What is Suicidal Behaviour?

Suicidal behaviour consists of acts focused on taking one’s life. Suicidal behaviour includes Attempts (suicidal acts unsuccessful in causing death) and Gestures (the verbalizing of an actual or potential intent to harm oneself).

Self-harm takes many forms...

Examples:
- Completed Suicide: Examples: Attempted Suicide, Suicidal Gestures
- Suicidal Behaviour: Self Mutilation, Self Injury
- Direct Self-Harm: Substance Abuse, Eating Disorders, Smoking, Risky Behaviour
- Indirect Self-Harm: Healthy Behaviour

What is Direct Self Harm?

Direct Self-Harm is a broad term that refers to deliberate, self-destructive behaviour. It is sometimes called self-injury, self-mutilation, or self-abuse. It is deliberate, often repetitive actions to cause damage to skin, bones or other body parts. Direct Self-Harm can take a number of forms that include:

- cutting or burning the skin
- scratching until the skin breaks
- interfering with wound healing
- breaking bones through repeated hitting
- hitting oneself resulting in bruising
- consuming poisons.

Self-harming behaviours usually begins in early to middle adolescence (around age 14) and seems to peak between ages 16 and 25. Self-harm behaviour can last for years, even well into adulthood.

ACTS OF INTENTIONAL SELF HARM AMONG YOUTH, BY AGE GROUP (BC Children's Hospital, CHIRPP*, 1997-2002)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Self-harm by Youth</th>
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<tbody>
<tr>
<td>15-19 years old</td>
<td>56%</td>
</tr>
<tr>
<td>10-14 years old</td>
<td>43%</td>
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<tr>
<td>5-9 years old</td>
<td>1%</td>
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More than half of all acts of intentional self-harm by youth were performed by those aged 15-19 years.

*CHIRPP-Canadian Hospital Injury Reporting and Prevention Program
257 cases of Intentional Self Harm were documented by the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) between 1997 and 2003 (ages 5-19 years old). These cases can be broken down as follows...

**Cuttings:**
- 21% of all self-harm injuries among youth were acts of cutting, and of these 13% were associated with eating disorders
- 58% of these acts of cutting were among 15-19 year olds
- 85% of cuttings were by females
- 58% cut their wrists; 47% used razor blades or knives

**Ingestions:**
- 68% of all self-harm injuries among youth were through the ingestion of a foreign substance
- 57% of these ingestions were by those 15-19 years old
- 81% of all these ingestions were by females
- 31% took Acetaminophen

Of the 257 cases of Intentional Self Harm, 119 (46%) were either a suicide attempt or a suicide gesture...

**Suicide Attempts and Gestures:**
- 76% of all suicide attempts and gestures were by females
- 52% occurred at home
- 29% took Acetaminophen
- 55% had to be admitted to hospital

While females attempted suicide or made suicidal gestures far more often than males, mortality data shows that males account for as much as 80% of all suicide deaths (VISTA*, 2000-2004).

*VISTA-Vital Information Statistics
IS THERE A PROFILE TYPICAL OF PEOPLE WHO DIRECTLY SELF-HARM?

Although many people are self-destructive in childhood, they usually come to the attention of helping professions during adolescence. Over the subsequent years they may demonstrate many, or all, of the following problems.

- **Hospital Admissions**
  - Psychiatric hospital admissions:
    - multiple episodes of physical harm unlikely to cause death
    - suicidal ideation
    - episodes of dissociation
  - General hospital admissions:
    - chronic pain syndromes, with many investigations of abdominal and pelvic pain
    - multiple surgeries
    - “accidental” injuries
    - fractures
    - motor vehicle accidents
    - wound or skin infections

- **Substance abuse including:**
  - alcohol
  - street drugs
  - prescribed drugs
  - compulsions
  - eating disorders

- **Psychological symptoms**
  - anxiety
  - depression and despair
  - anger
  - shame, guilt, self-hate
  - dissociation

- **Relationship problems**
  - family disruption
  - social isolation
  - poor personal support systems
  - professionals alienated by their behaviour

HOW ABOUT FOR SUICIDE?

Studies have identified several risk factors associated with suicide injuries among adolescents including:

- Problems with family, friends and partners
- Perception that parents as understanding them less
- Depression and stress
- Worries about sexuality
- Past abuse
- Family history of suicide
- Personal loss
- Achievement pressure
- Achievement failure
- Family conflict
WHAT CAN BE DONE?

Effective evaluated interventions after incidents of Self-Harm include:

- **Problem-solving Therapy:** A brief treatment aimed at helping the individual to acquire basic problem-solving skills, by taking him or her through a series of steps: identification of personal problems; constructing a problem list; reviewing possible solutions for a target problem; implementing the chosen solution; reappraising the problem; reiterating the process; training in problem-solving skills for the future.

- **Crisis Cards:** Possession of a card enabling its holder to speak to a psychiatrist at short notice and to request psychiatric admission during a crisis.

- **Intensive Psychological Therapy** (dialectic behaviour therapy, inpatient therapy). Diabetic behaviour therapy is an intensive method of help, particularly when individuals have associated borderline personality characteristics. Involves in its full form a year of individual therapy, groups sessions, social skills training and access to crisis contact.

Effective evaluated interventions for Suicide include:

- **School-based programming that specifically target youth at risk such as suicide prevention skills training programs and gatekeeper training.**

- **Suicide Prevention Skills Training** emphasizes problem solving and coping skills as well as broader social and communication skills

- **Gatekeeper Training:** Establishes a network of adults and youth in a community who recognize and respond to youth that are showing signs of suicide and suicide risk and can assist them in getting help. School and Community Gatekeeper Training targets different gatekeepers in the school environment (teachers, students, school personnel) and those in the community (parents, health care professionals, police)

- **Education and awareness programming emphasizing the community-based resources that are tailored to address suicidal ideation and behaviours among youth.**

- **Physician training on risk assessment.**

- **Mental Health Promotion among youth: reduction of psychological stress, establishment of school-based psychological health promotion, and general mental health promotion.**

- **Other:** support groups, crisis hotlines, restriction of lethal means and modifications to the environment such as fences to surround bridges, restricting access to the top of buildings, fencing surrounding parking garages, and fencing the tops of high buildings.

References Available Upon Request.