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# Hidden Adolescent Risks: Provider Education on Non-Suicidal Self-Injury

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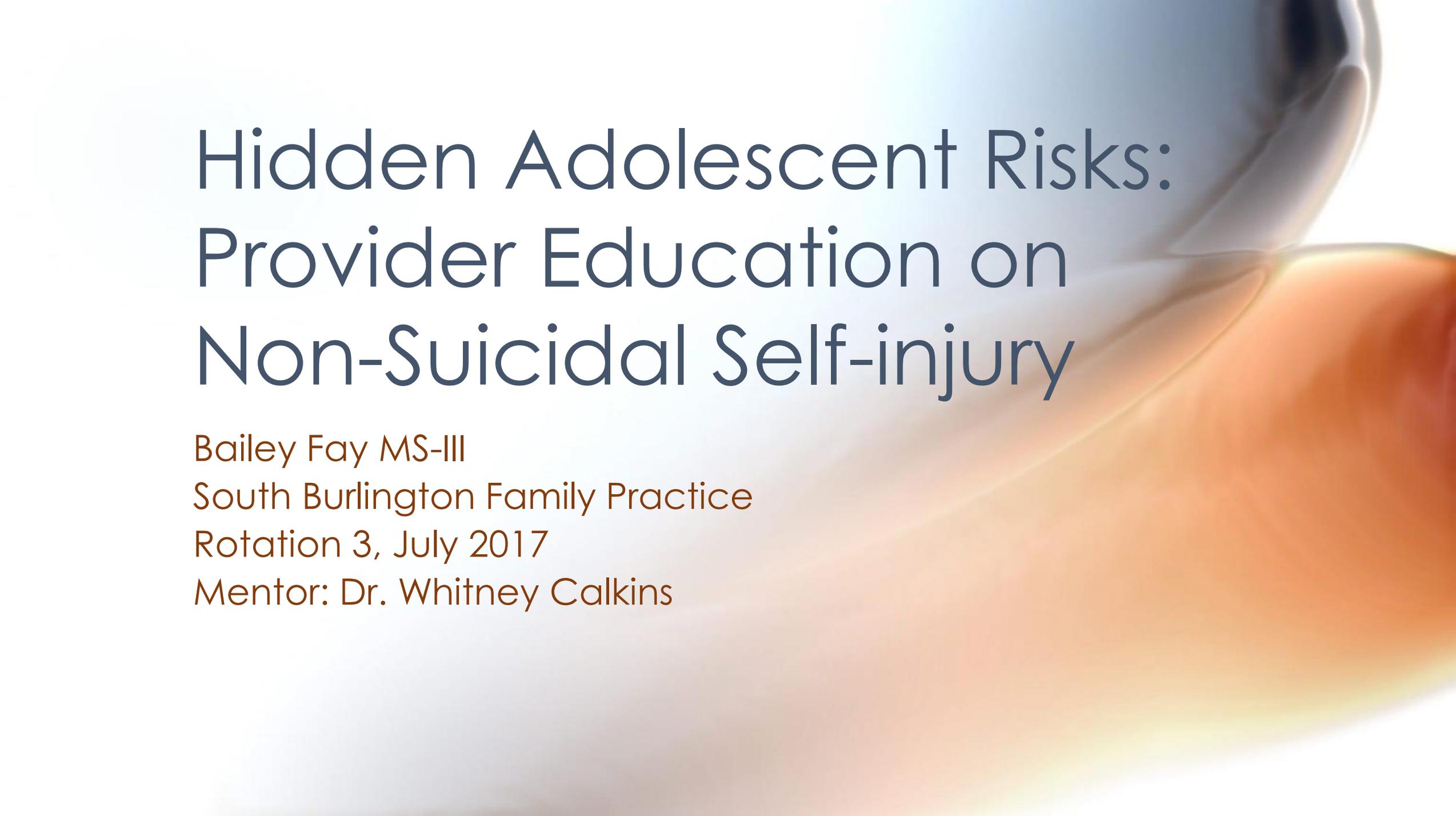
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# Hidden Adolescent Risks: Provider Education on Non-Suicidal Self-injury

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## 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. <sup>1,2,3 4</sup>
- NSSI commonly co-occurs with underlying psychiatric disorders<sup>1,2,3,5</sup>
- 50-70% of people engaging in NSSI have at least one suicide attempt in their lifetime<sup>1</sup>
- NSSI is a stronger predictor of future suicidal ideations or suicide attempts than other risk factors<sup>1</sup>
- Rates of NSSI may be as high as 22% among primary care patients<sup>3</sup>

## 2B: Problem Identification: Vermont

- The 2015 Vermont Youth Risk Behavior Survey data shows:<sup>6</sup>
  - 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.<sup>6</sup>
- 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.<sup>5</sup> The estimated prevalence of NSSI in adolescents and young adults are 14-46% and 12-20%, respectively.<sup>1,2,5</sup>
- 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.<sup>7</sup>
- Non-suicidal self-harm is linked to an increase in lifetime prevalence of suicidal ideation and suicide attempt.<sup>1,3</sup> In Vermont in 2014:
  - There were roughly **1,500 hospitalizations or ED visits for suicide attempt**.<sup>8</sup>
  - The **median cost for hospitalization or ED visit** for suicide attempt was **\$11,626 and \$1,983, respectively**.<sup>8</sup>

# 4: Community Perspective

## 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

## Non-Suicidal Self-Injury Handout for providers

### What is Non-Suicidal Self-Injury (NSSI)?

Deliberate self-harm and destruction of body tissue without suicidal intent accomplished through self-injurious behaviors such as cutting, biting, scratching, hitting, burning, ripping or carving.<sup>2,4,5,7</sup> These behaviors can result in bleeding, bruising or pain.<sup>1</sup>

### How common is NSSI?

The 2015 Vermont Youth Risk Behavior Survey data shows 26% of high school females and 9% of high school males report NSSI one or more times in the past 12 months. Furthermore, these reported numbers have increased significantly since 2013.<sup>8</sup> This increase in prevalence means that PCPs will most likely become the first point of contact.<sup>4</sup> Some studies show, NSSI rates may be as high as 22% among primary care patients and 40-80% of adolescent psychiatric patients engage in NSSI.<sup>4</sup>

### Who self-injures?

Individuals with any of the following are associated with higher incidence of NSSI:<sup>2,3,4,5</sup>

- Depression
- Difficulty with self-regulation of emotions
- Struggles with sexual identity
- Struggles with Self-esteem
- Personality Disorders
- Anxiety
- Eating Disorders
- Poor family and interpersonal relationships
- Tendency to internalize
- Trauma

Most NSSI behavior begins in middle school.<sup>5</sup> There is a higher prevalence in youth from lower socioeconomic backgrounds.<sup>5</sup> The risk of NSSI is also higher among college student populations than among the general public.<sup>4</sup>

Individuals who self-harm more frequently, and individuals who utilize multiple modalities of self-harm, are at increased risk for purposeful suicidal self-harm and suicide attempts.<sup>2,4,6,7</sup> It has been approximated that 50-70% of individuals who engage in NSSI have attempted suicide at least once in their lives.<sup>2</sup>

### Why do people self-injure?<sup>1,2,4,5,6</sup>

- Manage or find relief from negative or painful emotions
- Self punishment
- Prevent dissociation or feelings of emptiness
- To increase calm feelings
- Resolve interpersonal conflict
- Communicate with others
- Create positive affect
- Self-directed anger

### What are signs that someone might be self-injuring?<sup>2,3</sup>

- Scars, cuts or marks on body that are unexplainable
- Increased amount of jewelry on wrists and arms
- Wearing long-sleeve shirts or pants in hot weather
- Mention of others they know who self-injure

### How can we as providers help?

When talking with an adolescent who engages in self-injury it is important to:

**Normalize:** Let the patient know you understand about NSSI. Let them know that they are not alone.<sup>3,4,6</sup>

**Validate without reinforcing behavior:** Communicates your understanding of their personal experiences. This is shown to increase patient follow-up on referrals and medical advice.<sup>2,3,4,6</sup>

# 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

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