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SELF-HARM: WARNING SIGNS, RISK FACTORS, AND PREVENTION

Rates of suicide and self-harm have been increasing in children and adolescents over the last 20 years (CDC, 2022). Suicidality and self-harm are preventable, treatable, and manageable. Parents and those who work with children, teens, and young adults are an important part in addressing this issue. This article reviews the current statistics of suicide and self-harm, role of trauma, risk-factors, causes, prevention, and treatment options. Practical tips and resources are included. The reader will better understand the phenomenon and know how self-harm and suicide can be prevented and treated.

After holding steady or decreasing for many years, from 2000-2018 suicides for those aged 10-24 have increased by 56% (CDC, 2022). Suicide is now the second leading cause of death for those aged 14-18 (Ivey-Stephenson, 2020). The pandemic increased this trend even more, especially for girls. Visits to emergency departments where a suicide attempt was suspected were 51% higher for girls in 2021 compared to the same period in 2019 (Yard, et al., 2021). Suicidal ideation is quite common, 1 out of 5 teens have thought about suicide (Ivey-Stephenson, et al., 2020).

Self-harm is another concern for this age group (a rate of about 17%) (Meuhlenkamp, Claes, Havertape, & Plener, 2012). This behavior includes cutting, burning, or scratching oneself. Teens have the highest rate of participating in this behavior. It is not a mental illness in and of itself, a way to get attention, or a suicide attempt but is a way to cope with emotional distress. It is a way to release emotional tension and can even become an addiction. It should be taken seriously though because self-harm indicates something is seriously wrong in that child/teen's life. They are 9 times more likely to attempt suicide (Chan, et al., 2018).

Causes

Research has identified some potential causes to these increases. Developmentally, adolescents have always been more impulsive and have less consideration of the future. This is due to less brain neuron activity in the pre-frontal cortex at that age, the part of the brain that oversees decision making. Brain development is not complete until the mid-20's. (Colver & Longwell, 2013).

Due to this brain limitation, teens and young adults are known to experiment with substances because they make a person feel good in the moment. Research has found that substance use/abuse is a major risk factor for self-harm and suicide (Singhal, Ross, Seminog, Hawton, & Goldacre, 2014). Part of the issue is that some substances lower inhibitions that would normally stop

someone from harming themselves or could increase their impulsive tendencies.

The invention of the smart phone in the 2010's is thought to have contributed significantly to increased mental instability. Smart phones and then the corresponding social media involvement have been linked to higher rates of depression, anxiety, isolation, and on-line bullying that can be directly linked to suicide deaths (Twenge, 2017).

Smart phones aren't the only the only negative development that happenedthat happened around that time. We also experienced the Great Recession that led to concerns about teens' economic future and ability to be independent. This gave rise to an increased pressure to succeed academically to get scholarships so they can avoid student loans. Teens observed their older siblings and parents struggle with paying off student loan debt so don't want to make the same mistakes (Davis, Baltazar, Trecartin, & VanderWaal, 2022).

As a response to these increased depression and anxiety rates, children and teens have been prescribed anti-depressant medications. Selective Serotonin Reuptake Inhibitors (SSRIs) are known to decrease these symptoms, but in some children, teens, and young adults there is a unique risk of suicidal thinking and self-harm (Nischal, Tripathi, Nischal, & Trivedi, 2012). Psychotic and manic episodes have been reported with SSRI usage in those with a tendency towards those symptoms (Bowers, McKay, & Mazure, 2003).

Role of Trauma

Trauma is a common experience in a sinful world. In the U.S. about half of youth have experienced at least one Adverse Childhood Experience by the age of 18, 20% have experience two (CDC, 2021). Adverse Childhood Experiences (ACEs) are ten different types of traumatic events that research has shown impacts physical and mental health throughout the person's life. The more ACEs one has experienced, the worse the outcomes. These take a negative physical and emotional toll (Feletti, Anda, Nordenberg, Edwards, Koss, & Marks, 1998). The book The Body Keeps the Score by Vessel Van der Kolk (2014), recounts the multiple ways trauma effects the brain and body which then has an impact on behavior.

Those who have experienced multiple smaller traumas or a few severe traumas when young experience the world differently. There is increased cortisol and norepinephrine responses to subsequent stressors (Bremner, 2006). Their brain is always prepared for the next danger which keeps their limbic system (includes the amygdala and hippocampus) easily activated to keep them safe. The limbic system is what quickly perceives danger, before the logic part of the brain (the pre-frontal cortex) has a chance to think about it. When in perceived danger, this type of brain activity is needed so we can fight it off or run away, but we aren't always in danger (Bremner, 2006).

When a person is stuck in this type of brain activity, it makes logical thinking more of a challenge. They are more likely to misunderstand other people's intentions, assuming the worst of others and themselves. As a result, it can be challenging to reason with those who have a significant trauma history especially when in emotional distress.

Risk Factors

Though self-harm and suicidality can happen to all youth, we do know that some

are more at risk than others. Youth who are involved in the juvenile justice or child welfare/foster system, who are LGBTQ+, or American Indian/Alaska Native need special attention in implementing the known protective factors (HHS, 2012). Girls are more likely to attempt, but boys are more likely to die by suicide (CDC, 2022). Boys are more likely to use lethal means (guns) in the suicide attempt that is more likely to be deadly than girl's preferred mode of suicide (overdose).

Other individual and family factors for increased risk of suicide include:

- One or more mental or substance abuse problems
- Impulsive behaviors
- Imprisonment, or going to jail
- Past suicide attempt
- Undesirable life events or recent losses, such as the death of a parent
- Family history of mental or substance abuse problems
- Family history of suicide
- Family violence, including physical, sexual, or verbal or emotional abuse
- Gun in the home
- Exposure to the suicidal behavior of others, such as from family or peers, in the news, or in fiction stories

Situational factors can also contribute to the problem, these include:

- Changes in their families, such as divorce or moving to a new town
- Changes in friendships
- End of an intimate relationship
- Problems in school
- Other losses

There are warning signs of suicidality to pay attention to:

- Changes in eating and sleeping habits
- Loss of interest in usual activities
- Withdrawal from friends and family members
- Acting-out behaviors and running away
- Alcohol and drug use
- Neglecting one's personal appearance
- Unnecessary risk-taking
- Obsession with death and dying
- More physical complaints often linked to emotional distress, such as stomachaches, headaches, and extreme tiredness (fatigue)
- Loss of interest in school or schoolwork
- Feeling bored
- Problems focusing
- Feeling he or she wants to die
- Lack of response to praise

Many of these warning signs are symptoms of depression also.

Another warning sign is making plans or efforts toward attempting suicide:

- Says "I want to kill myself," or "I'm going to commit suicide."
- Gives verbal hints, such as "I won't be a problem much longer," or "If anything happens to me, I want you to know ...."
- Gives away favorite possessions or throws away important belongings
- Becomes suddenly cheerful after a period of depression
- May express weird thoughts

Writes 1 or more suicide notes (Johns Hopkins, n.d.)

Mental Illness

There are many mental illnesses that are associated with self-harm and suicidality. These include depression, bipolar disorder,

borderline personality disorder, anxiety disorders, eating disorders, schizophrenia, and substance/alcohol abuse (Singhal, Ross, Seminog, Hawton, & Goldacre, 2014). If a mental illness is suspected to be the underlying cause, it should be identified and treated by a mental health professional like any physical illness that is impacting functioning.

Prevention

These facts can cause emotional distress by just reading about them. Research has found ways to prevent youth from turning to self-harm to cope with emotional distress. The best way to address the adverse childhood experiences and their impact on health is for parents and caring adults to increase protective childhood experiences (PCEs). The more of these a child experiences, the less of an impact ACEs have. These include (Morris, Hays-Grudo, J., Zapata, et al., 2021):

- Caregivers who love them unconditionally,
- At least one best friend,
- Regular opportunities to help others,
- Involvement in organized sports groups,
- Active membership in a civic group or faith-based youth group,
- An engaging hobby,
- An adult other than a parent they can trust,
- A home that is clean and safe with enough food to eat,
- Clear routines and rules,
- And a school that provides sufficient resources and academic experiences to learn.

Not all these activities are necessary to prevent self-harm, but the more a child experiences these prevention efforts, especially if the child has a trauma history, the better their outcomes.

Treatment

Since prevention doesn't always happen or completely protect our youth, these symptoms can be treated and managed. There are several ways to approach them.

Increase the window of tolerance

Many who self-harm or have a significant trauma history have a limited window of tolerance (Siegel, 2012). They tend to be easily hyper- or hypo-aroused. Window of tolerance is the emotional space where we can handle life's ups and downs without affecting functioning. It helps to notice the early warning signs. For hyper-arousal one of the first signs is the feeling of not being able to calm down. Other symptoms are being overreactive, not being able to think clearly, and feeling emotionally distressed. This means the person's limbic system is over-active and needs to be calmed down so a person can think more rationally.

The techniques to bring a person out of hyper-arousal are: Using mindfulness, anchoring techniques, and breathing exercises. Some physical activity can help release any muscle tension. The best approach will vary by person but should be decided upon before the person gets hyper-aroused.

- When a person is hypo-aroused this means their brain and body are flooded with cortisol which can have the opposite effect of hyper-arousal. The body can only be hyper-aroused for so long before it reaches exhaustion. Noticing when the person is shutting down

is an early warning sign. Some later symptoms are feeling depressed, lethargic, numb, and unmotivated.

The techniques to bring a person out of hypo-arousal are like hyper-arousal: Using mindfulness, breathing exercises, and physical activity.

- Christian mindfulness

Mindfulness is often associated with eastern philosophy and Zen Buddhism. Mindfulness basically means being mindful of the present and your current surroundings. It helps to address the human tendency to become agitated over regrets of the past and/or fears of the future which can cause or exacerbate emotional distress. The goal is to become more self-aware in the present moment. This is done by paying attention to a person's thoughts, feelings, and sensations at that moment (Mindful, 2020). With the goal of not judging them as good or bad.

Research has found mindfulness to be very effective in decreasing self-harm (Yusainy & Lawrence, 2014), but Christians are often uncomfortable with the spiritual aspects. Eastern- oriented mindfulness is more self-focused, promotes a oneness with the universe, supports emptying the mind, and encourages escape from reality. Buddha did not invent mindfulness; it has long been part of Judeo-Christian beliefs. Like any good thing the Lord has given us, it can be misused. The main difference between Eastern mindfulness and Christian mindfulness is that one is horizontal (paying attention to self) and the other is vertical (connecting with the divine). We just need to approach it in a wise and Biblical way. The Bible has a lot to say on keeping a calm mind and focusing on our creator God and His goodness (Focus on the Family, 2019). The cited verses are from the New King James Version.

- Philippians 2:1-2 "Therefore if there is any consolation in Christ, if any comfort of love, if any fellowship of the Spirit, if any affection and mercy, fulfill my joy by being like-minded, having the same love, being of one accord, of one mind." Christians are called to be mindful and focused on the present.
- Thessalonians 5:17 "pray without ceasing," Prayer is a way for Christians to apply mindfulness on a regular basis.
- Psalm 48:9; Psalm 63:6 "We have thought, O God, on your loving kindness, in the midst of your temple." "When I remember you on my bed, I meditate on you in the night watches." Christians are to spend time focusing on God's goodness.
- Hebrews 12:2; Philippians 4:8 "looking unto Jesus, the author and finisher of our faith, who for the joy that was set before Him endure the cross, despising the shame, and has sat down at the right hand of the throne of God." "Finally, brethren, whatever things are true, whatever things are noble, whatever things are just, whatever things are pure, whatever things are lovely, whatever things are of good report, if there is any virtue and if there is anything praiseworthy-meditate on these things." We are to look to Jesus and think about admirable things.
- Matthew 6:25 "Therefore I say to you, do not worry about your life, what you will eat or what you will drink; nor about your body, what

you will put on. Is not life more than food and the body more than clothing?" Christians shouldn't spend time worrying about the future.

- Romans 12:2 "And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is that good and acceptable and perfect will of God." Being a Christian is to transform our thoughts to the ways of God.

There are several Christian mindfulness techniques that exist that can comfortably be used by Christians. A simple internet search will reveal many books, apps, and videos on Christian mindfulness. A great place to start is just to sit still in the presence of God, to focus your mind on Him (Perry, 2020). This can be done right after devotional times or after a good sermon. The goal is to give God time and space to work on your heart, to give you guidance instead of you trying to figure things out on your own. It can be challenging at first and many worry if they are doing it right. It is a skill that needs to be developed and practiced.

Anchoring Techniques

These techniques are a physical way to get the human mind into the present. To bring it back from a flashback or a desire to dissociate from a painful present. Sometimes the limbic system is so activated it is too difficult to intentionally focus the mind on anything. Anchoring techniques involve the senses to help a person come back to the present reality. When you are with someone who appears to be dissociating or if you are aware of the early signs of dissociating in yourself, ask, "What are,
5 things you can see
4 things you can feel (literally touch different textured objects)
3 things you can hear
2 things you can smell
1 thing you can taste." (Smith, 2018)

It may be difficult to remember the order. The main point is to use the body's senses to bring the mind back into the present and to distract and calm the limbic system from focusing on its perception of danger that isn't actually happening. A simple anchoring technique is just going outside in bare feet to connect with God's creation. It is a way to physically connect with something permanent and away from emotional distress.

Breath Work

When the limbic system is activated, our bodies are getting ready to either fight off or run away from danger. The heart rate increases to elevate oxygen levels so the body can run or have the muscle strength to fight. Other body systems that are impacted include: enlarged pupils in the eyes to improve vision, slows digestion so its energy is diverted to other areas of the body, relaxes airway muscles to improve oxygen delivery in the lungs (Cleveland Clinic, n.d.)

This reaction is sometimes necessary when we are in physical danger, but usually isn't needed in most "scary situations" especially if someone has a significant trauma history that is easily activated to protect a person from further trauma. Telling someone to "calm down" doesn't work when the rational part of the brain has taken a back seat to the emotional part of the brain that

is working with the body to physically defend itself.

The best way to tell the body that there is not going to be an inevitable attack is to slow down the heart rate. This is best done by slowing the breathing down. If there is less oxygen coming in, the heart can't keep up the higher rate. It can be uncomfortable to do this at first. Like mindfulness and anchoring, there are many different breathing techniques.

A simple technique is just to breathing in through the nose (this will automatically slow the oxygen rate compared to breathing in through the mouth) hold it for a few seconds and then breathing out through pursed lips twice if breathing in. It is best to focus on the breath coming from the diaphragm instead of the chest. Breathing from the diaphragm helps to fill the lungs more. A way to know if this is happening is to put one hand on the chest and one just below the belly button and notice which hand goes out when taking a breath. It can take 5 to 10 minutes before there is a noticeable decrease in anxiety. The earlier it is started, the quicker the body can relax.

For kids a favorite breathing technique is Pizza Breathing. This is done by pretending to hold a piece of pizza and smelling how good it is, but then it is too hot, so you must blow on it slowly to cool it down. This should be done a few times to notice a decrease in anxiety symptoms.

Breath work can be used to relax the muscle tension that comes with hyper-arousal. A way to do this is to do a quick body scan to notice any tightness. Then focus on that tension and feel it relax as the breath is slowly released. For a more complete relaxation experience, tighten and relax each muscle group starting with the toes and ending with the top of the head. A fun one for kids is to pretend to be a wet noodle to release any muscle tension.

These activities help to activate the parasympathetic nervous system which restores the body to a state of calm (McCorry, 2007). Sometimes the parasympathetic nervous can be too strong and the body stays in the hypo-arousal longer than needed to recover from the sympathetic nervous system activation. Breath work can also help the body to get out of hypo-arousal. Taking in a quick breath through the mouth can activate the sympathetic nervous system to give the body a boost of energy to face the day.

The Role of the Vagus Nerve

The vagus nerve system helps to counterbalance the fight or flight response by triggering a relaxation response. It is one of the cranial nerves that connect the brain to the body. It is in the neck and can be activated with the breath work mentioned above. There are additional techniques to stimulate the vagus nerve that slows heart rate (Horeis, 2020):

- Loud gargling with water
- Loud singing (if it is something that is typically enjoyed)
- Foot massage
- Cold water face immersion (forehead, eyes, and 2/3 of both cheeks)
- Laughter

Physical Activity

All humans benefit from a certain amount of physical activity. This is especially important in helping to decrease physical tension that develops from hyper-arousal and to bring a person out of hypo-arousal. Research has found that exercise can decrease depression and anxiety symptoms in some individuals (Netz, 2017). Walking is a

great place to start. It gives you fresh air and sunlight, regulates heart rate, gives a change of scenery, and the opportunity to connect with others that are seen on the walk or in walking along with others which helps with bonding. These combine to aid in improving a person's mood when distressed. Walking through a forest is ideal (Song, et al., 2018). If that is not possible, then a person should look for as much green (in plants & trees) and blue (in the sky) as possible.

Self-care Activities

When a person is struggling with self-harm and suicidality, they often are not taking good care of themselves. There are just certain things humans need to do in taking care of themselves that helps to prevent disease – physical or mental.

Diet – Eating a diet rich in whole grains, fruits, and vegetables (look for foods known to decrease inflammation), healthy fats, magnesium and folic acid, low fat protein, and high in fiber helps the nervous system to work more efficiently. Avoid sweets and highly processed foods that contribute to increase inflammation (Ljungberg, Bondza, Lethin, 2020). It is best to eat meals with others to improve interpersonal relationships and eat healthier.

- Social support – We are created to be social beings. Spending time with others helps with emotion regulation (Marroquin, 2011).
- Spirituality – People of faith can still suffer from mental illness. We often feel disconnected from God when under emotional distress. Having faith and hope in an all-powerful being can help us through difficult times, but religious struggle can worsen depression (Braam & Koenig, 2019). As mentioned earlier, prayer is a powerful way to unburden our worries.

Getting Help

All children and adolescents go through periods of emotional distress. The exercises mentioned above can help them manage the inevitable problems that happen in life. If symptoms last more than a few weeks or affects functioning it is time to get professional help. There are multiple professionals who can treat self-harm and suicidality (psychiatrists, psychologists, clinical social workers, and licensed professional counselors). Since a history of trauma is strongly associated with these symptoms, it is best to find a psychotherapist who is at least trauma informed and ideally trauma trained.

Psychotherapy

There are many different therapeutic modalities that are known to successfully treat these symptoms:

Cognitive Behavioral Therapy – Addresses cognitive distortions that trigger or exacerbate emotional distress (Beck, 2011). This includes behavioral techniques, some of them mentioned in this article.

Dialectical Behavioral Therapy invented by Marsha Linehan (1987) – includes the following elements:

- Mindfulness – described above
- Distress tolerance – learning how to get through a crisis without making the situation worse
- Emotion regulation – learning to identify goals, functions, and models of emotions and reducing emotional vulnerability to decrease the frequency of unwanted emotions and emotional suffering

- Interpersonal effectiveness – learning to maintain good relationships, self-respect, and communicate needs/wants in a healthy way
- Walking the path in the middle – learning to see things from different perspectives, validate, and avoid the power struggle

Internal Family Systems Therapy invented by Richard Schwartz (2020) works to identify a person's internal family system that plays different roles in helping a person cope with life's stresses. The approach assumes individuals possess a variety of "parts" who play these roles. The goal of this therapy helps the person identify these parts, better understand their roles, then work to find better ways to approach problems. It is thought there is a self-harm part that helps the body avoid excessive criticism (another part) and emotional distress (another part that holds wounds from childhood).

EMDR (Eye Movement Desensitization and Reprocessing) invented by Francine Shapiro (2016). A form of exposure therapy to help the brain heal from a past trauma that keeps triggering hyper-arousal.

There are many other forms of therapy; just make sure they are based on research, and fit a person's values. Many of these therapies can have a Christian element. Unfortunately, it is not always easy to access therapy due to time, transportation, and/or cost. Teletherapy is more available than before. There are apps that aid with the use of the many activities mentioned in this article.

Therapy is not quick; it can take weeks, months, and years for there to be significant improvement in symptoms, depending on the severity of the illness and amount of trauma, the ability of the therapist, the willingness of the client, and the techniques that are used. The relationship between the therapist and client is very important in addressing self-harm and suicidality so it is okay to do research ahead of time or change therapists if needed. Information about therapists, including if they use Christian therapy, should be able to be found on the internet.

Hospitalization

If there is any talk about feeling hopeless or not wanting to live and/or there is a plan to die, get help immediately. If you aren't sure if a person is suicidal, just ask "Are you thinking of hurting/killing yourself?" This does not plant the idea in his/her head, that idea is probably already there and is a relief when it is finally out in the open (National Institute of Mental Health, n.d.). To get immediate help, the child should be taken to the local emergency room where doctors will rule out any physical causes for the suicidality and then there will eventually be an evaluation by a psychiatrist or similar profession to determine the necessity of inpatient psychiatric care. If the individual is 18 or over and refuses to go, there are legal ways to compel a person to be taken to the emergency room for a psychiatric evaluation. The rules will vary from state to state or by country.

If it is believed the person is not in immediate danger, but a plan of suicide has been devised, access should be limited or eliminated, such as, removal of razor blades, firearms, and/or medication. In addition to protecting a person from the ability to harm themselves, a suicide safety plan should be designed.

Suicide Safety Plan

When there is chronic self-harm and/or the possibility of suicide, it helps to create a plan before the emotional distress, when a person can think more clearly. It should be put in writing and in a place that is easy to find. In addition, it should be done in consultation with a mental health professional or responsible adult who will also have a copy. Recommended information that should be in the plan includes (V.A., n.d):

1. Hopelessness level (1-10)
2. Which emotions are difficult to manage?
3. What situations trigger those emotions?
4. Identify early warning signs of emotional distress
5. Have a plan to cope (at least 5)
6. Contact information for support system (friends, family, school, church, counselor, doctor, etc)

Hope Kit

Instead of a no-suicide contract where the at-risk young person promises not to kill themselves, helping the person remember what there is to live for has been found to be protective (Leahy, 2018). The person should gather pictures of family, friends, and/or pets, symbols of what he/she is hoping will eventually happen in life (advanced degrees, a particular profession, marriage, parenthood, or other goals in life). This can be done with physical objects or collected in a digital file. When a person is feeling hopeless, he/she can focus on what can give hope in the future.

Medication

There are times medication is appropriate to address the underlying mental illness that is causing the self-harm or suicidality. Though SSRIs are known to cause these symptoms, that is in only a minority of users. Most actually improve with its use (Preston, O'Neal, Talaga, & Moore, 2021). If the mental illness is treated, a person would less likely feel a need to self-harm or consider suicide to cope. Mood stabilizers and low dose anti-psychotics have also been found to be helpful depending on the diagnosis (Saunders & Smith, 2016). When a person has a physical illness, a person will take medication to treat that illness if needed, the same should apply to mental illness, a disease of the mind.

Conclusion

The increasing rates of self-harm and suicide are discouraging, but not surprising in a sinful world. There are many reasons for these increases and ways to know who is most at risk. Though these higher rates are a cause for alarm, there are known ways to prevent, treat, and manage these symptoms. There are many ways faith can play a role.

Resources

Apps

Suicide Safe https://store.samhsa.gov/product/suicide-safe
Virtual Hope Box
Abide – Christian mindfulness

Suicide Crisis Phone numbers

Bahamas - The Crisis Centre Hotline: 328-0922, 322-4999
National Helpline: 322-2763
Canada - Talk Suicide Canada: 211 or
Crisis Line: 833-456-4566
Crisis Line: 866-277-3553
(Residents of Quebec)
Text Line: 45645

Guam – Suicide Prevention Resource Center

Life Works Guam: (671) 477-3574

Youth for Youth LIVE Guam: (671) 688-8878

Sanctuary Inc.: (671) 475-7101

United States - Suicide & Crisis Lifeline: 988

Crisis line: 1-800-273-TALK (8255)

Text line: 741741

Websites

National Alliance on Mental Illness https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Self-harm

National Institute of Health https://www.ncbi.nlm.nih.gov/books/NBK56398/

National Institute of Mental Health https://www.nimh.nih.gov/health/publications/suicide-faq

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