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Hidden Adolescent Risks: Provider Education on Non-Suicidal Self-injury

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South Burlington Family Practice
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Mentor: Dr. Whitney Calkins
2A: Problem Identification

• Non-suicidal Self-Injury (NSSI) is deliberate destruction of body tissue **without suicidal intent** accomplished through various self-injurious behaviors that can result in bleeding, bruising or pain.  

• NSSI commonly co-occurs with underlying psychiatric disorders

• 50-70% of people engaging in NSSI have at least one suicide attempt in their lifetime

• NSSI is a stronger predictor of future suicidal ideations or suicide attempts than other risk factors

• Rates of NSSI may be as high as 22% among primary care patients
2B: Problem Identification: Vermont

• The 2015 Vermont Youth Risk Behavior Survey data shows:⁶
  • 17% high school students report NSSI one or more times in the past 12 months.
  • 26% of high school females report NSSI one or more times in the past 12 months.
  • 9% of high school males report NSSI one or more times in the past 12 months.
• These reported numbers have increased significantly since 2013.⁶
• Currently, there are no screening guidelines in place to screen for NSSI.
3: Public Health Cost

- **NSSI rates are increasing** in both adolescent and young adult populations. The estimated prevalence of NSSI in adolescents and young adults are 14-46% and 12-20%, respectively.  
  
- In the US in 2013, cost of treatment for self-harm injuries was $627 million. Rates of treatment were highest for populations 15-24 years old.
  
- Non-suicidal self-harm is linked to an increase in lifetime prevalence of suicidal ideation and suicide attempt. In Vermont in 2014:
  - There were roughly **1,500 hospitalizations or ED visits for suicide attempt**. 
  - The **median cost for hospitalization or ED visit** for suicide attempt was $11,626 and $1,983, respectively.
Community Member #1

- There is always room for improvement in high schools and primary care offices. They have consistent contact with teenagers and may be able to help with screening, which can lead to earlier intervention assessment.

- Some providers hear of self-harm and they aren't sure what to do with that information. Their own personal reactions and judgment may hinder intervention. Therefore, education on NSSI for providers is a crucial first step.

Community Member #2

- Teenagers might not be disclosing NSSI to us or we might not be in the right environment to see it.

- I see and hear teenagers talking about NSSI with each other often.

- It would be helpful to have education on NSSI for people working with teens. Especially on effective communication skills so that we can have productive and meaningful conversations about NSSI with the teenagers we work with.
5: Intervention and Methodology

- Created a two page handout for providers on Non-suicidal self-injury.
- Information covered included:
  - Definition of NSSI
  - Prevalence in VT
  - Who self-injures and why
  - Signs someone might be self-injuring
  - How to assess severity of NSSI and when it’s an emergency
  - Skills/tools to utilize when discussing NSSI with teens
  - Therapy and pharmacological treatment
  - Local resources for teens
6: Provider Response

Feedback from the clinic:
• Praised as very informative. Providers interviewed expressed that they learned a lot about non-suicidal self-harm.
• Described as easy to read and useful.
• One provider mentioned the information from the VT Youth Risk Behavioral Survey was eye-opening and shed light on the NSSI rates in VT high schools.

Feedback from Psychiatry:
• “This is an immensely valuable thing! The tone is great – written right for providers.”
7: Evaluation of Effectiveness and Limitations

Evaluation of Effectiveness:

• After several months, survey providers in the clinic to see how often they utilize tools and local resources outlined in the handout for NSSI screening and intervention.

• Tracking the number of social work or mental health service referrals for adolescents seen in the clinic over the next several months to assess change following the distribution of the handout

Limitations:

• Limited follow-up with clinic to gauge handout utilization by providers in the future.

• Currently, lack of standardized screening protocol for NSSI and time constraints in the outpatient setting may lead to missed opportunities for physician utilization of NSSI screening and intervention.

• Skills training may be necessary for providers to practice effective NSSI screening and intervention.
8: Recommendations for Future Interventions

- Creating a handout for adolescents engaging in NSSI on mindfulness, grounding techniques, and a list of local resources they can access.
- Creating a handout on NSSI for parents, school staff, and other adults working with teens. This handout could provide some background, resources, and skills for talking with teens.
- Implementation of NSSI school protocols to promote awareness and early intervention for teens in need.
- Organize training sessions on NSSI screening and intervention for primary providers, school staff and other programs that work with teens.
- Consider designing a study, which would assess the significance, if any, of implementing NSSI screening protocol in the primary care setting.
9: References


