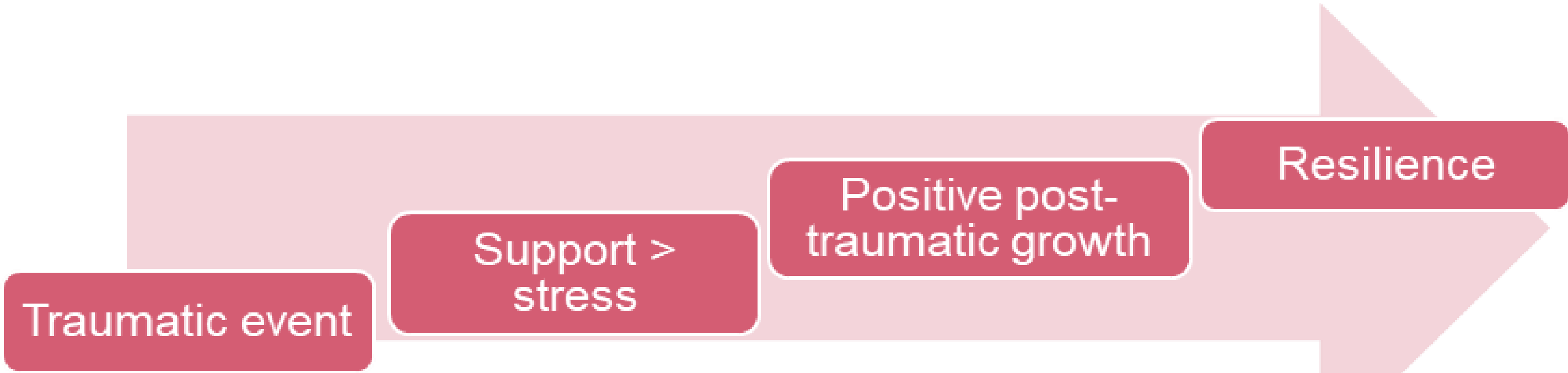
Resilience Development: Our study also proposes a theoretical staged model of resilience development (above), Our results suggest that resilience develops through experiencing and overcoming traumatic events, with positive growth occurring when support outweighs stressors.

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