Youth Wellbeing Study
2012 – 2017
Adolescent Self-Injury

hrc Health Research Council of New Zealand

Non-Suicidal Self-Injury (NSSI) is…

"…the **deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned.** It is also sometimes referred to as self-injurious behavior, non-suicidal self-directed violence, self-harm, or deliberate self-harm (although some of these terms, such as self harm, do not differentiate non-suicidal from suicidal intent)."

"As such, **NSSI is distinguished from suicidal behaviors involving an intent to die, drug overdoses, and socially-sanctioned behaviors performed for display or aesthetic purposes (e.g., piercings, tattoos)**. Although cutting is one of the most well-known NSSI behaviors, it can take many forms including but not limited to burning, scratching, self-bruising or breaking bones if undertaken with intent to injure oneself. Resulting injuries may be mild, moderate, or severe."

(from the International Society for Study of Self-injury, 2007)

Prevalence…

ED PRESENTATIONS:

2,087 ED presentations across 4 regions over 12 months[1]

PATIENTS:

48% of adolescents CAMHS clients reported SH at initial assessment[3]

COMMUNITY ADULTS:

24% - Lifetime prevalence[2]

COMMUNITY ADOLESCENTS:

20% of 9,000 secondary students reported SH in previous year[4]

20% of 1,700 secondary students reported SH in past 5 years[5]

1. Hatcher et al., 2009.
2. Nada-Raja et al., 2004.
3. Fortune et al., 2005.
4. Fortune et al., 2010.
5. Pryor & Jose, 02/04 to 09/09.

Prevalence…

Garisch & Wilson (2010, 2015)

Sample	N	Measure	# items	Lifetime Prevalence
1. 100-level PSYC students	285	Sansone et al's (1998) SHI	22	78.9%/54.9% †
2. 16-18 year-old School students	325	De Leo & Heller (2004)	1	14.8%
3. 16-18 year-old School students	1,162	Lundh et al's (2007) DSHI	14	48.7%
4. 100-level PSYC students	593	Lundh et al's (2007) DSHI	14	43.7%
5. 100-level PSYC students	722	Lundh et al's (2007) DSHI	7	39.7%‡

† r=.40 with suicidal behaviour
‡ correlates .79 with the full 14-item DSHI

Why?

Qualitative interview – the experience of young people & help-seeking

*"..usually its like there's a wall…on your right say there's (*self-injury*) ….And then on the left, there's the goal of happiness, contentedness and there's this big fat wall made of spikes – and so its like trying to reach out to that person, saying please help me is quite hard…"*

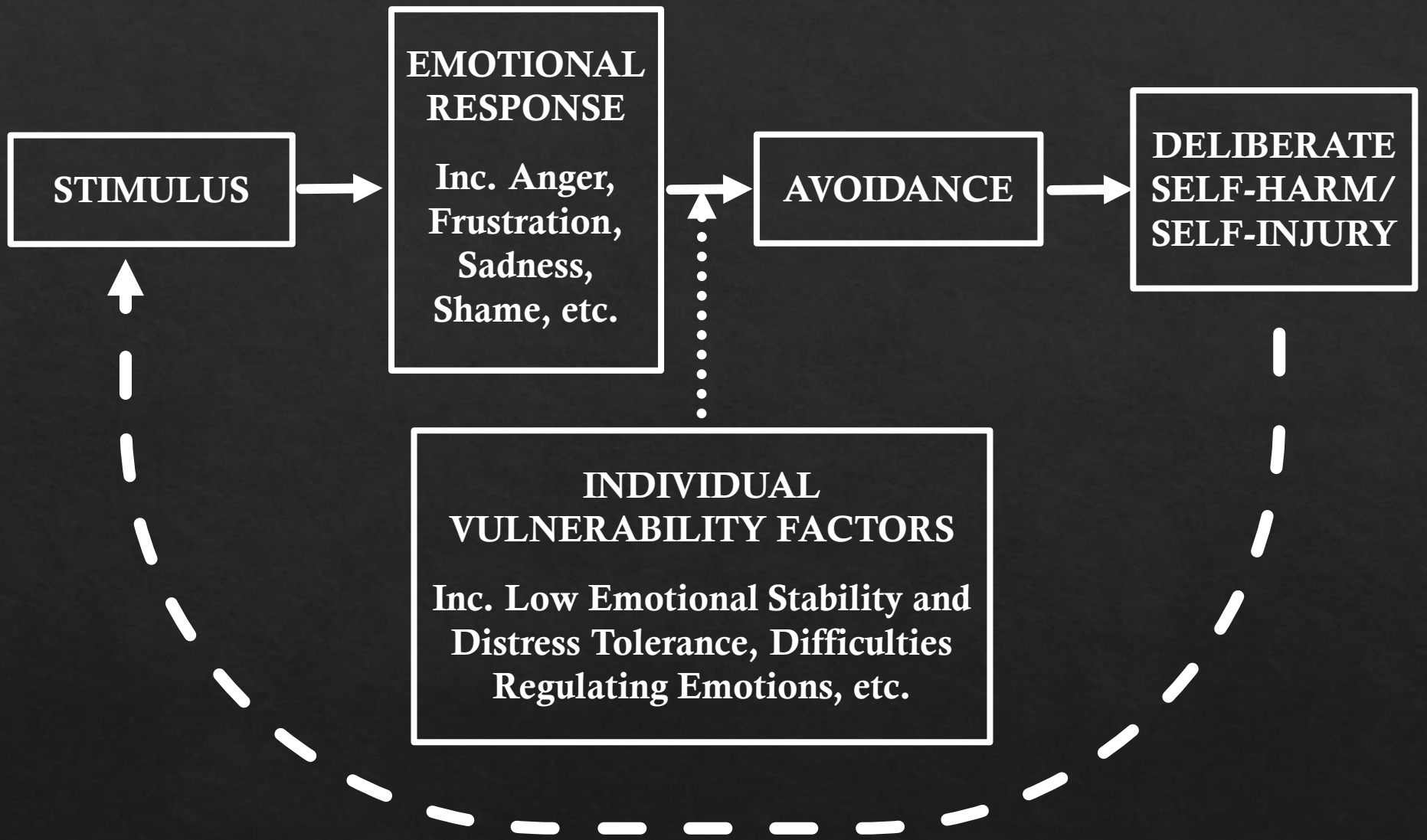
"It's often because they can't talk to people, they can't form the words to say help me"

"…the stigma around getting help…cause like if you're not a happy-go-lucky kid, person, at school its like whoa what's wrong with you?"

"…it's something that people hide…could be embarrassed by, and, fear of that judgement of being looked down upon as…being attention-seeking, is why people don't share it."

"Well, sometimes at school people will like go around (self-harming) … and it doesn't get the response that they would want I guess cos they're basically asking for help and people just get annoyed and …I don't think people, believed that it was serious…they thought it was just attention-seeking"

"Accepting…just calm and accepting, as soon as you make them feel like outcasts…they won't even talk to you the same, as how they approached you"



The Experiential Avoidance Model (EAM; adapted from Chapman and colleagues, 2006) as a framework for understanding self-injury.

KEI TE PEHEA KOE?

HOW'S IT GOING?

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2012 - 2016

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https://youthwellbeingstudy.wordpress.com/

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WHAT IS SELF INJURY?

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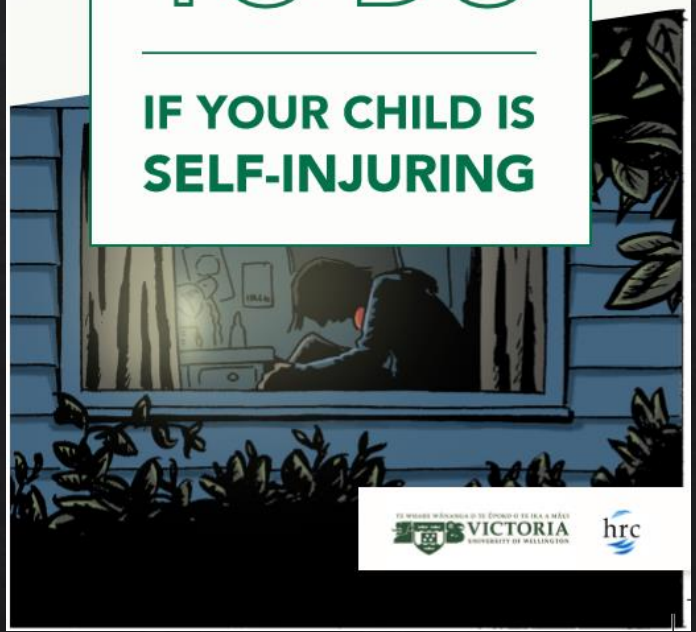
WHAT TO DO

IF YOUR CHILD IS SELF-INJURING



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A CHOICE

Life has ups and downs.
These are different for everybody, but in those ups and downs, you always have choices.

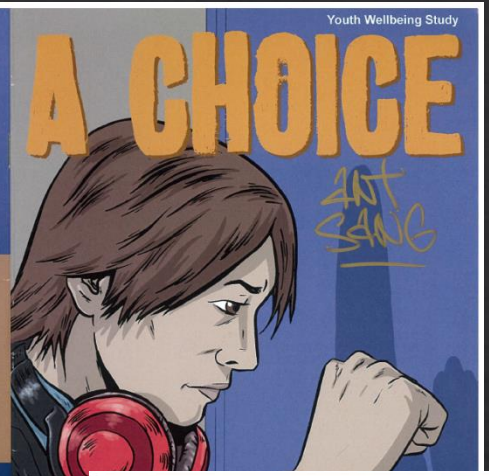
This story explores A Choice.

Need Help?
It may not be a guidance counsellor at your school, you can talk to anyone you trust. Or these numbers might help.

Youthline – 0800 376 633
The Low Down – text 5626
Lifeline – 0800 543 354
Suicide Prevention Helpline – 0508 828 865

Credits
Illustrated by Ant Sang
Written by Cameron Felix, Matt Kan, Jarren Skellon & Yang Xiao
Project Coordinators – Emma Brown & John Irving
Special thanks to Linda Eastman and Onslow College for their coordination

Youth Wellbeing Study



A CHANGE

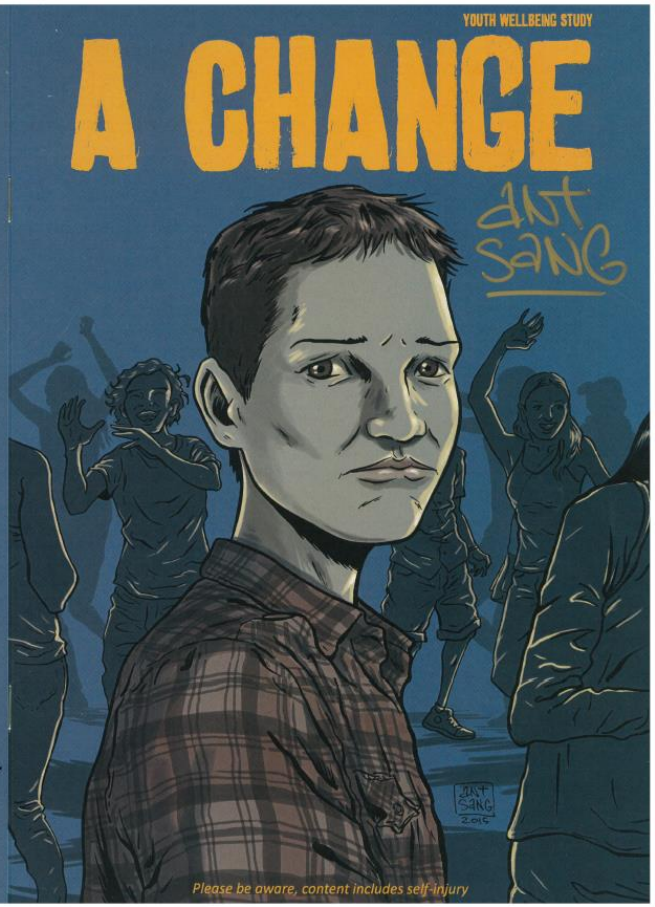
A Change tells the story of Ash, a young person who struggles with self-injury (hurting yourself on purpose). Ash navigates through the experience of being misunderstood, judged and stereotyped, and the barriers created around seeking help (all common themes for those who self-injure).

This comic highlights the importance of 'just being there' for people who struggle with self-injury, not trying to 'fix' the problem; but rather offering support, distraction and friendship without judgement.

Where to go for help?
Your family doctor can help you find support.
Alternatively, you can contact Youthline (free and confidential)
on 0800 376 633
or talk@youthline.co.nz
or free text 234

For further information about self-injury please visit our website on
www.victoria.ac.nz/psyc/research/youth-and-wellbeing-study
or Google 'Youth Wellbeing Study'.

YOUTH WELLBEING STUDY



- Longitudinal survey with secondary school students.
  - About 1,000 young folk each year (starting at our Year 9 ~13 years old)
- Non-Suicidal Self-injury
  - DSHI (but also the SBQ)
- Primarily investigating
  - Risk and protective factors for the development of non-suicidal self-injury (e.g., ERICA, IPPA, BIS, FMPS, Ch-EAT26, DASS, RSE, Resilience, sexuality, connectedness, friends' NSSI, NSSI identity, etc)

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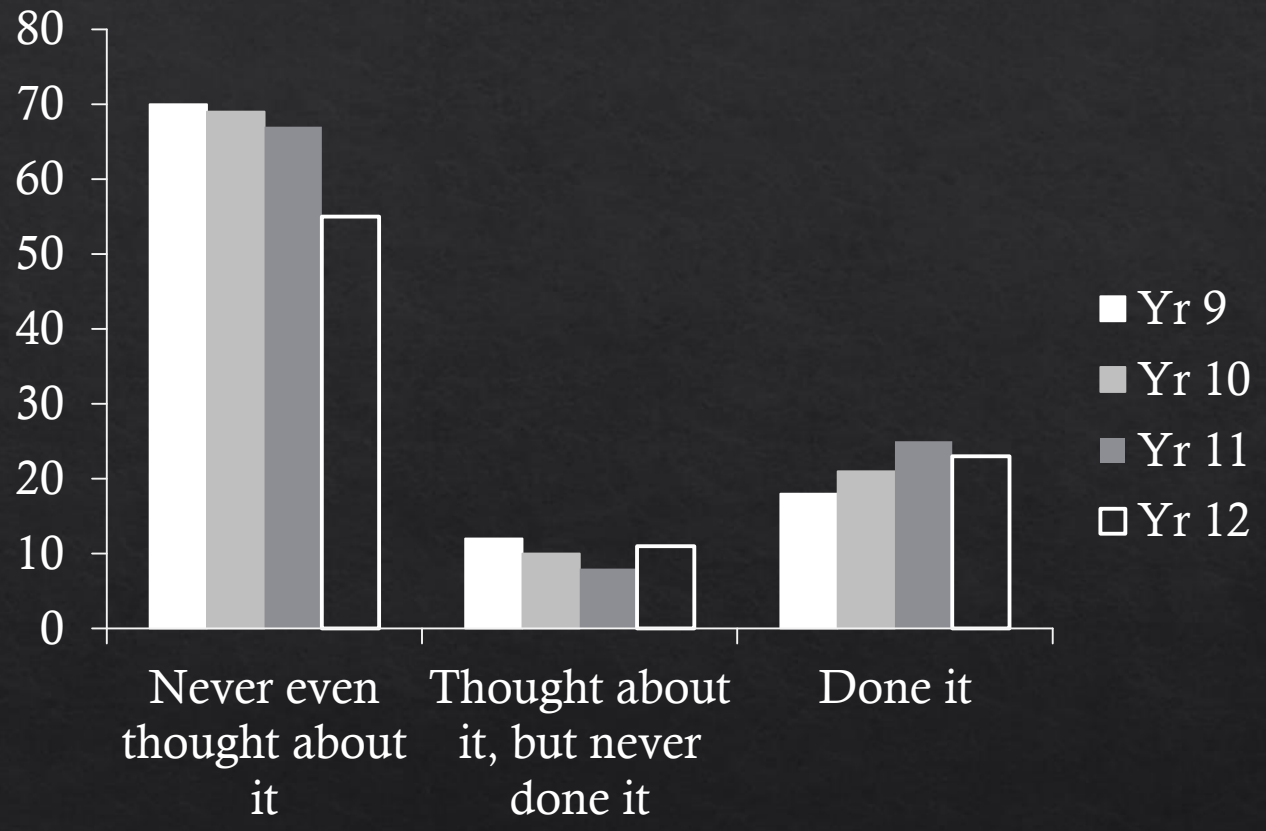
88 kilograms

6125…
Or 213 kilograms

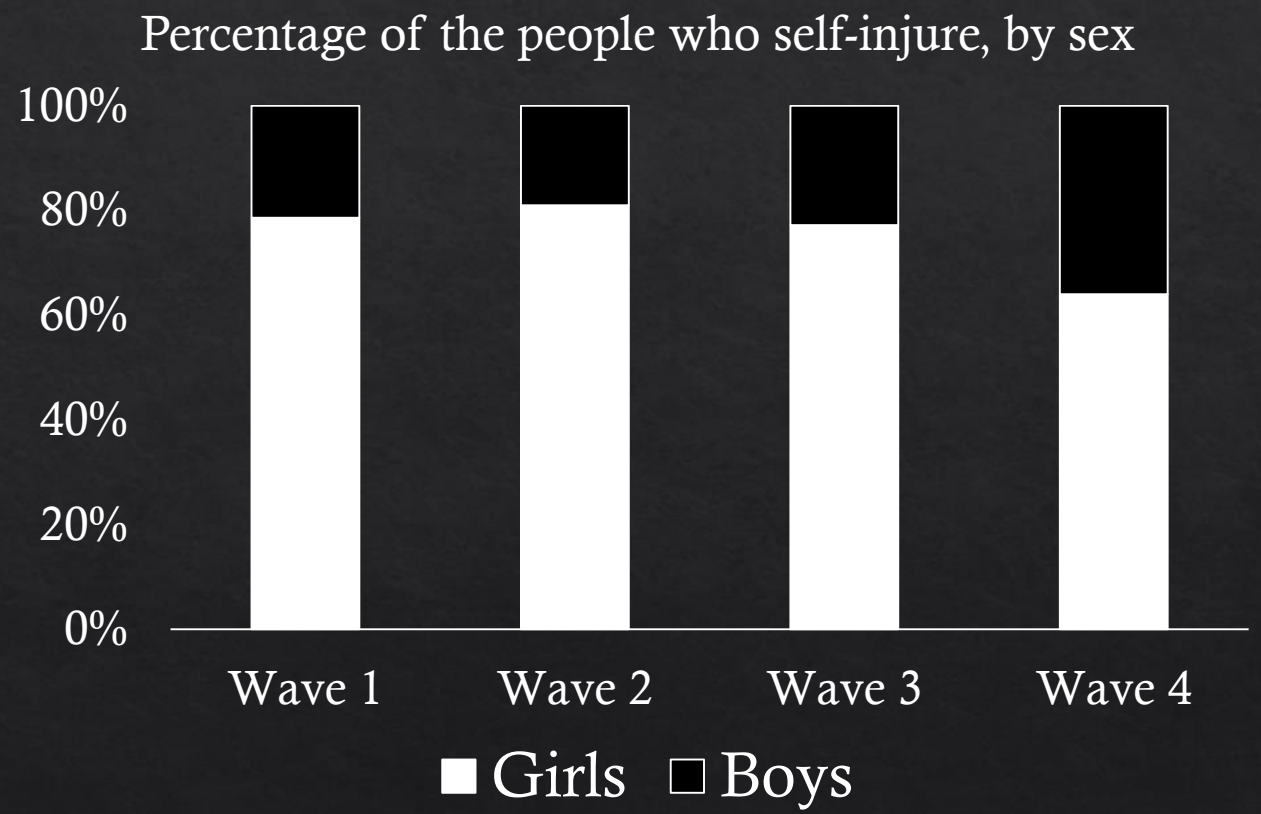
6688, or…
159 kilograms

Prevalence

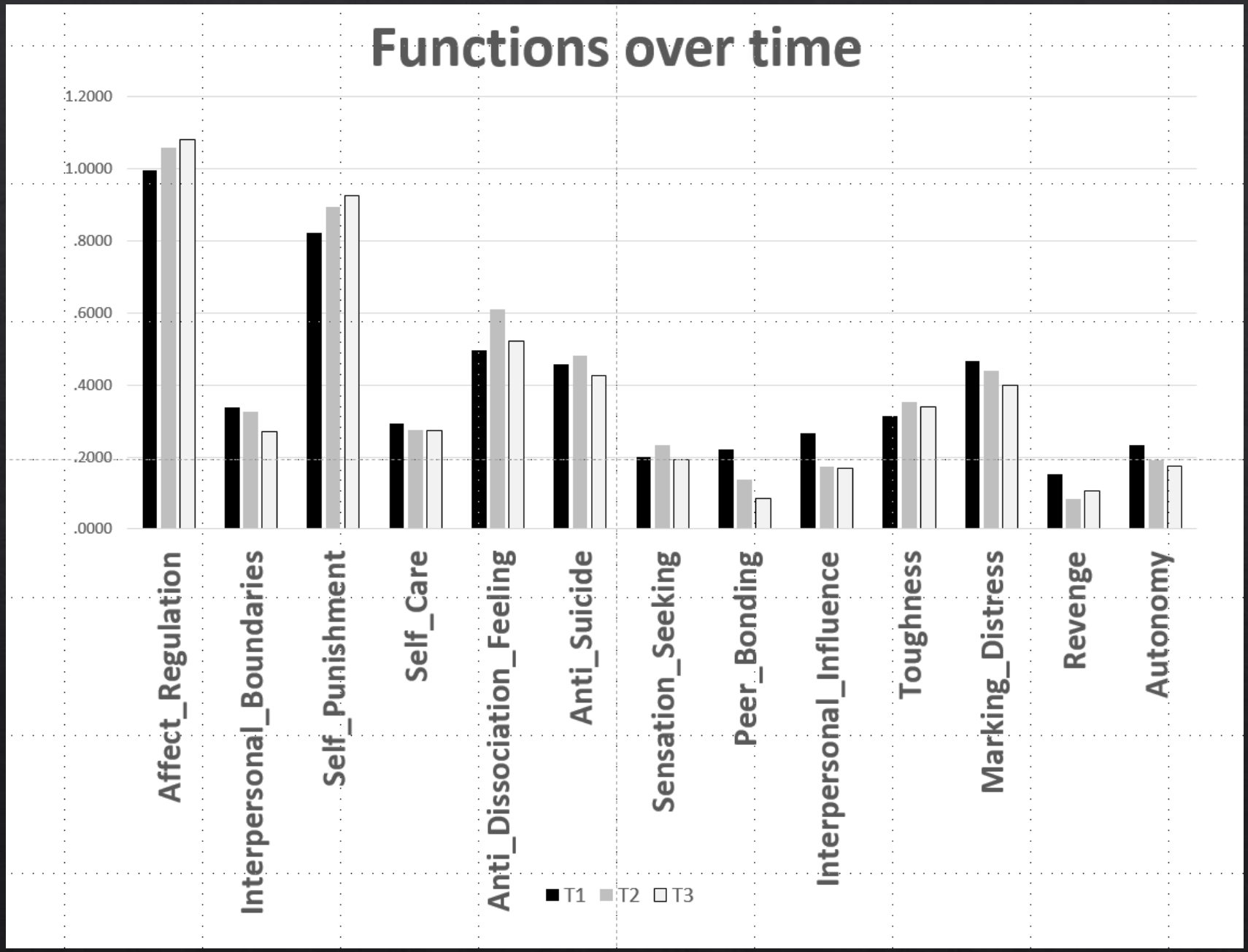


22% of those who hurt themselves have done so seriously enough to require medical attention

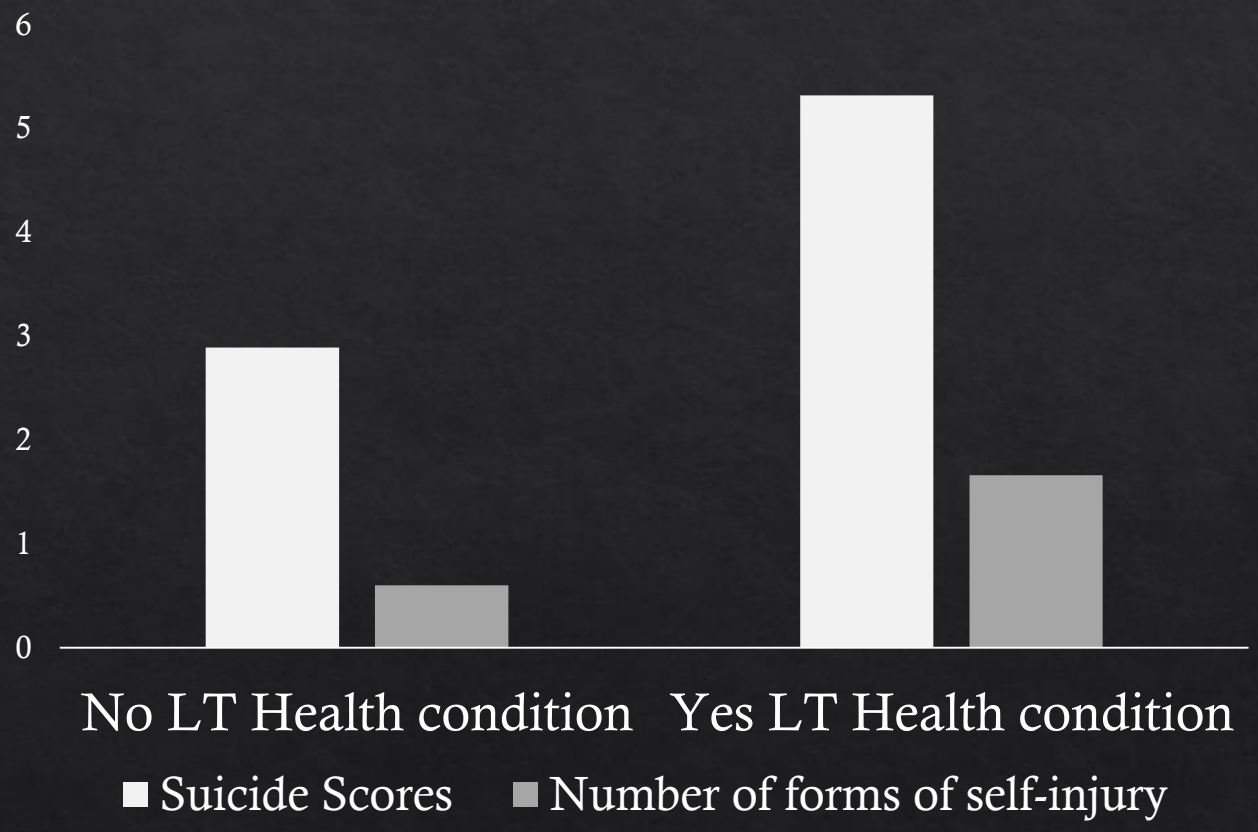
Boys or girls?



Rangatahi Māori were NO more likely to self-injure than Pākehā at any time point

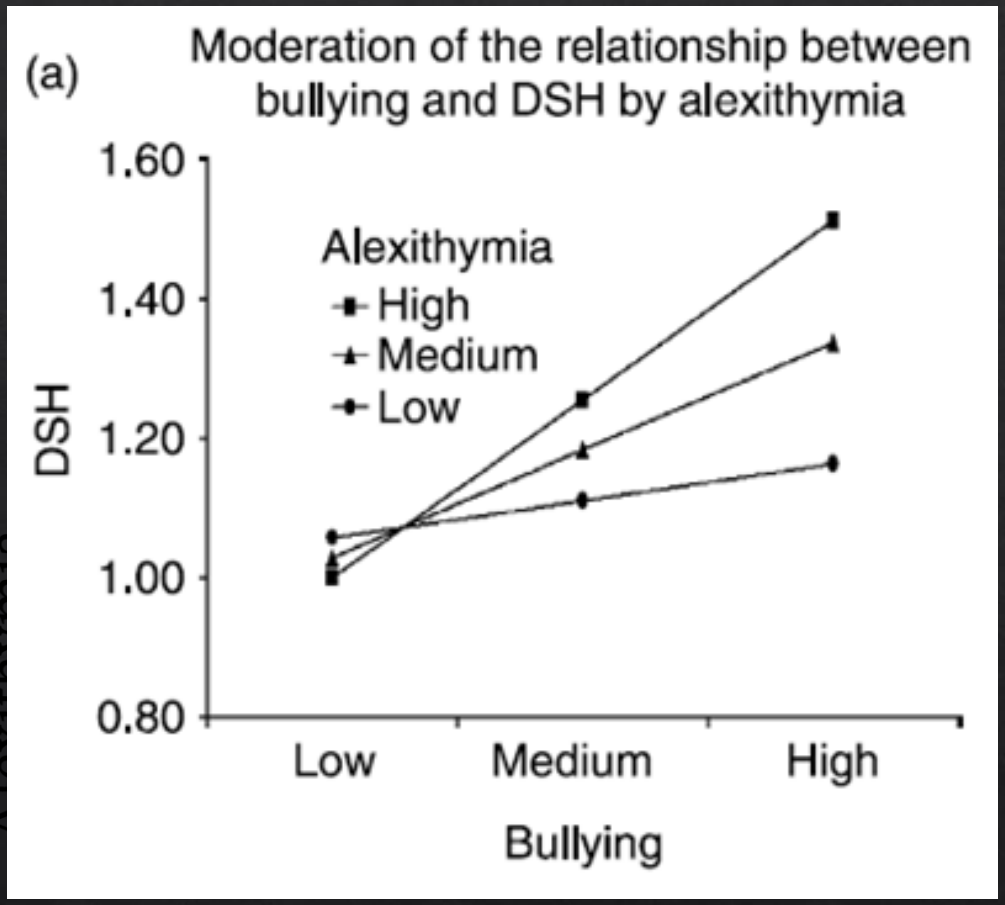

Functions over time
1.2000
1.0000
.8000
.6000
.4000
.2000
.0000
Affect_Regulation
Interpersonal_Boundaries
Self_Punishment
Self_Care
Anti_Dissociation_Feeling
Anti_Suicide
Sensation_Seeking
Peer_Bonding
Interpersonal_Influence
Toughness
Marking_Distress
Revenge
Autonomy
T1
T2
T3

Health Status?



Age of onset?

The importance of Alexithymia



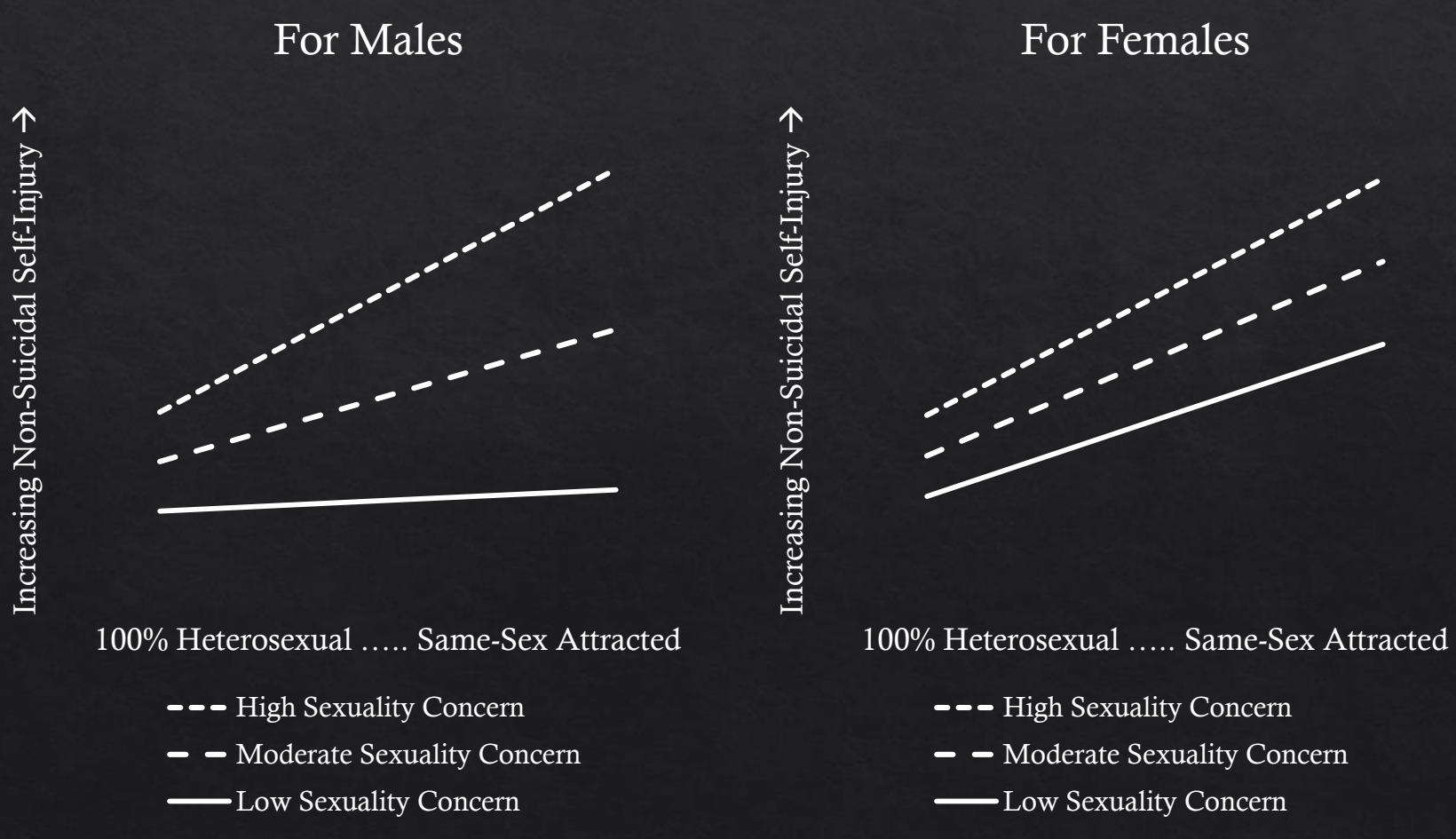
‘Alexithymia’ is a term for difficulties with identifying, describing, understanding and dealing with one’s emotions.

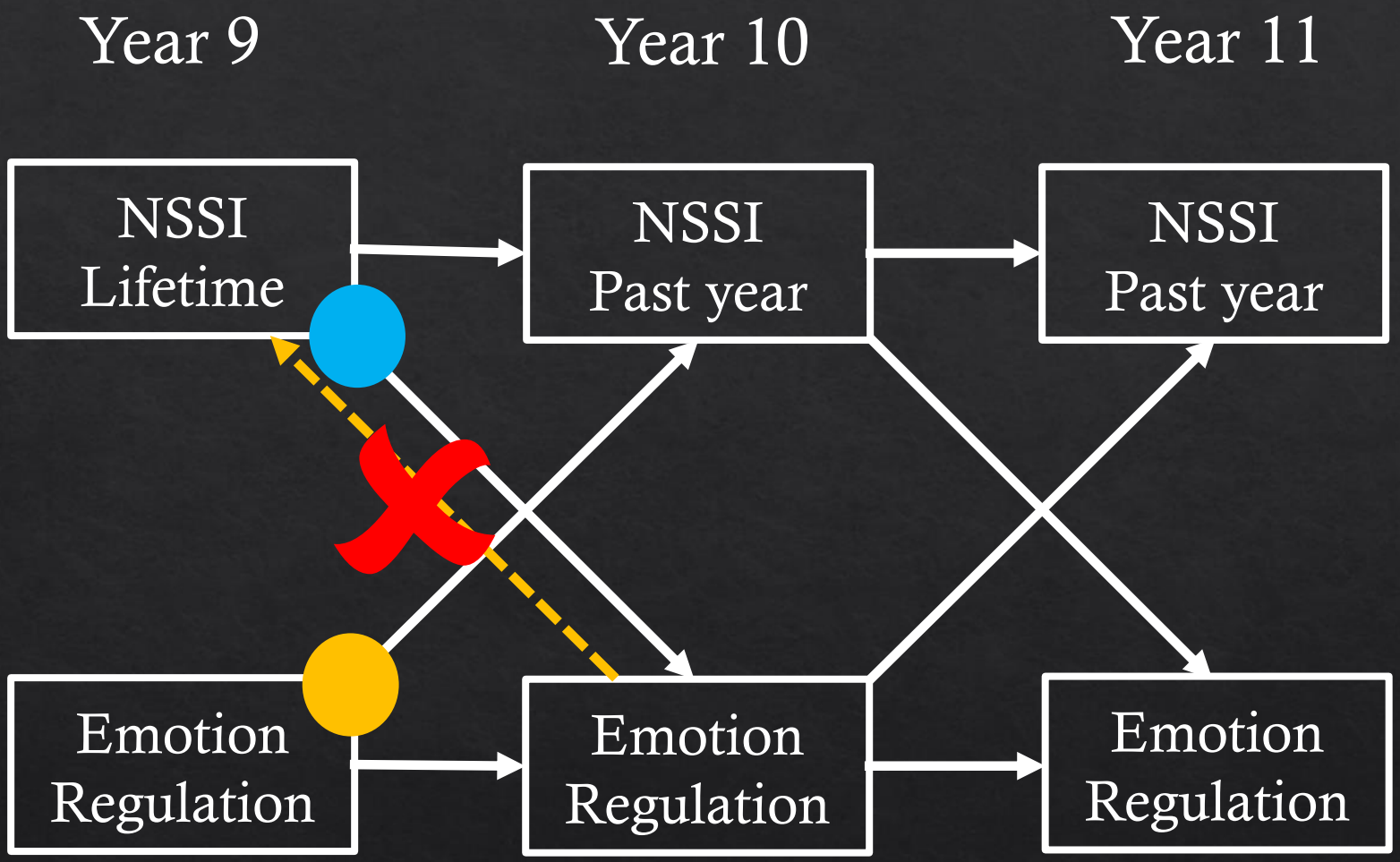
Self-injury is most likely when…

…one is experiencing bullying AND one has difficulties with emotional understanding

Sexuality and Sexuality concerns

Non-heterosexual participants reported more self-injury but, for males, this was only the case for those who worried about sexuality.

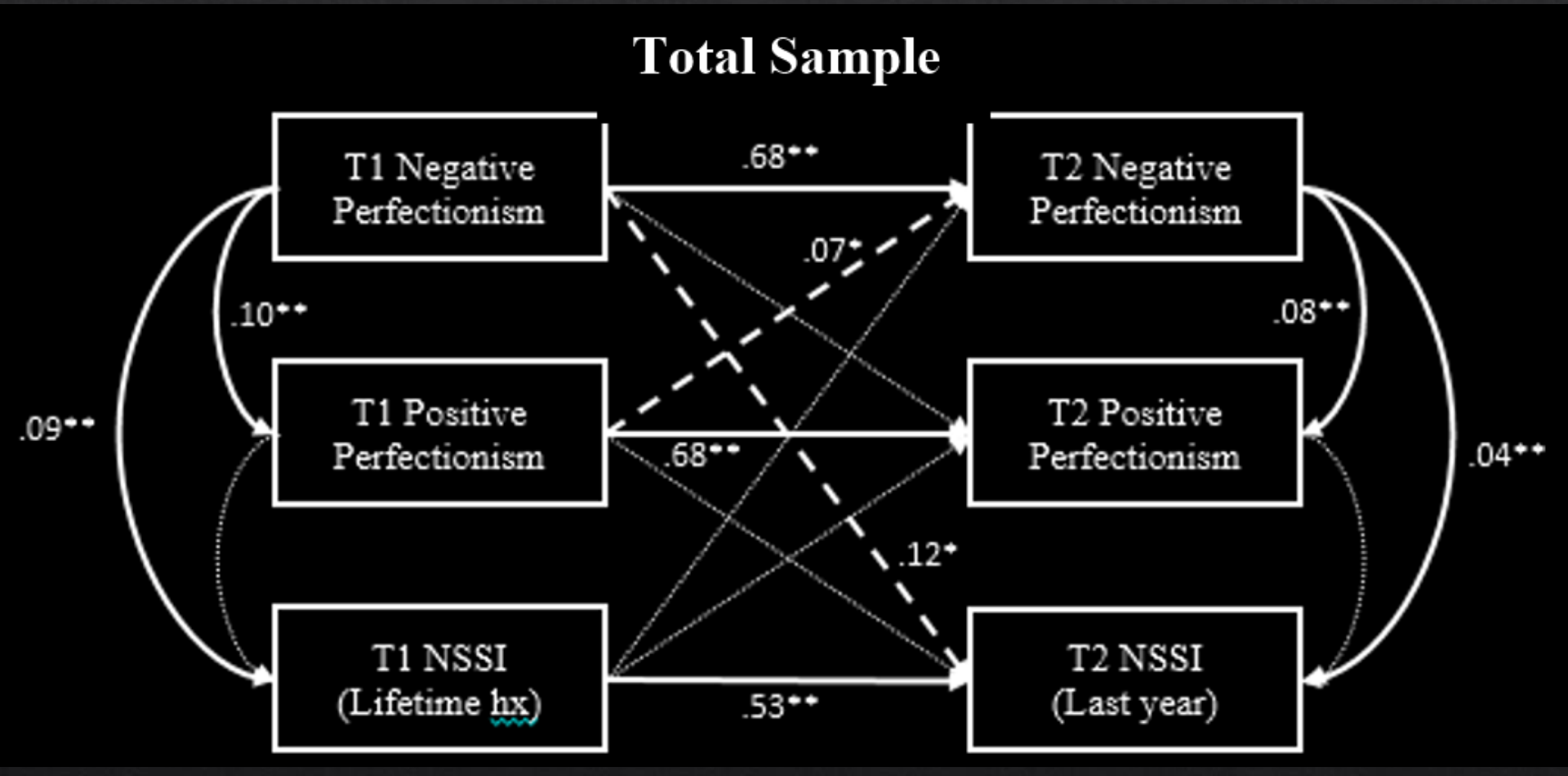


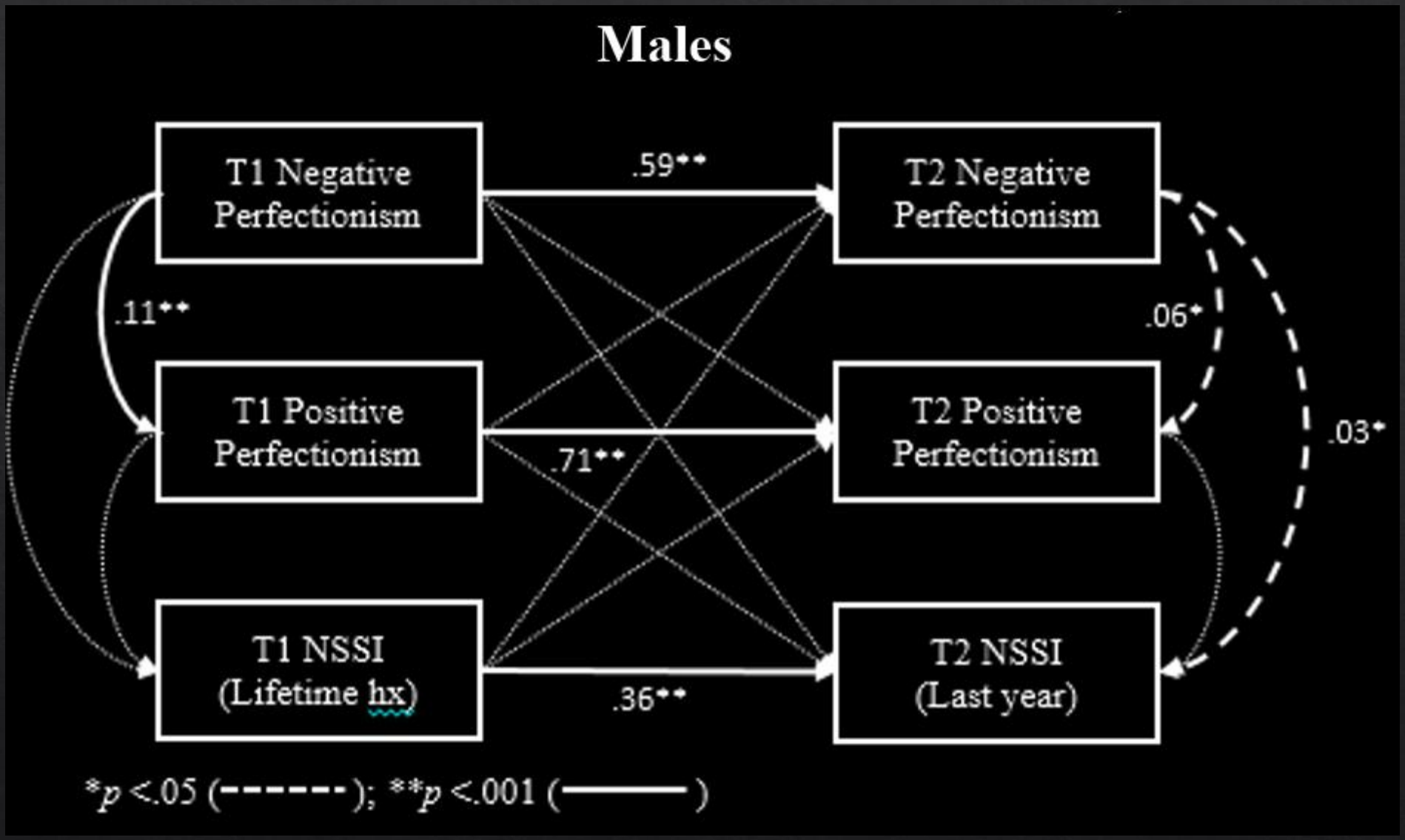

Year 9
Year 10
Year 11
NSSI Lifetime
NSSI Past year
NSSI Past year
Emotion Regulation
Emotion Regulation
Emotion Regulation

Perfectionism…

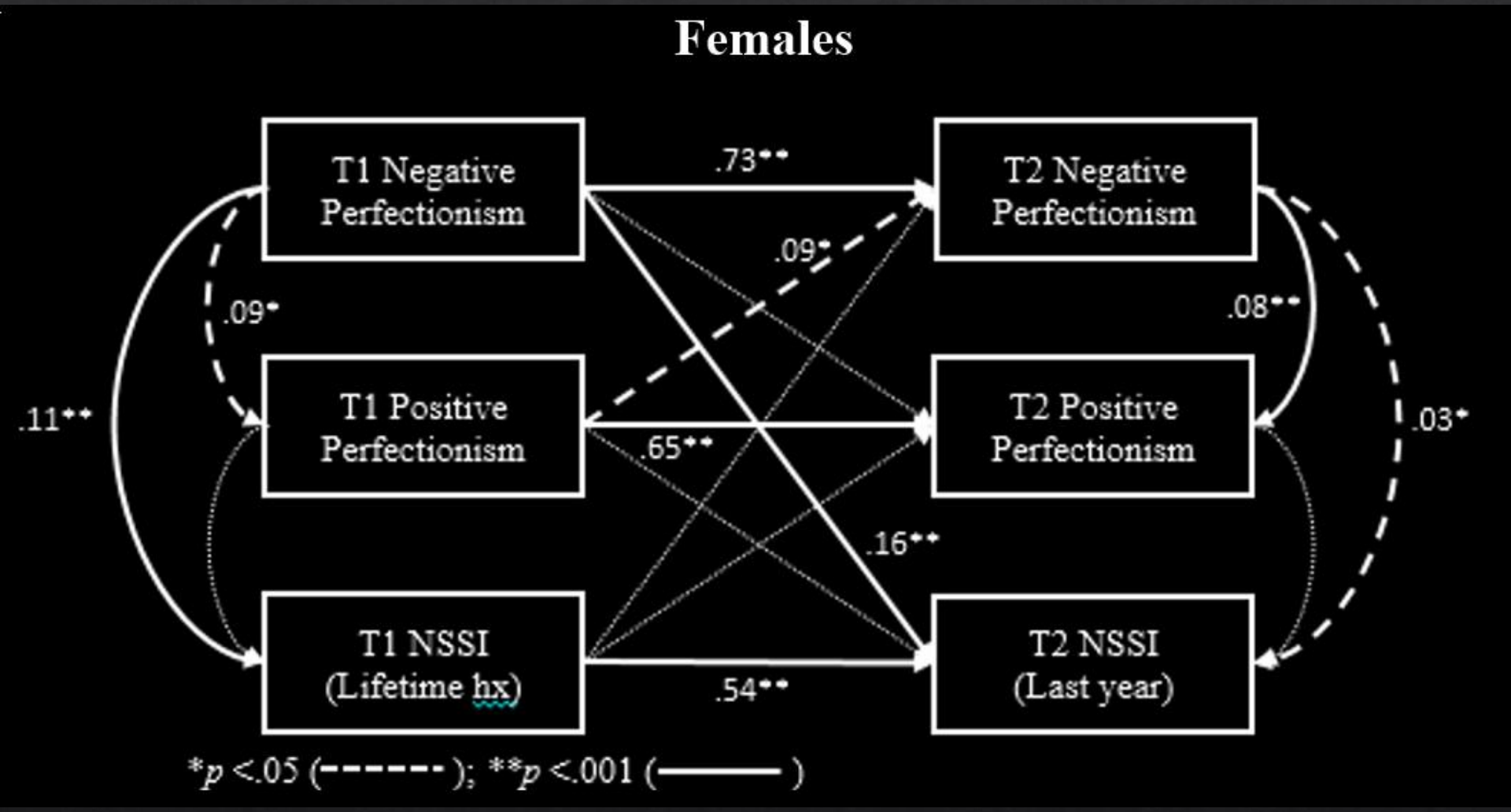
- ‘Negative’ perfectionism predicts future NSSI
- ‘Positive’ perfectionism predicts future negative perfectionism

But…




Males
T1 Negative Perfectionism
T1 Positive Perfectionism
T1 NSSI (Lifetime hx)
T2 Negative Perfectionism
T2 Positive Perfectionism
T2 NSSI (Last year)
.59**
.11**
.71**
.36**
.06*
.03*
*p <.05 (------); **p <.001 (——)

Females


T1 Negative Perfectionism
T1 Positive Perfectionism
T1 NSSI (Lifetime hx)
T2 Negative Perfectionism
T2 Positive Perfectionism
T2 NSSI (Last year)
.73**
.09*
.09*
.08**
.11**
.03*
.65**
.16**
.54**
*p <.05 (------); **p <.001 (———)

Responding to self-injury

From Hasking et al (2016):

Responding effectively

School mental health professionals commonly believe that the first step to respond to NSSI within the school is to accurately identify or detect students' self-injury. However, identification poses significant challenges if the youth does not self-identify, and students most commonly choose to hide evidence of their self-injury. Consequently, efforts to identify or confirm the behavior's presence needs to be managed with tremendous sensitivity as students may find these efforts intrusive and humiliating. Thus, although it is often recommended that professionals be aware of possible 'signs' of NSSI such as: (a) unexplained cuts, burns, and/or bruising; (b) inappropriate dress for season and/or avoidance of activities that require the removal of clothing (e.g. swimming, gym); (c) school work with a focus on NSSI (e.g. poetry, art, stories), it is important to be aware that there is no single sign of NSSI. In addition, many of these examples will not be obvious until the youth is ready to seek help.

From Hasking et al (2016):

Rather, the focus should be on the difficulties underlying the self-injury. Specifically, a *respectful curiosity* is recommended (Kettlewell, 1999; Walsh, 2012); this involves conveying a genuine interest in wanting to understand what is behind the young person's self-injury (e.g. can you help me understand about your self-injury?). Presuming that a young person will simply 'outgrow' the behavior, that they should 'just stop', or that it can be written off as 'attention seeking' are all unhelpful.

From Hasking et al (2016):

1. Roles and responsibilities
2. Risk assessment
3. Referral
4. Caregiver notification/ involvement
5. Managing social contagion

Table 1. Key elements in school protocol.

1. Roles and responsibilities
   - Outline the roles and responsibilities of all staff in the school for detecting and responding to NSSI.
   - Establishing a point person and/or team (self-injury team, SIT) with training in NSSI to coordinate all aspects of the case management for students who disclose NSSI, including school wide staff education about NSSI.
   - The SIT communicates to all school staff the need to refer to the SIT when staff member has reason to believe a student is engaging in NSSI. The importance of referring directly to the SIT and maintaining confidentiality otherwise is emphasized.
   - The SIT is responsible for providing follow up, within the constraints of confidentiality, to the first responder staff member following a referral to the SIT informing them that the student was provided with appropriate follow up.
   - The SIT should be available to staff following an interaction that resulted in the staff having intense feelings or reactions. Referral for the staff as needed should be available.
2. Risk assessment
   - The appropriate SIT member conducts an initial risk assessment, to identify possible suicide risk.
   - Based on risk assessment the SIT must determine the next step. At one end of the continuum, with high risk students who may be an imminent risk to themselves, an immediate referral to hospital may be needed. On the other end of the continuum, for a low risk student who may have a few incidents of superficial self-injury, the student could be provided with follow up within the school to explore healthier alternative coping strategies and monitor possible changes in the behavior.
3. Referral
   - The SIT should make the appropriate referral as needed based on the risk assessment and with the involvement of the parent/guardian where appropriate.
   - The SIT should develop and maintain a list of potential referral options for different common risk profiles, and socio-economic levels.
4. Parent/guardian notification/involvement
   - Legal regulations regarding student confidentiality/parent notification vary substantially from place to place, therefore it is imperative that the school protocol recommendations around parent notification be developed with explicit reference to local regulations.
   - However, wherever possible it is beneficial if the SIT is able to work with the student to involve parent/guardians as they can be invaluable in providing ongoing support.
   - When parent/guardians are involved the SIT should be sure to share information and resources about NSSI with them and provide early support.
5. Managing social contagion
   - School communication about self-injury should be handled with care and focus on the larger context of unhealthy coping behaviors, with an emphasis on enhancing healthy coping. Talks or materials focusing exclusively on self-injury should be avoided
   - Peer communication about self-injury should be guided but not banned, being explicitly clear that it is out of concern for others who may be triggered by explicit detail.
   - Students should be asked to cover wounds wherever possible, again with the explicit emphasis on the need to support others who may be struggling with recovery and the potential for triggering them.

Whitlock et al., (2018):

Helping caregivers understand what to expect

Caregivers are likely to have an array of concerns (e.g., about safety, how to talk about NSSI) and expectations about their youth's recovery trajectory (e.g., believing recovery is linear) (Whitlock et al., 2017). School personnel can help caregivers understand the recovery process. For many youth, NSSI is a behavior that is not easy to stop (Kelada, Hasking, Melvin, Whitlock, & Baetens, 2016; Whitlock et al., 2015) and is often non-linear, so setbacks are common and caregivers need to know that recovery may take some time. School personnel can say something like:

> It may be helpful for you to know that, because self-injury can work so well for some people, it can take time and practice to stop. If it's your child's primary way of managing difficult emotion, then they are going to have to learn new skills. They are also going to have to learn how to be more comfortable with uncomfortable emotions. Even once they have really started to work on this, it is likely that they will have some setbacks along the way. I am hoping that understanding this will help you be patient with the process.

For a quick once over lightly, you can find the following via the Cornell University website (Google the title and it should come up pretty much straight away!):

Hasking et al. (2016). Position paper for guiding response to non-suicidal self-injury in schools. School Psychology International, 37, 644-663.

De Riggi, M. E., Moumne, S., Heath, N. L., & Lewis, S. P. (2017). Non-suicidal self-injury in our schools: a review and research-informed guidelines for school mental health professionals. *Canadian journal of school psychology*, *32*(2), 122-143.

Whitlock, J. L., Baetens, I., Lloyd-Richardson, E., Hasking, P., Hamza, C., Lewis, S., ... & Robinson, K. (2018). Helping schools support caregivers of youth who self-injure: Considerations and recommendations. *School Psychology International*, 0143034318771415.

https://youthwellbeingstudy.wordpress.com/

Youth Wellbeing Study

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Kia ora and welcome! We are a team of researchers and clinicians working towards better understanding the wellbeing of youth and rangatahi in Aotearoa New Zealand. Our research with young people is primarily in secondary schools, where we gather information about how young people are doing, what their needs are, and what resources would be most helpful to them and their communities.

Our website gives information regarding our research projects, our research findings and publications, and has copies of our various presentations to the community and academic conferences, and copies of our resources.

Donate?

Want to help support the Youth Wellbeing Study?

You can make an online donation through the University of Wellington here: https://donate.victoria.ac.nz/alumniandfriends
When you're on the webpage choose an amount. Next, under 'Select a fund' simply select 'Other' and enter Youth Wellbeing Study. This ensures that your donation is made directly to the Youth Wellbeing Study.

Thank you for all your support ☺

Acknowledgements

- Participating schools, counsellors and students
- HRC

Thanks for listening ☺

Any questions? Comments?