

Nonsuicidal Self-Injury and Risk for Suicidal Behaviour: Identifying Students Most at Risk in Schools

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What you need to know:

Nonsuicidal self-injury (NSSI) refers to intentional self-injurious behavior without suicidal intent, and includes behaviors such as self-cutting, burning, and hitting. NSSI is a widespread and significant mental health issue among school-aged youth and adolescents. Recently, there has been mounting concern among educators and school mental health practitioners that NSSI may be linked with suicidal behavior among some students. During the session, several recent research studies on the link between NSSI and suicidal behavior were summarized. It was found that across studies, NSSI was associated with increased suicidal risk among students. However, some students were more at risk for suicidal behavior than other students. Students at high risk for suicidal behavior differed from low risk students by more frequent NSSI (i.e., more than 10 lifetime episodes), more methods of NSSI (two or more), more recent NSSI engagement, and motivations for self-injuring. These findings provide school mental health practitioners with specific NSSI characteristics which can be used to help discern suicidal risk among students who engage in NSSI.

What is the issue?

Although students who engage in NSSI do not intend to end their own life, there is accumulating evidence that NSSI may increase risk for suicidal behavior over time. However, most students who engage in NSSI do not ever attempt suicide. At present, it is unclear which students who engage in NSSI may be most likely to make a suicidal attempt. The goal of Dr. Hamza's research is to assist school-based mental health practitioners in identifying students at high risk for suicidal behaviour.

Why is this important?

NSSI is a widely occurring mental health concern among school-aged youth and adolescents. As many as 7-10% of elementary school students and as many as 20-30% of secondary school students engage in NSSI. Moreover, NSSI most often has its onset in early adolescence, making the secondary school years an especially important period for intervention. Despite the widespread prevalence of NSSI, educators and school mental health practitioners often report a lack of understanding of the behavior, or an awareness of how to best to respond to NSSI in schools. In particular, there are concerns that NSSI may be linked to suicidal behavior (e.g., making a suicidal attempt), and school-based mental health practitioners have struggled to identify and differentiate low risk students from high risk students on the basis of their NSSI engagement. To ensure appropriate care planning and intervention, however, being able to identify at risk students is critically important. Establishing guidelines around assessing NSSI behaviors among students will serve to avoid misallocating resources in schools and inappropriate referrals (e.g., to an emergency room), as well as facilitate the timely identification and provision of resources for those students most at risk for suicidal behaviour.

What did the researchers do?

Responses collected from a large scale longitudinal research project of late adolescents/emerging adults were examined to identify students engaging in NSSI most at risk for suicidal behavior. As part of the project, students answered survey questions about their self-injurious behaviors each year for several years in succession. In particular, students answered questions about several characteristics of their NSSI (e.g., frequency, methods of NSSI, duration of NSSI, etc.) as well as thoughts about suicidal behavior (i.e., suicidal ideation), and past suicidal attempts. Then, NSSI characteristics associated with heightened risk for suicidal thoughts and behaviors were identified by researchers.

What did the researchers find?

Consistent with mounting evidence, it was found that that NSSI was associated with increased thoughts about suicide and suicidal behavior over time. Risk for suicidal behavior, however, varied greatly among students depending on their NSSI history. More specifically, students who engaged in frequent NSSI (i.e., more than 10 lifetime episodes), multiple methods of NSSI (2 or more types of NSSI), current NSSI (within the past year), and students who engaged in NSSI to self-punish were at heightened risk for suicidal behavior. Risk was also higher when students who reported experiencing high levels of distress (e.g., depressive symptoms), in addition to NSSI.

How can you use this research?

These findings provide school mental health practitioners with specific guidelines to identify students who engage in NSSI, but may also be at risk for suicidal behavior. More specifically, these findings suggest that frequency engagement in NSSI (more than 10 lifetime episodes), multiple methods of NSSI (more than 2 types), current engagement (engagement within the past year), and engaging in NSSI to self-punish, should be used as indices of suicidal risk among students who engage in NSSI. Increasing school mental health practitioners understanding of when NSSI may be linked to suicidal behavior, will lead to more informed decisions around student risk and resource allocation/care planning for students who self-injure. Moreover, being able to identify and target at risk students early, will also serve to prevent suicidal behavior among students, and protect students from poor long term mental health outcomes (e.g., death by suicide). To ensure that students who are self-injuring receive a thorough risk assessment of their self-injurious behaviors in a timely manner, schools should develop a school-based policy around responding to NSSI in schools. In particular, this policy should ensure that students who self-injure are referred to a designated mental health practitioner, with training and expertise in NSSI, who can assess the student's risk, and develop an appropriate care plan with the student.

Additional Resources:

Self-Injury Outreach and Support: <http://sioutreach.org/>

Nonsuicidal Self-Injury in Schools: Developing and Implementing a School Protocol:
<http://www.selfinjury.bctr.cornell.edu/perch/resources/non-suicidal-self-injury-in-schools.pdf>

Distraction techniques and alternative coping strategies:

<http://www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-6.pdf>

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About the Author:

Dr. Chloe Hamza is an Assistant Professor in the Department of Applied Psychology and Human Development at the Ontario Institute for Studies in Education (OISE) at the University of Toronto. Prior to starting at OISE, she completed a CIHR-funded Postdoctoral Fellowship in the Centre for School Mental Health at Western University, and was a recipient of the Vanier Canada Graduate Scholarship as a doctoral student in Lifespan Development Psychology at Brock University. Dr. Hamza's research focuses on identifying risk and protective factors that predict stability and change in mental health and well-being among students (from elementary through to post-secondary school). In particular, Dr. Hamza has strong interests in the development of self-injurious behaviors among students, including nonsuicidal self-injury (e.g., self-cutting) and suicidal behavior, and understanding the link between these two forms of self-injury. Her research also focuses on facilitating the early detection of at risk individuals, as well as developing mental health assessments which facilitate a coordinated approach to self-injury assessment and intervention. Her research has been published in peer-reviewed journals such as *Clinical Psychology Review, Journal of Youth and Adolescence, and Journal of Abnormal Psychology*.

Keywords:

Self-injurious behavior; nonsuicidal self-injury; suicidal behavior; mental health; school protocol; assessment