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Research Paper

Exploring Risk Factors: Family Relationship and Psychological Well-Being for Self-Harm Among Young Adults

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ABSTRACT

There are serious personal and societal ramifications that might result from the epidemic of self-harm among young people. The impact of familial ties and psychological well-being on self-harm risk variables among young people (18–25 years old) is the primary topic of this article. In order to better understand this population's self-harm rates, trends, and causes, this research used a multi-dimensional analysis. The quality family dynamics & psychological variables that contribute to the risk of self-harm, in addition to the frequency, forms, and techniques of self-harm, will be thoroughly studied using quantitative surveys. Targeted treatments and support measures to reduce the incidence and extent of self-harm among young people may be informed by this study, which examines the connection between family ties and psychological well-being.

Keywords: *Self-Harm, Young Adults, Family Relationships, Psychological Well-Being, Risk Factors, Prevalence, Patterns, Intervention, Support Strategies*

In many countries, the number of young people who hurt themselves is going up. This is a big problem for both the individual's mental health and general health. It includes a lot of necessary actions that are meant to hurt or hurt oneself in order to feel better or get rid of emotional or mental pain. In order for strategies to stop and help people who are hurting themselves to work, those strategies need to be based on understanding of the risk variables involved. These groups of risk factors affect the events and behaviors of young people in some way. However, family ties and mental health are the most important factors. Family relationships are the most important part for a person's social life because they shape them throughout their most growing years. As people grow socially and physically, their family relationships shape how they connect with each other and how they support each other. When there is conflict, neglect, and abuse in the family, the setting is often highly charged and stressed. Because of this, young people are forced into situations where they hurt themselves in order to feel in charge. But family ties that are warm, supportive, and allow for open conversation can act as shields against the development of suicidal thoughts and other harmful behaviors.

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It's also important to note that psychological well-being was more than just a person's mental health. It includes things like emotional strength, handling skills, and how important a person thinks they are. Teenagers and young adults who have mental health issues like depression, anxiety, or who haven't dealt with trauma properly may hurt themselves as a way to deal with their feelings when they get too much to handle and to get back in control of their inner battles. Low self-esteem, identity problems, and feelings of being alone are some of the other things that make the situation even worse. The goal of this paper is to look into the complicated link between some family systems and mental health as factors that affect young adults' decision to hurt themselves.

Background of the Study

Among young people in particular, self-harm—the deliberate infliction of damage on oneself without suicidal intent—represents a major public health issue. The increasing prevalence in self-harm among this population highlights the critical need for in-depth studies to identify and address the variables that put this population at risk. Various demographic and population subsets have variable rates of self-harm, although young people (often characterized as those aged 18–25) are at a heightened risk. According to studies, self-harm often starts in adolescence and continues into young adulthood. It is estimated that a significant number of young people participate in self-injurious behaviors throughout this developmental phase.

According to research, there are a number of variables that put young individuals at increased risk for developing and maintaining a self-harm problem. Mental health issues, interpersonal strife, traumatic events in childhood, and societal and cultural factors are all part of this complex web of individual, interpersonal, & environmental variables. But in the last several years, studies have focused heavily on the importance of family bonds and mental health. A person's emotional and social growth are greatly influenced by their ties with their family. Mental health outcomes & adaptive coping mechanisms are improved in families where members are warmly welcomed, supported, and communicate well. On the other side, young people are more likely to self-harm if they grow up in families that are dysfunctional due to issues like abuse, neglect, or conflict. Physical health, emotional stability, self-confidence, and the ability to deal with stressful situations are all components of psychological wellness. It is possible that self-harm is a maladaptive coping mechanism for young people dealing with psychological discomfort, such as anxiety, depression, or symptoms connected to trauma.

We still need a more sophisticated knowledge of the processes behind the links between family ties and psychological health and self-harm among young people, despite the fact that their significance is becoming increasingly acknowledged. It is crucial to conduct thorough population-based studies that take into account the interaction of several variables, as most previous research has concentrated on clinical populations or individual risk factors.

This research aims to fill that void by investigating the connection between young people' psychological health and their familial ties as potential risk factors in self-harm in a non-clinical sample. The complicated interplay among family dynamics, psychological variables, and self- harm behaviors is the goal of this study, which employs a multifaceted approach combining quantitative and qualitative approaches. In the end, this study's results will help in creating programs that specifically target young people, with the goal of lowering the rates of self-harm and its severity, which will improve their health and resilience.

Prevalence and Patterns of Self-Harm Behaviors Among Young Adults (18-25)

In order to address mental health problems and create effective intervention techniques, it is necessary to understand the incidence & trends in self-harm behaviours among young people aged 18-25. To further understand the nuances of this problem, this subtopic explores the forms, frequency, and techniques of self-harm among this group.

How Common Is It?

Although rates vary among cultures and contexts, research shows that self-harm practices are common among young people. The fact that between 10 and 25 percent of young people will hurt themselves at some point in their lives is a major problem in terms of public health, according to studies. These habits usually start showing up while people are teenagers and, if not dealt with, may last all the way into their early adult years.

Varieties and Approaches:

A wide variety of actions fall under the umbrella term "self-harm," including but not limited to cutting, burning, striking, scratching, and hair pulling. The most popular techniques among young people are cutting, burning, and beating oneself. Many people turn to these activities as a way to manage their emotions, express their challenges, or get relief from overwhelming sensations.

Patterns and Trends That Stand Out:

There are trends and tendencies among young adults when it comes to self-harm habits, while everyone is different. For example, there is some evidence that the gender disparity in self- harm has been shrinking in recent years, but overall, women are more inclined to hurt themselves than men. Furthermore, as a result of minority stress and prejudice, those who identify as LGBTQ+, as well as other sexual and gender minorities, may be more likely to self- harm.

In addition, psychological illnesses like anxiety, depression, borderline personality disorder, et trauma-related disorders have been linked to self-harm. Adverse childhood experiences (ACEs) and trauma are associated with an increased risk of self-harm among young people. Intersections between cultural and socioeconomic variables and the frequency and types of self-harm amongst young people are also present. The beginning and persistence of self-harm practices might be influenced by societal pressures, inadequate healthcare access, and the stigma associated with mental health concerns.

Finally, in order to provide effective treatments and support services, it is crucial to get a grasp on how common and recurring self-harm behaviors are among young people. It is feasible to lessen the effect of self-harm and encourage healthy coping mechanisms among this susceptible group by tackling root causes, increasing psychological literacy, and establishing supportive surroundings.

Gender Disparities in Self-Harm Behaviors Among Young Adults

This section delves into the gender disparities in self-harm behaviors amongst young adults (18–25 years old), specifically looking at the frequency, kinds, and causes of self-harm. Within this population, researchers have shown that men and females exhibit different patterns of self- harm, suggesting that gender is a major factor in this manifestation.

How Common Is It?
When comparing young adults, research shows that self-harm is more common among girls than boys. There has been an uptick in reports of self-harm among young men, which may indicate the the gender gap is closing. In order to provide treatments and support services that are sensitive to gender, it is essential to understand how the prevalence rates of various gender identities are changing over time.

Varieties and Approaches:
There may be gender disparities in the forms and ways of self-harm, even if both sexes may participate in comparable activities. As an example, when asked about self-harm, women are more inclined to say cutting, whereas men could say things like beating or burning themselves. The reasons and coping processes that drive self-harm behaviors may be better understood by investigating these gender-specific tendencies.

Fundamental Elements:
Biological, psychological, and social-cultural variables all have a role in explaining why some women injure themselves more than others. For example, how people deal with and express their emotions may be influenced by cultural standards and expectations related to gender roles. There may be gender inequalities in the frequency of self-harm because people of the two sexes seek care differently and have different utilization of mental health services.

Multiple identities:
Gender is only one of several identifying characteristics that influence young people' experiences with self-harm; others include sexual orientation, ethnic origin, & socioeconomic background. As an example, those who identify as LGBTQ+ may be more susceptible to self- harm due to the specific stresses associated with their minority status. Interventions that are more inclusive and respectful of other cultures may be informed by research on the intersectional aspects of self-harm.

Potential Areas for Action:
In order to develop successful measures for prevention and intervention, it is crucial to understand the gender discrepancies in self-harm behaviours among young people. Stigma reduction, improved access to treatment, and better coping strategies may all result from culturally competent methods that meet the particular requirements and challenges of people with varied gender identities. Helping young people recover and be resilient requires mental health providers to recognize and address gender disparities.

Family Dynamics and Self-Harm Among Young Adults
Multiple dimensions of biopsychosocial risk factors, such as genetics, biology, sociology, the environment, demography, cognitive style, personality traits, and mental illness, come together to produce self-harm behavior (Beautrais, 2000). Although other studies have included all possible risk factors (such as Bridge and colleagues, 2006; Evans et et., 2004), our focus here is on familial variables linked to suicide thoughts and actions in youth (Ougrin & al., 2012). Using the principles for evaluation of clinical proof (Oxford Centre over Evidence-based Medicine, 2009), we have focused this narrative review on family factors that could be addressed through family therapy, such as the family environment and perceived support. Other factors, such as parental mental illness, schooling, and family poverty, are not directly addressed in family therapy but could be addressed through other resources or agencies.

Developing comprehensive intervention techniques and support networks for young people who self-harm requires a thorough understanding of the complex link between family dynamics and these behaviors. This section explores how factors including familial cohesiveness, communication, conflict, and encouragement affect this population's propensity to self-harm.

- **Cohesion Levels:** The strong bonds and unity felt by family members are what make up family cohesiveness. A lack of self-harm may be mitigated by fostering an atmosphere of transparency, respect for one another, & support, all of which define highly cohesive groups. On the other side, young people may be more likely to self-harm if they experience low levels of cohesiveness, which may be caused by emotional distance or familial detachment.
- **Patterns of Communication:** Addressing emotional needs & resolving problems constructively are greatly facilitated by effective communication inside the family. A feeling of belonging and decreased propensity for self-harm might result from communication habits that prioritize active listening, empathy, & emotion validation. On the other side, self-harm is more likely to occur when people experience emotional pain due to inadequate communication, which includes things like criticism, invalidation, or avoiding tough subjects.
- **Dispute Settlement:** Every family has arguments from time to time, but how those arguments are handled may have a big influence on how young people feel emotionally and mentally. A decrease in the chance of self-harm due to a maladaptive coping method may be achieved when family members learn to resolve conflicts using constructive means such as problem-solving, compromise, and negotiation. On the other hand, a poisonous atmosphere that worsens emotional suffering and the risk of self-harm may emerge in families marked by unsolved disputes, animosity, or aggressiveness.
- **Scales of Assistance:** An important barrier against self-harm amongst young people is the perception of support from family members. A protective barrier against stresses and a facilitator of adaptive coping mechanisms may be provided by emotional support, practical help, and validation of emotions. Young people are less prone to self-harm if they grow up in families that validate their feelings and help them understand and love themselves. The inverse is also true: when others respond to emotional suffering by invalidating or not supporting the person, it may make them feel even more alone and hopeless, which in turn increases the risk of self-harm.

PSYCHOLOGICAL WELL-BEING AND SELF-HARM

Numerous elements contribute to the development and upkeep of self-harm behaviors, making the connection between psychological health and self-harm intricate and multidimensional. This section delves into the relationship between young people' mental health and the likelihood that they may self-harm, drawing attention to the role that mental health variables play in this risk.

Factors related to the psychological well-being

A person's emotional, cognitive, & social functioning make up their psychological well-being, which is a reflection of their total mental health. Suicide attempts by young people are linked to a number of mental health issues, such as:

- **Disorders of Mood:** As a coping mechanism for very unpleasant feelings, self-harm is often practiced by people with mental health issues including depression and anxiety. People may choose to self-harm as a destructive way to deal with overwhelming emotions like despair, anxiety, or melancholy.
- **Post-Traumatic Stress Disorder Symptoms:** An increased risk of self-harm in young adults is associated with a history of trauma, abuse, and other unfavorable childhood experiences. Self-harm as a coping mechanism or means of regaining control may be associated with signs of trauma like intrusive memories, hypervigilance, & emotional dysregulation.
- **Disorders of Character:** People who suffer from borderline personality disorder (BPD) or other similar disorders are more likely to engage in self-harming activities. As a coping method for handling pain and controlling emotions, self-harm may be a solution for those with borderline personality disorder (BPD) who have challenges with maintaining stable relationships, dealing with powerful emotions, and a lack of identity.
- **Impatience and Suicidal Thoughts:** Risk factors of self-harm among young people often include impulsive tendencies & suicidal ideation. When people are emotionally distressed, they may be more likely to engage in self-injurious behaviors due to their impulsive tendency, which makes it hard for them to think through the possible outcomes.

Recurring Patterns

Most cases of self-harm follow a predictable pattern: first, the individual experiences emotional discomfort; next, the act of self-harm provides a short-term escape or diversion; and last, the individual experiences guilt, humiliation, and more mental suffering. Individuals find it difficult to break away from these maladaptive ways of coping without the right assistance and intervention because of the cyclical nature of self-harm.

Things that Keep You Safe

Although mental illness greatly increases the likelihood of self-harm, there are a number of preventive variables that might lessen this risk and increase resilience in young adults:

- **Mutual Aid:** There is less chance of self-harm when people have strong networks of social support that include mental health specialists, friends, and family. These networks may provide psychological validation, practical help, and a feeling of belonging.
- **Skills for Dealing:** People may learn to cope with stress and difficult emotions in healthy ways, without hurting themselves, by practicing adaptive coping mechanisms including problem-solving, emotion control, and mindfulness.
- **Mental Health Services Availability:** Early intervention and support may be provided to those coping with psychological distress & self-harm behaviors when mental health options such as therapy, counseling, & psychiatric care are accessible and used promptly.

Finally, among young people, mental health is a major factor in determining the likelihood of self-harm. We can help this vulnerable group build mental health resilience and minimize the occurrence of self-harm by treating underlying psychological issues, improving coping skills, and creating supportive surroundings. To end the cycle for self-harm and enhance young people' health in the long run, it is essential to identify them early and intervene when necessary.

REVIEW OF LITERATURE

For the purpose of synthesising the information from meta-analyses and systematic reviews that investigated the risk or protective variables for self-harm in youth, we performed an umbrella review. We used the AMSTAR-2 criteria for quality evaluation and searched six distinct databases. Two factors were used to establish the significance of each risk & protective factor: (1) the frequency with which it was included in reviews that examined all risk and protective factors, and (2) the magnitude of the effects found in meta-analyses. In all, sixty-one systematic reviews were considered for this analysis. Childhood maltreatment, depression/anxiety, bullying, trauma, mental disorders, drug use/abuse, divorce from parents, poor family ties, lack of friends, and exposure to others' self-harm behavior were the most often listed risk factors for self-harm among young people. Mental health issues, including major depressive disorder, anxiety, and behavioral problems, were the most strongly linked risk variables with self-harm. (Clarke, M. 2023)

Teens and young adults often hurt themselves, with females more likely than boys to do so on a regular basis. This disparity may be attributable, in part, to differences in how the sexes deal with and respond to protective and risk factors, negative experiences, poor interpersonal interactions, and overall health and happiness. The purpose of this research is to provide the groundwork for creating self-harm management strategies that take gender into account by investigating potential gender variations in risk variables. Eleven thousand one hundred sixty- six youths, examined at the age of fourteen, were part of the Millennium Cohort Study. Important social and psychological risk variables for self-harm, such as connections with family and peers, mental health, and victimization and bullying, were analyzed to see if there were gender variations in their occurrence. In order to evaluate the risks associated with each gender, we used modified Poisson regression. The frequency of self-harm was 15.4% at age 14, with 2.6 girls for every man. Gender differences in self-harm risk were partially explained by different exposure to documented psychosocial risk variables. Girl users were more likely to self-harm than male users when it came to heavy social media usage and not trusting in family members. Boys were more likely than females to self-harm if they were bullied by others or if they were attracted to others of the same sex. (Brennan, C. 2024)

Suicidal ideation and behavior is more common among college students than among adults as a whole, according to prevalence estimates. As a means of predicting future acts of self-harm or suicide, this research looks at mental health issues and adverse childhood experiences. As a component of the World Health Organization's World Mental Health Survey International College Students Project, Ulster University's Student Health research began in September 2015. The WMH-CIDI was used to assess psychopathology in a sample of 739 students from Northern Ireland (NI), with 462 being female and 274 being male. Three more participants were not named. There was a mean age of 21. Among the students surveyed, 31% supported suicidal thoughts (24.3% of men and 36.9% of women), and almost 20% had plotted their suicide in the twelve months before the study. Three distinct types of childhood hardship were identified by latent profile analysis: high, moderate, and minimal risk. (Murray, E. 2018)

Suicide of a 20-year-old after PUBG ban. Bullied for being homosexual, a 9-year-old takes his own life. A 14-year-old girl does illegal things only to attract her parents' attention. The 16- year-old leaves a video message for his younger brother, urging him to follow in his parents' footsteps and achieve their aspirations. These cases could have been prevented if

mental health hadn't been stigmatized, if primary caregivers (such as parents and teachers) made an effort to prioritize their children's mental health, if these teenagers had felt heard, and if someone had told them it was okay to not feel okay all the time. The researchers set out to learn more about the people and things that represent a threat to the health and happiness of college and university students between the ages of 14 and 17, and 18 and 20, respectively. The relationship between physical and mental health in adolescents has not been thoroughly investigated, while these two aspects of adolescent well-being are often examined independently. To collect data for the study, researchers used two research instruments: Ryff's psychological health Scale (PWB) and the Risky, Impulsive, & Self-Destructive Behavior Questionnaire (RISQ). A positive association was found between aggressive behavior and personal progress, reckless conduct and pleasant interactions, purpose in existence and aggressiveness and impulsive eating, according to results from a study utilizing the Pearson correlation approach. The study's results also showed that the overall psychological well-being of the group was modest. The sample's aggression level was the highest of any risk factor. (Ravi, V. 2020)

Among the most significant factors that lead young people to take their own lives is engaging in self-harm, which is here defined as the deliberate infliction of injury on one's own person, regardless of the kind, purpose, or intent to injure. Despite the abundance of research on the topic, no comprehensive analysis of the prevalence rates, risk factors, or protective variables associated with juvenile self-harm in LMICs has been conducted as of yet. This study aims to conduct a comprehensive literature analysis on the topic of juvenile self-harm in low- and middle-income countries (LMICs), including its rates, types, correlations with family economic position, peer group connections, social networks, and academic achievement. We used Scopus, PsycINFO, and MEDLINE, three electronic databases. A total of twenty-seven studies assessing self-harm in low- and middle-income countries (LMICs) with a focus on youth (with participants aged twelve to twenty-five) were included. Based on the kind of self- harm, it was classified as either suicidal or non-suicidal. Suicidal ideation and behavior rates ranged from 3.2 percent to 4.7 percent, whereas over a twelve-month period, rates for non- suicidal self-harm were 15.5% to 31.3 percent. (Aggarwal S,2012)

All Swedes who turned 20 between 2001 and 2005 were part of a register-based cohort study. Risk factors were suicidal thoughts or behaviors, history of self-harm between the ages of 10 and 20, marital status, number of children, level of education, occupation, and mental health status at the age of 30. When the result was binary, we utilized logistic regression; when the outcome was time-dependent, we used Cox regression models. We conducted stratified analyses in cases where an interaction term was included to identify statistically significant gender effects. Risk estimates were comparable across men and women for the majority of outcomes, including suicide, and those with a history of self-harm before to age 20 had a worse prognosis for all outcomes examined. There were notable gender differences, as shown by significant interaction terms (ITs), for the following factors: being married " (pIT 0.0003; ORmen 0.6, ORwomen 0.9), being a parent (pIT < 0.0001; ORmen 0.7, ORwomen 1.1), receiving unemployment support (pIT < 0.0001; ORmen 2.4, ORwomen 1.8), and death from any cause (pIT 0.006; ORmen 10.6, ORwomen 7.4)." (S. A., & Berk, M. 2017)

Any kind of self-injury, whether intentional or not, is considered "self-harm." This includes both attempted suicide & NSSI. Some teenage subgroups, like those who identify as

"Alternative" (Goth, Emo), are associated with protective coping strategies (like exercise), while others, like "Jocks," are associated with more problematic subgroups (like ethnic or sexual minorities). NSSI aids in both autonomic (the regulation of negative emotions) & social (the expression of suffering or the promotion of group "bonding") processes. The connections between adolescent subculture and NSSI and other forms of self-harm are investigated in this research. All 452 fifteen-year-old German school pupils participated in the poll anonymously. Considerations included socioeconomic level, victimization history, and affiliation with various adolescent cultures (e.g., Alternative, Nerd, or Jock). The Functional Assessment involving Self-Mutilation (FASM) and the Self-harm Behavior Questionnaire were used to evaluate types of self-harm, including suicidal and non-sexual self-injury situations. (Plener, P. L. 2014)

Worldwide, especially in India, suicide ranks high among the top causes of mortality among young adults and adolescents. About twenty times as many people attempt suicide as actually commit suicide. Suicide attempters among teenagers and young adults are diverse. Such conduct is influenced by a myriad of family-related and other biological and psychological variables. The functionality and quality of connections within a family may have a significant role in determining suicidal behavior. The purpose of this research was to investigate potential familial variables that have a role in suicidal ideation and behavior. Research methods used included a qualitative exploratory approach and purposive sampling. Using a comprehensive interview strategy, data was obtained from 22 young adults and adolescents. An initial transcribing was done in Malayalam, followed by an English translation, for all of the audio recordings. Qualitative software to analyze data was used to construct codes. Extensive thematic analysis was performed. After identifying themes and linkages, the data was synthesized into a framework. (Muthubeevi, S. B. 2021)

Changes in interpersonal dynamics that occur during adolescence may either exacerbate or mitigate the prevalence of psychopathology and hazardous behaviors. One kind of hazardous behavior that often starts in adolescence and is linked to issues in relationships with family and friends is non-suicidal self-injury (NSSI). But previous studies on social determinants in teenage NSSI have neglected to forecast the start of NSSI in children who have not yet experienced it, relied too much on retrospective self-reported of childhood events, or focused too narrowly on certain interpersonal domains. In an ongoing group of research (Pittsburgh Girls research), we examined these correlations in 2127 urban-dwelling teenage girls who did not have a history of NSSI at the age of 13. After accounting for confounding variables including depression and race, we used a discrete- survival analyses to look at how time- varying interpersonal risk factors—measured annually from 13–16 years old—contributed to the beginning of NSSI (evaluated from 14–17 years old) the following year. Cognitive and affective indicators of interpersonal difficulties were taken into account, along with behavioral indicators such as parental monitoring, positive parenting, and victimization by peers. Additionally, we looked at indicators such as the level of attachment to parents, perceptions of peers, and self-perceptions of social competence while worth in comparison to peers. (Scott, L. N. 2019)

Whether young people self-harm for suicidal or non-suicidal reasons, it is linked to several negative consequences, one of which is suicide. Literature from North America, Australia, and Europe (especially the UK) has provided much of the groundwork for our knowledge of youth self-harm. Our goal was to compile all the data we could find on the frequency, most prevalent forms of self-harm, characteristics that put people at risk or help them avoid

injury, and the reasons why this behavior is widespread among sub-Saharan African adolescents (those between the ages of 10 and 25). The following databases were searched: MEDLINE, Psychological Information Database, PubMed, a African Journals On the internet, & African Index Medicus. The search was conducted without language constraints and included records from 1950 to August 2019. In addition to searching databases, we searched relevant portals for master's theses, harvested references, contacted study authors for unpublished work, and manually searched relevant print sources. We analyzed the evidence using narrative synthesis. (House, A. O. 2020)

Additional studies are required to determine the causes of teenage self-harm, which is becoming an increasingly pressing issue in public health. Exposure for the self-harm behavior of other people may increase the likelihood of engaging in self-harm, according to studies. But there hasn't been a tonne of study looking at how young people deal with seeing other individuals self-harm. Interviews were conducted with eight youths (five girls and three boys) residing in one of two adolescent behavioral health inpatient wards in the North by England. The participants' ages ranged from thirteen to eighteen, and the purpose of the qualitative research was to investigate their perspectives on seeing the self-harm of others. With the use of Interpretative Phenomenological Analysis, four overarching themes emerged from the interviews: "Pre-admission exposure to self-harm," "Exposure on the within: An unpleasant environment," "Helper vs. helped," and "Separation from the attention those interested: competing for authenticity.". This article discusses initiatives aimed at preventing youth self- harm in order to lessen its social transmission and associated stigma. (Knowles SF.2022)

The purpose of this study is to determine whether there is a direct correlation between bullying experienced between the ages of 7 and 10 and later self-harm in late adolescence, after accounting for factors such as prior exposure to a negative family environment (such as domestic violence or maladaptive parenting), concurrent internalizing as well as externalizing behavior, and psychopathology (such as borderline personality disorder or depression symptoms). The Avon Prospective Study with Parents and Kids (ALSPAC) cohort included 4,810 youths who were evaluated to determine their exposure to bullying when they were 7– 10 years old and their self-harm when they were 16–17 years old. Of those who were 16–17 years old last year, 16.5% admitted to hurting themselves. Directly, bullying increased the chance of self-harm, and indirectly, it was linked to depressive symptoms during early adolescence. Being a bullied served as a mediator between self-harm and a negative home environment (such as domestic violence and exposure to dysfunctional parenting). (Wolke, D. 2013)

A major issue in youth mental health is self-harm thinking and behavior (SHTBs). New evidence points to pain as a potential young person SHTB correlate. The question of whether this link is driven by the common association with other SHTB correlates is still not understood, however. Using a sample drawn from the population of young adults, this research used a network analysis to outline the association between SHTBs, pain, and other SHTB indicators. Secondary analyses were conducted using data from the 2004 British Child et Adolescent Mental Health Survey, which included 7,977 individuals between the ages of 5 and 16. We investigated the intricate relationship between SHTBs, pain, and other factors that may contribute to them, such as mental health issues, traumatic experiences in childhood, stressful life events, distress among parents, dysfunction within the family, issues

with peers, and deficiencies in inhibitory control. Our methods included $\chi 2$ testing and network analysis. (Crane, C. 2022)

A major issue in adolescent public health is non-suicidal self-injury (NSSI). Few studies have investigated the effects of self-compassion on adolescents, despite the fact that it is an effective defense against mental health issues in adult populations. So, our goal was to see whether self- compassion might lessen the negative effects of depression and everyday peer pressure on NSSI. A total of 643 middle and high school students (51.6% female) ranging in age from 12 to 18 years old took part. Daily peer difficulties, depressive symptoms, self-compassion, and NSSI were measured using self-report questionnaires. There was a favorable correlation between depressed symptoms and NSSI and daily peer problems. Negative symptoms of depression and NSSI, as well as everyday peer problems, were negatively related to self- compassion. (Cunha, M. 2016)

Many young individuals who self-harm seek assistance at their primary care physician's office, and the number of cases is rising sharply. The goals of this study are to I determine why young people seek primary care for self-harm and (ii) determine if there is a way for young people, general practitioners, and practice nurses to have more productive consultations regarding self- harm in general practitioners' offices, with the use of self-help materials created by young people. (Mutale, G. 2019)

Deliberate self-harm is a serious problem in clinical settings, but little is known about what puts nonclinical groups at risk for self-harm. A total of 249 female college students had their self-harm behavior analyzed in relation to their emotional inexpressivity, childhood abuse, and affect intensity/reactivity. Combinations of higher levels of impact intensity/reactivity (both positive and negative), greater inexpressivity, and childhood maltreatment were all significant differentiators between women who self-harmed frequently and those who did not. Emotional inexpressivity, higher rates of maltreatment, and lower levels of beneficial impact intensity/reactivity were all related with higher rates of self-harm among women who had a history of self-harm. (Gratz, K. L. 2006)

Substance use disorders are strongly associated with both suicidal and non-suicidal self-injury (NSSI), according to a large body of research including both adults and kids. Studies investigating the correlation between drug use and HSA and NSSI in Turkish children and adolescents are few. The purpose of this study was to investigate the frequency of NSSI and HSA among Turkish teenagers seeking treatment for drug use, as well as its correlation with drug use and familial variables. Approach: From January 2011 through December 2013, children and adolescents hospitalized to Istanbul's Bakirkoy Trainee & Research Hospital of Psychiatric & Neurologic Disorders were included in the study. A total of 2,518 individuals were considered for inclusion. Every single patient was given a questionnaire. We looked at how NSSI and HSA were related to things like drug abuse, family dynamics, and individual traits. In our sample of young people who used substances, 52% were involved in non-sustained sexual activity (NSSI) and 21% were involved in harmful sexual activity (HSA). Using cannabis and cocaine significantly increased the chance of HSA, and using several substances at once increased the risk of both NSSI and HSA. (Erdogan, A. 2017)

There is a lack of data about the causes and clinical features of non-suicide self-injury (NSSI) activities among adolescents. The purpose of this research was to identify potential risk factors for non-sexual self-injury (NSSI) among community-dwelling teenagers and to

identify the frequency, nature, and functions of this activity. A total of 275 high school students from various Israeli schools were selected at random from a pool of 12–17-year-olds. They filled out self-report forms measuring impulsivity (BIS-II), depression (Kids Depression Inventory - CDI), and Ottawa Self-Injury Inventory (NSSI). Nearly one-fifth of the participants (20.7%) mentioned using NSSI in the last year. From that group, 42.1% said that they are currently participating in NSSI. Reasons for NSSI included societal factors and reasons for controlling one's own emotions. Depression, impulsivity, and thoughts of suicide were also much greater in the NSSI group. There was a strong correlation between depressive symptoms and eventual NSSI. (Hamdan S.2014)

The third-leading cause of mortality among those aged 15–35 is suicide, which is a major public health concern worldwide. Little is known about self-harm, despite the fact that it is a strong indicator of suicidal ideation and behavior. When it comes to helping teenagers who self-harm, there is a lack of data on what works. Within the context of young people's emotions, interpersonal challenges, accessible support, and prevention methods, it is vital to understand the elements that lead to suicide and self-harm in order to discover and create appropriate therapeutic and preventative approaches. The purpose of this qualitative research was to learn more about the perspectives and experiences of teenagers who have self-harmed and how they feel about ways to stop it. In an open-access hospital in Pakistan, sixteen teenagers (12–18 years old) who presented with a self-harm incident were interviewed using a semi-structured approach. The interviews were made easier with the help of a subject guide. Using the framework analysis, the following themes were identified: predisposing factors (such as interpersonal conflicts or emotional crises), regret and the realization that self-harm isn't the only option, the perceived impact for self-harm, as well as suggestions for strategies to prevent suicide (such as sharing, distraction techniques, and family involvement). This research has the potential to contribute to the advancement of culturally sensitive therapies for teen self-harm by providing more precise data for a contextual and socially grounded explanatory model of this phenomenon. (Chaudhry, N. 2021)

Adolescent cancer is a hereditary illness that brings a cascade of devastating emotional and mental effects on the affected family members. This research set out to examine the effects of cancer on teenagers, paying special attention to the ways in which the condition might cause post-traumatic stress disorder (PTSD) and psychological distress within the family unit. A case- control research was carried out with 31 teenagers (average age 18.03 + 2.799) admitted to IRCCS San Matteo Clinic in Pavia for cancer treatment and 47 healthy teenagers (average aged 16.17 ± 2.099). The two groups filled out a survey that asked about their demographics as well as questions on their mental health, the impact of the illness on their lives, and how well they got along with their parents. The majority of cancer adolescent patients (56.7%) had poor mental health, with a minor percentage falling into the clinical concern category for anger (9.7%), post-traumatic stress disorder (12.9%), & dissociation (12.9%). There was no discernible difference as compared to peers. On the other hand, the traumatic incident had a much more impact on the development of the oncology teenagers' identities and worldviews than on their classmates. The association between the psychological well-being of teenagers and their parents became considerably favorable when looking at moms ($r = 0.796$; $p < 0.01$) and dads ($r = 0.692$; $p < 0.01$). Our results show that cancer during adolescence may be a major traumatic experience that affects the lives and identities of teens, who are at a very susceptible and sensitive age. (Rizzi, D. 2023)

Among youths all throughout the globe, suicide ranks as the second most common killer. According to studies, suicidality throughout later life is significantly impacted by unfavorable social circumstances affecting connections with family and peers. This systematic review looks at the prevalence of shame and humiliation in later self-harm, thoughts of, along with self-harm among young adults and adolescents. Previous reviews have focused in evaluating associations among negative life events like childhood abuse and bullying and subsequent suicidality. In order to find possible studies, a comprehensive literature search was performed using databases such as MEDLINE, Web if Sciences Core Collection, CINAHL, which PsycINFO, & Embase. In order to find relevant grey literature research, ProQuest was searched. It made use of both keywords and MESH phrases. This review incorporates every primary quantitative research published in the English language that has ever looked at the frequency, correlation, or causal relationship between feelings of shame or humiliation and thoughts of suicide or attempted suicide. The Joanna Briggs Institution critical assessment methods were used to evaluate the studies' methodological quality. (McLoughlin, A. 2024)

Suicide and non-suicidal self-injury (NSSI) are major issues in youth mental health. Our knowledge of the factors that increase the likelihood of suicidality and the variables that connect with it has come a long way. It is not yet known how many variables interact with one another or which factors have been most strongly linked to NSSI and suicide risk; hence, it is not known where to focus treatments. Using network analysis, this study looked at a sample of 2,328 first-year Chinese college students to see how NSSI, suicide, and various psychological and psychosocial factors (such as abuse as a child, family dysfunction, bullying, and social support) were related. (Gong, J. 2023)

METHODOLOGY

Aim of the Study

The aim of the study was to examine the influence of various risk factors (Family relationship and Psychological Well-being) on self-harm behaviors among young adults aged 18-25 years.

Variables of the Study

Independent Variable:

Family relationships: Family relationships, as one of the independent variables, encompass the quality, dynamics, and supportiveness of relationships within the family unit. This includes aspects such as communication patterns, levels of cohesion and conflict, parental warmth and involvement, as well as experiences of abuse, neglect, or dysfunction within the family environment.

Psychological well-being: Psychological well-being, another independent variable, refers to individuals' overall mental health and emotional functioning. It encompasses factors such as self-esteem, resilience, coping skills, emotional regulation, and subjective sense of happiness and fulfilment.

Dependent Variable:

Self-harm: Self-harm, as the dependent variable, encompasses a range of deliberate, non-suicidal behaviours aimed at inflicting physical harm or injury to oneself, often as a means of coping with emotional distress, relieving tension, or expressing internal pain.

Objective

- To examine the impact of risk factors on self-harm behaviours among young adults aged 18-25 years.
- To analyze the impact of access to mental health resources and support systems on reducing self-harm incidents among young adults.

Hypothesis

- There is no significant impact of family relationships on self-harm among young adults.
- There no significant impact of psychological well-being on self-harm among young adults.

Participants of the Study

The sample consisted of 150 individuals, and the sampling design was purposive sampling, which included both male and female participants. The sample mainly consisted of young adults in the age group of 18-25 years.

Data Collection Instruments

The data in this particular study were obtained with the help of the scales named "Brief Family Relationship Scale, Psychological Wellbeing (18 items) Scale, and "Inventory of Statements About Self-Injury" as well as a demographic form.

Data Collection Procedure

The data were gathered using three questionnaires: the "Brief Family Relationship Scale, the Psychological Wellbeing (18 items) Scale, and the "Inventory of Statements About Self-Injury." After explaining the study's goals, participants were requested to take part and were given questionnaires that included information about the study, concerns about privacy, the researcher's contact details, and other measures. Ten minutes were needed to describe the instruments.

BRIEF FAMILY RELATIONSHIP SCALE

Description and Scoring of The Scale:

The BFRS was adapted from the 27-item Relationship dimension of the FES (Moos & Moos, 1994), consisting of Cohesion, Expressiveness, and Conflict subscales (9 items each). These subscales measure support, expression of opinions, and angry conflict within a family. The BFRS has 12 positively worded items and 6 negatively worded items. The negatively worded items need to be reverse scored before analyses. These are items: 2, 5, 9, 11, 13, and 18.

Reliability

The Brief Family Relationship Scale (BFRS) demonstrates acceptable internal consistency, with a Cronbach's alpha coefficient of 0.77. This suggests that the items within the scale are moderately correlated, indicating a satisfactory level of reliability. The internal consistency of the BFRS is reported to range from 0.89 to 0.94. This indicates a high level of agreement or correlation among the items within the scale, suggesting strong reliability. The BFRS exhibits good test-retest reliability, with a coefficient of 0.73 over a 1-year period. This suggests that the scale produces consistent results when administered to the same individuals at different points in time, indicating stability over time.

Validity
The BRFS scores correlated in the expected direction with the CMFS scores (r=.51, p<.01), the RFLS scores (r=.48, p<.01), and the YCPFS scores (r=.44, p<.01) (see Table 3). As expected, the weakest convergent validity correlation, between the BFRS and the YCPFS scores (r = .44), was significantly greater in magnitude than the strongest discriminant validity correlation, between BFRS and ANCI scores (r=.18; t=-4.87, p<.01).

PSYCHOLOGICAL WELLBEING (18 ITEMS) SCALE

Description and Scoring of The Scale:
The 18-item version of Ryff's Psychological Wellbeing Scale (Ryff and Keyes, 1995) is a self- report instrument that comprises 18 items measuring six dimensions of psychological wellbeing: autonomy, environmental mastery, self-acceptance, personal growth, positive relations with others, and purpose in life. The items are rated on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). The Psychological Wellbeing Scale has 8 positively worded items and 10 negatively worded items. The negatively worded items need to be reverse scored before analyses. These are items: 1, 2, 3, 8, 9, 11, 12, 13, 17, and 18.

Reliability
The reliability of the scale's internal consistency is supported by Cronbach's alpha and ordinal theta coefficients, which were in an acceptable range for the total scale and its subscales. Specifically, Cronbach's alpha and ordinal theta coefficients for the total scale were satisfactory, with values of 0.8 (95% CI). Additionally, individual subscales demonstrated varying levels of reliability, with environmental mastery (α = 0.68), self-acceptance (α = 0.76), and purpose in life (α = 0.8, 95% CI) exhibiting higher coefficients, indicating good internal consistency. However, personal growth (α = 0.55), positive relations with others (α = 0.52), and autonomy (α = 0.48) showed somewhat lower coefficients, suggesting slightly weaker internal consistency but still within an acceptable range. Overall, these findings suggest that the scale demonstrates adequate reliability in measuring psychological wellbeing and its dimensions.

Validity
The concurrent validity of the psychological wellbeing scale is supported by significant correlations with measures of subjective wellbeing, demographics, lifestyle habits, and health. Positive correlations were found with temporal satisfaction (r = 0.65, p < 0.01), positive affect (r = 0.58, p < 0.01), age (r = 0.13, p < 0.01), exercise frequency (r = 0.17, p < 0.01), and exercise intensity (r = 0.17, p < 0.01). Negative correlations were observed with negative affect (r = - 0.52, p < 0.01), pain frequency (r = -0.24, p < 0.01), sleeping problems (r = -0.22, p < 0.01), and smoking (r = -0.14, p < 0.01). However, no significant relationship was found between purpose in life and autonomy (r = -0.02, ns). Overall, these findings suggest that the psychological wellbeing scale is concurrent with related constructs and relevant factors.

INVENTORY OF STATEMENTS ABOUT SELF-INJURY

Description and Scoring of The Scale:
The first section of the ISAS assesses lifetime frequency of 12 NSSI behaviors performed "intentionally (i.e., on purpose) and without suicidal intent." The behaviors assessed are: banging/hitting self, biting, burning, carving, cutting, wound picking, needle-sticking, pinching, hair pulling, rubbing skin against rough surfaces, severe scratching, and

swallowing chemicals. Each item is assessed by three items, rated as "0-not relevant," "1-somewhat relevant," or "2-very relevant" to the individual's "experience of [non-suicidal] self-harm"; thus, scores for each of the 13 ISAS functions can range from 0 to 6.

Reliability
The internal consistency of the modified ISAS factors was deemed good, supported by both Cronbach's alpha and MIC values. For the ISAS 13 functions, internal consistency ranged from 0.52 to 0.79 for interpersonal functions and from 0.62 to 0.79 for intrapersonal functions, based on Cronbach's alpha. All functions were within an acceptable range according to MIC values. Additionally, a significant zero-order correlation of r = 0.79 was found between interpersonal and intrapersonal factor scores.

Validity
Convergent validity shows that both Interpersonal and Intrapersonal factors were positively related to sleep problems, inattention, depression, irritability, anger, mania, anxiety, psychosis, expressive suppression, and repetitive thoughts and behaviors, but negatively with substance use and suicidal ideation/attempts. Only the Intrapersonal factor had a significant positive relationship with somatic symptoms.

Statistical Analysis
For this study SPSS software will be used. Descriptive statistics test as well as Regression analysis was used to prove the hypothesis.

RESULT AND DISCUSSION

How we interpreted our study's findings on the influence of several risk variables, including family relationships and psychological well-being, on self-harm behaviours among young adults aged 18 to 25. Our goal was to better understand the complex interplay between these risk variables and the tendency for self-harm in this group of participants. We aimed to uncover the subtle connections between familial dynamics, psychological health, and self-harm practices by analyzing data acquired through a survey questionnaire. By investigating these relationships, our study contributes to a better understanding of the intricacies of young adult mental health.

Table 1: Demographics of respondents (gender)

Gender	Count of gender
Male	60
Female	90
Total	150

The table provides information on the gender distribution within a sample of 150 people. Of these people, 60 are men and 90 are women.

Table 2: Demographics of respondents (Educational Status)

Educational Status	No. of Respondents
Undergraduate	62
Graduate	57
Postgraduate	31

The table illustrates the educational status of respondents, indicating 62 graduates, 41 postgraduates, and 47 undergraduates.

Table 3: Descriptive statistics of all variables

	Brief Family Relationship Scale	***Psychological Wellbeing***	***Self-Harm***
Mean	64.31333333	45.29333	19.11333333
Standard Deviation	9.4258937	8.043128	20.42979029
N	150	150	150

The table presents descriptive statistics for three variables: Brief Family Relationship Scale scores, Psychological Wellbeing scores, and Self-Harm scores, based on a sample size of 150 participants.

The mean Brief Family Relationship Scale score is approximately 64.31 with a standard deviation of 9.43, indicating a moderate level of family relationship quality among participants. The mean Psychological Wellbeing score is around 45.29 with a standard deviation of 8.04, suggesting a relatively average level of psychological wellbeing within the sample.

Conversely, the mean Self-Harm score is 19.11 with a higher standard deviation of 20.43, indicating a wide variability in self-harming behaviors among participants, with some individuals experiencing significantly higher levels compared to others.

Overall, these findings provide insights into the relationship dynamics within families, individuals' psychological wellbeing, and the prevalence of self-harming behaviors within the population.

Table 4: Regression analysis of Impact of family relationship on self-harm among young adults.

Regression Statistics	
Multiple R	0.070878
R Square	0.005024
Adjusted R Square	-0.0017
Standard Error	20.44714
Observations	150

ANOVA					
	df	*SS*	*MS*	*F*	*Significance F*
Regression	1	312.4144	312.4144	0.74725	0.388747
Residual	148	61876.66	418.0855		
Total	149	62189.07			

Null hypothesis (H_0): There is no significant impact of family relationships on self-harm among young adults.

Alternative Hypothesis (H_1): There is significant impact of family relationships on self-harm among young adults.

The significance level (p-value) of the F-test is 0.388747, which is greater than the common significance level of 0.05, we fail to reject the null hypothesis. Therefore, there is insufficient evidence to conclude that family relationships have a significant impact on self-harm among young adults. Thus, the null hypothesis, stating no significant impact of family relationships on self-harm among young adults, is accepted, while the alternative hypothesis is rejected.

Table 5: Regression analysis of Impact of psychological wellbeing on self-harm among young adults.

Regression Statistics	
Multiple R	0.052606
R Square	0.002767
Adjusted R Square	-0.00397
Standard Error	20.47031
Observations	150

ANOVA					
	df	*SS*	*MS*	*F*	*Significance F*
Regression	1	172.1023	172.1023	0.410712	0.522599
Residual	148	62016.97	419.0336		
Total	149	62189.07			

Null hypothesis (H_0): There is no significant impact of psychological wellbeing on self-harm among young adults.

Alternative Hypothesis (H_1): There is significant impact of psychological wellbeing on self- harm among young adults.

The F-statistic of 0.410712 with a corresponding p-value of 0.522599 from the ANOVA test fails to show statistical significance at the common alpha level of 0.05. Therefore, the null hypothesis, which states there is no significant impact of psychological wellbeing on self-harm among young adults, is accepted. Consequently, the alternative hypothesis proposing a significant impact of psychological wellbeing on self-harm among young adults is rejected.

DISCUSSION

The findings provide insight on the complex relationship between various risk factors, particularly relationships with family members and psychological well-being, and their impact on self-harm behaviors in young adults aged 18 to 25. We hoped that our study would help us better understand how these variables interacted and led to the prevalence of self-harm in this population.

Initially, the examination of familial relationships revealed a moderate degree of family relationship quality among participants, as evidenced by a mean Brief Family Relationship Scale score of roughly 64.31. However, the regression analysis found no significant effect of family relationships on self-harm practices among young people. Despite the belief that family dynamics play an important role in shaping an individual's mental health, the results imply that in the case of self-harm, family interactions may not have been as impactful as

previously assumed. The findings drew conventional knowledge into question and highlighted the necessity for additional investigation into other important elements.

Similarly, the study examined the influence of psychological well-being on self-harm practices revealed interesting results. While the mean Psychological Wellbeing score revealed a reasonably typical degree of psychological well-being in the sample, the regression analysis did not find a significant relationship between psychological well-being and self-harm inclinations in young people. This revealed that variables other than psychological well-being might be influencing self-harm practices in this group of participants.

Overall, by emphasizing the diversity of factors impacting self-harm behaviors, the study added to the expanding body of knowledge on young adult mental health. While family relationships and psychological well-being were clearly essential factors, our findings revealed that other variables may have also played a role in creating self-harm inclinations among young people. Future study should try to thoroughly investigate these aspects in order to design more focused interventions and support techniques for at-risk persons in this group. By getting a better knowledge of the diverse nature of self-harm behaviors, we may strive toward more effective preventive and intervention initiatives to assist young adults' mental health.

CONCLUSION

In this study, we seek to understand the complicated relationship of variables impacting self-harm behaviors in young adults aged 18 to 25. Our research focuses largely on the impact of family relationships and psychological well-being in influencing these behaviors in this demographic. We aimed to shed light on the subtle relationships between familial dynamics, mental health, and the proclivity for self-harm by thoroughly analyzing survey data and statistical approaches.

The results of our study presented a complex picture of the areas of self-harm among young adults. First, we found that participants had a moderate degree of family connection quality, as demonstrated by a mean Brief Family connection Scale score of roughly 64.31. This revealed that, while relationships with family members were not always stressed, there was variation in the quality of these interactions throughout the study population.

Similarly, the assessment of psychological well-being indicated a fairly typical level among the group, with a mean score of around 45.29. This suggested that, while some people may have had strong mental health, others may have had difficulties that impacted their psychological well-being to varied degrees.

However, an examination of self-harm practices revealed the true intricacy of the problem. Although the mean Self-Harm score of 19.11 indicated a certain degree of prevalence in the community, the broad standard deviation of 20.43 highlighted the heterogeneity of these behaviors. Indeed, our data indicated a wide range of experiences, with some people engaging in considerably higher amounts of self-harm than others.

In conclusion, this study offered an understanding of the interaction between family relationships, psychological well-being, and self-harm behaviors among young adults aged 18 to 25, highlighting the need for additional investigation. Future research projects might

use longitudinal designs and qualitative approaches to dive deeper into the lived experiences of people struggling with self-harm. By continuing to investigate the nuances of this issue, we may work toward more effective therapies and support systems for young adults with mental health difficulties.

Recommendations

- **Conduct Longitudinal Studies:** Longitudinal studies are critical for better understanding the complicated interplay between familial ties, psychological well-being, and self-harm practices in young people. These studies should follow people over time to see how risk factors change and interact with one another.
- **Implement Multifaceted Assessments:** Establish comprehensive evaluation methods that account for the intricacies of family dynamics and psychological well-being in young adults. To acquire a comprehensive picture, these evaluations should combine quantitative measurements (e.g., standardized surveys) with qualitative techniques (e.g., interviews).
- **Foster Collaboration Across Disciplines:** Encourage multidisciplinary collaboration among researchers, psychologists, sociologists, and family therapists to investigate self- harm practices thoroughly. Each discipline brings unique insights that can enrich the understanding of risk factors and inform intervention strategies.
- **Explore Cultural and Societal Influences:** Recognize how cultural and societal standards shape family connections and psychological well-being. Researchers should look into how cultural variables influence attitudes about self-harm, familial support networks, and mental health stigma among young adults from various backgrounds.
- **Develop Early Intervention Programs:** Implement focused intervention programs to prevent self-harm in young adults. These programs should prioritize improving family communication, developing coping skills, and supporting beneficial mental health practices early in life.
- **Enhance Mental Health Education:** Integrate mental health education, self-harm prevention, and healthy coping strategies into the school curriculum and community outreach activities. Educating young adults with the knowledge and skills they need to identify risk factors and seek help can help reduce the incidence of self-harm behaviors.
- **Promote Accessible Mental Health Services:** Improve the accessibility and cost of mental health treatments geared toward young adults. This involves increasing options such as counseling, therapy, and crisis hotlines, as well as lowering barriers to obtaining treatment, such as stigma and cost.

Limitations of the Study

- **Sample Bias:** The study might suffer from sample bias, as it focuses specifically on young adults aged 18-25 years. This narrow age range may not fully capture the diversity of experiences and risk factors for self-harm present in the broader population.
- **Generalizability:** Findings from this study may not be generalizable to populations outside of the specified age range or to individuals from different cultural or socio-economic backgrounds. The sample may not adequately represent the broader population, limiting the applicability of the study's conclusions.

- **Self-reporting Bias:** The reliance on self-reporting for data collection may introduce bias. Participants may underreport or omit sensitive information related to self-harm behaviors due to social desirability bias or stigma associated with such behaviors.
- **Cross-sectional Design:** The study's cross-sectional design limits the ability to establish causality between risk factors (family relationships and psychological well-being) and self-harm behaviors. Longitudinal studies would provide more robust evidence of the temporal relationships between these variables.
- **Confounding Variables:** The study may not account for all potential confounding variables that could influence the relationship between family relationships, psychological well-being, and self-harm behaviors. Factors such as substance abuse, traumatic life events, or underlying mental health disorders may not be adequately controlled for in the analysis.

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Conflict of Interest
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