AMERICAN PSYCHOLOGICAL ASSOCIATION

SELF-INJURIOUS THOUGHTS AND BEHAVIORS AMONG STUDENTS

*This information is designed to help teachers respond to students who may need support. It is **not** intended to be used as a diagnostic tool or to replace the use of formal assessments employed by mental health professionals. Additionally, it is important to consider the context of the situation, individual differences, and cultural and linguistic factors.*

Self-injurious thoughts and behaviors (SITBs) are among the most alarming and perplexing of all human experiences, especially when they occur among children and adolescents. They are also alarmingly common. Suicide is the 2nd leading cause of death in the US among youth ages 10-34 years (Center for Disease Control, 2024a).

This primer is designed to empower teachers and other school professionals with basic information that can help them better understand SITBs and to provide useful steps that can increase their ability to keep students safe, healthy, and on the path to improved mental health.

WHAT ARE SELF-INJURIOUS THOUGHTS AND BEHAVIORS (SITBS)?

SITBs can generally be grouped into two main categories: **non-suicidal self-injury (NSSI)** and **suicidal** thoughts and behaviors.

NSSI refers to intentional harm to one's own body *without* the intent to die. The most commonly used methods of NSSI are cutting, scratching, and burning oneself - often on the arms, legs, or torso. NSSI is uncommon among young children and increases with age during adolescence (typically starting with the onset of puberty at around at age 12). Approximately 6% of children report engaging in NSSI, with this rate increasing to approximately 20% of high school students reporting engagement in NSSI at least once in the past year (Liu et al., 2022; Swannell et al., 2014).

Suicidal thoughts (or ideation) and behaviors are thoughts and/or self-injurious behaviors a person engages in *with* the intent of ending their own life. Suicidal thoughts and behaviors are relatively rare among young children, but increase dramatically beginning in middle-school (at around age 12). By the time students are in high school, 22% of students report seriously considering suicide in the past 12 months, 18% make a plan to kill themselves, and 10% actually attempt to kill themselves (3% making a suicide attempt requiring medical treatment) (Centers for Disease Control, 2024b). Of note, girls experience suicidal thoughts and behaviors at approximately twice the rate of boys.

WHY DO YOUTH HURT THEMSELVES?

We spend a lot of our time as humans trying to stay healthy and prolong our lives: eating well, exercising, taking medicine, and so on. So why in some cases do people intentionally hurt themselves and try to end their lives? This question has confused many people, and can lead some individuals to not want to even talk or think about SITBs. Understanding, however, why youth engage in these behaviors can help teachers and other adults be in a much better position to aid youth struggling with these problems.

© AMERICAN PSYCHOLOGICAL ASSOCIATION

NSSI. Research in the past few decades has made meaningful progress in helping us to understand why people hurt themselves. In short, people engage in NSSI because it temporarily decreases their negative thoughts and feelings. For instance, if someone is having very intense negative feelings or memories, intentionally hurting themselves may make them seem to go away for a while. It is not yet clear how exactly this works (e.g., distraction, a biological process, social support from others afterwards, a combination of factors). Research has shown that people report a significant reduction in negative thoughts and feelings immediately after engaging in NSSI (Nock, 2010). Treatments for NSSI that have proven to be most effective are those that teach people how to tolerate negative thoughts and feelings without engaging in harmful behaviors, as well as how to more effectively communicate with others and obtain social support without resorting to NSSI (Nock, 2010). Like a lot of risky and potentially harmful behaviors (e.g., alcohol and drug use), NSSI increases during adolescence and decreases later into adulthood. Furthermore, like other risky behaviors, it is concerning because NSSI is associated with increased risk of harm and potentially death. In addition to the risk of serious injury that comes with NSSI, it is a significant predictor of subsequently making a suicide attempt.

Suicidal Behavior. Suicidal thoughts and behaviors differ from NSSI in that they involve some intention of dying as a result of self-harm. Suicidal thoughts and behaviors, however, are similar to NSSI because they are also motivated by a desire to decrease negative thoughts and feelings. A consistent primary motivation for suicidal behavior is to escape from seemingly unbearable psychological life circumstances. Researchers have done studies in which they interview people who tried to kill themselves, but survived, and a consistent primary motivation for suicidal behavior is to escape from seemingly unbearable psychological life circumstances (Nock et al., 2024). That is, people who try to kill themselves do not necessarily want to be dead, they just want relief from what appears to be inescapable psychological pain. This pain can come from the experience of intense depression, school or social pressures, chronic physical pain, family problems, or other stressors. Treatments for suicidal thoughts and behaviors that have proven to be most effective are those that teach people how to tolerate negative thoughts and feelings, and then let them dissipate without hurting themselves as a means of relief. The most helpful and important things that teachers and other school staff can do in this regard is to recognize the warning signs for suicide and take steps to get suicidal youth connected with a mental health professional.

WARNING SIGNS FOR NSSI AND SITBS

NSSI. In addition to youth talking or writing about NSSI, those engaging in the behavior(s) can sometimes be identified by the resulting markings on their skin. Most youth who injure themselves do so on their arms (followed by their legs and torso), and injuries or scarring can sometimes be observed in these locations.

Suicide. Two-thirds of people who die by suicide told someone that they were thinking about death or suicide. The clearest warning sign for suicide is a person talking about wanting to be dead or expressing that they are having thoughts of suicide (Rudd et al., 2006). Having a suicide plan and taking steps toward implementing that plan should increase concerns about the person's risk. For these reasons, all mentions of suicide, and all engagement in self-injurious behaviors, should be taken seriously.

© AMERICAN PSYCHOLOGICAL ASSOCIATION

WHAT CAN TEACHERS DO?

Teachers can play a vital role in identifying youth at risk for NSSI and suicide, and in being a bridge to care for such youth. The ACT (Ask-Care-Tell) approach provides a simple framework for teachers to follow. If you think one of your students might be at risk for SITBs:

DO	DON'T
1. ASK! Most youth who die by suicide told someone ahead of time that they were thinking about suicide. Asking someone if they are thinking about suicide is safe and does not put the idea in their head and increase their risk of suicide (Gould et al., 2005). If a student you know is showing warning signs for suicide, ask them about it in a calm and dispassionate way: "Are things so bad that you are thinking about death or about ending your life?"..."Are you having thoughts of suicide?"..."Have you taken any steps to actually hurt yourself?"	• Avoid the topic because it can be uncomfortable. If you don't ask them, assume that nobody else will. • Ask them in a way that encourages them to say "no." For instance, don't ask: "You're not having thoughts of suicide, right?" Asking in this way sends a message that you want them to deny suicidal thoughts, missing an opportunity for you to help.
2. CARE! Students are often really nervous about sharing information about SITBs and fearful about how people will respond. One of the best ways to help students manage SITBs is to encourage them to share their thoughts with others and to seek help. Responding by letting them know that you care about them, other people do as well, and you are here to listen can go a very long way in providing help. Just being there, listening, and encouraging them to seek help is an incredibly valuable step in helping students with SITBs. For example: "I am really glad you shared this with me. The other teachers and I really care about you. You don't have to go through this alone. A lot of students actually have thoughts of suicide (15-20%), and many really benefit from getting help from those who care about them."	• Avoid discussing the issue further after they tell you they are having SITBs. That will send a message that you and other people don't want to hear about it and it will discourage them from sharing with others and getting help. • Minimize their experience. A lot of times, a student's motivation for suicide comes from undiagnosed mental illness (90-95% of people who die by suicide have a diagnosable mental illness). Just because the student may appear to be functioning quite well (straight A students, popular students, and athletes are just as likely to struggle as other students), it does not mean that they are not experiencing significant symptoms of a mental illness that they may experience as intensely painful and scary.
3. TELL! Tell a mental health professional. You should not try to solve this problem or treat this student on your own. If someone is experiencing SITBs, the best next step is for them to receive a psychological evaluation from a mental health professional. This could be a school psychologist, guidance counselor, crisis counselor (see information on 988 below), or an on-call clinician at the local emergency department. Of course, in the case of minors, it is important to ensure that a parent or guardian is told as well. Parents (and sometimes guidance counselors and other mental health professionals) are often not sure what to do in these situations. In such cases, it is best to keep things simple, follow the ACT approach, and bring the student for a psychological evaluation by a licensed mental health professional. When in doubt, you can dial "988", the new National Suicide and Crisis Lifeline, which is staffed 24hrs/day with someone who can walk you through next steps (and talk directly to the student).	• Keep SITBs a secret. Students often share information about their suicidal thoughts or self-injurious behaviors with a request that you and others keep this a secret. You are saving a life and neither being a snitch nor breaking trust when you get someone the help that is needed. They will only receive support if it's reported, even anonymously. • Try to solve this problem or treat the student's SITBs on your own. Just as the student should not struggle alone, you should not manage this situation on your own. Use the resources below to learn more and to get supportive help!

© AMERICAN PSYCHOLOGICAL ASSOCIATION

ADDITIONAL RESOURCES

What to do When Someone is at Risk?:

American Foundation for Suicide Prevention:

What to do when someone is at risk: https://afsp.org/what-to-do-when-someone-is-at-risk/

Brief training for teachers: https://afsp.org/more-than-sad/#teachers

24/7 Helplines:

988 Lifeline: https://988lifeline.org/

Samaritans: https://samaritanshope.org/our-services/24-7-helpline/

More Facts About Suicide:

Centers for Disease Control and Prevention: https://www.cdc.gov/suicide/facts/index.html

National Institute of Mental Health: https://www.nimh.nih.gov/health/statistics/suicide

REFERENCES

Center for Disease Control (CDC; 2024a). Centers for Disease Control and Prevention. Web-Based Injury Statistics Query and Reporting System (WISQARS). Accessed July 18, 2024 from: https://wisqars.cdc.gov/resources/

Center for Disease Control (CDC; 2024b). Centers for Disease Control and Prevention. Youth Risk Behavior Survey, United States 2021 Results. Accessed July 18, 2024 from: https://nccd.cdc.gov/Youthonline/App/Results.aspx

Gould, M. S., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., & Davies, M. (2005). Evaluating iatrogenic risk of youth suicide screening programs: A randomized controlled trial. *JAMA,* 293(13), 1635-1643.

Liu, R. T., Walsh, R. F., Sheehan, A. E., Cheek, S. M., & Sanzari, C. M. (2022). Prevalence and correlates of suicide and nonsuicidal self-injury in children: A systematic review and meta-analysis. *JAMA Psychiatry,* 79(7), 718-726.

Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology,* 6(1), 339-363.

Nock, M. K. (2024). Antecedents, reasons for, and consequences of suicide attempts: Results from a qualitative study of 89 suicide attempts among Army soldiers. *Journal of Psychopathology and Clinical Science.*

Rudd, M. D., Berman, A. L., Joiner Jr, T. E., Nock, M. K., Silverman, M. M., Mandrusiak, M., ... & Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior, 36*(3), 255-262.

Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior, 44*(3), 273-303.

© AMERICAN PSYCHOLOGICAL ASSOCIATION