Self-harm: What is it?

Self-harm is the intentional act of tissue destruction to one's own body with the purpose of shifting overwhelming emotional pain to a more acceptable physical pain without the intention to die.

Forms of Self-harm

- cutting i.e. wrists, arms, thighs, abdomen (most common form)
- burning
- · excessively picking scabs
- · punching self
- inserting objects under skin
- pinching
- biting self
- ingesting harmful substances

Background Information

Many people are unaware of the prevalence of self-harm behaviours. In reality, 15-20% of teens in middle to high school engage in self-harm activities. For example, the average age to begin cutting is 12-15 years old.

When a person is involved in cutting, there are usually other underlying issues. These may include:

- · depression and/or anxiety
- · substance abuse
- · eating disorders
- defiant behaviours

Resources

Child & Adolescent Mental Health

Crisis Services 780.427.4491 Intake 780.342.2701

Distress Line available 24/7 780.482.help (4357)
Addictions Services Intake 780.422.7383

Edmonton & Area Child & Family Services Crisis
Unit (Abuse and Neglect) 780.422.2001

or 780.427.3390 after hours

Sexual Assault Centre of Edmonton 780.423.4102
Kids Help Phone 1.800.668.6868
Health Link Alberta 780.408.link (5465)

Canadian Mental Health Association

www.cmha.ca/bins/content_page.asp?cid=3-1036

Interdisciplinary National Self-Injury in Youth

Network Canada (INSYNC) <u>www.insync-group.ca</u>

Self Injury www.selfinjury.com

WebMD <u>www.webmd.com/anxiety-panic/guide/self-injury</u>

FirstSigns <u>www.firstsigns.org.uk/</u>

Health Link Alberta

Call toll free:

1-866-408-LINK (5465) Edmonton: 780-408-LINK



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Information about Self-harm

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Why Self-harm?

Not everyone who self harms comes from a difficult background. Some teens who take part in self-harm behaviour are functioning well academically and socially and have caring home environments. In general, self-harm is a coping strategy for getting quick relief from emotional pain and distress. Intentional self-harm is usually for more than one reason.

For example

- to feel something
- to gain a reaction/ attention from someone
- to punish self
- to feel relaxed
- to avoid something, i.e. school, people, punishment
- to mimic others, i.e. celebrities, fictional characters, peers
- as a cry for help

Positive Alternatives

- squeezing ice
- bite into a lemon, or chew gingerroot
- slap a table top
- snap rubber band on wrist
- engage in a healthy activity walk, yoga, bike
- read a book
- · call a friend
- play favourite music

what you can do to help

Do . . .

try to approach in a caring way

have non-judgmental compassion for their experience

accept him/ her even though you may not accept the behaviour

understand that this is a way of coping with the pain he/she feels inside

show a respectful willingness to listen

consistently enforce consequences – positive and negative

model responsible use of nicotine, alcohol and medications

learn your child's triggers and therapeutic tools ask for feedback on parenting from child

Don't . . .

be overly reactive as this could alienate them and damage your relationship

respond with panic, revulsion, shock, or averted gaze

try to stop the behaviour with threats or ultimatums

show excessive interest in the self-injurious behaviour

talk about it in front of peers

tell them that you will not tell anyone if they discuss it with you

put too much pressure on child about school and extra-curricular activities

Self Harm versus Suicide

Similarities

- conflicted interpersonal relationships
- bulky clothing
- refusal to take part in activities that require a change of clothing
- evidence of self harm or emotional distress in writing or art

Although there are similarities among self-harm and suicidal behaviours, there are significant differences:

	Self Harm Behaviours	Suicidal Behaviours
intent	 escape from psychological distress create change in self or environment 	end life escape unbearable psychological pain
severity	• low	high
behaviour frequency	up to several times per weekoften long term and repetitive	low frequency, 1-3 times
number of methods used	 multiple methods used across episodes 	typically one method only
mental state during self-harm	distressed, yet hopefuldifficulty implementing adaptive problem solving	hopelessnesshelplessnessinability to problem solve
Consequences/ Aftermath		
internal	sense of relief, calmtemporarily reduced stress	frustrationdisappointmentincreased distress
external	rejection. criticism from others	care and concern from others