Adolescents: Self-Injury, Suicide Risk and Substance Abuse

Greg A Marley, LCSW
Clinical Director,
NAMI Maine

Agenda

Self Injury Definitions

The pattern of occurrence of Self Injury

Relationship between Self-Injury and Suicide

Substance abuse as a contributing factor

How to respond to Self Injury

Resources
Adolescent Self-Injury
self-harm
Non-Suicidal Self-Injury

Self-injury involves direct physical damage to the body & is:
• deliberate
• takes on a form that is socially unacceptable
• is done without the intent to die

Also known as:
• Self-Injury
• Self-Harm
• Self-mutilation
• “Cutting”
Self-Injury looks like...

Self-Injury includes:

• Cutting (est. 70% of self-injury)
• Burning
• Head-banging or punching self or objects
• Scratching
• Biting self
• Picking or stopping wound healing
• Inserting objects under skin

Atypical Self Injury

A more dangerous form and includes damage to:

• Face
• Eyes
• Genitals
• Breasts
• Degree of damage that requires multiple sutures or causes major disfigurement
Unusual and requires careful assessment and treatment as it may indicate the presence of deeper trauma or serious mental health concerns or increased suicide risk.

**Indirect Self-damaging Behavior**

*Does not fit the full definition*

- Physical risk-taking behavior
- Alcohol or drug abuse
- Indiscriminate impulsive, high risk and/or premature sexual activity
Disordered eating

Situational risk-taking

Refusing medications that are recommended

- Discontinuing medications w/o consultation

**Age when self-injury starts**

Age for starting self-injury has been decreasing over the past 20 years.
Average age of onset is now 12-14 years, Commonly seen as a problem in middle schools, Increasingly reported in 5-6th graders.
How Common is Self-Injury
Self-injurious Behavior among Maine HS Students, by Sex and Sexual Orientation 2015
(Students reporting at least one incident of self-injury past 12 months)
Gender differences

Most older studies have shown significantly higher incidence in females.

Recent studies show similar rates between males and females (roughly 60% female & 40% male).

• Based on a wider definition of the behavior?
Gender differences

Females: More likely to use cutting, scratching on wrists, arms or thighs.

- Most often done when alone

Males more likely to punch objects with the intention of hurting themselves; damage more often to hands.

- Outward signs of aggression masking SI intent
- More likely to SI under the influence
- More likely to act in a social context.
Almost 25% of students keep their SI secret from everyone.

**At higher risk for Self Injury:**

Youth having sexual contact, esp. same sex or bisexual

Youth with Symptoms of Depression

Youth with disordered eating

Youth involved in substance use

Youth who are victims of Dating Violence/assault

Youth without a consistent support system
Based on analysis of MIYHS results

**Stigma Drives Secrecy**

Is very often done alone and remains hidden.
- Especially in older adolescents and adults
- Younger youth more open about self-injury

Secrecy reinforced by the negative reactions of others.

More common in individuals who come from stressful, chaotic, traumatic or abusive backgrounds.
Also may occur in people where the stress is self-driven and/or who struggle to control their emotions.

**Impact of Social Media**

Social Media is increasingly used as a medium of connection of like-minded people.

Can be a place of support/information to prevent or stop self-injury

Can serve to connect people who self-identify as cutters.
• Seems to be serving increasingly in this fashion and raises the risk of contagion.

Impact of Media

The rapid increase of self-injury seen in youth parallels the visibility in the media

• Movies
• Television shows
• Music

What impact has depiction in the media had on increasing rates?
Risk Factors - Youth

“Over the past 30 years, the single characteristic I see shared among youth who self-injure? These are the kids who are the most sensitive; they feel things deeply.”

...Michael Hollander, PhD
Risk Factors - Youth

- Experiencing periods of anxiety or depression
- Having performance problems at school, work, athletics, or extracurricular activities (real or perceived)
- Facing increased pressure/stress from family, social, school or other sources,
- Personality traits leading to impulsivity, emotional dysregulation, self hate or conflict
- Having friends or family members who self-injure or model the behavior
Substance Abuse as a Risk Factor

• Substance abuse is a more potent risk factor in adolescent suicide than a diagnosed mental illness.

• Increased and/or excessive substance use is a more significant contributing factor in older male adolescents!

• Lowers judgement

• Increases impulsivity in a suicidal individual

• Especially potent if comorbid with a mood or anxiety disorder.
Look for a constellation of risk factors!

A Response to Stress

Stress of multiple demands of school, home life, work and relationships during adolescence when emotional regulation and coping skills are often lacking.

Pressure to conform to societies image of behavior, body image and status.

Stress of earlier involvement in intense, intimate relationships for which they may not be prepared,
Self-Injury is a Way to Cope

To cope with overwhelming distress or psychic pain.
- It is often effective,
- "Hijacks" the same neural pathways used for emotional pain,
- Rapidly reduces tension and restores emotional equilibrium
- It provides a sense of control (self-control),
- It influences brain chemistry;

In order to feel something
- Anti dissociation
- To stop feeling numb
Self-Injury should never be framed as a healthy coping mechanism!

Why People Self-Injure

To Practice for Suicide

• This is not common, but must be considered as a possibility.

• Look for increasing severity of physical harm and escalation of medical response required (or avoided).
To avoid suicide by use of self-injury as a safety valve.

Differentiating Self-Injury from Suicidality

Self harm or suicide attempt?

Important: Acts of self-harm can have different functions at different times!
Degree of damage is not always a reliable guide
Intention is the best way to tell

**AND:**
- The person can be ambivalent
- He/she may not be able to articulate their reasons
- Self-harm and attempted suicide are not always distinct.

**Err on the side of caution!**
The Paradox: Self Injury and Suicide

Self Injury often seen as a way to avoid suicide:
• As a means to cope with negative emotions
Is often linked to suicidal ideation, AND
Those who self injure are 9 times more likely to report suicide attempts
6 times more likely to report a plan and
7 times more likely to have made a low lethality suicide attempt.
Recent research on adolescents supports that current or historic self injury may be the highest predictive factor for future suicide risk!

The Relationship: Suicide Attempts & Self Injury

• Self Injury is associated with Suicide Attempt Risk when the following are present:
- Higher levels of suicidal ideation
- Severity of depression and anxiety
- Impulsivity is high
- Greater levels of negative affect
- Apathy & hopelessness
- Self-blame/lack of self-acceptance

Brausch & Gutierrez (2009); Muehlenkamp (2010)
When to get a Crisis Assessment

Any indication of suicidal ideation, intent or past suicidal behavior,

When self-injury is of an extreme or atypical presentation
- Requires medical attention
- Shows escalation in damage
Concern exists regarding co-occurring mental health conditions

**Resources for Help**

Statewide Crisis Hotline ............. **1-888-568-1112**
- During a crisis as a resource for assessment and referral
- Anytime you are worried about suicide risk
- As a resource for how to respond to a concern.
School Guidance and Social Work staff
Statewide Resource Line ........ 211
NAMI Helpline 1-800-464-5767

For More Information


The Prevention Researcher Vol. 17 #1, February 2010. This issue is focused on Adolescent Self-Injury

Contact Information

Greg A Marley, LCSW
Clinical Director
NAMI Maine
1-207-622-5767

gmarley@namimaine.org