Self Harm and Suicide:
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Having some basic knowledge about the relationship between self harm and suicide is important for social workers. Deliberate self-harm involves self-destructive behaviors with an absence of intent to die. Like suicide, the issue of self-harm is very complex and greatly influenced by cultural norms, values and attitudes. It is a topic that can encompass deep moral and ethical questions as well as stigmatizing attitudes. The terminology itself is constantly changing. In the recent past it was known as self mutilation, self injurious behavior, deliberate self harm and para suicidal behavior.

The American Psychiatric Association categorizes all psychiatric diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, commonly known as the DSM. Currently the DSM IV TR does not contain any specific listing or category for deliberate self-harm. However, the diagnostic category Borderline Personality Disorder lists symptoms/behaviors that reflect deliberate self-harm and many individuals who engage in acts of self harm are diagnosed as having Borderline Personality Disorder. The DSM is constantly undergoing revisions and updates based on the latest research and understanding of mental disorders and it has been proposed that the next version, DSM V, contain a new category called Non Suicidal Self Injury (NSSI). A Google search of DSM NSSI will show the proposed criteria or link here:
http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=443

Typically methods of self injury involve: cutting (the most common act), burning, bruising, scratching, punching, and skin, scab, and wound-picking. Initially impulsive in nature, NSSI can take on a repetitive and almost addictive quality of compulsion when used in response to mood regulation (i.e. to release anger, alleviate boredom, or ease stress or psychic pain). Within Western culture the reporting and study of NSSI is a relatively new phenomenon in the general population within the past two decades.

The incidence of self harm is estimated to be about one percent of the general population. Highest rates are reported in youth and young adults in the 15-19 year old age group followed by the 20-24 year old age group. Females constitute the large majority of individuals who engage in deliberate self-harm.

Clarifying the issue of intent is essential for Social Workers and others working with individuals who engage in self injury. Is the intent of the individual to inflict (or release) pain or is the intent to die? The following quote highlights this distinction**:** "…a basic understanding is that a person who truly attempts suicide seeks to end all feelings, whereas a person who self-mutilates seeks to feel better.**"** (A. Favazza 1998).

Many individuals who engage in self injury describe their behavior in terms of releasing pain and see it as a positive coping mechanism. In fact there is evidence that self injurious behavior can result in physiological responses which make the individual feel better. However, this response can inadvertently increase risk as with repetition, the individual may need to inflict more and more pain to get the desired physiological response.

Two other complex factors to consider when determining intent include assessing the level of lethality and the frequency or repetition of the self injurious behavior. It should not be assumed that a low lethality incident (eg. scratching wrists) automatically falls in the category of self injury vs. a suicide attempt. Many individuals who engage in self injury with a low lethality will indicate their intent was to die. However, with a high lethality incident, it becomes more probable that the individual has suicidal intent or their judgment is impaired to the point that they are at risk of suicide. Repetition of self injurious behavior may point toward non suicidal self injury, but some suicidal individuals have chronic patterns of suicide attempts. Additionally, some sucidologists including Thomas Joiner postulate that individuals who engage in patterns of increasingly painful behavior such as excessive tattoos/piercings/cutting are actually increasing their pain tolerance and acclimating themselves toward suicide.

Another important dimension to the issue of self harm is contagion. Research has indicated that especially among adolescents, and particularly adolescent females, self injury can spread to other individuals who have not previously engaged in self injurious behavior. A number of factors can contribute to contagion including: trying to fit in with peers, attention seeking from adults/peers, coercion, and the influence of media/electronic media. When assessing an individual for self harm, it is important to elicit information about whether other peers are also engaged in self harm activities. Schools and other congregate settings should have specific plans in place, or seek consultation for preventing or responding to situations where self injury is spreading to other individuals.

Cultural, ethical and societal attitudes also impact on self harm. While instances of ritual self mutilation are known to be practiced in some cultures, the focus has been on change of appearance (e.g. ritual scarring) rather than infliction of pain. In western culture, much behavior that is clearly self-harming is largely ignored by society while other self-harming behavior can be highly stigmatized. For example in an Emergency Department there is an individual admitted for chest pains who is obese, has diabetes, is a smoker and has had previous heart bypass surgery but refuses to follow doctors orders regarding diet, exercise and stopping smoking. There is also a young woman who has superficial scratches to her wrists. What are our attitudes toward these two individuals? Which one will the emergency room staff call for a mental health evaluation on and why?

It should be noted that relative to suicide deaths, the issue of intent (self harm vs. suicide) becomes critical for medical examiners and coroners in making a determination of the cause of death. Particularly in the area of drug overdoses, was the intent of the individual to get high or to take their life? Intent can also be a focus for families and loved ones following a suicide death as they struggle with understanding the death and finding answers to the question of why.

In summary, individuals who engage in self injurious behavior may be at increased risk for suicide and need to be carefully assessed by a qualified mental health professional. Differentiating between self injury and suicide risk will inform decisions regarding treatment. Assessment needs to be an ongoing process; individuals who initially express no desire to die may become suicidal at a future point in time. And, although the individual may have no stated intent to die, the individual's mental status may deteriorate and/or accidental death can occur depending on the lethality of the act.

It is everyone's responsibility to prevent suicide. Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes. If you are worried about someone you think is at risk of suicide call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).

This is the thirteent in a series of articles for the NH NASW newsletter on suicide prevention. Previous articles include: Suicide as a Public Health Issue, Suicide Prevention In NH, Survivors of Suicide, No Harm Contracts, Military/Veterans and Suicide, Restricting Access to Lethal Means, Suicide and Older Adults, Suicide Risk and LGBT Youth, Clinicians as Survivors, Suicide and the Economy, Media, New Media, Safe Messaging & Suicide Prevention and Ethics and Suicide Prevention, and can be viewed in the suicide prevention/resource and support section of the NAMI NH website www.theconnectproject.org Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and he can be reached at 225-5359 or knorton@naminh.org

Resources:
American Self-harm Information Clearing House (ASHIC)
A website with information on self-harm as well as links and resources:
http://www.selfinjury.org/indexnet.html