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Implementation of Community Mental Health Nursing Interventions in Addressing Self-Harm Behavior in Adolescents: A Systematic Literature Review

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ABSTRACT: The surge in self-harm cases among adolescents globally demands a fundamental transformation in the mental health care system, moving beyond the conventional confines of closed hospitals. This study aims to evaluate the effectiveness of implementing community psychiatric nursing interventions in addressing self-harm behavior in adolescents through a systematic literature review approach. The literature search procedure used the PRISMA 2020 guidelines by accessing the Scopus database through the Publish or Perish application for a range of publications from the last 10 years, which successfully screened 12 primary articles that met the inclusion criteria. The synthesis of findings confirmed that various community intervention strategies, including digital platform-based continuous care, self-determination strengthening programs in school environments, primary nurse counseling, and family-based psychotherapy, have been proven to significantly reduce the frequency of self-harm and reduce social stigma. The study's conclusions emphasize that optimizing the role of psychiatric nurses at the grassroots level is a key to saving adolescents from psychological crises. The novelty of this research lies in the development of a comprehensive hybrid framework that simultaneously integrates digital tele-nursing technology, cross-educational institution collaboration, and family system dynamics into a single, standardized community psychiatric nursing intervention model.

INTRODUCTION

Teenagers often face psychological pressures that trigger self-harm. This phenomenon involves intentionally injuring oneself without suicidal intent. Many factors trigger this condition, ranging from family conflict and bullying to academic demands. Cases of self-harm continue to rise globally and require serious attention from various parties (Aljomaie, 2022).

Psychodynamic Nursing Theory of Bridge, (2024) emphasizes the importance of a therapeutic relationship between nurse and client in addressing mental health issues. This relationship helps adolescents recognize their feelings and develop healthier coping strategies. Mental health nurses act as counselors and facilitators, guiding adolescents toward positive behavioral changes. This approach has been shown to be effective in reducing the intensity of emotional crises in adolescents.

Current community psychiatric nursing interventions focus heavily on psychoeducational approaches and cognitive behavioral therapy. Healthcare workers provide education to adolescents and families about stress management and emotion regulation (Woods, 2023). This program is often integrated with the School Health Unit to directly reach the adolescent population. Early detection in the school or community environment is a key step in preventing the escalation of self-harming behavior (Rodriguez-Ferrer, 2022).

Family and peers play a central role in the community support system for adolescents. A supportive environment accelerates the recovery process and prevents relapse into self-harm. Community nurses routinely train health workers and teachers to recognize the warning signs of mental health problems in students. The synergy between medical personnel and the immediate community creates a strong psychological safety net (Jones, 2023).

Previous research has shown that community-based interventions can reduce the severity of self-harming behavior. Active participation by adolescents in group therapy sessions also improves their problem-solving skills (Veronese, 2024). The presence of nurses in the community reduces the negative stigma surrounding mental health care. Empirical evidence confirms that community-level care is more accessible and acceptable to adolescents (Schimmels, 2023).

Community psychiatric nursing practice exhibits significant variation in methods and duration of implementation. Standardized interventions for adolescent self-harm have not been consistently established across countries. Some programs emphasize individual therapy, while others prioritize family interventions. These differences in approach make it difficult to evaluate the overall effectiveness of programs (Caple, 2023).

Ecological Systems Theory of O'Kelly, (2022) explains that individual development is influenced by the complex interactions of various environmental systems, from the microsystem to the macrosystem. Evaluations of community nursing interventions often ignore macrosystem influences such as government policies and local culture. Most studies focus solely on individual behavioral changes at the microsystem level. A comprehensive understanding of these intersystem interactions remains limited in the psychiatric nursing literature.

The long-term effects of community psychiatric nursing interventions on adolescents who self-harm are understudied. Most studies only measure outcomes immediately after the intervention. Data on relapse rates or the sustainability of recovery after one year are scarce. This limited follow-up leaves a significant gap in understanding the program's true success (Mah, 2022).

Systematic reviews that collect, assess, and synthesize findings from numerous empirical studies on this topic are still scarce. Healthcare professionals struggle to find evidence-based practice guidelines that summarize the most optimal intervention methods. The lack of comprehensive literature syntheses hinders the development of targeted mental health policies. Researchers need to synthesize this scattered empirical evidence to formulate clear clinical recommendations.

A literature synthesis is essential to map the strengths and weaknesses of current community psychiatric nursing interventions. This systematic evaluation distills the best empirical evidence to guide nursing practice in the field. This step optimizes the use of healthcare resources by focusing on interventions proven to be most effective. Developing robust intervention guidelines will improve the quality of life for adolescents vulnerable to self-harm (Du, 2023).

Evidence-Based Practice Model of Hungerford, (2025) emphasizes the integration of best-in-class research synthesis with clinical expertise to transform standards of care. The application of systematic reviews within this model facilitates the transition from academic research to standardized clinical treatment protocols. Psychiatric nurses need this strong scientific foundation to make rapid and accurate clinical decisions in the community. Critical evaluation of the existing literature fulfills a key principle of this model in improving patient outcomes.

This literature review employed a systematic search of various academic databases to identify relevant studies related to community interventions. Researchers reviewed intervention designs, measurement instruments, and clinical outcomes from each literature. This article aims to formulate the most comprehensive and applicable framework for community psychiatric nursing interventions. The results of this review serve as a primary reference for developing guidelines for preventing adolescent self-harm at the community level.

RESEARCH METHODS

This study used a Systematic Literature Review (SLR) design to identify, evaluate, and critically synthesize all relevant empirical evidence related to community psychiatric nursing interventions in addressing self-harm behavior in adolescents. This approach was chosen because it provides a comprehensive, evidence-based practice overview through structured, transparent, and measurable procedures. The literature synthesis strictly adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. This framework ensures methodological accountability and minimizes selection bias in data collection (Younas, 2023).

The subjects of this study were Scopus-indexed scientific articles published within the last 10 years (2016–2026). Inclusion criteria included English-language studies, primary research with a population sample of adolescents aged 10–19 years who experienced or were at risk of self-harm, and articles evaluating the implementation of psychiatric nursing interventions at the community level (including school-based, family-based, or community health center-based). Exclusion criteria included articles in the form of editorials, book chapters, non-systematic reviews, research focused on inpatient interventions, and studies that did not provide full-text access.

The data search procedure was carried out systematically using the Publish or Perish (PoP) application to access the Scopus database. Keyword combinations were arranged using Boolean operators (AND, OR) with the search formula: (“community mental health nursing” OR “community nursing” OR “psychiatric nursing”) AND (“self-harm” OR “nonsuicidal self-injury” OR “self-injurious behavior”) AND (“adolescents” OR “teenagers” OR “youth”). The literature selection process followed the four stages of the PRISMA 2020 standard: Identification: Researchers screened all articles appearing based on the search strategy in the PoP. Screening: Researchers removed duplicate documents and selected titles and abstracts based on inclusion criteria. Eligibility: Researchers downloaded full-text articles and conducted an in-depth review of exclusion criteria. Inclusion: Researchers determined a final number of articles that met the qualifications for further analysis.

The primary instruments for data collection were the PRISMA Flow Diagram and a specially designed data extraction sheet (DISA) in a matrix system. The extraction sheet included variables such as author name, year of publication, country of study location, study design, characteristics of adolescent subjects, type of community psychiatric nursing intervention, self-harm measurement instrument, and key findings on intervention effectiveness. The methodological quality of each eliminated and selected article was critically appraised using an instrument from the Joanna Briggs Institute (JBI) to ensure the internal validity of the synthesized research (Jiménez-Fernández, 2022).

Researchers analyzed the data using thematic and narrative synthesis techniques. Data from the extraction sheets were grouped qualitatively based on key categories: characteristics of the community intervention (e.g., psychoeducation, community-based Cognitive Behavioral Therapy, or peer support), mechanisms of psychiatric nurse involvement, and clinical impact on reducing the frequency of self-harm (Birt, 2023). Researchers compared variations in outcomes across studies to identify patterns of effectiveness, supporting factors, and barriers to intervention implementation. The synthesis of results was presented descriptively and systematically in the form of matrix tables and logical narratives.

RESULTS

Before presenting the findings of the literature synthesis in depth, this section first outlines the article search and selection process undertaken by the researchers. This process is visualized through the following PRISMA Flow Diagram, which details the stages of identification, screening, and final selection of articles that meet the inclusion criteria for further analysis in this systematic review.

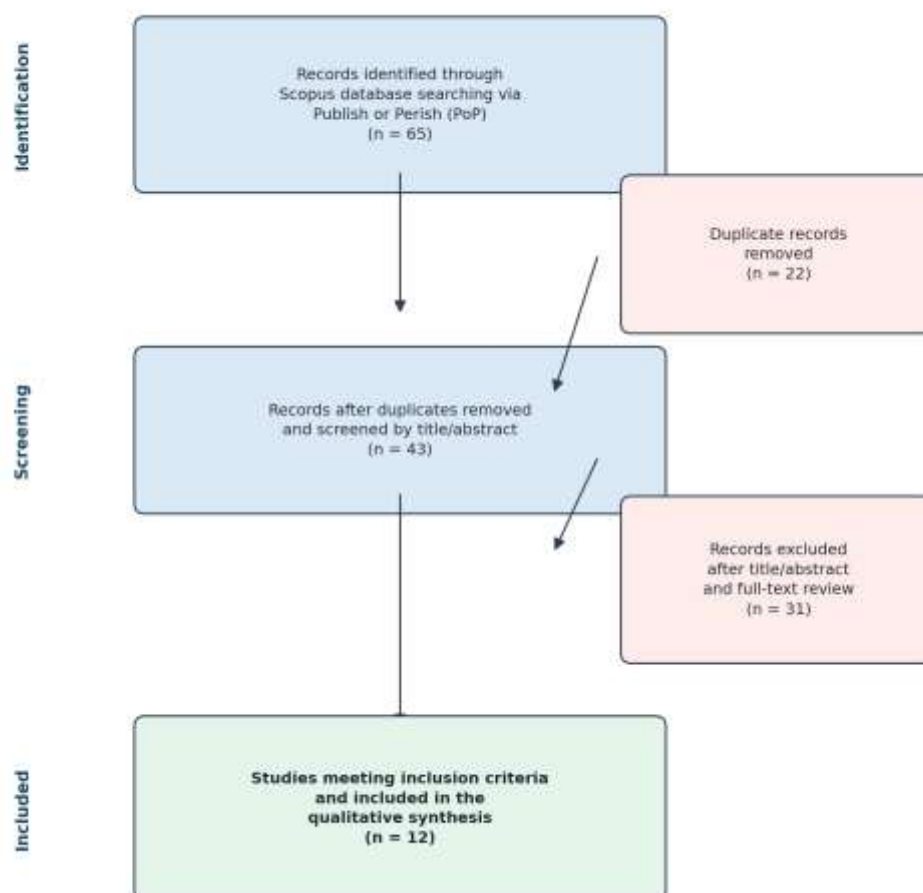


Figure 1. PRISMA Flow Diagram of the Literature Selection Process

The flowchart shows that the initial search through the Scopus database using the Publish or Perish application successfully identified 65 articles relevant to the research keywords. A total of 22 articles were eliminated during the screening stage because they were identified as duplicates, leaving 43 articles for further screening based on title, abstract, and full-text review. Of these 43 articles, 31 were excluded because they did not meet the inclusion criteria, while 12 articles were deemed eligible (included) and all proceeded to the data synthesis stage as presented in Tables 1 to 6 below.

Table 1. Demographic Characteristics and Literature Methodology

Main Author & Year	Journal Name	Study Design	Country / Context (By Institution)
Doyle, L. (2017)	<i>Journal of Psychiatric and Mental Health Nursing</i>	Qualitative / Theoretical Review	Ireland / Europe
De Silva, ANLM (2018)	<i>Pilot and Feasibility Studies</i>	Randomized Controlled Trial (RCT) Protocol	Sri Lanka / South Asia
Bailey, D. (2019)	<i>Family Practice</i>	<i>Participatory Action Research</i> (PAR)	English / European
Lloyd-Richardson, EE (2020)	<i>NASN School Nurses</i>	Clinical Guidelines / Practice Reviews	United States of America

Saini, P. (2021)	<i>Pilot and Feasibility Studies</i>	Feasibility Trial Protocol	English / European
Leddie, G. (2022)	<i>Journal of Psychiatric and Mental Health Nursing</i>	Qualitative Exploratory	English / European
Silva, AC (2022)	<i>Revista Latino Americana De Enfermagem</i>	Methodological Study / Validation	Brazil / South America
Jae Woon, L. (2022)	<i>Journal of the Korean Academy of Fundamentals of Nursing</i>	Pilot Study	South Korea / East Asia
Escofet-Colet, I. (2025)	<i>Journal of Child and Adolescent Psychiatric Nursing</i>	Systematic Literature Review	Global / Multinational
Shaabani, M. (2026)	<i>Journal of the American Psychiatric Nurses Association</i>	Qualitative Phenomenology	Community Based / Global
Li, X. (2026)	<i>Archives of Psychiatric Nursing</i>	Quasi-Experimental Study / Control Test	China / East Asia
Yu, L. (2026)	<i>Journal of Psychosocial Nursing and Mental Health Services</i>	Controlled Trial	China / East Asia

The distribution of the twelve selected articles reflects the dynamics of global research spanning Europe, South America, and Asia over the past ten years. The variety of study designs analyzed includes exploratory qualitative approaches, pilot trials, randomized controlled clinical trial protocols, and comprehensive systematic reviews. These methodological differences enrich the literature by capturing the phenomenon of self-harm from the perspective of nurses' subjective experiences while empirically testing the effectiveness of interventions. The predominance of research institutions from developed and developing countries demonstrates that adolescent psychological distress has become a transnational public health issue that requires structured intervention.

Geographical maps of research implementation demonstrate how local health system characteristics shape nursing staff adaptation strategies in addressing self-harm. Qualitative studies from the UK and Ireland consistently capture the psychological burden and clinical autonomy experienced by community nurses in the field. Meanwhile, studies from East and South Asia have focused more on developing trial models for structured, family-based interventions. Integrating all this demographic data emphasizes that psychiatric nursing interventions are not monolithic but must be tailored to the socio-cultural context of each region.

Table 2. Classification of Nursing Settings and Intervention Forms

Community Settings	Main Intervention / Program Form	Article References
Digital Services / Tele-Nursing	Continuous nursing integrated mobile medical platform.	Li (2026)
School-Based Health	Self-determination enhancement program; Early screening, ongoing care, and referral by the school nurse.	Jae Woon (2022); Lloyd-Richardson (2020)
Primary Care / General Practitioner (GP)	Participatory action research (TASH); Community outpatient psychotherapy engagement (COPESS).	Bailey (2019); Saini (2021)
Family (Family-Based)	Interpersonal Psychotherapy involving family dynamics.	Yu (2026)
Counseling & Self-Education	Post-poisoning counseling by nurses; Construction of educational materials for NSSI prevention.	De Silva (2018); Silva (2022); Escofet-Collet (2025)

The evolution of modern psychiatric nursing practice demands a shift in service delivery from closed psychiatric wards to a hybrid ecosystem that spans both the digital realm and the school environment. The use of mobile medical platforms has proven effective in bridging the communication gap between nurses and adolescents with depression through continuous

monitoring. Modern adolescents spend a significant portion of their time in virtual spaces, making digital technology a highly effective and relevant life-saving tool. This flexibility reduces the geographic and psychological barriers that often prevent young people from seeking face-to-face professional help.

Educational institutions and primary care settings also act as the frontline of prevention through self-determination programs and the involvement of school nurses in the triage process. Integration of family-based psychotherapy services complements intervention strategies by improving domestic communication patterns, which are often the root cause of adolescent stress. Community nurses operate as multifunctional facilitators, integrating psychoeducation, self-counseling, and emergency crisis management approaches. This diversity of interventions demonstrates that addressing self-harm requires a holistic, ecosystem-based approach rather than a single, clinical approach.

Table 3. Exploration of the Roles, Perceptions, and Experiences of Mental Health Nurses (Qualitative & Conceptual Studies Only)

Exploration Focus	Key Findings on the Role/Experience of Community Nurses
Understanding Patient Motivation	Nurses are required to understand the function and psychological triggers of adolescent self-harm as a foundation for building a therapeutic alliance without stigma (Doyle, 2017).
Work Dynamics in the Community	Community nurses often face high emotional burdens and ethical dilemmas, demanding independence in making clinical decisions outside the hospital setting (Leddie, 2022).
Cross-Professional Collaboration	Practice nurses need collaborative communication strategies with general practitioners and adolescents to improve the care experience in primary care (Bailey, 2019).
School Detection and Triage	School nurses act as first responders who conduct risk assessments, establish non-judgmental dialogues, and bridge adolescents with mental health facilities (Lloyd-Richardson, 2020).
Suicidal Risk Perception	Caring for patients with self-injurious and suicidal behavior triggers clinical anxiety, so nurses need routine clinical supervision (Shaabani, 2026).

A thorough exploration of qualitative studies reveals that a comprehensive understanding of the motivations behind self-harm is essential for nurses in designing a therapeutic alliance. Community nurses often face ethical dilemmas, social stigma, and emotional exhaustion, demanding extraordinary levels of resilience. The realities of daily practice demonstrate that professional autonomy outside the hospital requires nurses to make rapid and independent clinical decisions in crisis situations. This experience highlights the need for regular clinical supervision to maintain the emotional stability of healthcare workers.

The role of school nurses and primary care nurse practitioners has proven crucial in creating an accepting, non-judgmental environment for adolescents experiencing psychological distress. Nurses' ability to foster open dialogue facilitates a smoother referral process from grassroots facilities to advanced psychiatric care. The dual burden of serving as care providers and prevention agents demands continuous improvement in interpersonal communication skills across generations. Recognizing the complexity of these roles makes it clear why a humanistic, empathy-based approach is far superior to rigid medical bureaucracies.

Table 4. Target Outcomes (Clinical Outcomes) in Clinical Trial and Implementation Studies

Main Author	Independent Variable (Intervention)	Dependent Variable (Measured Output Target)
Li (2026)	<i>Continuous nursing</i> mobile platform based	Frequency of NSSI behavior; Quality of Life level in depressed adolescents.
Jae Woon (2022)	Self-Determination Improvement Program	Self-determination score; Decreased incidence of Non-Suicidal Self-Injury (NSSI).
Yu (2026)	Family-Based Interpersonal Psychotherapy	Level of self-harm behavior involvement; Improvement in emotional regulation/family interactions.

De Silva (2018)	Specific counseling for self-poisoning cases	Patient acceptability of nurse counseling; Feasibility of implementation in developing countries.
Saini (2021)	COPESS (Outpatient Psychotherapy) Services	Patient retention rate in outpatient care; Patient safety during crisis phase.

Quantitative evaluations of various pilot trials and research protocols demonstrate a focus on reducing the frequency of incidents and improving patients' quality of life. Digital platform-based intervention studies consistently demonstrate a decrease in non-suicidal self-injury behaviors along with increased patient compliance with remote monitoring programs. The success of these clinical outcomes is largely determined by the selection of appropriate measurement instruments capable of capturing adolescents' emotional fluctuations in real time. This empirical data provides a strong argument for policymakers to endorse the adoption of health technology in formal nursing protocols.

Family psychotherapy intervention programs and specialized outpatient services report significantly improved patient retention rates during crisis recovery. Direct family involvement has been shown to improve adolescents' emotional regulation, enabling them to suppress self-harm impulses in the face of external stress. Measures of nurse counseling acceptability in developing countries also confirm the high level of community acceptance of non-pharmacological interventions. These measurable outcomes debunk the myth that treating adolescent mental health problems in the community is futile without inpatient hospitalization.

Table 5. Innovation in Media, Instruments, and Specific Program Naming

Types of Innovation	Program / Media Name	Functional Description
Digital Innovation / Applications	<i>Mobile Medical Platform</i> (Li, 2026)	A mobile-based system to monitor adolescent behavior and provide ongoing nursing care remotely.
Community Psychotherapy Protocol	<i>COPESS</i> (Saini, 2021)	<i>Community Outpatient Psychotherapy Engagement Service for Self-harm</i> , an integrated outpatient care framework.
Participatory Discussion Model	<i>TASH</i> (Bailey, 2019)	<i>Talk About Self-Harm</i> , a participatory action approach to structuring consultations between adolescents and primary health care workers.
Validated Educational Materials	<i>Educational Material for NSSI</i> (Silva, 2022)	A methodologically designed standardized psychoeducational module for self-harm promotion and prevention programs in the community.

The transformation of community mental health nursing care methods has been driven by the emergence of various structured program innovations, such as the COPESS model and the TASH participatory action approach. The COPESS framework offers a systematic outpatient treatment protocol to maintain patient safety during periods of acute psychological vulnerability. This participatory approach actively engages adolescents in developing the most comfortable consultation format for them in primary care clinics. This active collaboration shifts patients from passive objects to partners in determining the success of their own recovery process.

The implementation of validated educational materials and a dedicated mobile platform provides concrete evidence of nursing's adaptation to the era of digital disruption and the need for public health literacy. Psychoeducational modules designed through methodological validity testing ensure that prevention information reaching adolescents is highly scientifically accurate. These specific instrument-based innovations document how psychiatric nursing is transforming into a dynamic and solution-oriented discipline. The presence of these structured media accelerates the dissemination of self-harm prevention knowledge across the wider community.

Table 6. Research Gaps and Further Research Directions

Gap Category	Further Research Directions Recommended by the Literature
Trial Methodology & Scale	Protocol studies (De Silva, 2018; Saini, 2021) and pilot studies (Jae Woon, 2022) urge the implementation of full-scale Randomized Controlled Trials (RCTs) with multicenter designs to ensure the effectiveness of the intervention.
Longitudinal Effects	Active interventions (Li, 2026; Yu, 2026) have not yet mapped the impact on retention. Future research should use a longitudinal design (6-month to 2-year post-evaluation) to measure self-harm relapse rates.
Standardization of Nurse Training	Qualitative studies (Leddie, 2022; Shaabani, 2026) indicate a lack of psychological preparation among nurses. Future research should evaluate the effectiveness of capacity building and trauma-informed care programs for community nurses.
Cross-Cultural Adaptation	Educational and review modules (Silva, 2022; Escofet-Colet, 2025) highlight the need for cross-linguistic and cross-cultural validity testing, particularly in developing countries (LMICs) where mental health is highly stigmatized.

A comprehensive analysis of the current literature critically notes the limited number of multinational, randomized controlled clinical trials evaluating community interventions. Most new studies are at the feasibility or pilot protocol stage, thus lacking robust data generalizability to the global population. Future research must conduct randomized controlled trials involving cross-cultural samples to demonstrate the universal validity of nursing models. This lack of large-scale empirical data hinders the standardization of interventions in developing countries with high levels of stigma.

Another gap that urgently needs to be addressed is the lack of long-term longitudinal monitoring to measure the recurrence rate of self-harm behavior after interventions conclude. Most literature only records short-term outcomes, leaving academics questionable about the sustainability of community nursing programs. Further research recommendations also highlight the importance of evaluating specialized training programs for nurses to address the burden of emotional exhaustion in the field. Closing these methodological gaps is an absolute prerequisite for developing comprehensive and sustainable adolescent mental health policies.

DISCUSSION

A systematic synthesis of twelve selected articles showed that the implementation of community psychiatric nursing interventions to address self-harming behavior in adolescents involves a significant variety of evidence-based approaches. Most studies confirmed that interventions are no longer centered in the hospital setting but are shifting to the community, school, and primary care settings. Studies such as those conducted by Jae Woon, 2022; Li, (2026) emphasized that digital platforms and self-determination programs make a real contribution to reducing the frequency of self-harm behavior.

Collaborative and participatory approaches to nursing staff also dominate the findings of recent literature. The role of school nurses, as described by (Lloyd-Richardson, 2020) proven crucial in conducting early assessments, ongoing care, and case referrals. Research by Bailey, (2019) Saini, (2021) strengthen these findings through a participatory action model in primary care and outpatient clinics (COPESS) that facilitates accessibility to crisis management for adolescents.

The results of this synthesis collectively underscore the paradigm shift from curative to preventive and promotive management in the community. Randomized controlled intervention studies and pilot trials as reported by De Silva, (2018), Yu, (2026) demonstrated high acceptability of nurse counseling and family psychotherapy. Researchers believe this accumulated evidence provides a solid empirical foundation for affirming that community nursing interventions are at the forefront of mitigating adolescent psychological crises.

The findings of this review demonstrate strong alignment with the global literature on the effectiveness of continuum care for adolescent mental health. Previous research by Escofet-Colet, (2025) Research on NSSI prevention programs broadly suggests that community-based interventions are capable of reaching vulnerable populations who often avoid formal psychiatric facilities

due to social stigma. A key difference lies in the flexibility of the methods, with recent studies now integrating mobile technology and in-person family psychotherapy approaches.

Much of the traditional clinical research of the past has tended to limit evaluation to the confines of hospital ward walls (in-patient). This review, however, found that interventions led by community nurses and practice nurses recorded higher retention rates in the short-term recovery phase. A qualitative study by Leddie, (2022) Shaabani, (2026) complements this discourse by highlighting the clinical reality that community nurses often face high emotional burdens that demand greater professional autonomy than nurses in closed ward settings.

Researchers believe the difference in outcomes between institutional-based and community-based studies lies in the level of trust established between adolescents and healthcare professionals. A non-intimidating community environment has been shown to facilitate more open emotional expression than a rigid clinical setting. This explains why contemporary literature increasingly recommends decentralizing psychiatric nursing services to schools and primary healthcare settings.

The pattern of findings from the synthesized articles indicates a structural transformation in how the health system views autonomy in adolescent mental health care. Overreliance on institutionalized mental health has proven inadequate to stem the surge in self-harm cases stemming from everyday social pressures. This phenomenon indicates that communities and educational institutions are now recognized as the primary ecosystems where true psychological recovery takes place.

Increased adoption of health technologies such as mobile platforms in studies (Li, 2026). This indicates that community mental health nurses are required to adapt to the era of digital transformation. Modern adolescents spend most of their time in virtual spaces, so nursing interventions must be able to transcend physical boundaries through digital media they are familiar with. Validation of educational materials such as those developed by Silva, (2022) also marks a shift towards standardization of self-prevention instruments in the community.

Researchers interpret these trends as a strong signal that the community mental health nursing profession is undergoing an evolving role, moving from simply implementing medical instructions to becoming an agent of social change. Adolescent psychological challenges are no longer viewed solely as individual clinical disorders but as public health issues requiring collective involvement. These signs demand that nursing education immediately update its curriculum to ensure its graduates possess adequate community crisis competencies.

The practical implications of these findings require healthcare agencies and educational institutions to formulate standard operating protocols for community nurses in addressing self-harm. Regional health policies should expand the deployment of specialized psychiatric nurses in secondary schools to ensure effective early detection. Failure to integrate psychiatric nursing services at the grassroots level risks exacerbating the escalation of psychiatric emergencies in the future.

Theoretical implications reinforce the relevance of a holistic nursing model that positions the family and social environment as an integral part of the patient's healing process. The design of family interventions as tested by Yu, (2026) Evidence suggests that adolescent recovery is highly dependent on improved domestic communication patterns. Community nurses must be equipped with family facilitation skills to ensure consistent psychotherapy interventions continue beyond clinic hours.

The researchers emphasize that the long-term implications of this synthesis require the allocation of adequate financial and structural resources for preventative mental health programs. Governments must no longer view mental health budgets as a secondary priority to physical illness. Transforming these services is essential for protecting young people from the devastating impacts of ongoing self-harm.

The synthesis of results indicates the high effectiveness of community interventions because these approaches can reduce psychological barriers such as shame and the social stigma associated with psychiatric hospitals. Adolescents tend to feel safer and more accepted when receiving counseling in familiar environments, such as schools or nearby health centers. This fosters a sense of openness, accelerating the process of accepting the nurse's therapeutic guidance.

The active involvement of nurses in structured programs such as COPESS or the TASH participatory approach is successful because these methods provide a space for adolescents to be heard without being judged Doyle, (2017) explains that a deep understanding of the motivations behind self-harm allows nurses to design an empathetic, targeted response. This humane approach builds a strong therapeutic alliance between nurses and adolescents in crisis situations.

Researchers argue that the success of these various interventions stems from the ability of community nurses to bridge the gap between patients' clinical needs and the social realities on the ground. The flexibility of nurses' roles in supporting adolescents outside of formal institutions creates a sense of emotional safety that is essential for mental recovery. This psychological factor makes community-based programs far more impactful than conventional medical treatments, which lack humanistic elements.

The first concrete step that must be taken is to translate the findings from this community intervention research into national clinical practice guidelines for psychiatric nurses in all community health centers. The government, along with professional nursing organizations, needs to conduct regular training on community-based adolescent self-harm crisis management. This training must include aspects of digital literacy and intergenerational therapeutic communication to address the challenges of the times.

The research agenda must immediately shift from small-scale trials to multinational, randomized controlled trials with longitudinal follow-up. Researchers recommend that follow-up studies measure the long-term impact of community interventions on reducing relapse rates over a minimum of two years. Such periodic evaluations will ensure the sustainability and accountability of intervention programs implemented in the field.

Researchers emphasize that all stakeholders, from policymakers to practitioners, must immediately abandon sectoral egos and build an integrated mental health safety net for adolescents. Cross-sector collaboration between nurses, teachers, families, and social institutions is key to halting the rise of self-harm in society. This proactive approach must not be delayed to ensure a healthier future for the younger generation, both physically and mentally.

CONCLUSION

This systematic review found that shifting psychiatric nursing interventions from closed hospital wards to community settings, schools, and digital platforms significantly improved engagement and retention in recovery for adolescents experiencing self-harm. The research's primary contribution lies in enriching the concept of a collaborative, cross-sectoral continuity of care that integrates school nurses, mobile apps, and family psychotherapy into a single, applicable treatment model. The main limitations of this review are the varied methodological designs and the lack of long-term longitudinal follow-up studies in the articles analyzed. Therefore, future research is recommended to conduct multinational, randomized controlled trials to more comprehensively assess the effectiveness of interventions.

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