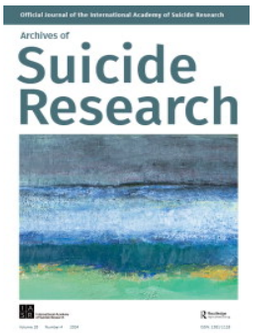

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Parents' Information Needs in Relation to Adolescent Self-Harm: Perspectives of Parents and Professionals

Áine French, Keith Gaynor, Finiki Nearchou, Sinead Raftery, Bríd O'Dwyer, and Eilis Hennessy

ABSTRACT

Objective: Discovering that an adolescent is self-harming is extremely distressing for parents and this distress can be compounded by lack of easily accessible and well targeted information on what they can do to help. Some research has even suggested that parental distress can be an obstacle to seeking professional help. This paper describes two studies that sought to identify the information needs of parents in the immediacy of discovering self-harm and in ongoing efforts to support their child.

Method: Study 1: on-line survey of 128 parents who had experienced their child's self-harm; study 2: two-round Delphi method with 29 professionals who provide therapeutic interventions to adolescents who self-harm. The primary aim of both studies was to elicit views on parents' information needs in relation to supporting adolescents who self-harm.

Results: There was a high level of agreement between parents and professionals on the needs for information on topics such as: communication, psychoeducation, managing emotional responses, parenting strategies and interventions. The professionals also emphasized the need for parents to practice self-care and the value of teaching alternative coping strategies to adolescents. Parents placed greater emphasis than professionals on the need for information on future therapeutic needs.

Conclusion: Despite the agreement between parents and professionals on most of the information needed, there were sufficient differences in emphasis to confirm the importance of consulting with both groups. The findings can be used to develop information sources that are specifically tailored to the needs of parents at all stages of adolescent self-harm.

KEYWORDS

Adolescence; parents; psychoeducation; self-harm; suicide attempts

HIGHLIGHTS

- Parents want psychoeducation on self-harm and help managing emotional responses
- Professionals emphasize parent self-care and teaching adolescents other ways to cope
- Parents should be consulted to ensure their information needs are fully understood

Supplemental data for this article can be accessed online at https://doi.org/10.1080/13811118.2023.2279524.

INTRODUCTION

Discovering that their adolescent is self-harming is an extremely distressing and anxiety provoking experience for any parent. Unfortunately it is a situation that many parents will face because research suggests that self-harm is common during adolescence, with estimates of lifetime rates varying between 4.1% and 39.3% (Gillies et al., 2018). Although many adolescents will self-harm only once or twice (Gillies et al., 2018), early identification and intervention are important as they may reduce the chances of more frequent self-harm and of progressing to suicidal thoughts and behaviors (Geulayov et al., 2019; Steeg et al., 2014).

Several models have been proposed to conceptualize the close relationship among self-harm, suicidal thoughts and behaviors (McMahon et al., 2014; Nock, 2009) and there is also substantial empirical evidence of their close links from research with adolescents. For example, Duarte et al. (2020) research findings demonstrated that suicidal ideation and self-harm behaviors are significant predictors of suicide attempts. Additionally, they are difficult to fully disentangle as there is significant co-occurrence such as between suicidal ideation and self-harm (even when there is no intent to die) in adolescents while approximately 90% of adolescents who have attempted suicide have a history of non-suicidal self-injury (NSSI; Glenn et al., 2017). Thus, there seems to be a strong argument for simultaneously considering self-harm, suicide attempts and suicidal ideation in work with parents of adolescents.

Helping parents to cope with distress and anxiety when faced with adolescent self-harm is important because they have the potential to play a vital role in ensuring that adolescents get professional help. A systematic review by Michelmore and Hindley (2012) indicates that adolescents who self-harm are much more likely to turn to family and friends for help than they are to seek support from a mental health professional. This means that family, and parents in particular, may be able to influence youth to seek professional help. The critical role of parents is also underlined by the fact that in many jurisdictions adolescents under the age of 18 are legally required to have a parent's permission to seek mental health treatments (European Union Agency for Fundamental Rights, 2017; Noroozi et al., 2018).

However, parents can feel overwhelmed when they first learn about self-harm or suicide attempts and may not know how to respond. For example, Raphael et al. (2006) reported parental feelings of helplessness and confusion as to how to access information and services and young people have reported that parental responses to their self-harm may be unhelpful (Curtis et al., 2018). As a consequence, some parents do not seek professional help at all (Oldershaw et al., 2008) and others may delay before doing so (Wang et al., 2005). Such research findings suggest that parents would benefit from advice on how best to assist young people.

Despite these concerns there has been relatively little research on the information and support needs of parents (Krysinska et al., 2020), although the need for more support, and a need for more accessible and adequate information has been identified (Byrne et al., 2008; Raphael et al., 2006; Townsend et al., 2022). A qualitative study exploring parents' experiences of discovering and supporting an adolescent engaged in self-harm found that parents reported the importance of approaching the situation with kindness for themselves and their adolescent (Townsend et al., 2022). Additionally, Krysinska et al. (2020) reported that parents have extensive psychoeducation needs and that these

change over the course of time when supporting an adolescent who self-harms. However, previous research with parents has typically gathered data from small samples (e.g. Byrne et al., 2008), making it impossible to determine the extent of individual differences in parents' information needs.

The main aim of this research was to gather information directly from parents with experience of adolescent self-harm on their perception of the information that they would find useful in order to better support their child. In addition, we collected data from therapists who have experience of working with young people who self-harm on the basis that they might be able to reflect the information needs of parents unable or unwilling to complete our survey. The specific research objectives were to determine: i) the information needs of parents whose child has engaged in self-harm or suicide ideation/behavior; ii) expert opinion on parents' information needs; iii) parents' preferences for sourcing the information that they need.

STUDY 1 – PARENT SURVEY

Materials and Methods

The first study was designed to gather information directly from parents/guardians (referred to as parents throughout) with experience of adolescent self-harm on their perception of the information that they would find useful in order to better support their child. We chose to seek as extensive a sample of parents as possible in order to sample a wide range of information needs and media preferences.

Drawing on the findings of a rapid review of literature related to parents' information needs in relation to self-harm (see Supplemental Material) a survey was constructed with 37 items describing information that parents might want in order to support an adolescent who self-harmed. The nature of the data extracted from the publications identified via the rapid review (including peer reviewed and grey literature) related to parents' expressed information needs in relation to adolescent self-harm; to reports on the nature of information provided to parents as part of interventions, or as information resources on websites. In the information provided to participants they were invited to participate if they had experience of parenting an adolescent who self-harmed. Adolescent self-harm was defined as: '… an adolescent (10 to 19 years) doing something on purpose to hurt themselves (e.g. cutting or burning your skin) regardless of the intention, including a suicide attempt.' Exclusion criteria included self-harm associated with severe intellectual disabilities, and other behaviors that might sometimes be considered self-harm such as drug misuse or eating disorders.

Demographic Data

Questions including: age in years; gender (male; female; prefer not to say; self identify [open]); place of residence (urban; rural); highest education level (primary; secondary; tertiary); age of adolescent in years when first self-harmed; gender of adolescent (male; female; prefer not to say; self identify [open]); ethnicity of adolescent (nine options based on Irish census classifications - CSO.i.e.); which professional services an adolescent engaged with (list of services); adolescent diagnosis (list of diagnoses and option of 'none').

Information Needs

The survey included 37 questions parents might want answered in order to support an adolescent who self-harmed. The items were organized into three sections: 'Discovering self-harm for the first time' (14 items), 'Ongoing self-harm' (13 items) and 'Toward recovery' (10 items). The importance of each question was rated on a 5-point scale ranging from 1 = 'Irrelevant' to 5 = 'Essential'. Participants were also asked to indicate what they regarded as the most important information needs for each section in an open-text box.

Accessing Information

Nine possible information providers were listed (e.g. 'From a government website') for rating on a 5-point scale from 1= 'Definitely Not' to 5 = 'Definitely Yes'.

Sources of Help/Support

A list of eight possible sources of help (including professionals, organizations and informal sources) for rating on a 5-item scale from 1 = 'Definitely Not' to 5 = 'Definitely Yes'.

Participant Recruitment

Information about the research was circulated on: i) social media (Twitter and Facebook) via the authors' accounts and via the account of an Irish suicide prevention charity (Pieta) and parenting groups; ii) Irish local authority volunteer networks; iii) all 730 secondary schools in Ireland were also contacted and asked to share the information with parents; and iv) advertisements to attendees of parent informational talks on self-harm organized by the researchers.

Procedure

Data was collected online via the Qualtrics platform between October 2021 and January 2022. This study received ethical approval from University College Dublin's, Human Research Ethics Committee - Humanities (HS-21-125-HENNESSY).

Participants

128 parents completed the online survey and demographic details are presented in Table 1. Demographic details of the adolescents are in the supplementary material.

Data Analysis

Descriptive analysis identified the mode, mean and standard deviation for each of the information items rated. Content analysis of responses in open-text boxes was used to quantify the topics mentioned as: i) most important and ii) missing from the topic list.

TABLE 1. Demographic characteristics (n = 128).

Variable	N/Mean	%/SD
Parent Age (range 32–69 years)	48.90	5.86
Parent Gender		
Female	115	89.84
Male	11	8.59
Missing	2	1.56
Location		
Urban	75	58.59
Rural	51	39.84
Missing	2	1.56
Highest level of parent education		
Secondary	12	9.37
Tertiary	114	89.06
Missing	2	1.56
Adolescent Ethnicity		
White Irish	108	84.38
Irish traveler	3	2.34
Any other white background	13	10.16
Other	4	3.12

TABLE 2. Parent and professional views on information needs on discovery of self-harm.

	Item	Percent (mode) parents rating 'Essential' or 'Important'	Percent (mode) professionals rating 'Essential' or 'Important' in Study 2, Round 2
1	My adolescent has told me they are suicidal. What should I say to my adolescent?	100 (5)	100.0 (5)
2	My adolescent has told me they are self-harming. What should I say to my adolescent?	98.4 (5)	100.0 (5)
3	I have discovered (e.g. observed or been told by someone other than my adolescent) that my adolescent is self-harming. What should I say to my adolescent?	95.3 (5)	100.0 (5)
4	Why do adolescents self-harm?	95.1 (4)	92.0 (4)
5	What do I do if my adolescent begs me not to tell anyone else?	88.2 (5)	96.0 (4)
6	While it's not always possible to know, what signs might indicate self-harm?	94.4 (5)	88.0 (4)
7	Should I tell someone in their school?	78.1 (4)	88.0 (4)
8	Should I tell my other children what is happening?	80.3 (4)	76.0 (4)
9	How common is self-harm in adolescents?	71.4 (4)	80.0 (4)
10	How common is it for an adolescent to attempt suicide?	82.3 (5)	64.0 (4)
11	How do I tell other adult family members?	77 (4)	72.0 (4)
12	Does self-harm mean my adolescent has a mental disorder?	70.4 (4)	76.0 (4)
13	Is adolescent self-harm a form of attention seeking?	62.6 (5)	68.0 (4)

Results

Quantitative Analysis

Discovering Self-Harm for the First Time. Ratings for all 13 items were high, with no item having a mode lower than 4, and item means ranging from 3.76 to 4.94 (SD = 0.23 – 1.17). Items were rated as 'Important' or 'Essential' by between 62.6% and 100% of participants (see Table 2).

TABLE 3. Parent and professional views on information needs during ongoing self-harm.

	Item	Percent (mode) parents rating 'Essential' or 'Important'	Percent (mode) professionals rating 'Essential' or 'Important' in Study 2, Round 2
1	How do I respond if my adolescent threatens to attempt suicide?	98.4 (5)	Not asked
2	What can I do to help my adolescent with the feelings of needing to self-harm? (e.g., helping distract them)	96.8 (5)	100.0 (5)
3	How do I manage my own feelings such as worry or the feeling of constantly 'walking on eggshells'?	95.3 (5)	100.0 (5)
4	Is there something I could do to strengthen my relationship with my adolescent?	94.4 (5)	100.0 (5)
5	How do I respond if my adolescent threatens to self-harm?	96.8 (5)	96.0 (5)
6	What parenting strategies can I use to help? (e.g. how to discipline and set boundaries?)	96.8 (5)	96.0 (5)
7	Are there things I should avoid doing?	90.6 (5)	100.0 (5)
8	If I know my adolescent self-harms, should I ask them whether they are thinking about suicide?	90.5 (5)	100.0 (5)
9	Where do I go for medical attention for my adolescent and when is it needed?	94.4 (5)	96.0 (5)
10	Should I put away anything my adolescent could use to hurt themselves (e.g. sharp objects)?	88.2 (5)	92.0 (5)
11	Should I lock away anything that might be used in a suicide attempt?	85.7 (5)	92.0 (5)
12	What will happen if I go to the G.P.?	84.9 (5)	80.0 (4)
13	What will happen if I go to Accident and Emergency?	83.3 (5)	80.0 (4)
14	Is there something I can do to fix it?	86.4 (5)	76.0 (4)

Ongoing Self-Harm. Ratings for all 14 items were again high, with no item having a mode lower than 5, and item means ranging from 4.23 to 4.87 (SD = 0.38 – 0.90). Items were rated as 'Important' or 'Essential' by between 83.3% and 88.4% of participants (see Table 3).

Toward Recovery. Ratings for all 10 items were high, with no item having a mode lower than 5, and item means ranging from 3.81 to 4.62 (SD = 0.53 – 1.01). Items were rated as 'Important' or 'Essential' by between 67.7% and 97.7% of participants (see Table 4).

Means of Accessing Information. Participants were asked to rate how likely it was that they would use seven potential sources of information on self-harm. Responses indicated a very strong preference for accessing information from websites with mental health charity (90% rated as 'definitely'/'probably') and government sites (73% rated as 'definitely'/'probably') getting the highest ratings. Helplines and public talks were also rated as 'definitely'/'probably' by more than 70% of respondents. The fact that all sources had modal responses of between 3 and 5, with means ranging from 3.31 to 4.42 (SD = 0.72 – 1.11) suggests that a wide range of information sources would be used (see Supplementary Table S2).

Trusted Sources of Information. Participants were asked to rate their preferred sources of ongoing help/support from a list of eight different sources. Most professional sources

TABLE 4. Parent and professional views on information needs in progress to recovery.

	Item	Percent (mode) parents rating 'Essential' or 'Important'	Percent (mode) professionals rating 'Essential' or 'Important' in Study 2, Round 2
1	How to support a young person to use alternative emotional regulation strategies?	Not asked	100.0 (5)
2	How do I help my adolescent when I have other children who need my attention too?	92.1 (4)	100.0 (4)
3	How can I understand my adolescent's individual triggers for self-harm?	95.2 (5)	92.0 (4)
4	Why would self-care (doing things to take care of your own mental health like things you enjoy) be important for me too?	84.2 (5)	100.0 (5)
5	Should I ask them to tell me (or someone else who can help) when they have self-harmed?	Not asked	92.0 (5)
6	What treatment options might be offered and what is involved in them (e.g., cognitive behavioral therapy, family therapy, medication, etc.)?	96.0 (5)	88.0 (4)
7	What should I do if my adolescent doesn't connect with the person who is helping them (e.g. the therapist)?	95.3 (5)	88.0 (4)
8	How can I tell if my adolescent is continuing to self-harm?	97.7 (5)	80.0 (4)
9	Will my adolescent need long term support?	91.4 (5)	60.0 (4)
10	How can I treat a cut/burn (first aid)?	74.4 (4)	76.0 (4)
11	How to deal with scarring?	Not asked	68.0 (4)
12	Will I or other members of the family need long term support?	80.1 (4)	44.0 (3)
13	Would psychological support cost money?	67.7 (4)	52.0 (4)

(e.g. psychologists/psychotherapists, GPs, specialist mental health services), had similar high ratings (>80% rated as 'definitely'/'probably'). Psychiatrists had a slightly lower rating (73% rated as 'definitely'/'probably'), and other parents who had similar experience (of adolescent self-harm) rated as 'definitely'/'probably' by 71%. Full details are available in Supplementary Table S2.

Content Analysis

The survey included some open ended questions. At the end of each section there was an open question about any gaps in the list of information topics and at the end of the survey participants were asked to indicate what they regarded as the most important information needs mentioned in each section. Responses were typically brief, mentioning one or two topics by name. All responses were read through several times and then grouped thematically by section.

Gaps in the List of Topics

Although many participants indicated topics that should be included in an information resource, the majority of these were not new. Where novel topics were raised the great majority were mentioned by only one participant. Topics that were raised by more than two participants included: information on the potential role of peers in self-harm, how to persuade an adolescent to seek professional help, and how to manage school attendance (either persuading an adolescent to attend school or explaining absence).

Identifying the Most Important Topics

Discovering Self-Harm for the First Time

Topics that were indicated as of greatest importance by participants were: (i) Practical information e.g. where, who, how to access help for the adolescent; (ii) Communication e.g. how to approach an initial conversation with a young person, including what to say and what not to say; (iii) Psychoeducation e.g. why self-harm happens; and general psychoeducation about self-harm such as causes and definition.

Ongoing Self-Harm

The topics identified were: (i) Practical information e.g. how best to provide support; (ii) Meeting parents' needs e.g. parent self-care and managing feelings of guilt; (iii) Communication e.g. how to collaborate with professionals providing treatment and how to keep communication open with the adolescent.

Toward Recovery

Analysis of participant responses to the question on priorities indicated they were: (i) Practical information e.g. how to identify signs of recurrence of self-harm; (ii) Communication e.g. how to maintain open lines of communication; (iii) Meeting parents' needs e.g. how to manage feelings of worry/fear.

Discussion

Almost every topic related to adolescent self-harm in the list we provided was rated as important by respondents, suggesting that there is a need to provide parents with a very wide range of information on self-harm. Open-ended questions that asked participants for their priorities indicate a particular emphasis on: how to talk to an adolescent who is self-harming, how parents can manage their own feelings and the kind of treatment options that might be offered to an adolescent. These findings are consistent with the findings of studies including a previous qualitative study in Ireland (Byrne et al., 2008) which found that parents were interested in information on prevalence, precipitants, managing self-harm and information on relevant treatment options. Our findings also provide more specific detail on the information needs of parents including parents of a wider age group of adolescents.

Our findings on parental preferences for online sources of information is consistent with studies in other countries. In Australia, Krysinska et al. (2020) noted parents' wish for access to websites and organizations, particularly when self-harm is first discovered. Stewart et al. (2018) in the UK reported that parents were interested in practical support from the start, such as specific guidance on what to do and how to access information, including web resources and organizations.

STUDY 2 – DELPHI STUDY WITH PROFESSIONALS

Materials and Methods

The second study sought to gather information from therapists who have experience of working with young people who self-harm on the basis that they might be able to

reflect the information needs of parents unable or unwilling to complete our survey. The decision to use the Delphi method with the professionals was based on the assumption that there would be less diversity in the recommendations of professionals because of common features of their training and experience and that a method which facilitates the development of consensus was appropriate (Barrett & Heale, 2020).

Demographic Data

Participants were asked a series of demographic questions including: age in years; gender (male; female; prefer not to say; self identify [open]); number of years of professional experience; profession.

Delphi Study Round 1

This round consisted of 36 items that had also been included in the parents' survey. One of the items was split for the parents' questionnaire (to distinguish between self-harm and attempted suicide) but kept as a single item within the Delphi Study. These items were phrased as questions that a parent might want answered and were presented to participants in a 5-point scale ranging from 1 = 'Irrelevant' to 5 = 'Essential'. The items were organized into three sections: 'Discovering self-harm for the first time' (13 items), 'Ongoing self-harm' (13 items) and 'Toward recovery' (10 items). The questionnaire was administered via eDelphi (www.edelphi.com) between November 2021 and January 2022. Participants were permitted to suggest additional items for the second Round. This led to the inclusion of three additional items.

Delphi Study Round 2

Statements from Round 1 that were rated as 'Essential' or 'Important' by 80% or more of participants were included for re-rating in Round 2. This approach is consistent with the criteria for consensus described in previous Delphi studies (e.g. Ross et al., 2014). In addition, novel items that were suggested for inclusion during Round 1 and that did not overlap with existing items were included. Decisions on which of the suggested items to include in Round 2 were made by the research team. In Round 2 participants were presented with information on the percentage of panelists who rated each item as 'Important' or 'Essential' in the first round, they also had access to their own initial rating.

Participant Recruitment

Professionals with a minimum of two years' experience working with adolescents who self-harm were recruited through a number of channels: i) a self-harm/suicide prevention charity (Pieta); ii) social media (Facebook and Twitter); iii) directly contacting organizations that provide services for parents, suicide prevention organizations and relevant professional organizations (e.g. the Irish Association for Counseling and Psychotherapy, IACP); iv) attendees at a half-day continuous professional development event on self-harm. In keeping with previous Delphi studies, a minimum target of 23 participants was sought (Akins et al., 2005; Jones & Hunter, 1995; Jorm, 2015).

Procedure

This study received ethical approval from University College Dublins's, Human Research Ethics Committee - Humanities (HS-21-160-HENNESSY). Potential participants who expressed interest in the study were provided with an online information sheet and a consent form.

Participants

29 professionals participated in Round 1, with 25 (86.2%) also completing Round 2. Demographic details are presented in Table 5.

Results

The primary goal of this research was to determine the information needs of parents with an adolescent who has self-harmed. In keeping with other studies focusing on the needs of individuals who self-harm (e.g. Ross et al., 2014) we collected data from therapists who might be able to reflect the information needs of parents who might not have been able or willing to complete our survey.

All items included in Round 1 were rated as 'Essential' or 'Important' by 80% or more of participants so all were included in Round 2. Based on suggestions provided by participants in Round 1, three new items were included in the second round ('How to support a young person to use alternative emotional regulation strategies'; 'Should I ask the adolescent to tell me (or someone else who can help) when they have self-harmed'; 'How to manage scarring'). This resulted in 39 items being included in the second round of the study. Consensus for the Round 2 analysis was again set at 80% or more of participants rating the item as 'Essential' or 'Important'. This resulted in a total of 11 (28.21%) being recommended for exclusion.

Discovering Self-Harm for the First Time

Professionals achieved consensus for all but four of the items related to the immediate information needs of parents who discover that an adolescent is self-harming/suicidal.

TABLE 5. Delphi study participant (round 1, n = 29) demographic characteristics.

Variable	N/Mean	%/SD
Age (range 29-66 years)	45.04 years	8.99
Gender		
Female	23	79.31
Male	6	20.69
Area of work		
Primary care service (e.g. GP)	4	13.79
Secondary care service (e.g. CAMHS)	4	13.79
Crisis self-harm/suicide prevention service	7	24.14
Private practice	8	27.59
Other	4	13.79
Professional training		
Psychotherapy	9	31.03
Counseling/clinical psychology	8	27.59
Counseling	4	13.79
Psychiatry	2	6.90
Other	4	13.79

The four items which did not meet consensus (see Table 2) related to information on rates of attempted suicide, whether self-harm is attention seeking, telling other family members and whether self-harm constitutes a mental disorder.

Ongoing Self-Harm

Professionals reached consensus on items related to information about encouraging a positive relationship and open communication, and overall parenting strategies that they could use to support their adolescents (see Table 3). Professionals also endorsed an item related to information on how parents can manage their own feelings. One item did not achieve consensus (76% agreement) and this related to whether parents could do something 'to fix' their adolescent's problem.

Toward Recovery

Professionals achieved consensus on a range of items related to the information that parents need to support an adolescent who had self-harmed, including information related to therapeutic support (see Table 4). All professionals endorsed the need for parents to be given information about self-care. This part of the questionnaire also included the three new items that were included in Round 2 of the Delphi. Two of these items received very high levels of endorsement ('How to support a young person to use alternative emotion regulation strategies' (100%) and 'Should I ask them to tell me (or someone who can help) when they have self-harmed' (92%)). The final additional item, which focused on scarring, did not achieve consensus (68%).

Open-Ended Questions

An additional guide to prioritizing the information in each section of the survey was provided by content analysis of the open-ended questions requesting a list of the most important information needed by parents. Professionals ranked information on having the *first conversation- how to ask, how to listen, how to respond* as the most important on initial discovery of self-harm, *guidance on maintaining open and supportive communication* as most important during ongoing self-harm, and information on *building and encouraging alternative coping strategies* as most important as the young person progressed toward recovery.

Discussion

The mental health professionals who participated in the two-round Delphi study achieved a high level of consensus on the information that parents need to support an adolescent who self-harms. Over 75% of the items presented to participants were retained and three additional items were added to the list of important information resources. Although few studies appear to have investigated professionals' assessment of parents' information needs, it is not surprising that our findings indicate such a high level of consensus among professionals as the importance of engaging with parents is emphasized in many influential publications on treating adolescents who self-harm or attempt suicide. For example, NICE (2022) guidelines on the assessment, treatment and

management of self-harm note the role of professionals in equipping parents and carers with the skills (for example through DBT-A) to help adolescents to reduce or stop self-harming. Professionals' consensus on parents' information needs may well be explained by their familiarity with these and similar guidelines.

Comparison of the findings from our Delphi study with those of Hickey et al. (2015) in the USA show some overlap, including an emphasis on communication, building trust, preventative measures and treatment options. The findings of our study also highlighted professionals' views on the importance of parent self-care, managing relationships with other children in the family and what to do if there are difficulties in a therapeutic relationship.

GENERAL DISCUSSION

This research set out to determine parents' and professionals' views on the information needs of parents of adolescents who self-harm. Presented with a series of questions that parents might want answered, the priorities that emerged for parents included communicating with the adolescent, positive parenting strategies, treatment options and managing their own emotional reactions. Professionals who took part in the Delphi study had very similar priorities while placing slightly greater emphasis on the importance of parent self-care and alternative coping strategies for adolescents (which had not been included in the parent survey). Parents expressed a greater need for information on the need for ongoing therapeutic support for the family. Parents prioritized having information available online and they wanted to have information provided by trusted public service organizations and professions.

Consistent with research by Krysinska et al. (2020) in Australia, our findings indicate that parents want information on communicating with adolescents, setting boundaries and managing their own emotional reactions. Our findings are also consistent with research in South Africa by Ngwane and Van Der Wath (2019) which reported parents' perceived need to improve the parent-adolescent relationship and information on how to cope with their own emotional reactions. Our findings regarding the changing nature of parental information needs over time also support Ferrey et al. (2016) research. Overall our findings indicate that parents are looking for a wide range of information on self-harm and that the nature of the information they want changes as they move from initial discovery of self-harm, through treatment and into recovery.

Comparison of findings from the parent survey and the Delphi study with professionals indicates significant agreement on parents' information needs. For example both groups emphasized parents' needs in relation to communicating with adolescents. It is also clear that the professionals brought an important focus on adolescent coping strategies that had not been included in the parent survey. Similarities between parents' and professionals' views is also evident in that many items that did not achieve consensus in the Delphi study also had lower endorsements from parents.

Our findings also indicate there is not complete agreement between the priorities of parents and professionals. Although both groups mentioned the importance of self-care for parents, it was more strongly endorsed by the professionals. Similarly, an item about whether it would be possible for parents 'to fix' their child's problem did not achieve consensus with professionals but was strongly endorsed by parents. Parents also strongly

endorsed the need for information about long term professional support needs for adolescents and other family members, and these topics had much lower ratings from professionals. Although our research did not ask participants to give reasons for their priorities, it is likely that these contrasting findings are related to differences in training and context between professionals and parents. For example, parents may be more likely to believe they have a high locus of control over adolescent self-harm (Kil et al., 2021) and that a mental health professional can implement a solution that will quickly result in cessation of the behavior. In contrast, the professionals may see self-harm as having multiple contributing causes and a diversity of outcomes. Professionals may also bring existing knowledge of health systems on what is possible to offer in contrast to what a parent may ideally desire. Our findings highlight the importance of consulting with parents, who are the end users of information on adolescent self-harm about their needs. Although professionals agree with parents on most topics, these findings re-emphasize the importance of easily accessible, clinically-derived, shared information resources for parents.

Our findings need to be considered in the context of several limitations. Although we sought to recruit mothers and fathers to take part in our parent survey, mothers constitute over 90% of our participants. Having small numbers of fathers participating in research is a feature of other studies on this topic (e.g. Ferrey et al., 2016; Kelada et al., 2016) but it means that we know little about their information needs. All but three of our participants indicated that they live in Ireland so our findings may not generalize to other countries, particularly where attitudes to self-harm may differ, however as we have noted our findings overlap with research published in other countries. Our participants are more highly educated than the general population of Ireland with almost 90% having completed third level education, compared to 34% of the general population (Central Statistics Office, 2023). Finally, our data collection took place during 2021 and 2022 when there were varying levels of national restrictions related to the Covid pandemic and the responses of parents may in part reflect concerns related to their lack of access to in-person professional support.

CONCLUSIONS

With these limitations in mind, the current study contributes to the literature as one of the first to gather data from a large group of parents with lived experience of coping with adolescent self-harm combined with data from mental health professionals. The extensive literature review that was used to generate items for the parent survey and the Delphi study with professionals permitted the generation of detailed items related to parental information needs. This means that our findings will be useful to anyone wishing to create resources for parents. Among the topics that were rated most highly by parents and professionals relate to communicating with adolescents, setting boundaries, and strengthening the parent adolescent relationship. As expected, most parents indicated that they would like this information to be provided online from a trusted source such as a government website or the website of a mental health service provider.

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