

Hope and Healing: Understanding Self-Harm and Supporting Youth

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Transforming
Mental Health

Disclosures

- None



**Transforming
Mental Health**

UC San Diego
SCHOOL OF MEDICINE

Overview

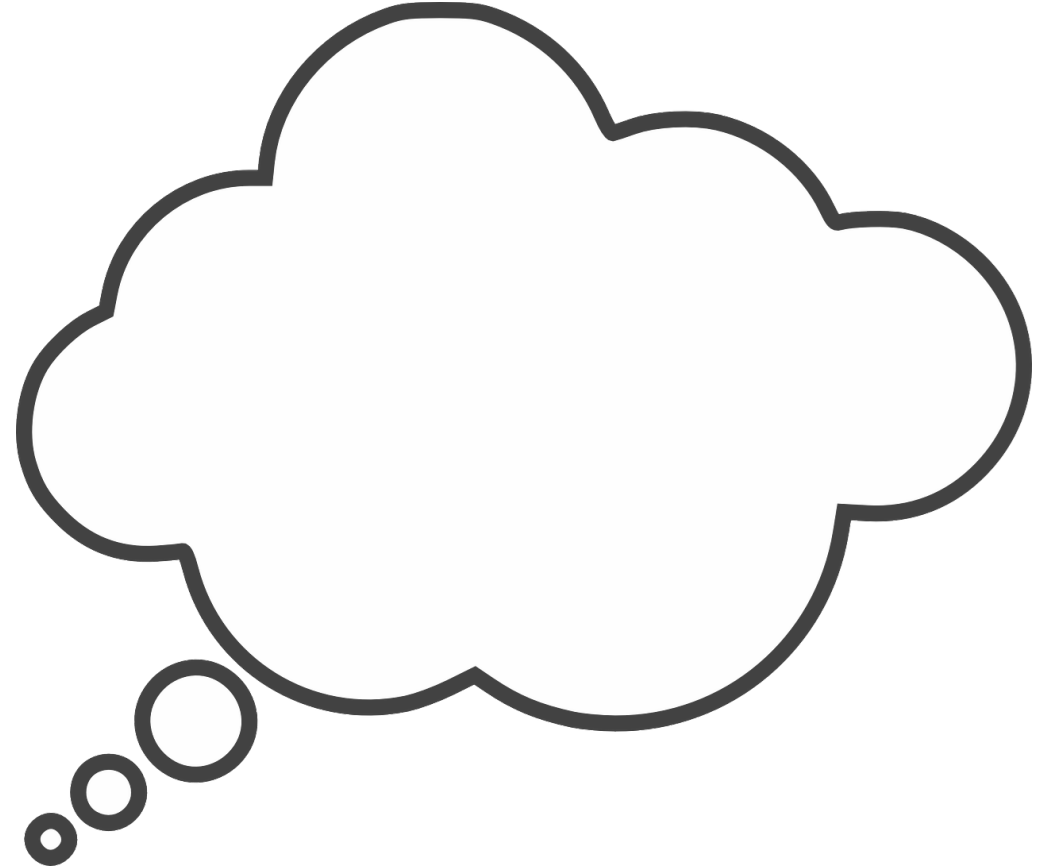
- Welcome
- Self Harm
- Stress and Distress
- Hope, Healing and What to Do?
- Resources



Welcome



How does this
topic impact you?



Definitions

- **Non-Suicidal Self-Injury:** The deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicidal intent and for purposes not culturally sanctioned (Swannell et al, 2014). There are many different causes.
- **Self-harm:** An umbrella term that includes suicide attempts and non-suicidal self-injury.
- **Therapy:** Short-hand term for talk-based psychotherapy. There are many forms of therapy.
- **Prevalence:** Prevalence is the proportion of a population who has a specific characteristic in a given time period. www.nimh.nih.gov/health/statistics/what-is-prevalence
- **Unconscious:** Feelings, thoughts, and memories that are outside of conscious awareness.
- **Mentalization:** The ability to reflect on states of mind (e.g., “I am really upset now”) and distinguish one’s mental state from someone else.

How Common Is Self-Harm?

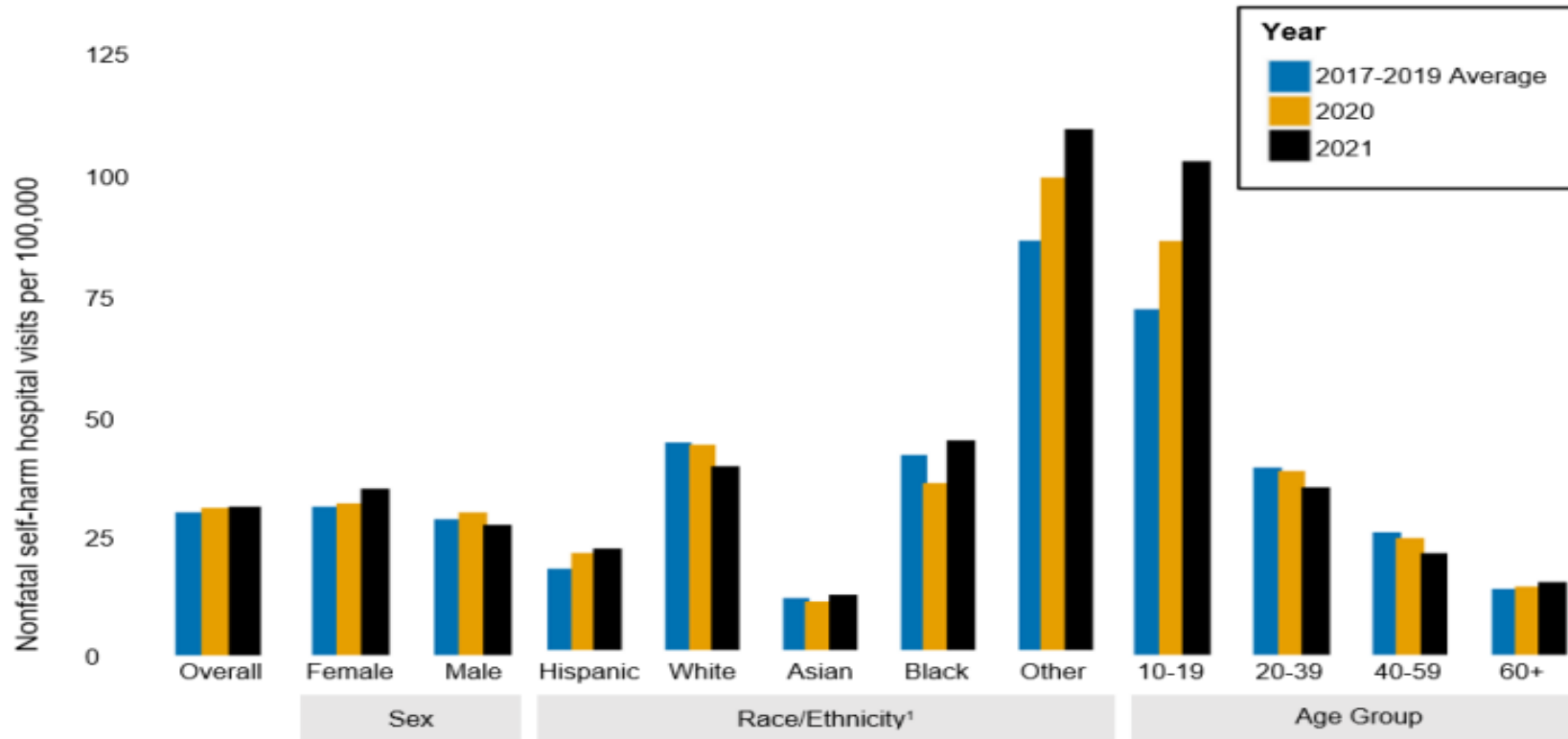


Figure 6

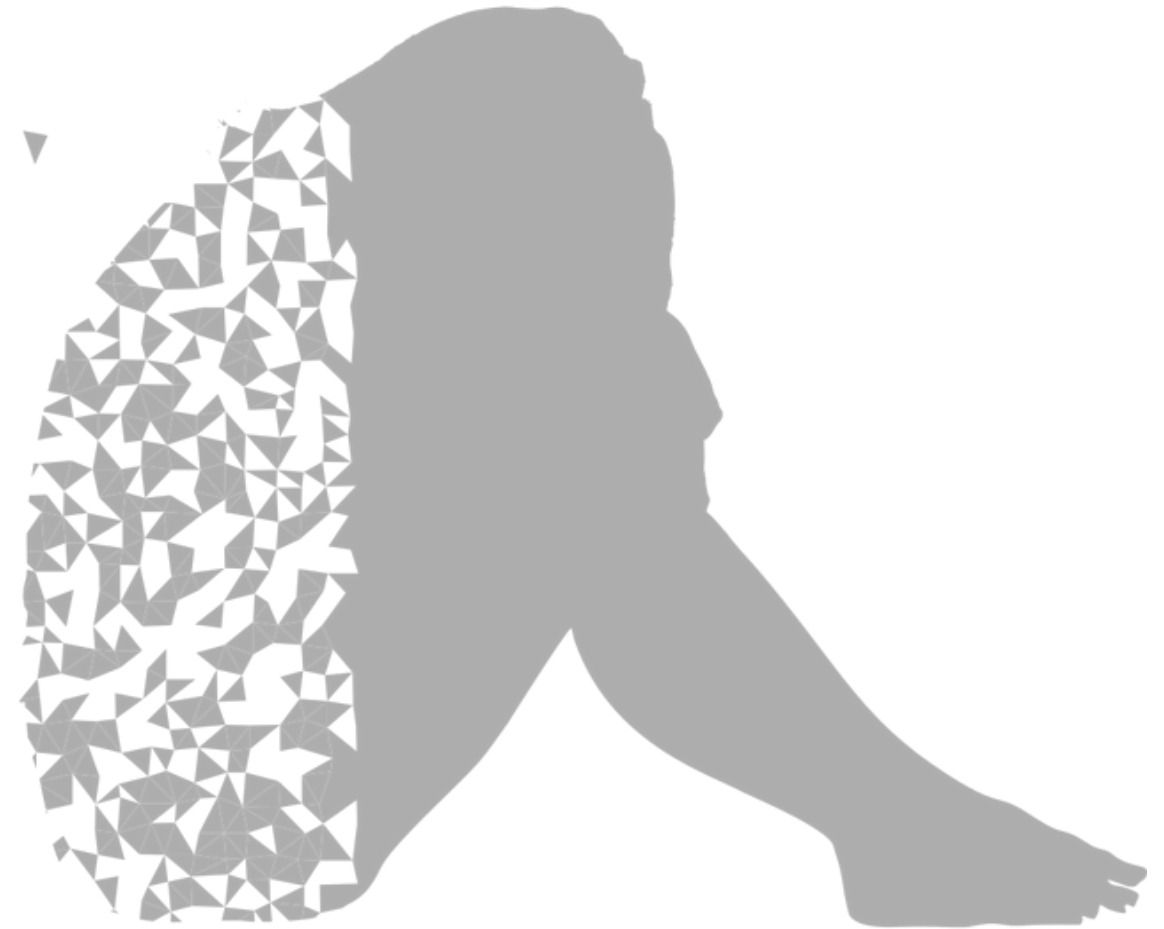
Rates of nonfatal intentional self-harm visits to UC hospital from 2017-2021, by gender, race/ethnicity, and age.¹ All race/ethnicity categories besides Hispanic and Other are Non-Hispanic.

How Common Is Non-Suicidal Self-Injury?

17.7%

of adolescents 10 – 19
years old

**across 17 countries*



In Their Words: 11,264 5th Graders

“Do you feel sad?”

19% *“Yes, most of the time” or “Yes, all of the time”*

“Do other kids hit or push you at school when they are not just playing around?”

10% *“Yes, most of the time” or “Yes, all of the time”*

24% *“Yes, some of the time”*



In Their Words: 56,617 Secondary students



“During the past 12 months, did you ever feel so **sad or hopeless almost every day for two weeks** or more that you stopped doing some usual activities?”

27-21% “Yes”

“During the past 12 months, did you ever seriously consider attempting suicide?”

11-12% “Yes”

Why Start?

- Risk-taking
- Rebellion
- Rejecting their parents' values
- Statement of individuality
- Seeking acceptance

- Seeking Calm
- Anger
- Attention seeking
- Statement of hopelessness or feelings of worthlessness
- Seeking help because they have suicidal thoughts

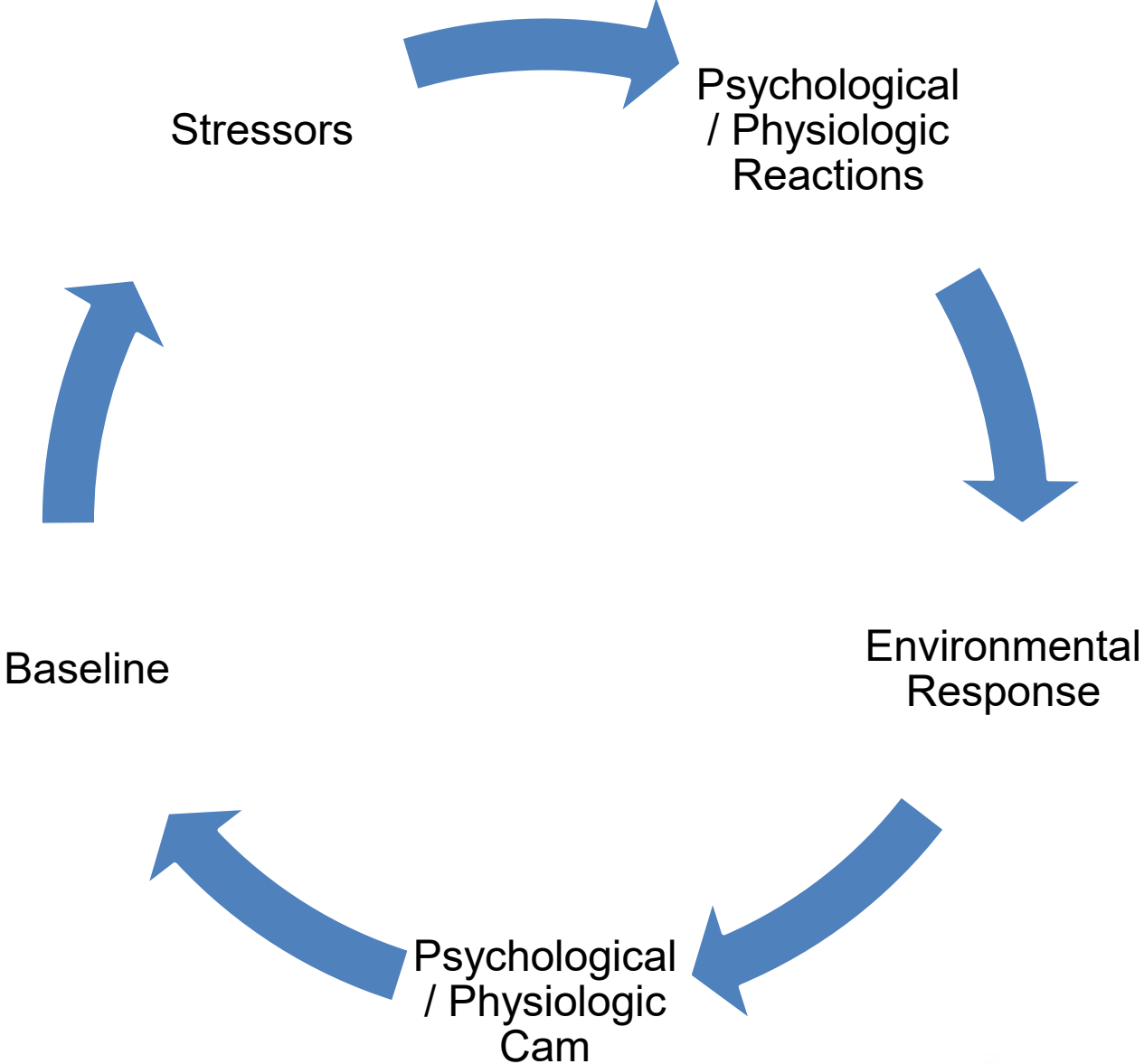


Why?

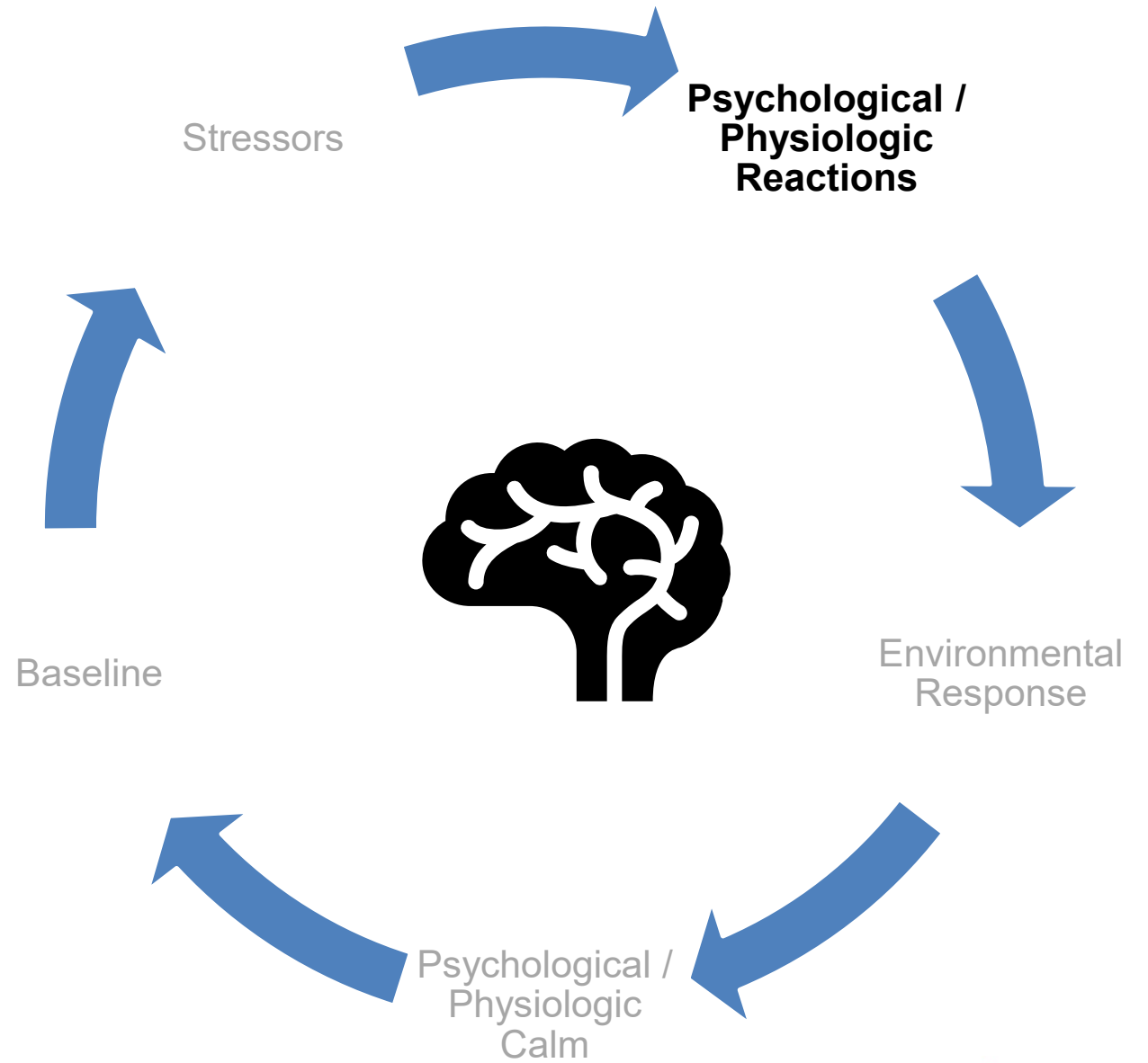


- Way to communicate scary, intense feelings or cognitions
 - Conscious or unconscious
- Transformation of emotional distress to physical
- Expression of anger or aggression
- The body is the border between the self and social world

Stress Cycle



Stress Response



Childhood abuse... is associated with aberrant connectivity of the amygdala...

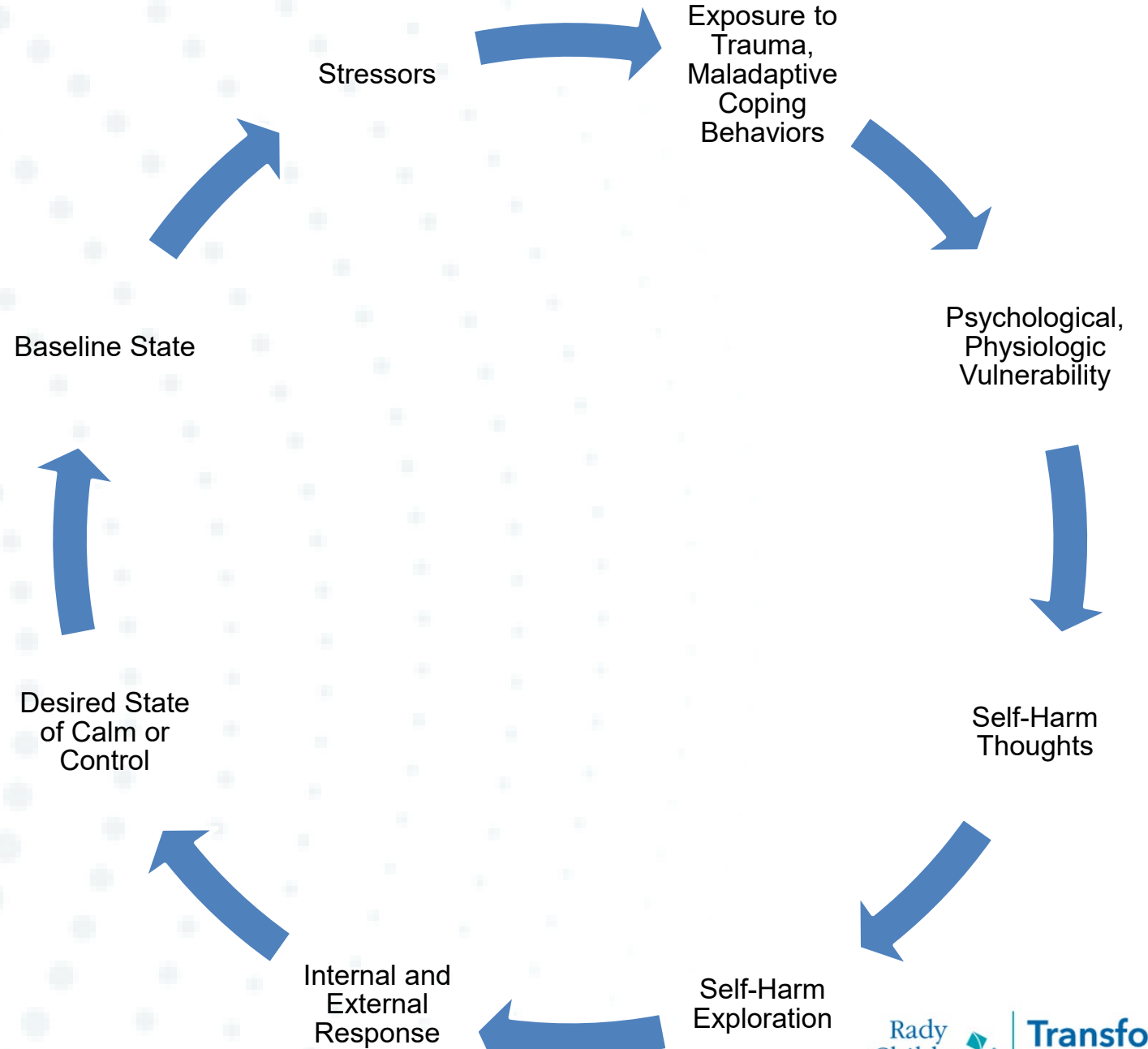
...associated with feelings of distress and an inability to...“come down” from heightened emotion...self-injury [may be an] attempt to cope with or down regulate a painful emotional response



Farah Harb, Michael T. Liuzzi, Ashley A. Huggins, E. Kate Webb, Jacklynn M. Fitzgerald, Jessica L. Krukowski, Terri A. deRoon-Cassini, Christine L. Larson. Childhood Maltreatment and Amygdala-Mediated Anxiety and Posttraumatic Stress Following Adult Trauma, *Biological Psychiatry Global Open Science*, Volume 4, Issue 4, 2024, 100312, ISSN 2667-1743, <https://doi.org/10.1016/j.bpsgos.2024.100312>, (<https://www.sciencedirect.com/science/article/pii/S2667174324000259>)

Pambianchi, H. & Whitlock, J. (2019). Understanding the neurobiology of non-suicidal self-injury Information Brief Series, Cornell Research Program on SelfInjury and Recovery. Cornell University, Ithaca, NY

Self-Harm Cycle



Self-Harm Cycle

- Bullying
- Trauma
- Rejection

Stressors

Exposure to Trauma, Maladaptive Coping Behaviors

Psychological, Physiologic Vulnerability

- Heightened emotional state
- “Inability to come down”

Self-Harm Thoughts

- Un/subconscious thoughts:
 - Displace or externalize “emotional pain”
 - Communicate anger, aggression
- Deficit in mentalization

Self-Harm Exploration

Internal and External Response

Desired State of Calm or Control

Baseline

- Risk-taking
- Rebellion
- Rejecting their parents' values
- Statement of individuality
- Seeking acceptance
- Sadness, Depression
- School difficulties

- “Feel something else”
- “Feel Numb”



What Can We Do?

- “Special time” – quality time
- Extracurriculars, sleep, exercise
- Ask about emotional well-being
- If you learn about a child who is self-harming:
 - Listen first
 - Ask for help; therapy is necessary
 - Is this an emergency?
 - Make a plan
- If a child is in treatment for self-harm
 - Partner with therapist
 - Join the safety plan
 - Special time, etc.



What Can Teens Do?

Make a Safety Plan:

- No one way to do this

Then, Work on:

- Accept reality and find ways to make the present moment more tolerable
- Identify feelings and talk them out rather than act on them
- Distract themselves from feelings of self-harm (for example, counting to ten, waiting 15 minutes, saying "No!" or "Stop!," practicing breathing exercises, journaling, drawing, thinking about positive images, using ice and rubber bands)
- Stop, think, and evaluate the pros and cons of self-injury
- Soothe themselves in a positive, non-injurious way
- Practice positive stress management
- Develop better social skills



**From the American Academy of Child and Adolescent Psychiatry
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FF-Guide/Self-Injury-In-Adolescents-073.aspx*

MY WARNING SIGNS

Self/ Patient (my feelings or behaviors)

1. _____

2. _____

3. _____

Parent/Caregiver/Family (what they may notice about me)

1. _____

2. _____

3. _____

COPING SKILLS

Instructions: identify and describe simple and specific coping actions and thoughts you can use when stressed.

Distraction techniques (e.g. TV, music): _____

Relaxation techniques (e.g. deep breathing, meditation): _____

Refocusing (e.g. cool cloth on head, showering): _____

Exercise (e.g. walk dog, stretch, push-ups): _____

Self-statements (e.g. I am [blank]): _____

Positive statements from others: _____

Other: _____

ACTION ITEMS

In addition to my coping skills, in a time of crisis, who can I talk to? (e.g. therapist, parents, friends)

1. _____
2. _____
3. Utilize mental health emergency resources below

What can my parents/other adults do to help me stay safe? (e.g. supervise, go on walk with me, listen)

1. _____
2. _____
3. Identify access to dangerous items and remove:

FOLLOW UP PLAN

Resources provided: _____

Next Provider Appointment or Next Steps: _____

****Please share this safety plan with your provider at your next appointment****

IN A MENTAL HEALTH EMERGENCY YOU CAN:

Call your doctor or mental health provider

Call 911 or go to a hospital emergency room

Call the Access and Crisis Line: 1-888-724-7240 or Text Crisis Hotline 741-741 (available 24/7)

Call National Lifeline: 1-800-273-8255 (available 24/7)

Call Trevor Lifeline: 1-866-488-7386 (available 24/7, for LGBTQI youth)

Go to Rady Children's Behavioral Health Urgent Care (BHUC): 858-966-5484, 4305 University Ave, Suite 150, San Diego, CA 92105

Walk-In 4p-8p Monday-Friday

Go to Emergency Screening Unit (ESU): 619-876-4502, 4309 Third Ave, San Diego, CA 92103
San Diego Medi-Cal/Uninsured Only - Available 24/7

Mental Health Resources

In the event of an emergency, suicidal or other mental health crisis (suicidal thoughts, homicidal thoughts, physical aggression, or concern for your safety or the safety of your child), please call:

- 911 or go to the nearest emergency room. If you are unable to transport yourself or your child safely, please contact 911 and ask for PERT (Psychiatric Emergency Response Team).
- National Suicide Prevention Lifeline at 988 or 1-800-273-TALK. Spanish line: 888-628-9454; TTY: 800-799-4TTY (4889) (8255). You'll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7. The 988 Lifeline provides free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.
- Crisis Text Line- 741741 (text HOME to get connected) www.crisistextline.org
- It's Up to Us, <https://up2sd.org>
- National Alliance on Mental Illness, <https://www.nami.org/Home>
- Healthy Children.org by American Academy of Pediatrics, www.healthychildren.org
- American Psychiatric Association, www.psychiatry.org
- Centers for Disease Control and Prevention (CDC), www.cdc.gov

Mental Health Resources

- Primary Care
- Smart Care
 - Physician : 858-880-6405
 - Families : 858-956-5900
 - www.smartcarebhcs.org
- Call individual insurance
- American Academy of Child & Adolescent Psychiatry FACTS FOR FAMILIES,
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Layout/FFF_Guide-01.aspx
- Psychologytoday.com

Mental Health Resources

San Diego County Resources:

- Rady Children's Behavioral Health Urgent Care (BHUC) Walk-in Clinic. Call: 858-966-5484. 4 p.m.-8 p.m., Mon-Fri. 4305 University Avenue, Suite 150, San Diego, CA 92105. Serves youth ages 5-21 struggling with concerns that pose an imminent risk to their safety, the safety of others, or significantly impair their daily lives.
- Rady Children's Hospital Emergency Room. Call: 858-966-8005. 3020 Children's Way, 1st Floor, San Diego, CA 92123.
- San Diego County Emergency Screening Unit. Call: 619-876-4502. 4309 3rd Avenue, San Diego, CA 92103.
- Available to children and adolescents for emergency psychiatric assistance.
- San Diego County Access and Crisis Line. Call: 888-724-7240. Crisis counseling or referrals, 24 hours a day/7 days a week.
- Center for Community Solutions. Call: 888-385-4657.
- Crisis Action and Connection. Call: 619-591-5740.
- North County Crisis Intervention and Response Team. Mon-Fri from 12:00 p.m. to 8:00 p.m. Weekends from 12:00 p.m. to 5:00 p.m. Escondido, call: 760-233-0133 | Vista: 760-305-8225.
- 2-1-1 San Diego: Dial 2-1-1 from a mobile or 858-300-211 from any phone.
- Children's Primary Care Medical Group, www.cpcmg.net (Go to Health Hub to learn more)
- Children's Physicians Medical Group, www.cpmgsandiego.com
- San Diego County Department of Public Health, www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html
- Riverside County Department of Public Health, www.countyofriverside.org



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Mental Health Resources

San Diego County Office of Education Resources:

- [Bullying Prevention and Intervention - San Diego County Office of Education](#)
- [SDCOE Teen Guide to Mental Health and Wellness](#)
- [SDCOE Young Person's Guide to Wellness](#)
- [SDCOE Parent Resources](#)

Other Self Harm Resources:

- [Helping Teens Who Self-Harm \(for Parents\) | Nemours KidsHealth](#)
- [Helping a Teen Who Self-Harms](#)
- [When Children and Teens Self-Harm - HealthyChildren.org](#)

Summary

- Self-harm is common but complex
- Is sign of emotional distress
- Talking about it helps!
- Ask about emotional well-being
- Listen first
- Make a plan
- Primary care, schools, therapists
- Use resources

