



ARC Young Adult Mental Health Information Series

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Non-Suicidal Self Injury

Non-suicidal self-injury (NSSI) is defined as the intentional, self-inflicted damage to the surface of the body without suicidal intent and that is not consistent with cultural norms. The most common methods are cutting, scratching, hitting or banging, carving, and scraping. NSSI is particularly present in mid-adolescence with international lifetime prevalence rates in adolescents of 17–18% for at least one incidence of NSSI. The most common reason is to aid in emotional regulation and manifests when people are trying to cope with overwhelming distress and is an effort to communicate their distress outwardly.



Signs

- Scars, often in patterns.
- Fresh cuts, scratches, bruises, bite marks or other wounds.
- Excessive rubbing of an area to create a burn.
- Keeping sharp objects or other items used for self-injury on hand.
- Wearing long sleeves or long pants to hide self-injury, even in hot weather.
- Frequent reports of accidental injury.
- Difficulties in relationships with others.
- Behaviours and emotions that change quickly and are impulsive, intense and unexpected.
- Talk of helplessness, hopelessness or worthlessness.

The motivation behind NSSI may include:

- A way to reduce tension or negative feelings.
- A way to resolve interpersonal difficulties.
- Self-punishment for perceived faults.
- A plea for help.





Risk Factors

Being between the ages of 15-24: young people have lower levels of impulsivity and emotional reactivity due to the the brain being not fully developed.

Being female: female adolescents and adults were more likely to engage in NSSI than males.

Being bullied or being in a dysfunctional relationships with peers or family members.

Being a member of a sexual minority group: the sexuality of a person along with internalized homophobia can increase the chance of NSSI.

Being active on social media: there are many websites that discuss NSSI which may trigger urges to self-injure or reinforce the idea that it can be socially acceptable. Social media can also create a community where people can receive help recovering from NSSI.

Experiencing adverse childhood event: parental neglect, abuse or deprivation increased the chance of NSSI.

Treatment

- Certain forms of cognitive-behavioural therapy
- Treatment of coexisting disorders
- Dialectical behavioural therapy (DBT)
- Emotion-regulation group therapy (ERGT)

DBT involves individual and group therapy for 1 year. This therapy focuses on identifying and trying to change negative thinking patterns and promoting positive changes. It aims to help patients find more appropriate ways of responding to stress (eg, to resist urges to behave self-destructively).

ERGT is done in a 14-week group setting. This therapy involves teaching patients how to increase awareness of their emotions and provides them with skills to deal with their emotions. ERGT helps patients accept negative emotions as part of life and thus not to respond to such emotions so intensely and impulsively.

Resources available

Aire Ouverte for youth 12-25 years of age. 5811 Taschereau Blvd., local 30, Brossard, QC J4Z 1A5

Drop-in services: Tuesday, Wednesday and Thursday from 1:00-8:00 p.m. and Saturday 10:00 a.m. to 5:00 p.m. By appointment from Monday to Friday. (450) 445-4474

AMI-Quebec – www.amiquebec.org, (514) 486-1448

Friends for mental health – www.asmfmh.org, (514) 636-6885

www.anxietycanada.com

Psychosocial support available at your local CLSC and through your primary care physician.

CLSC St-Hubert (450) 443-7400

CLSC Brossard (450) 445-4452

CLSC St-Jean-sur-Richelieu (450) 358-2572

CLSC Richelieu (450) 658-7561

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