



To Our colleagues throughout Quebec

From The Lester B. Pearson School Board, SSD



Non-Suicidal Self-Injury (NSSI)

This postcard was created in collaboration with
Dr. Nancy Heath's research team at McGill University.

What is self-injury? Non-suicidal self-injury (NSSI), also referred to as self-injury or self-harm, is the deliberate and direct destruction of one's body tissue without suicidal intent. Most common methods of self-injury include cutting, burning, scratching, and bruising. Body modification practices like tattooing and piercing are not included in this definition.

Who self-injures?

Between 14-28% of youth and young adults have cut, burned or bruised themselves at least once, and approximately 25% do it repeatedly over their life.

Why is my student self-injuring?

Those who self-injure most commonly report that self-injury helps them cope with overwhelming stress or negative emotions like anxiety, anger, or numbness. Some people use self-injury to punish the self, or to communicate difficult feelings they are experiencing.

Self-injury & suicide: What's the relationship?

NSSI is not a suicide attempt or a failed attempt. In fact, NSSI is not associated with a wish to die; it is a way to cope and feel better or communicate distress to others. However, even though self-injury is a non-suicidal behavior, we cannot take it lightly! The emotional distress that leads to self-injury can also lead to suicidal thoughts and actions, and in fact about 50% of youth who self-injure also report a suicide attempt. **Therefore, we must take all incidents of self-injury seriously and ensure the student receives a risk assessment and support to minimize any greater risk.**

What should I look for?

Because self-injury is so secretive, there are not a lot of obvious signs to recognize. However, the following are indicators that should concern you:

- ✓ Signs of cuts, scratches, burns, or bruises
- ✓ Frequently wearing clothing that is inappropriate for the weather e.g., wearing long sleeves in hot weather
- ✓ Reluctance to take part in activities that require a change of clothing (e.g. gym class, swimming, sports)
- ✓ Expressing ideas of self-injury in classwork, personal writing, or conversations

The most common way that school personnel identify students who self-injure is through reports from other students.

What should I do if I know a student is injuring themselves?

- Communicate calmly and respectfully, and let the student know that there are people who care and can help them.
- Listen to the student, and try to understand what they are experiencing.
- Use non-judgemental language, and do not over react (panic, or respond with shock/revulsion, threats or coercion).
- Do not discuss the details of the injuries, as this may trigger the desire to engage in NSSI.
- Do not talk about the student's NSSI in front of other students or in a group setting as this can lead to other students trying the behaviour.
- Inform the student you will inform a mental health professional to help/support them.

Myths & Facts about Self-Injury

MYTHS	FACTS
Mostly girls self-injure.	Boys also self-injure. While as many as 24% of girls report having self-injured, approximately 12% of boys also do. The main difference is how boys and girls self-injure.
Self-injury is manipulative and attention seeking.	About 60% of self-injurers have never shared their self-injury with an adult; so it is not attention seeking. For a small percentage, NSSI is a way of communicating distress.
Self-injury is a sign of mental illness.	Many who self-injure do not have any diagnosable mental illness.
Self-injury occurs mostly in certain teen subcultures (e.g., goth or emo kids).	Self-injury occurs in all groups, ethnicities, and economic backgrounds.
Students who self-injure are struggling in school.	Self-injury is not uncommon in high achieving, perfectionistic, self-critical students.
Only teenagers self-injure.	People of all ages self-injure; in fact, about 10% start to self-injure before the age of 12 and about 20% start in young adulthood or later.
Individuals who self-injure have a history of sexual abuse.	Reasons for self-injuring are varied and unique to the individual. In fact, the majority of teens who self-injure do NOT have a history of abuse.
Students who self-injure usually come from families with serious problems.	Although youth who self-injure often have difficulty communicating with parents, many of them come from caring and loving families.

For a more complete list of Dos and Don'ts, refer to <http://sioutreach.org/learn/school-professionals#firstresponse>
Students can learn other coping mechanisms, and will benefit greatly from support from all school staff!

Some tips and resources on stopping NSSI can be found at the following link:
<http://sioutreach.org/help-and-recovery>. Although these do not substitute for the advice of a mental health professional, they may help students begin to cope more effectively.

For more detailed information on NSSI, please refer to the following resources:

<http://sioutreach.org/>, <http://www.selfinjury.com/>, <http://www.selfinjuryfoundation.org/>, <http://helpguide.org/index.htm>

If you have found this postcard to be helpful and informative, please share it with colleagues.
Dissemination of information about mental health is the first step toward promoting better mental health!

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