Understanding self-harm – “Why is my child doing this?”

by Dr. David Smith

"Why would my daughter do this?" That is what bewildered parents plead to me and other mental health professionals in BC too often these days. The youth — often but not always— is a female between ages 10 and 19 who is being treated for one of a variety of forms of self-harm. Self-harm exists along a spectrum anywhere from self-injuries such as cutting herself with a sharp object, repeatedly hitting herself, or burning herself, or sometimes even poisoning herself with medications or noxious substances.

In the last five years, children and youth rates for hospitalization and ER visits for self-harm have soared. This past November a special Canadian study on self-harm found that since 2009 self-harm hospitalization rates for girls have increased by more than 110 per cent and ER visits by 98 per cent. While hospitalization rates for self-harm were four times more common among girls, rates among boys had also increased substantially in the study.

What is going on?

While good research about self-harm is just emerging, my mental health colleagues and I believe some reasons may be worth further investigation : feelings of disconnection among youth from loved ones and from themselves; youth feeling insignificant and unworthy; the dominant 24/7 online culture that magnifies bullying and social pressure and ramps up stress; and the normalization of self-harm that youth find via the Internet. As well, self-harm, rather than being hidden or dismissed as in the past, is now being more recognized.

At the heart of most self-harm is usually psychological pain and a disordered way of coping with unbearable feelings or an inability to regulate emotional responses under stressful situations (somewhat similar to various addictions or eating disorders). Youth will often tell me that only way to relieve their emotional pain is by hurting themselves. Sometimes it is the *lack* of feeling that compels them to self-harm. Youth will say they feel empty, numb, as if they don't exist: "Feeling the pain feels better than feeling nothing at all." For others, it gives a sense of control, that rather than being the victim of others inflicting pain on them, they are the ones controlling their own pain.

While self-harm occurs among BC youth from all sectors of society, it is more common among youth who are socially or economically disadvantaged; who have past trauma, neglect or abuse; who have other diagnosed mental health conditions or other illnesses; and who have uncertainty about their sexual orientation or who have recently come out in the youth LGBQT community.

While self-injury such as cutting and burning is usually distinct from direct suicidal behaviour, youth who self-harm in these ways are many times more likely than the general population to eventually complete suicide. So it is very important that the youth gets effective help.

I am particularly concerned that self-harm in the form of ingesting poison — taking high doses of over - the- counter medication, prescription medication or ingesting a noxious substance —often represents a true suicide attempt in youth. Parents and health professionals must take poisoning actions very seriously and ensure the youth gets appropriate, urgent help through emergency services.

In non-urgent self-harm situations, the first step is to see your family doctor or contact the Child and Youth Mental Health program provided by the Ministry of Children and Family Development in your region. Call Service BC at 1-800-661-8773 for the MCFD office nearest to you.

Good information and support can be found through links at the Canadian Mental Health Association www.cmha.ca , the Kelty Mental Health Resource Centre and www.heretohelp.bc.ca

As well , an excellent resource is the website for the National Interdisciplinary Network on Self-Harm , led by Dr. Mary Kay Nixon, a Child & Adolescent Psychiatrist in Victoria www.insync-group.ca

Treatment focuses on addressing the underlying issues that are causing the pain and teaching the youth more effective coping skills and stress reduction techniques. Cognitive behavioural therapy, group therapy, and dialectic behavioural therapy can be very helpful for these skills. Medications may be given if co-existing depression, anxiety or psychosis is part of the underlying issue. Adults — parents, relatives, teachers, coaches, mentors— have a very important role in helping to support the youth to increase the youth's feelings of connection. Teaching youth healthy ways to express feelings of pain and anger, and new ways to cope with life's stresses can also help youth leave self-harm behind.

Dr. David Smith is an adolescent and adult psychiatrist and the medical director of the Okanagan Psychiatric services for Interior Health. This series of columns on common child and youth mental health issues is a project of the Child and Youth Mental Health and Substances Use Collaborative. The Collaborative involves multiple individuals, organizations and ministries all working together across BC to increase the number of children, youth, and their families receiving timely access to mental health services. The Collaborative is jointly funded by Doctors of BC the government of BC.