

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Acceptability of a brief web-based theory-based intervention to prevent and reduce self-harm: Mixed methods evaluation](#)

Publication details (Vancouver format)

Keyworth, C., O'Connor, R. C., Quinlivan, & Armitage, C. J. (2021). Acceptability of a brief web-based theory-based intervention to prevent and reduce self-harm: Mixed methods evaluation. *Journal of Medical Internet Research*, 23, e28349. doi:10.2196/28349

What are the most important findings/conclusions in this paper? Why are they important?

People who had self-harmed were asked to try out a tool designed to reduce or prevent self-harm. Our findings showed a large number of those people found the tool to be acceptable – that is, they said they would use it. The people who liked it most were younger adults, people of White ethnic backgrounds, and people without long-term health conditions.

The findings are important because they suggest that the intervention could be used more widely in healthcare services to prevent and reduce self-harm. It also shows the areas where more research is needed in order to make the tool more acceptable to older adults, people from minority ethnic groups, and people with long-term health conditions.

What did you do?

We tested how acceptable was an online tool to prevent and reduce self-harm among people who had previously self-harmed, but who were not having hospital treatment.

Why did you conduct this research?

Although cases of self-harm are on the rise, there are not many interventions or tools available to help prevent and reduce self-harm. We have developed an intervention that works in hospital settings and we wanted to see if we could improve it so it could be used in other settings.

What was known before your paper was published?

We knew that previous self-harm often predicts future self-harm and suicide. We also knew we had an intervention that showed promise in preventing and reducing self-harm. But we only knew that it worked in hospital settings.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

Our findings show that high numbers of people who have previously self-harmed, especially younger adults, people of White ethnic backgrounds, and people without long-term health conditions, found the intervention acceptable. Future research should focus on ways to make the tool acceptable to older adults, people from minority ethnic groups, and people with long-term health conditions.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

Our previous work showed that the intervention was able to reduce suicidal thoughts and behaviours in people who had been admitted to hospital after self-harming. This paper suggests that the same tool is useful for people who are at risk of future self-harm, but who have not been hospitalised.