

MENTAL HEALTH TIDBIT (BETTER INFORMED TOGETHER) RECOGNIZING AND HELPING A CHILD WHO SELF-INJURES

DAUPHIN COUNTY MH/A/DP
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Learning that your child is self-injuring can be very scary and confusing. Cutting, burning, and scratching are some of the behaviors seen in children who self-injure. Although self-injury can start earlier, it typically occurs in children aged 14-18. Studies have shown that approximately 18% of children aged 14-18 have self-injured. The number is even higher when looking at only females in this age group with 1 in 4 girls in the study reporting that they have self-injured. In this edition of Mental Health TidBIT, we explore risk factors for self-injury as well as signs that your child may be self-injuring. We clarify the relationship between self-injury and suicide, and what you can do to help your child who is self-injuring.

Risk Factors for Self-injury in Children

- History of trauma, abuse, or chronic stress
- High emotional sensitivity
- A tendency to suppress emotions
- Lack of effective coping skills to deal with emotional upset
- Feelings of isolation (This can be present even if your child appears to have a lot of friends.)

Signs That Your Child May Be Self-injuring

- Talking about self-injury
- Unexplained scars or wounds that do not heal or get worse
- Increased isolation
- Collecting sharp tools such as shards of glass, safety pins, scissors, etc.
- Avoidance of social activities
- Wearing long sleeves in warm weather
- Suddenly refusing to change clothes or go into the locker room at school

Although they can be related, self-injury and suicide are not the same. The key difference between self-injury and suicide is intent. Children who self-injure do not do so to end their lives. In fact, their motivation is to feel better. Although a child who self-injures is not doing so to end their life, self-injury is something that needs to be taken seriously. Studies have reported that up to 65% of children who self-injure go on to have suicidal thoughts due to untreated depression and other mental health concerns. If your child is self-injuring and is not seeing an outpatient provider for mental health treatment, you should get them connected as soon as possible. You can obtain information on outpatient providers by calling the mental health/behavioral health number on the back of your child's insurance card. For more specialized assistance and referral for treatment, you can have your child enrolled in services with Case Management Unit (CMU) by calling 717-232-8761.

Evidence based treatments that are successful in treating self-injurious behavior are Dialectical Behavior Therapy and Cognitive Behavioral Therapy. It may be beneficial to speak with your provider to see if they offer these types of therapies.

Dialectical Behavior Therapy (DBT): A type of therapy where the therapist would work with the child to learn how to tolerate uncomfortable feelings like anger, anxiety, and rejection without resorting to self-injury. DBT teaches a child numerous skills including mindfulness and emotional regulation.

Cognitive Behavioral Therapy (CBT): A type of therapy where your child would be taught to recognize and challenge negative thought patterns that lead to destructive behaviors such as self-injury.

If your child reports suicidal thoughts to you, or if you suspect your child may be having suicidal thoughts, you should contact Dauphin County Crisis Intervention immediately by calling 717-232-7511.

Excerpted from: <https://childmind.org/article/quick-facts-on-self-injury/>

Excerpted from: <https://childmind.org/article/how-are-self-injury-and-suicide-related/>

Excerpted from: <https://www.ajc.com/news/health-med-fit-science/nearly-teen-girls-the-self-harm-massive-high-school-survey-finds/EQnLJy3REFX53HjbHGnukJ/>