

# Understanding Non-Suicidal Self-Injury in Children and Youth

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# Disclosures

None

# Webinar Overview

What is Non-Suicidal Self-Injury?

Epidemiology

Self Harm vs Suicidality

High Risk Behaviours

Assessment Tools

Resources

# Various terms

**Non-Suicidal Self Injury (NSSI)**

Self-Injurious Behaviour (SIB)

Self Harm

Cutting

Others?

# What is NSSI?

- Harming oneself on purpose without the intention of dying.
- Some may experience suicidal thoughts but while engaging in NSSI, but the person is not aiming to end their life.
- Engaging in NSSI is a way to cope or communicate distress.

# What is NSSI? cont'd

- E.g., cutting, scratching, opening or picking wounds, burning, biting, hair pulling, pinching, self hitting, head banging.
- Where: Often arms, legs and front torso, but can occur anywhere on the body.
- Common to engage in various methods of NSSI.

# Nonsuicidal Self-Injury

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## Proposed Criteria

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- A. In the last year, the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of his or her body of a sort likely to induce bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), with the expectation that the injury will lead to only minor or moderate physical harm (i.e., there is no suicidal intent).

**Note:** The absence of suicidal intent has either been stated by the individual or can be inferred by the individual's repeated engagement in a behavior that the individual knows, or has learned, is not likely to result in death.

- B. The individual engages in the self-injurious behavior with one or more of the following expectations:
1. To obtain relief from a negative feeling or cognitive state.
  2. To resolve an interpersonal difficulty.
  3. To induce a positive feeling state.

**Note:** The desired relief or response is experienced during or shortly after the self-injury, and the individual may display patterns of behavior suggesting a dependence on repeatedly engaging in it.

- C. The intentional self-injury is associated with at least one of the following:
1. Interpersonal difficulties or negative feelings or thoughts, such as depression, anxiety, tension, anger, generalized distress, or self-criticism, occurring in the period immediately prior to the self-injurious act.
  2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control.
  3. Thinking about self-injury that occurs frequently, even when it is not acted upon.
- D. The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of a religious or cultural ritual) and is not restricted to picking a scab or nail biting.
- E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.

- F. The behavior does not occur exclusively during psychotic episodes, delirium, substance intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypies. The behavior is not better explained by another mental disorder or medical condition (e.g., psychotic disorder, autism spectrum disorder, intellectual disability, Lesch-Nyhan syndrome, stereotypic movement disorder with self-injury, trichotillomania [hair-pulling disorder], excoriation [skin-picking] disorder).
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# Epidemiology

- 14-24% prevalence in general population
  - 40-80% in youth with MH diagnoses
- Age of onset: 14-24
- Similar rates in males and females in community
  - F>M in clinical samples
- Trends?



# Course of NSSI

- Thoughts start 4-6 months before behaviour
- 75% engage in many episodes
  - Lifetime frequency ranges from 2-10 episodes
- Most will stop by early adulthood
- Risk of relapse decreases as remission increases
- 3-7 fold increased risk of suicide attempts

## Psychiatric Diagnoses Associated with NSSI

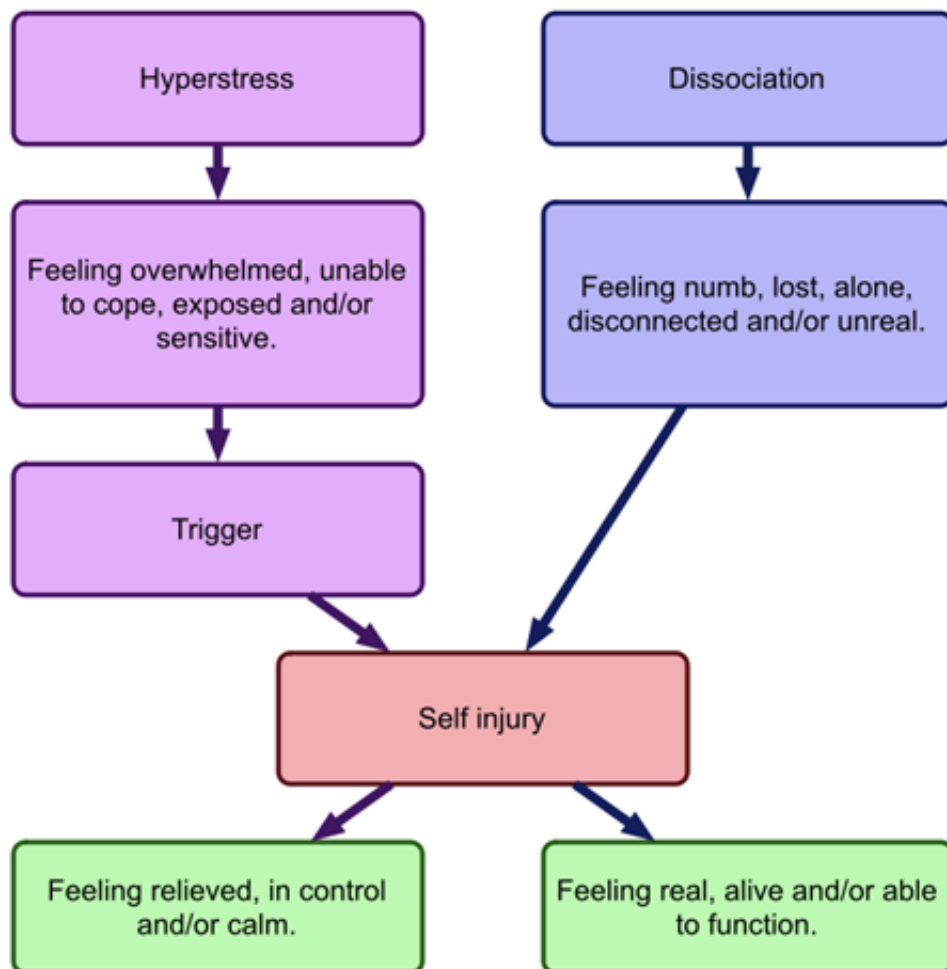
|                                 |        |
|---------------------------------|--------|
| Depression                      | 15-42% |
| Anxiety/OCD                     | 12-48% |
| Neurodevelopmental<br>Diagnoses | 24-50% |
| Trauma                          |        |
| Eating Disorders                | 26-55% |
| Personality Disorders           | 33-75% |

**\*SELF HARM #  
BORDERLINE**

# Why Do People Engage in NSSI?

NSSI is typically a response to painful and intense feelings.

- **Feeling numb:** a means to feel “alive” physically and/or emotionally.
- **Communication:** a way to express pain the youth struggles to communicate in words.
- **Feelings of guilt or shame:** a form of self punishment for not being a “good” person or making mistakes.
- **Distraction:** a way to avoid problems, memories/triggers, or feelings.
- **Control:** a sense of control over physical and emotional sensations.
- **Others?**



# Endogenous Opioid System

- Individuals who engage in NSSI have lower levels of endogenous opioids
- Multiple studies have shown an increase in endogenous cerebral opioid levels following noxious stimuli
- Similar elevations seen following NSSI

# Spectrum of Risk

## NSSI



## Passive SI



## Active Suicidality

*Self harm without the intent to die*

- E.g.,
- Superficial cutting
  - Scratching, opening or picking wounds, burning, biting, hair pulling, pinching, self hitting (e.g., head banging)

*SI, without plan or intent*

*Increased risk taking, ambivalence about living*

- E.g.,
- Deep vertical lacerations
  - Driving recklessly
  - Taking extra sleeping pills
  - Avoiding all responsibilities

*Plan, means, intent to die*

*Actively planning and wanting to die*

- I.e.,
- Planned or executed suicide attempt



**Self-harm to cope with developmental stressors such as bullying and exam pressures**

**Self-harm to cope with overwhelming distress**

**Self-harm to end dissociation and to feel alive**

**Suicidal intent to end consciousness completely**

# Risk Factors for NSSI

- Low mood, hopelessness, feeling overwhelmed.
- Past/current trauma, bullying.
- Low social support: feelings of isolation, interpersonal conflict.
- Mental health concerns: depression, anxiety, eating disorders.
- Substance misuse: escalating SU to self-medicate and cope.
- Lack of coping skills: poor problem solving, emotion regulation, and distress tolerance.
- Decrease in self care: decrease (or increase) in eating and sleeping, lack of physical activity.
- Identity isolation or trauma: lack of support around gender and/or sexual identity, experiencing discrimination, racism.
- Poor self-esteem and/or body image: negative attitudes about self or physical appearance.



## Warning Signs a Youth May be Engaging in NSSI

- Using social media as a platform to share experiences or behaviors, and/or learn from others.
- Sharing with friends about self-harming.
- Unexplained wounds or injuries (cuts, scratch marks, burns, bruises, etc.)
- Behavior changes (e.g., wearing inappropriate clothing for the weather, spending long periods of time in their room or the bathroom)
- Mood changes (e.g., isolating, withdrawing from family and peers, low mood)
- Increased stress (e.g., school work, bullying, change in peer group)
- Clues around the house (e.g., bloody tissues or sharps in the garbage can).

# Responding to Disclosures About NSSI

Respond non-judgmentally, immediately and directly

- “Low key” compassionate demeanour
- Avoid shock or emotional displays
- Clearly state that you are non-judgmental and committed to helping
- Don't minimize
- Assure rapid assessment and attention

# Examples of Direct and Useful Questions

- What does it do for you?
- Do you notice patterns in what triggers you?
- What do you do to care for wounds?
- Have you ever injured yourself so badly you were worried about whether the wound would heal or become infected?

# Why Talk about NSSI?

- Enhances physician and clinician understanding of NSSI from patient's perspective
- Facilitates discussion and self-inquiry to complete an adequate risk assessment
- Prompts pt to begin thinking about getting help for their NSSI

# Standardized Assessment Tools

Ottawa Self Injury Inventory

Ottawa Self Injury - Functions

Statements About Self Injury

Self Injury Thoughts and Behaviours Inventory

Functional Assessment of Self-Mutilation

Non-Suicidal Self-Injury Assessment Tool

Self Harm Inventory

Deliberate Self Harm Inventory

# In summary: Assessing NSSI

- Suicide risk assessment, and safety planning PRN
- Mental health assessment to understand comorbidities
- Learn about severity and type of self injury
- Explore functions and reasons for NSSI
- Refer as needed

# Resources



SIoutreach.org

[www.selfinjury.bctr.cornell.edu](http://www.selfinjury.bctr.cornell.edu)

HereToHelp.BC.ca

Kelty Mental Health – Self Injury Resources

Calm Harm App

# Questions?

