

# Mental Health Matters



March 2023

## March is Self-Injury Awareness Month

### Supportive Tips for Non-Suicidal Self-Injury

#### KEY POINTS

- Self-Injury is clinically called Non-Suicidal Self-Injury and is often used to managed stress.
- NSSI is most common among adolescents and young adults, and the age of onset is between 12 and 14 years.
- Finding adaptive ways to express and endure challenges is the goal of treating NSSI.

Self-Injury is a deliberate, non-suicidal behavior that inflicts physical harm on one's body to relieve emotional distress. Self-injury has a paradoxical effect in that the pain self-inflicted actually sets off an endorphin rush, relieving the self-harmer from deep distress.

It's important to note that self-injury does not involve a conscious intent to die by suicide - and as such, the clinical term for this behavior is called Non-Suicidal Self Injury (NSSI). NSSI can take many forms from cutting, picking, burning, bruising, puncturing, embedding, scratching or hitting one's self, just to name a few.

In its simplest form, NSSI is a physical solution to an emotional wound. Generally, it is a deliberate, private act that is habitual in occurrence, not attention-seeking behavior, nor meant to be manipulative. Self-injurers are often secretive about their behaviors, rarely letting others know, and often cover up their wounds with clothing, bandages, or jewelry.

Symbolically speaking, deliberately injuring one's self can be viewed as a method to communicate what cannot be spoken. With self-harm, the skin is the canvas and the cut, burn or bruise is the paint that illustrates the picture. Most individuals who self-injure are struggling with emotional expression. This clinical experience is known as alexithymia - the inability to recognize emotions and their subtleties and to understand or describe thoughts and feelings. Many other self-harmers are struggling with internal conflicts, may have anxiety, depression, may have experienced physical or sexual abuse, or other more serious psychological concerns.

Statistically speaking, approximately 4% of the population in the United States uses NSSI as a way of coping. Individuals who self-injure are represented in all SES brackets in the United States with the behavior usually starting in adolescence. Girls and women tend to self-injure more than boys and men, but this may be represented by the fact that females tend to turn to professional help more than males.

Full article found at <https://www.psychologytoday.com/us/blog/two-takes-depression/202203/march-is-self-injury-awareness-month>



### Need Mental Health Support?

OPTUM EMPLOYEE ASSISTANCE PROGRAM (EAP) OFFERS **FREE CONFIDENTIAL HELP**

Call toll-free

**888-444-8624** any time

OR

Go to

[www.liveandworkwell.com](http://www.liveandworkwell.com)

and browse as a guest using

code **CSEBO**





### **Mental Health Counselors:**

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In case of an Emergency:

- **911 For Immediate Support**
- **Ventura County Crisis Team (866) 998-2243 –(24 hours)**

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#ENDTHESTIGMA

## **Self-Injury (Cutting, Self-Harm Or Self-Mutilation)**

### **Warning Signs**

Warning signs that someone may be injuring themselves include:

Scars.

Unexplained frequent injuries, including cuts and burns.

Having sharp objects on hand.

Low self-esteem.

Difficulty handling feelings.

Saying they feel helpless, hopeless, or worthless.

Relationship problems or avoidance of relationships.

Poor functioning at work, school, or home.

People who self-injure may attempt to hide their marks—such as bruises, scabs, or scars—with clothing, and you may notice them wearing long sleeves and pants in hot weather. If discovered, a person who self-injures may often make up reasons for how an injury happened (for instance, “I fell” or “the cat scratched me”).

### **Self– Injury and Suicide**

The relationship between suicide and self-injury is complicated. While people with non-suicidal self injury do not intend to complete suicide, they may cause more harm than intended, which could result in medical complications or death. In severe or long-term cases of self-injury, a person may become desperate about their lack of control over the behavior and its addictive nature, which may lead them to purposefully attempt suicide.

### **Treatment**

If someone displays the signs and symptoms of self-injury, a mental health professional should be contacted. A provider with self-injury expertise may be especially helpful, if available. Self-injury treatment options include outpatient therapy, partial-inpatient (6-12 hours a day) care, and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health or life-threatening, a specialized self-injury hospital program with an experienced staff is recommended.

Effective treatment of self-injury is most often a combination of medication, cognitive/behavioral therapy, and interpersonal therapy, with additional treatment services as needed.

- Medication is often used in the management of depression, anxiety, obsessive-compulsive behaviors, and the racing thoughts that may accompany self-injury.
- Cognitive/behavioral therapy helps individuals understand and manage their destructive thoughts and behaviors. Contracts, journals, and behavior logs are useful tools for regaining self-control.
- Interpersonal therapy assists individuals in gaining insight and skills for the development and maintenance of relationships.
- Services for eating disorders, alcohol/substance abuse, trauma, abuse, and family therapy should be readily available and integrated into treatment, depending on individual needs.

Full article found at <https://mhanational.org/conditions/self-injury-cutting-self-harm-or-self-mutilation>