UNDERSTANDING MORE ABOUT SELF-INJURIOUS BEHAVIOUR

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Trigger Warning

Self-harm is more common in women and 16.7% of females will self-harm at some point in their lives compared to a figure of 4.8% of men.

What is self-injurious behaviour?

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Either suicidal or non-suicidal

Not socially sanctioned

Deliberate self-harm (DSH) is self-injurious behaviour that includes both direct and indirect damage to an individual's body, independently of suicidal intention, uch as that caused by reckless behaviours, or psychological injury, such as that caused by self-criticism

Non-suicidal self-injury (NSSI) is a subcategory of self-injurious behaviour representing the direct, deliberate destruction of one's own body tissue in the absence of an intent to die

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Examples of self-injurious behaviours?

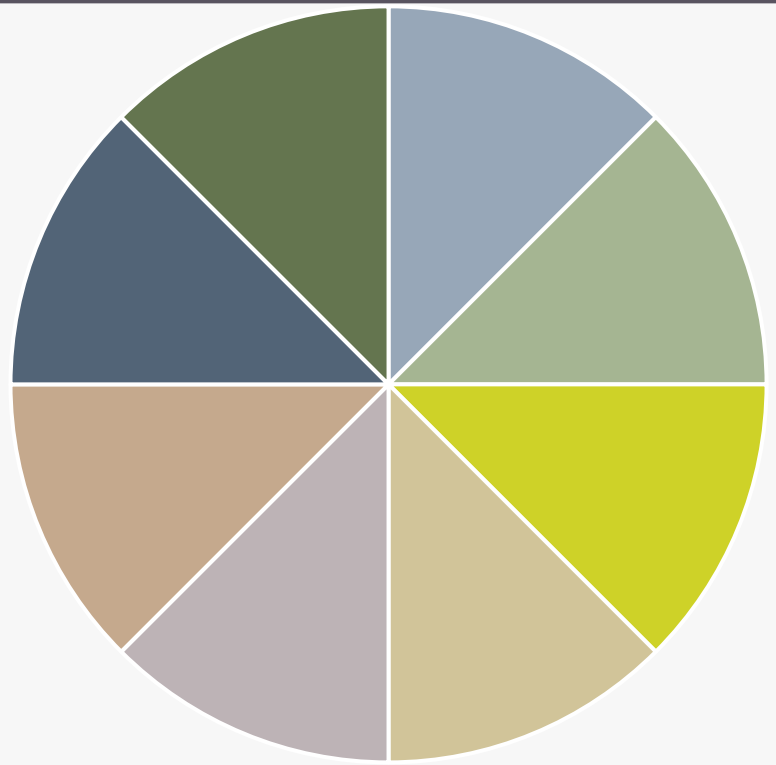
70% to 90% engage in skin cutting

21% to 44% engage in banging or hitting

15% to 35% use burning

interfering with wound healing

Who engages in self-injurious behaviour?



- Most prevalent in young adult and adolescent populations
- Individuals between the ages of 18 and 25 considered to be highest risk group for engagement in self-injurious behaviour

Why do people engage in self harm behaviour?

https://www.youtube.com/watch?v=rmLNnSlTd4o&rco=1

Why do people engage in self-injurious behaviour?

- self-injury is enacted to create boundaries between the self and others
- replace suicide
- stop or elicit dissociation
- externalize and control emotion to punish the self or protect others
- interpersonal influence
- control one’s sexuality

Development of Personality Disorders: Bio-Social Model

Emotional Vulnerability	Invalidating Environment
• High reactivity – easily triggered • High intensity - having an extreme response • Slow return to a calmer state	Teaches: • That they are usually wrong in their description and understanding of emotions, beliefs, or actions • That their experiences are due to socially unacceptable characteristics or traits

Why do people engage in self-injurious behaviour?

Functions of Non-suicidal Self-Injury

Reinforcement Type	Negative	Positive
Automatic	Decrease or eliminate aversive affective or cognitive state or states	Increase or generate desired affective or cognitive state or states
Social	Decrease or eliminate aversive social event or events	Increase or generate desired social event or events

Factors within Self Injurious Behaviour

DECREASED SOCIAL FUNCTIONING

INCREASED EMOTIONAL REACTIVITY

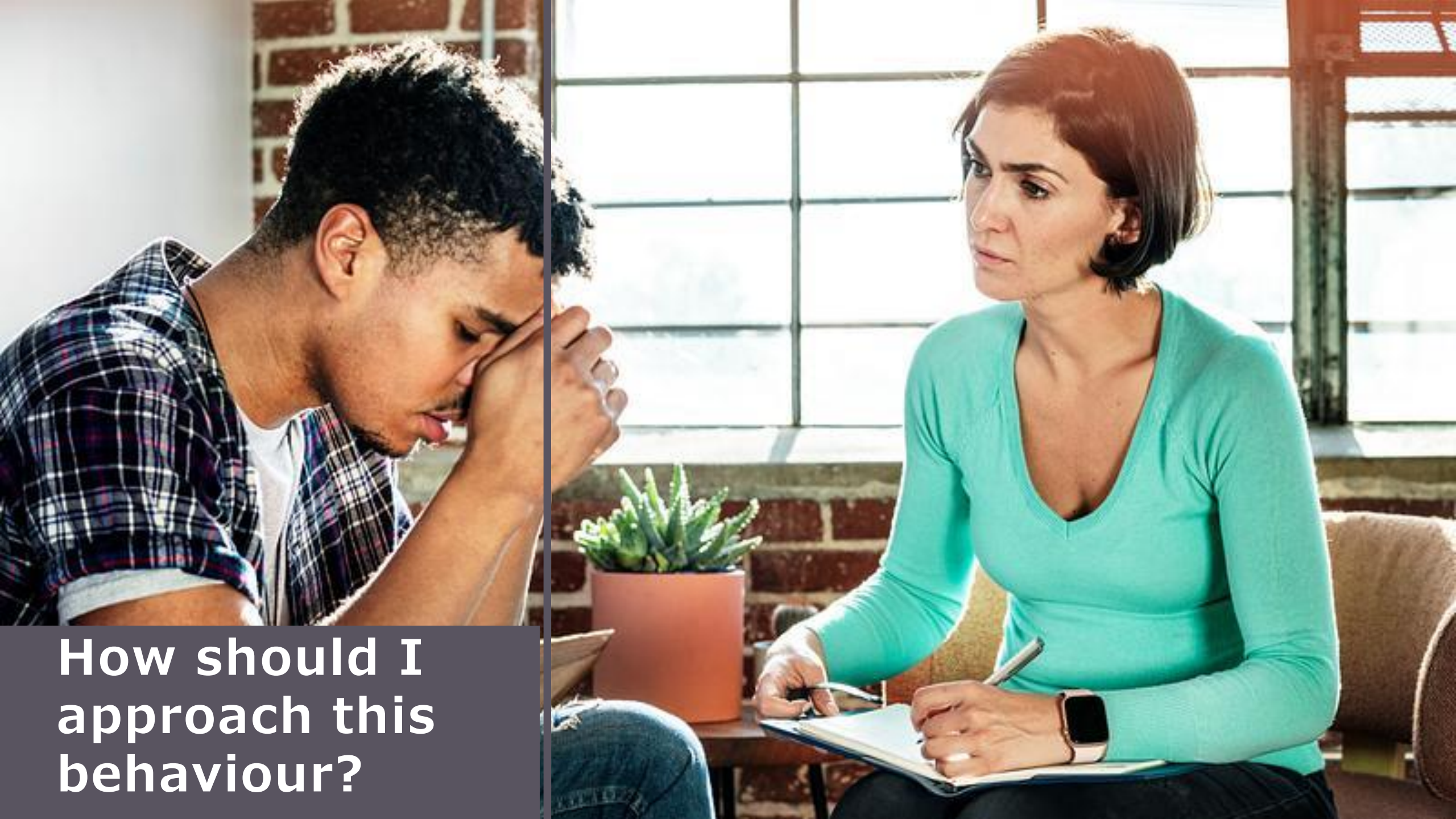
HISTORY OF TRAUMA

Trajectory of those who engage in self-injurious behaviour?

Without interventions, self-injurious behaviors tend to increase in severity

However prevalence of NSSI decreased from adolescence to young adulthood.

Unstable repetitive self-harm is not only a marker for future negative outcome, but also an independent risk factor



How should I approach this behaviour?

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Curiosity - Not making assumptions. Curious about others thoughts and feelings.

Do not use aversive treatment, punitive approaches frequent self-harm episodes.

Be aware and accept that the person may have a different view and this needs to be taken into account

Validating of the individuals experience

What is my responsibility?

Make referral to mental health professionals a priority when:

The person's levels of concern or distress are rising, high or sustained.

The frequency or degree of self-harm or suicidal intent is increasing.

The person providing assessment in primary care is concerned.

The person asks for further support from mental health services.

Levels of distress in family members or carers of children, young people and adults are rising, high or sustained, despite attempts to help.

Consider:

If appropriate, establish the means of self-harm and, if accessible to the person, discuss removing this with collaboration or negotiation, to keep the person safe OR

seek advice from a senior colleague or appropriate clinical mental support if necessary

seek consent to liaise with those involved in the person's care (incl. family members and carers), to gather information and to understand the context of and reasons for the self-harm

discuss with the person and their families or carers (as appropriate), their current support network, any safety plan or coping strategies.

Is there a link between self-injurious behaviour and suicidal risk?

Non Suicidal Self Injury and suicide attempt history does present risk for later suicide attempts

However, the behaviours most commonly associated with suicide (e.g., self-poisoning, shooting, hanging, drug overdose, strangulation and venesection) differ from the behaviours typically associated with Non Suicidal Self Injury (e.g., cutting, burning, carving, banging)

Any Questions?

Reading

Bentley, Nock & Barlow (2014) The Four-Function Model of Nonsuicidal Self-Injury: Key Directions for Future Research

Daukantaitė, Lundh, Wångby-Lundh, Claréus, Bjärehed, Zhou & Liljedahl (2020). What happens to young adults who have engaged in self-injurious behavior as adolescents? A 10-year follow-up

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Linehan M. Cognitive–behavioral treatment of borderline personality disorder. New York: Guilford Press; 1993.

Ribeiro et al (2015),Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: a meta-analysis of longitudinal studies.

Scenario: Acute management following an act of self-harm
Last revised in November 2023
https://cks.nice.org.uk/topics/self-harm/management/acute-management-following-an-act-of-self-harm

Self-harm: assessment, management and preventing recurrence
NICE guideline [NG225]Published: 07 September 2022