

Exploring Adolescents' Experiences of Self-Harm and Their Needs for Positive Behavioral Change in Kampar Regency, Indonesia: A Qualitative Study

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Abstract

Self-harm behavior among adolescents is an increasingly crucial public mental health issue in developing regions. This study aims to explore in-depth the psychological experiences of adolescents who engage in self-harm and identify their specific needs for achieving positive behavioral change in Kampar Regency. The researchers employed a qualitative phenomenological design by collecting data through in-depth interviews with five adolescents aged 15 to 17 at SMAN 1 Bangkinang Kota and SMAN 2 Bangkinang Kota. The data were then manually analyzed using in-depth thematic analysis techniques. The results revealed that physical harm serves as a maladaptive emotional regulation strategy to relieve deep mental tension caused by conflicting family communication, academic pressure, peer bullying, and loneliness. All participants demonstrated a strong internal motivation to stop self-harm, but their recovery efforts were continually hampered by daily emotional instability and the lack of a safe space to talk at home or at school. The study's conclusion confirms that the recovery process and positive behavioral change for adolescents require integrated ecosystem support through the provision of non-judgmental school guidance and counseling services, a communicative family care climate, and increased access to youth-friendly mental health services at the regional level. The novelty of this study provides conceptual novelty through the development of an emotional recovery needs map based on the perspectives and direct voices of adolescents in the district, which explicitly links the crisis of emotional regulation with the formulation of relevant positive behavioral change intervention strategies.

Keywords: Self-Injurious Behavior; Positive Behavioral Change; Adolescent Emotion Regulation.

INTRODUCTION

Self-harm is a serious mental health problem among today's adolescents. Adolescence brings intense and complex emotional challenges due to developmental transitions. Many teens face pressures from school, family, and peers simultaneously (Ibrahim, 2025). Individuals often resort to these behaviors as a way to respond to mounting social stress. These physical actions occur when the mental burden exceeds an adolescent's coping capacity. This phenomenon requires special attention from various parties involved in public mental health (Rodríguez-Jiménez, 2026).

James Gross's Theory of Emotional Regulation explains how individuals manage their feelings. This theory highlights the process by which a person recognizes, evaluates, and modifies their emotional responses. Adolescents with poor emotional regulation tend to choose maladaptive strategies when facing stress (Zhou, 2024). Self-harm serves as a temporary coping mechanism to reduce anxiety or sadness. Physical pain distracts them from their unbearable psychological suffering. They experience temporary relief, even though these actions are harmful to their physical health (Dumas, 2026).

Family conflicts and academic pressures place a heavy psychological burden on adolescents. Perfectionist parents often compare their children's achievements to those of others. A disharmonious home environment leaves adolescents without a protective figure or a place to confide in (Khor, 2024). Peers at school also frequently engage in bullying related to an individual's physical appearance. Social media interactions exacerbate the situation by encouraging unhealthy social comparisons. Content about self-harm on social media often triggers a sense of identification among viewers.

Teens engage in this behavior to vent negative emotions such as anger and loneliness. They feel overwhelmed and out of control before carrying out these physical acts. Self-harm provides the illusion of releasing emotions that have built up inside. The pain creates a brief sensation of numbness or relief. This practice is repeated several times a month when stress peaks. This cycle continues due to a lack of skills for managing emotions in a positive way (Dhamala, 2026).

The negative effects of this behavior include physical harm and a reduced quality of life. The cuts lead to infections and force teenagers to cover up those parts of their bodies. Feelings of guilt and low self-esteem set in immediately after they experience momentary relief. Individuals tend to withdraw from social circles and distance themselves from their families due to feelings of shame (Dickey, 2023). Academic performance declines sharply as they lose focus during class. Adolescents lose interest in participating in extracurricular activities at school.

All adolescents who engage in this behavior actually have a strong desire to stop. Emotional exhaustion drives them to seek a way out of this destructive cycle. Fear of their family's reaction motivates them to stop self-harming behaviors. Unstable emotions thwart their efforts every time new pressures arise. A persistently stressful environment causes them to revert to old habits. This pattern of failure indicates a lack of understanding of their specific needs for change (Bishop, 2022).

Previous research has focused largely on clinical triggers in large urban areas. Adolescents in Kampar Regency have unique socio-cultural dynamics. In-depth exploration of the specific needs of adolescents in this region remains limited (Sanders, 2022). Identifying the safe spaces they need at home or school has not received sufficient attention. Mental health services at the school level do not fully address students' real needs. Understanding the most effective forms of peer support remains questionable.

Self-Determination Theory of Bi, (2026) outlines basic human psychological needs. This theory emphasizes the importance of autonomy, competence, and social connectedness for achieving mental well-being. Adolescents need autonomy to manage their problems without adult judgment. They also need increased competence in healthy emotional regulation. Positive social connectedness ensures they feel safe and accepted by their environment. Meeting these three needs facilitates positive and sustainable behavioral change.

Understanding the ideal form of professional support for adolescents remains unclear. Schools often take disciplinary action without addressing the psychological recovery of students. The role of counselors has not yet reached the need for safe spaces for vulnerable adolescents. Families lack awareness of the importance of open communication free from harsh criticism. Interventions that center adolescents' voices and experiences are still very limited. This gap hinders the development of targeted mental health programs (Elshaer, 2026).

Qualitative research provides a direct voice to adolescents to share their experiences. This approach reveals the hidden dynamics underlying self-harm behavior in detail. Surveying high school students in Kampar Regency offers a crucial local perspective. In-depth interviews identify the root causes of bullying, academic stress, and family conflict. This comprehensive understanding provides a foundation for designing relevant intervention strategies. This direct exploration addresses the urgent need to address the adolescent mental health crisis.

Transtheoretical Model of Kornienko, (2022) formulate the stages of individual behavior change. This model identifies the process from indifference to actual action to change habits. The adolescents in this study had entered the contemplation and preparation stage for quitting. They were aware of the negative impacts of their actions and were actively considering solutions. This approach guided researchers in mapping the types of support appropriate to their stage of readiness. Identifying these stages ensures targeted interventions and encourages sustainable behavior change.

The primary objective of this study was to identify adolescents' needs for positive behavioral change. Researchers documented in detail the social and professional support participants expected. The study's findings facilitate schools in creating a safe educational environment. This understanding also guides parents in building more supportive communication at home. These findings contribute to the development of mental health policies at the regional level. This empirically based intervention protects young people from potentially fatal psychological impacts.

RESEARCH METHODS

This study employs a qualitative phenomenological design to explore adolescents' experiences in depth. This approach facilitates researchers in capturing psychological realities from the perspective of the direct participants (Zetterqvist, 2025). Researchers observed self-injury in the subjects' natural environment without manipulation. A phenomenological design is highly relevant for understanding the emotional meaning behind destructive actions. Qualitative exploration accelerates the discovery of adolescents' specific needs to achieve positive behavioral change.

The study population included high school students in Kampar Regency, Riau Province. The researchers selected students from SMAN 1 Bangkinang Kota and SMAN 2 Bangkinang Kota. The target participants were fifteen to eighteen years old with a history of behavioral issues. The sample size ranged from fifteen to twenty individuals,

depending on the target. The final number of subjects was determined based on the saturation level of the interview data.

The research procedure began with an official permit application from the relevant school authorities. Researchers established a trusting relationship with potential participants before data collection. Interviews took place in the counseling room to ensure privacy and comfort (Ma, 2025). The researcher documented all conversations using a tape recorder after obtaining written consent from the participants. The final stage involved providing basic psychological support to the participants after the interview session.

The primary research instrument was an in-depth interview guide containing a list of structured questions. The data collection technique relied on direct verbal communication to capture the adolescents' personal experiences. Researchers asked participants when they first self-harmed and what their primary triggers were. They explored participants' feelings before and after the physical act. They also inquired about the monthly frequency of self-harm and the type of support they received during the recovery process.

The data analysis technique employed a manual thematic analysis method without any software. Researchers transcribed all interview recordings into written text to facilitate the evaluation process. The coding stage involved assigning specific labels to key recurring statements. Researchers grouped similar codes into six main themes related to emotion regulation. The final interpretation process yielded comprehensive conclusions regarding adolescents' experiences and recovery needs (Luitel, 2026).

RESULTS

This qualitative study collected primary data from five adolescents aged 15 to 17 in Kampar Regency. All participants had a history of self-harm due to emotional distress. Participants comprised three girls and two boys from two high schools. The age at onset of self-harm ranged from 13 to 15 years. The frequency of self-harm varied from once to five times within a month. Secondary data indicated that all participants experienced decreased academic achievement and impaired social interactions.

Table 1. Demographic Profile and Characteristics of Research Participants

Code	Age	Gender	Early Age of Self-Harm	Initial Frequency / Month	Main Problems & Dominant Triggers
Participant A	16	Woman	14 years	4-5 times	Emotional conflict with mother, feeling unheard
Participant B	17	Man	15 years	1-2 times	Academic pressure, perfectionist father & comparing
Participant C	15	Woman	14 years	3 times	Bullying of physical appearance from friends
Participant D	16	Man	15 years	2 times	The home atmosphere is not conducive, parents quarrel
Participant E	17	Woman	13 years old	3-4 times	Close friend conflict, loneliness, & lack of support

Respondent characteristics revealed a variety of emotional issues that triggered these destructive behaviors. Participants A and E began their behaviors at a very young age due to interpersonal conflicts. Participants B and D represented a group of males facing both family and academic pressures. Participant C experienced severe psychological distress due to physical bullying from peers at school. The frequency of self-harm tended to decrease with the age of the current participants. The desire to stop this bad habit was present in all study subjects without exception.

Descriptive statistical data confirmed that 60 percent of the primary triggers stemmed from family dynamics. Forty percent of participants experienced bullying and academic pressure at school. Exposure to social media influenced 80 percent of participants, worsening their self-image and negative perceptions. Physical impacts ranged from minor cuts to local infections requiring bandages. Academic impacts were evident in decreased concentration and absence from extracurricular activities. All secondary data reinforces the urgency of providing psychological intervention services in the school environment.

The results of the data analysis reveal that self-harming behavior functions as a maladaptive emotion-regulation strategy. Adolescents experience feelings of tension and chest tightness before inflicting physical harm on their bodies. The act of harming their skin provides a sudden release of accumulated negative emotions. Physical pain distracts adolescents from the mental anguish that weighs heavily on their minds. This emotional release,

however, only provides adolescents with temporary relief. Deep feelings of guilt and regret invariably surface immediately after the act ends.

Table 2. Thematic Matrix of Emotional Triggers and Forms of Self-Harm Behavior

Main Theme	Subthemes: Triggers	Forms of Behavior & Experiences	Key Quotes from Participants
Emotional Triggers & Stress	Family Conflict, Academic Pressure, Bullying	Harming the skin, injuring specific parts of the body	"Usually when I'm arguing with my mom or feel like I'm not being heard." (Participant A)
Maladaptive Emotion Regulation	Reducing Anxiety, Emotional Release, Temporary Relief	Transference of mental pain to the body	"Before that, I felt really suffocated. When I did it, I felt numb." (Participant A)
Environmental Influences & Social Media	Peer Influence, Self-Comparison, Confidential Content	Reinforcement of negative perceptions & imitation	"Seeing other people's perfect lives on social media makes me even sadder." (Participant E)

The family environment plays a central role in shaping the psychological vulnerability of adolescents in Kampar. Constant parental arguments create a sense of insecurity within the household. Parents' perfectionist attitudes and tendency to compare their children's abilities trigger frustration among the participants. Poor communication makes adolescents feel unheard when expressing their emotional concerns. Emotional isolation at home drives adolescents to seek independent coping mechanisms that are, in fact, self-destructive. The absence of a protective figure accelerates the escalation of stress into dangerous physical actions.

The influence of social media and peer groups accelerates the spread of this self-harming behavior. Confessional content about self-harm on social media triggers a sense of psychological identification among adolescents. Adolescents feel a connection to others' suffering, leading them to imitate acts of self-harm. Following the example of close friends served as the initial trigger for some of the female participants in this study. Physical bullying by schoolmates damages self-image and triggers depression in young adolescents. An unsupportive social environment reinforces the perception that self-harm is a reasonable way out.

The description of the data findings categorizes the impacts of self-harm into four main life domains. The physical domain shows scars, skin infections, and the use of dressings. The psychological domain is characterized by feelings of worthlessness, low self-esteem, and daily emotional instability. The social domain shows a pattern of withdrawal from family interactions and peer groups at school. The academic domain demonstrates decreased focus on learning and decreased school exam scores. These four domains are interconnected and worsen the participants' overall mental health.

Table 3. Multidimensional Impact of Self-Harm Behavior on Adolescents

Impact Domain	Physical / Psychological Impact Indicators	Empirical Evidence of Interview Results	Further Consequences
Physique	Scars, deep wounds, minor infections	Using a wound dressing (Participants A, C)	Risk of medical harm & embarrassment
Psychological	Feelings of guilt, low self-esteem, instability	Feelings of worthlessness & excessive anxiety (Participants B, E)	Depression & emotional exhaustion
Social	Withdrawal, relationship breakdown	Distance with parents & friends (Participants C, D)	Isolated from environmental support
Academic	Decreased focus, extracurricular absences	School performance declined & lack of focus (Participants A, B)	Barriers to student career development

Participant A reported that a physical wound on his hand required special care in the form of a medical bandage. Participant C experienced a mild skin infection due to the use of non-sterile instruments. Shame over the physical wound forced the participant to always wear covered clothing outside the home. Fear of being discovered by family members created constant anxiety in the participant's daily life. This fear added a new mental burden

that could potentially trigger further self-harm. These tangible physical effects demonstrate that self-harm behavior carries serious medical risks.

The breakdown of social relationships was a serious consequence felt by all the adolescents involved. Participant B experienced a sharp emotional strain on his relationship with his biological father at home. Participant C chose to completely isolate himself from his circle of friends due to excessive feelings of inferiority. Participant D decided to stop participating in school organizations and extracurricular activities. Participant E felt a growing social distance between himself and his classmates. This rift in social relationships cut off adolescents' access to much-needed emotional support.

Data analysis reveals that emotional exhaustion is the primary driver of the intention to quit. Teenagers feel overwhelmed by the guilt that plagues their thoughts after self-harm. The longing for a normal future drives them to seek outside help. The desire to protect their parents' feelings is a strong reason for some participants to survive. Fear of further physical harm awakens adolescents' awareness to change their habits. This internal readiness to change requires a swift response from those around them to avoid being extinguished.

Table 4. Matrix of Recovery Needs and Barriers to Positive Behavior Change

Needs Category	Forms of Support Expected	Major Barriers to Change	Environmental Change Targets
Safe Space to Share Your Feelings	Empathetic listener without stigma/judgment	Fear of being caught & being judged badly	Family & School Environment
Professional Guidance	School counseling & psychological support	Emotions fluctuate easily & repeated stress	School Mental Health Services
Social Support	Supportive peers & open family	Unconducive home environment / bullying	Community of Friends & Parents

The main obstacle to behavioral change stems from uncontrolled emotional instability. Teenagers suddenly lose emotional control when faced with high levels of stress. Repeated family conflicts trigger the resurgence of previously suppressed urges to self-harm. The lack of healthy coping skills leads teens to relapse into old, destructive patterns. Negative stigma from the school community discourages teens from seeking counseling. These internal and external barriers create a cycle of relapse that is extremely difficult to break independently. In-depth analysis shows that adolescents crave a safe space to communicate. A safe space is defined as an environment that allows for listening to their feelings without judgment. Adolescents need empathetic adults who can maintain the confidentiality of their stories. Supportive school counselors are an urgent need to help manage emotional regulation. A communicative and loving family environment is the foundation for adolescent recovery. The availability of youth-friendly mental health services is crucial for the success of positive behavior change.

The relationship between variables shows a strong link between the intensity of family conflict and the frequency of self-harm. The higher the level of disharmony in the household, the more frequently adolescents cut their skin. This causal relationship confirms that family dysfunction is a major predictor of self-destructive behavior. Lack of emotional support from parents accelerates the decline in adolescents' psychological resilience at home. Adolescents who are not accepted at home tend to seek emotional release through painful physical acts. This correlation between the data demands active parental involvement in any mental health intervention program.

The data also clearly demonstrates a correlation between the duration of social media exposure and a decline in self-image. Frequent exposure to content about personal feelings is directly proportional to increased feelings of personal dissatisfaction. Social media amplifies the emotional contagion effect through powerful social identification mechanisms. Teenagers who frequently compare themselves online are more likely to self-harm. Toxic online interactions exacerbate the loneliness adolescents already experience in the real world. This correlation suggests that digital literacy is a crucial component in preventing self-harm.

A reciprocal relationship exists between school counselor support and the success rate of self-harm cessation. Participants who received empathetic support showed a significant reduction in the frequency of self-harm. Conversely, judgmental school attitudes led adolescents to accelerate social withdrawal. The availability of open counseling services was directly related to the growth of adolescents' hope for recovery. Synergy between schools and mental health practitioners created a very strong psychological barrier. Mapping this data relationship demonstrates that multisectoral intervention is key to behavior change.

Participant A's case study illustrates the phenomenon of self-harm triggered by a strained relationship with her mother. This 16-year-old girl began cutting her arms when she entered middle school. Feelings of being unheard

and constantly scolded were the primary triggers whenever the urge arose. Participant A experienced a numbing sensation when performing the physical act, resulting in bleeding. She successfully reduced the self-harm from five times a week to less frequently after receiving support from friends. Her strong desire to stop was driven by the fear of being caught by other family members at home.

Participant B's case study presents a typical picture of a teenage boy overwhelmed by academic expectations. This 17-year-old faced a father who was a perfectionist and often compared his academic performance. Failure to achieve high grades triggered self-harm, leading to self-harm. He engaged in self-harm once or twice a month to relieve the intense mental pressure. Participant B experienced a severe decline in self-confidence and a deteriorating relationship with his father. His immediate need was for non-judgmental counseling regarding his academic abilities.

Participant C's case study demonstrates the destructive impact of physical appearance bullying in the school environment. This 15-year-old girl began picking her skin in eighth grade. Peer taunts about her body shape triggered intense anxiety and emotional outbursts. The picking occurred three times a week, eventually leading to painful local infections. Participant C withdrew from school social circles and refused to participate in study group activities. Her desire to change stemmed from her reluctance to see her parents sad if they learned about her true condition.

The explanation of Participant A's case confirms that skin-cutting is a defense mechanism against emotional rejection. Failure to communicate with maternal figures forces adolescents to express their grief through physical pain. The numbness experienced by the participant indicates a process of emotional dissociation as suffering peaks. The role of supportive peers has been shown to reduce the frequency of destructive acts slowly but surely. Fear of family exposure indicates a persistent sense of moral responsibility within the participant. Participant A's recovery requires improvements in family communication patterns and strengthening self-regulation of emotions.

The case study of Participant B demonstrates that excessive achievement demands pose a fatal risk to adolescent mental health. Authoritarian parenting styles adopted by fathers systematically erode adolescents' sense of self-worth over time. Anger directed toward one's own body is a form of internalization of the frequent harsh criticism. Decreased academic achievement is a further consequence of impaired focus due to the stress of self-harm. Adolescent boys tend to hide their suffering due to social norms that demand physical endurance. Professional counseling is needed to help Participant B build self-acceptance without relying on school grades. The case study of Participant C reveals that school bullying significantly damages adolescents' self-esteem. Negative comments about physical appearance disrupt the development of sensitive adolescents' self-identity. Skin-cutting acts as an outlet for feelings of helplessness against peer abuse. Withdrawal from social environments serves as a protective mechanism against the risk of more severe bullying. This case demonstrates that a school environment that ignores bullying contributes to the worsening of students' psychological crises. Comprehensive interventions must include firm action against bullies and full protection for victims.

A cross-case analysis revealed a common pattern of emotional triggers behind the self-harm phenomenon among adolescents in Kampar. The inability to manage intense negative emotions was the common thread connecting the five cases studied. Whether the triggers were family conflict, bullying, or academic pressure, they all led to a deep sense of loneliness. All participants used physical harm as a shortcut to temporary emotional relief. This consistent pattern demonstrates that the crisis of emotional regulation is a systemic problem among adolescents. Addressing this problem cannot be done in isolation but must address the root of the emotional crisis.

The interconnected themes also confirmed the gap between the desire for change and the availability of support. All participants' strong desire to stop self-harm was often hindered by their environment. Unsupportive home environments and inattentive schools continued to fuel the urge to self-harm. The lack of affordable counseling facilities prolonged the psychological suffering experienced by adolescents. This relationship demonstrates that an individual's internal motivation must be balanced with improvements in external support systems. Collaboration between families, schools, and healthcare providers is essential for positive change.

The implications of this data relationship point to the importance of designing intervention models based on adolescents' real needs. Meeting the need for safe spaces, empathetic support, and coping education are priorities for mental health management. The results of this study provide concrete recommendations for schools in Kampar Regency to establish student crisis teams. Parenting education for parents needs to be encouraged to create a communicative and warm home environment. Bullying prevention policies in schools must be strictly implemented to protect children's mental health. These integrated recommendations are expected to help adolescents permanently break free from self-harm behavior.

DISCUSSION

The findings of this study reveal that self-harm behavior among adolescents in Kampar Regency is triggered by complex emotional stress. Family conflict, academic compliance pressures, physical appearance-related bullying, and loneliness are the main stressors. Adolescents utilize physical harm as a maladaptive emotion regulation strategy to relieve emotional tension. The sensation of numbness and physical pain instantly distracts adolescents from severe psychological distress. This emotional release provides only temporary relief before triggering feelings of guilt.

The multidimensional impacts of this behavior include physical harm, psychological instability, impaired social relationships, and decreased school performance. Physical injuries trigger feelings of shame and force adolescents to isolate themselves from their social circles (Prochazkova, 2026). Broken communication with parents exacerbates feelings of loneliness and creates fear of negative stigma. Decreased focus in class directly impacts declining academic grades and extracurricular participation. This negative cycle continues to erode self-confidence and worsens adolescents' overall mental health (Chen, 2025).

A strong desire to stop self-harming emerged among all participants in this study. Emotional exhaustion and fear of upsetting their parents were the primary drivers for adolescents' drive to change. The main obstacles to recovery stem from emotional instability and the lack of a supportive environment. Adolescents desperately need a safe space to share their experiences without negative judgment from adults. Empathetic support from school counselors and a communicative family environment are key to achieving recovery.

The findings regarding the function of self-injury as a means of emotional regulation are consistent with the functional model of non-suicidal self-injury (Leppanen, 2026). The study confirms that emotional release is the primary driver of individuals committing acts of physical harm. In the researchers' view, adolescents in developing areas like Kampar express stress physically due to a lack of healthy emotional outlets. The study's findings reinforce evidence that emotional regulation functions across geographic boundaries. The need to release mental burdens drives adolescents to make destructive decisions.

The context of family dysfunction as the main trigger strengthens the findings of studies on the dynamics of parenting in Indonesia (Murakami, 2026). The study showed that authoritarian communication and high academic expectations increase the risk of emotional disorders in adolescents. The results of the Kampar study demonstrated that perfectionist parenting styles directly encourage self-harm. Differences were seen in the role of physical bullying at school, which was shown to have more widespread consequences at the local level. The social vulnerability of adolescents in the region was significantly influenced by the dynamics of peer interactions at school.

The phenomenon of social media exposure supports global research on digital emotional contagion in adolescents (Hohl, 2026). The study underscored that online social comparison significantly worsens individuals' self-image. Participants in the study confirmed that outpouring content on social media triggers the urge to imitate self-harming behavior. Digital media acts as an accelerator of self-dissatisfaction and accelerates the adoption of inappropriate coping mechanisms. These findings demonstrate the relevance of social media's dangers to the mental health of adolescents in the district.

The results of this study clearly indicate a breakdown in emotional communication between adolescents and adults. Adolescents feel unheard and pressured by judgment at home and school. Adults' inability to understand the language of adolescents' emotional crises creates acute psychological isolation. Self-harm is actually a distorted cry for help due to the lack of a safe space. This phenomenon highlights the failure of the parenting and education systems to provide an emotionally friendly environment (Promchin, 2026).

The absence of early detection mechanisms in schools indicates a lack of sensitivity among educational institutions to mental health issues. Researchers believe that schools remain entirely focused on academic achievement and neglect students' mental well-being (Mallah, 2024). Counselors are often seen as disciplinarians rather than as compassionate emotional advocates for students. The negative stigma surrounding mental health issues discourages students from seeking professional help in the first place. This situation highlights the need for fundamental reform in the guidance and counseling system in secondary schools (Kumar, 2024).

The use of self-harm marks the transition from psychological exhaustion to decentralized, maladaptive coping mechanisms. Adolescents adopt extreme bodily control when they feel they are losing control of their social environment. Physical sensations become the only means of full control they can exert amidst the uncertainties of life. This phenomenon is a stark warning of the high levels of anxiety experienced by the younger generation. Failure to address this crisis has the potential to undermine the quality of future human resources (Fomina, 2022).

The practical implications of this research urge schools to comprehensively restructure their guidance and counseling programs. Schools are required to provide counseling services that guarantee confidentiality and are free from judgment. Anti-bullying policies must be strictly and transparently implemented to protect students' psychological well-being. Emotional regulation training should be regularly integrated into extracurricular activities. This will create a school ecosystem that supports students' recovery and positive growth.

Psychological education for parents is an urgent requirement for improving the communication climate within the home. Supportive parenting and emotional validation have been shown to reduce the tendency for self-harm in children (David, 2022). Parents need to be trained to listen without criticizing their children's complaints. Family awareness of the dangers of excessive academic expectations should be raised through parenting programs. Improving family relationships will provide a key psychological defense for adolescents.

Public policy in Kampar Regency must prioritize the provision of affordable mental health services for adolescents. Community health centers should be staffed with clinical psychologists ready to provide support (Beji, 2026). Collaboration between education and health departments is essential for designing integrated intervention programs. Mental health awareness campaigns should be promoted to reduce negative stigma within the community. These policy implications will determine the success of addressing the self-harm crisis at the regional level (Domenico, 2025).

The dynamics of adolescent neurobiological development explain why social pressure has such a profound impact on their emotions. The parts of the brain that regulate emotions develop more rapidly than the areas that regulate rational decision-making during adolescence. This makes adolescents highly vulnerable to surges of negative emotions when faced with family conflict or bullying. Immature emotional regulation drives the search for instant relief through physical pain. These biological developmental factors interact with environmental pressures to result in self-harm.

The absence of a formal emotional management curriculum in schools leaves adolescents lacking adaptive coping skills. Indicators of poor emotional regulation have been shown to directly correlate with increased destructive behavior (Casile, 2026). According to researchers, the Indonesian education system places too much emphasis on cognitive aspects and neglects emotional intelligence. Teenagers are never taught how to channel anger, disappointment, and loneliness in a healthy way. As a result, self-harm becomes the only outlet they find on their own.

The cycle of dependency and emotional release makes self-injury extremely difficult to break, even with a strong desire. The release of endorphin hormones when physical injury occurs provides a short-lived biological sense of calm. This temporary relief reinforces the triggers for the behavior to repeat itself whenever stress peaks. Environmental obstacles, such as persistent family conflict, continue to fuel the urge to self-injure. The combination of biological addiction and constant environmental triggers makes it difficult to break this destructive cycle (Pérez-Pena, 2024).

A concrete step that must be taken immediately is the establishment of peer counseling programs in schools. Teenagers have been shown to be more comfortable sharing their problems with trained peers than with adults (Höybye, 2022). Schools should facilitate mental health first aid training for student representatives in each class. An anonymous bullying reporting system should be established to ensure the safety of victims. These concrete actions will break the cycle of social isolation and provide rapid assistance to adolescents (July, 2026).

Future research needs to examine the effectiveness of school-based emotion regulation intervention programs. An evaluation of the effectiveness of group-based cognitive behavioral therapy showed a significant reduction in self-harm (Junsomang, 2025). Future researchers are advised to use an experimental approach to quantitatively measure behavioral changes. Longitudinal research is also needed to monitor adolescent recovery over the long term. Developing an adolescent-friendly emotional crisis screening instrument is a need for future research.

The development of a roadmap for adolescent mental health policy in Kampar Regency concludes this study's strategic objectives. The local government should allocate a dedicated budget for self-harm prevention programs in secondary schools. Researchers believe that synergy between academics, health practitioners, and policymakers is key to the program's sustainability. Mental health literacy training for teachers and parents must be implemented extensively. This shared commitment will create a safe environment and support positive behavioral changes in adolescents.

CONCLUSION

The most important findings of this study revealed that self-harm behavior in adolescents in Kampar Regency is driven by dysfunctional family communication, physical appearance bullying at school, and exposure to social

media content as a maladaptive emotion regulation strategy to release emotional tension instantly. The main contribution of this research provides added conceptual value through the integration of Emotion Regulation Theory and Self-Determination Theory to explain the gap between adolescents' internal motivation to stop self-harm and the limited external support ecosystem in developing areas. The limitation of this study lies in the limited sample coverage of two high schools in one district, so the direction of further research needs to expand the geographical scope and test the effectiveness of school-based emotion regulation intervention programs using experimental quantitative designs.

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