Self-Harm and Suicidal Behaviours

People who engage in self-harm deliberately hurt their bodies. The term 'self-harm' (also referred to as 'deliberate self-harm' or DSH) refers to a range of behaviours, not a mental disorder or illness (1). At the milder end of the spectrum, these behaviours include mild to moderate self-injury as a response to emotional pain and, at the more extreme end, attempted suicide (1, 2). The most common methods of self-harm among young people are cutting and deliberately overdosing on medication. Other methods include burning or scalding the body, pinching and scratching oneself, self-hitting and hanging(2).

In many cases self-harm is not intended to be fatal (2). It is estimated that the number of young people who have engaged in self-harm is 40-100 times greater than those who have actually ended their lives (3). For many young people self-harm is a coping strategy, however maladaptive and damaging, that allows them to continue to live rather than an attempt to end their life (4).

There is now a general consensus among clinicians and researchers that there is a distinct type of self-harming behaviour, termed non-suicidal self-injury (NSSI) in which the motivation is not intention to die, and that these behaviours should be distinguished from those that are suicidal in nature (5). However research studies typically fail to make this distinction and there is continued debate about terminology and definitions (6). Other terms used to refer to different forms of self-harm include self-injury, cutting, parasuicide and attempted suicide.

Although many young people might try to hide their self-harming behaviour, there are some obvious and less obvious signs that someone might be self-harming (1). These include:

Psychological signs:
- Obvious changes in mood
- Changes in sleeping and eating patterns
- Losing interest and pleasure in activities that were once enjoyed
- Decreased participation and poor communication with friends and family
- Hiding or washing their own clothes and avoiding situations were exposure of arm and legs is required (eg, swimming)
- Problems in social or intimate relationships
- Strange excuses provided for injuries
- Problems with work, school, social or family life

Physical signs:
- Unexplained injuries, such as scratches, cuts or burn marks
- Unexplained physical complaints such as headaches or stomach pains
- Wearing clothes that cover up arms and legs, even in hot weather
Burden of youth suicide and self-harm in young people

The most recent ‘causes of death’ publication from the Australian Bureau of Statistics (ABS) indicates that in 2010, suicide was the leading cause of death for young people aged 15-24, followed closely by road traffic accidents (7). In 2010, 88 males aged 15-19 years and 129 males aged 20-24 years died by suicide (7). For young females, 25 aged 15-19 years and 54 aged 20-24 years died by suicide (7). (These figures should be interpreted with caution as they are subject to an ABS revision process which could see them change, see (8) for further information). The number of young people who die by suicide in Australia each year is relatively low compared with the number who self-harm. It is difficult to estimate the rate of self harm as evidence suggests that only 10% of young people who self-harm will present for hospital treatment (9). Evidence from Australian studies suggest that 6-7% of Australian youth aged 15-24 years engage in self-harm in any 12-month period (9). Lifetime prevalence rates are higher, with 24% of females and 18% of males aged 20-24 and 17% of females and 12% of males aged 15-19 reporting self-harming at some point in their life (10). While suicide is more common among young men, self-harm is more common among young women.

Taken together, suicide and self-harm account for a considerable portion of the burden of disability and mortality among young Australians. It is estimated that 21% of “years life lost” due to premature death among Australian youth in 2004 was due to suicide and self-inflicted injury (11). In addition, non-fatal suicidal behaviour and self-harm are associated with substantial disability and loss of years of healthy life (11).

Risk factors

Common risk factors or characteristics for those self-harm are similar to those who complete suicide (12). These include (13):

- History of self-harm and/or previous suicide attempt
- Mental or substance use disorders, especially depression
- Physical illness: terminal, painful or debilitating illness
- Family history of suicide, substance abuse and/or other psychiatric disorders
- History of sexual, physical or emotional abuse
- Socially isolated and/or living alone
- Bereavement in childhood
- Family disturbances
- Unemployment, change in occupational or financial status
- Rejection by a significant person eg, relationship breakup
- Recent discharge from a psychiatric hospital

Experiencing a mental health problem is a risk factor for both self-harm and suicide. Evidence suggests that more than 90% of people who self-harm have a mental disorder, the most common being depression (2). A history of mental illness, in particular depression, as well as the presence of more than one mental disorder are also strong predictors of suicide (14-16).

While not all young people who self-harm or contemplate suicide have a mental health problem, these behaviours do suggest the experience of psychological distress.
References