



# **ECHO IDAHO:**

## **K12 Youth Suicide Prevention**

**Understanding Adolescent Mental Health:  
Exploring Non-Suicidal Self-Injury**

**February 7, 2024**

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# Learning Objectives

- Communicate about the scope and nature of non-suicidal self-injury
- Examine various functions of non-suicidal self-injury with attention to how it relates to suicidality
- Provide ideas about how school teams can support individuals who struggle with non-suicidal self-injury

# Non-Suicidal Self-injury (NSSI)

- Self-injurious **thoughts** refer to thinking about hurting oneself. Self-injurious **behaviors** are actions that are harmful to oneself. Both can be suicidal or non-suicidal.
- Non-suicidal self-injury (NSSI) refers to injuries caused by oneself in the *absence* of a wish to die.
- Most common forms: cutting, burning, scratching, and banging/hitting oneself.

# Non-Suicidal Self-injury (NSSI) & Suicide

- Non-suicidal self-injury (NSSI) is one of the strongest predictors of future suicidal behavior (Andover et al., 2005; Guan et al., 2012; Hawton & Harriss, 2007; Mars et al., 2019).
- Most self-harm comes from a momentary need to escape, not a wish to die.
- Youth who have trouble quitting NSSI face much higher rates of experiencing suicidal thoughts and dying by suicide than their peers who do not engage in self-harm.

# Scope

- Not common in childhood with increase in adolescence; typical onset around age 13-14 years old (Klonsky et al., 2007; Nock et al., 2006).
- Most common among adolescents and young adults with lifetime rates between 15% to 20% (Ross et al., 2002; Whitlock et al., 2006).
- Rates are increasing (Cullen et al., 2018; Knopf, 2017; Taylor et al., 2011), particularly in females (McManus et al., 2019).
- Youth of all genders engage in NSSI & equivalent rates across males & females (Briere & Gil 1998; Klonsky 2011; Whitlock et al., 2006)
  - Female youth who self-harm are more likely to cut
  - Male youth are likelier to hit themselves
- More common among Caucasians than non-Caucasians (Klonsky & Muehlenkamp, 2007)
- More common in individuals who report non-heterosexual orientations (Sornberger et al., 2013; Whitlock et al., 2011)

# Why?

- Alleviate overwhelming negative emotion or emotional pain.
- Form of **self-directed anger** or **self-punishment** (Nock et al, 2008; Glassman et al, 2007; Hooley & St Germain, 2013)
- Feel lonely, worthless or empty inside and will do anything to feel better.
- Feel overstimulated, misunderstood or fearful of close relationships.
- Feel overwhelmed by school and family responsibilities or want to punish themselves for something bad they believe they've done.
- Injury releases endorphins and other natural painkillers by the brain.
- A way to take control of body when feel a lack of control over other things—or when other aspects of their lives seem unmanageable.
- Can be due to a desire to influence others or to produce a physical sign of emotional distress.

# Connection to Suicidality (Joiner, 2005)

- Interpersonal theory of suicide states that people must possess **both** the desire for suicide **and** the capability to act on this desire for one to make a potentially lethal suicide attempt.
- In general, people fear and seek to avoid pain and injury, especially pain and injury that may result in death. Therefore, acquiring the capability for suicide entails overcoming the pain and fear associated with performing the suicidal act.
- Viewed in this context, NSSI may represent a unique risk factor for suicide as it is strongly associated with emotional and interpersonal distress (Klonsky, Olino et al., 2008; Klonsky, Oltmanns et al., 2003; Wilkinson, 2011) which increases risk for suicidal ideation and (or) desire, and desensitizes people to the pain associated with SIBs, which increases capability to act on suicidal desire (Nock et al., 2006).
- NSSI increases risk for both suicidal ideation and the ability to act on the ideation.

# Compensatory Factors

- Higher levels of parental support
- Perceptions of safety at school

# How to Support

- Have the conversation. Be curious, calm, non-judgmental
- Be prepared for strong reactions
- Ask about the function to identify alternative coping
- Differentiate urges and actions
- Reduce access to potential means of harm

# Signs

- Cutting:
  - Visible cuts or scars on a youth's hands, wrists, stomach, legs or other areas of their body.
  - May inflict deep gashes or make dozens of smaller cuts in one spot.
  - Youth often conceal their injuries by wearing lots of jewelry or long sleeves (even in hot weather)
  - Symptoms of [depression](#) (such as having overwhelming feelings of hopelessness or worthlessness, sleep disturbances, and low energy levels).
- Head-banging, burns, hair-pulling, or excessive scratching of the skin to the point of drawing blood. May punch selves, insert objects into body openings, drink harmful substances, or attempt to break their bones on purpose.
- Some youth may only engage in self-harm one time, but those who continue engaging in NSSI often hurt themselves in more than one way.

# Key Points

- Does not automatically mean that they are having thoughts of suicide or hoping to die.
- When NSSI goes on for long periods, youth face higher risks for suicidal thinking and actions.
- If concerned or wondering about NSSI, ask directly.
- Risk assessment should focus on risk of suicide that may or many not overlap with NSSI. Consider need for medical attention and/or referral for treatment.
- Understanding function of NSSI can guide treatment plan and generation of safe, adaptive coping.

# Questions?

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# Session Resources

1. [Idaho Lives Project- Self-injury Safety Plan \(youth\)](#)
2. [Idaho Dept. of Health & Welfare, Suicide Prevention, Wallet-sized safety plan cards](#)
3. Directing conversation with youth around NSSI. Idaho Department of Education is hosting a NSSI 90-minute virtual training on February 22 at 9 am MT.  
[https://forms.office.com/pages/responsepage.aspx?id=haWTdmdhIEK1B\\_bL9Z2NcZdvw5XD7n5MmLmOnwF3TyNUOTI1Nk9HRDA1RzY3R1A1REZNQTNBR0EwUiQIQCNOPWcu](https://forms.office.com/pages/responsepage.aspx?id=haWTdmdhIEK1B_bL9Z2NcZdvw5XD7n5MmLmOnwF3TyNUOTI1Nk9HRDA1RzY3R1A1REZNQTNBR0EwUiQIQCNOPWcu)

[Patient Case Recommendations](#)