For Review Only

"The hospital staff think treating us is a waste of time because they should be treating people who don't deliberately harm themselves."

"You can't control what's happening around you but you can control what you do to yourself."

Young persons who intentionally harm themselves are largely misunderstood in society. They are misunderstood by parents, teachers, peers and even the medical personnel who treat them. Just what is self-harm? Why do teenagers want to cut their wrists or forearms? Does such behaviour lead to suicide? And what are the signs to look out for? This book presents the facts for anyone who interacts with children and teenagers.

Revised and updated, *Living with Self-harm Behaviours* is part of a series of handbooks on mental health in children written by mental health professionals from the Child Guidance Clinic. Other titles in the series are:

- Attention-Deficit Hyperactivity Disorder (ADHD)
- Anger
- Autism
- Discipline Issues
- Divorce and Family Issues
- Grief
- Intelligence and Learning Difficulties
- Sexuality Issues
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DR ONG SAY HOW *Living with* SELF-HARM BEHAVIOURS Marshall Cavendish Editions

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Dedicated to
all my patients and children of Child Guidance Clinic
and their parents

For Review Only

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PREFACE

Self-harm behaviour is not uncommon in all communities and strikes people from all walks of life. It is often not spoken about because it arouses negative feelings of shame, guilt and remorse, particularly in Asian societies where it is considered taboo to talk of one's private affairs publicly. Sufferers who speak up may be ostracised and seen as weak and useless. So their plight is not known to many.

Self-harm behaviours cannot be easily wished away and should not go unnoticed. The fact that children and teenagers engage in self-harm behaviours definitely raises concerns. Why should people in the prime of their youth want to hurt themselves?

It must be recognised that young people may not necessarily have the means and resources to cope with their emotional problems. Many do not dare to turn to their parents or teachers for help. If our society does not protect and help them, then who will?

This book aims to present the facts behind self-harm behaviours for parents, teachers, counsellors and anyone who interacts with children and teenagers. This new edition also provides updates on self-harm, including recent local statistics and new community-based resources, such as REACH and CHAT, that could help young persons who experience self-harm.

I would like to thank my fellow colleagues at the Child Guidance Clinic for encouraging me to complete this book.

Dr Ong Say How
July 2015

INTRODUCTION

“I came to the hospital's A&E so often that one of the nurses told me I was a pain in the neck for having to keep coming in.”

— Angela, 18 years old

“The hospital staff thinks that treating us is a waste of time because they should be treating people who truly want to get better and don't deliberately hurt themselves.”

— Chris, 17 years old

People who intentionally harm themselves are often ostracised in society as the reasons for them doing so are poorly understood, even as we continue to learn more about them and their self-destructive behaviours. Self-harm behaviours are baffling for caregivers who cannot understand why young persons would want to harm themselves and if so, why they do so repeatedly. Parents are dumbfounded and often give up after failing to obtain any answers from their children.

These young persons may also be shunned by their friends and peers, as well as by the medical personnel who attend to them when they seek treatment at hospitals.

Self-harm behaviours can afflict both teens and even young children below 12 years old, although the occurrence in the latter age group is much lower. In this book, “young persons” is used to refer to youths between the ages of 12 and 18 years old.

Just what is self-harm? Why do youngsters harm themselves and what can we do about it? This book attempts to explain this phenomenon, offer new insights and suggestions on what families and schools can do to reduce its occurrence. By trying to understand individuals who self-harm, we will hopefully effect a change in them and not relegate them to the fringes of society.

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WHAT IS SELF-HARM?

PART 1

Self-harm describes a wide range of acts that people deliberately do to hurt or injure themselves. A more accurate term for self-harm is Non-Suicidal Self-Injury (NSSI), which is defined as "the deliberate, direct and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent" by the International Society for the Study of Self-Injury. For simplicity, the terms "self-harm" and "non-suicidal self-injury" are used interchangeably in this book.

Individuals who engage in self-harm behaviours are in great emotional turmoil. Most self-harmers feel very alone as they believe they have become different from normal people and have no one to trust or share their problems with. They have conspicuous scars on their limbs which cannot be easily explained away, and which they conceal with bandages or long-sleeved shirts.

The seriousness of the problem is not measured by how bad or how extensive the injury is. People who hurt themselves a little can be feeling just as bad as those who hurt themselves a lot. Many self-harmers hurt themselves secretly for a long time before they eventually find the courage to tell someone about it or come forward for help.

1.1 WHAT ARE THE COMMON METHODS THAT PEOPLE USE TO HARM THEMSELVES?

In Singapore, most cases of self-harm are caused by inflicting superficial cuts on the wrists and forearms with penknives and other sharp objects (knives, razors, broken glass, metal rulers and pins). Some common methods are:

- cutting or carving on skin,
- scratching or biting skin,
- burning skin,
- pulling hair out,
- peeling skin until it bleeds,
- picking on an old wound so that it does not heal,
- hitting one's body with an object or punching oneself,
- hitting or banging self against walls or other hard objects,
- embedding foreign objects under the skin,
- overdosing with medications or drugs (self-poisoning).

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Self-harm by drug overdose is a relatively common method used here. The most commonly used drugs are the ones that are readily available like Paracetamol (commonly known as Panadol) and minor tranquillisers such as sleeping pills and relaxants. Overdosing does not usually endanger life unless the dosage is so massive such that the drug causes liver failure or other complications in the central nervous system.

As one of the criteria for self-harm must be that its purpose is not socially sanctioned, tattooing and body piercing would not have technically been constituted as self-harm behaviour unless they are carried to the extreme. Likewise, other potentially harmful behaviours like smoking and alcohol intake are not typically regarded as self-harm although they could cause negative health effects. Substance abuse (e.g. glue-sniffing and illicit drug use) and eating disorders (e.g. anorexia nervosa and bulimia nervosa) may be regarded by some to be forms of self-harm, but the purposes for these behaviours are very different, warranting separate diagnostic classification, assessment and management. These are hence not included for discussion in this book.

Whatever the nature of the act, self-harm is always a sign that something has gone seriously wrong.

1.2 HOW COMMON IS SELF-HARM AMONG CHILDREN AND YOUNG PERSONS?

Self-harm by children and young people is not uncommon, even in Singapore. It is difficult to give a true estimate of just how many children and young people engage in self-harm acts here as such acts are often done in private. What we see at the clinics is just tip of the iceberg. Some mental health professionals say as many as one in ten teenagers could be affected. The number of cases actually seen by medical personnel is probably fewer as only the reported or severe cases are treated. In the US, it is estimated that about 1 per cent of the population self-harm. In the UK, the British government estimates that one in seventeen adolescents are self-harming.

In general, studies suggest that about 13 per cent to 25 per cent of adolescents and young adults surveyed in schools have some history of self-harm behaviours (Rodham & Hawton, 2009). There is no age limit as to when self-harm can occur, but students in secondary schools have somewhat higher prevalence as the average age of onset for self-harm tends to occur at 14 to 16 years.

1.3 DO PEOPLE WHO SELF-HARM HURT THEMSELVES REPEATEDLY?

While many who self-harm did so only once or twice and then stopped, others become chronic self-injurers. This demographic profile seems to be similar worldwide. Studies conducted overseas revealed that:

- approximately 20 per cent to 30 per cent of young persons seen at hospitals had engaged in previous acts of self-harm,
- between 10 per cent and 15 per cent of self-harmers carried out a further act within the following year.

Repeated acts of self-harm indicate that these individuals face persistent or recurrent psychosocial problems. More importantly, they are associated with a considerable risk of actual completed suicide.

1.4 WHO ARE THE PEOPLE WHO ARE LIKELY TO HARM THEMSELVES?

A study by Ho & Kua (1998) revealed interesting data about self-harmers in Singapore. Of 814 patients admitted to the National University Hospital, they found that:

- women (60.5 per cent) were more likely to harm themselves than men,
- the female to male ratio was 7:1,
- the behaviour began in the teen years and continued into the late twenties and early thirties,
- self-harmers usually come from the middle or upper socio-economic classes,
- self-harmers are intelligent and well educated.

However, self-harm is seen across all cultures, races and religious groups. The risk increases if the person comes from a background of physical and/or sexual abuse or has at least one alcoholic parent. People who self-harm may also suffer from eating disorders.

1.5 WHY ARE WOMEN MORE LIKELY TO HARM THEMSELVES THAN MEN?

It is quite clear that women tend to resort to self-harm behaviours more often than men. In 1994, Dusty Miller, a training director and author of the book, *Women Who Hurt Themselves*, postulated that women are socialised to internalise anger and men to externalise it.

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Men are socialised to repress emotion by putting on a stoic and brave facade, or externalise it in seemingly unrelated acts of violence. This means that when overwhelmed by distressing or negative emotions, men have a choice to act out in behaviours such as drinking, fighting or vandalising property. In contrast, women are not socialised to express violence externally and when confronted with unpleasant or depressive emotions, will tend to vent that rage on themselves.

1.6 IS SELF-HARM DANGEROUS OR LIFE-THREATENING?

Most self-harm acts appear to be harmful but they are usually not dangerous and they do not kill. However, death or permanent injury may result even if it was not the intention. Accidents can happen and precious lives are lost. For years, there have been media reports of famous people or celebrities who accidentally killed themselves by a drug overdose. Their initial intention was perhaps to escape from daily pressures in the entertainment or political circles.

1.7 WHAT IS THE RELATIONSHIP BETWEEN SELF-HARM AND SUICIDE?

The relationship between self-harm and suicide is complex. Many people who have harmed themselves have harboured thoughts of suicide at some point in time. We should remember, though, that self-harm in itself is not failed suicide. Most self-harm acts also do not include attempted suicide or injury that is incidental to another activity.

For the purpose of clarity, self-harm is regarded as a separate entity and distinct from intended suicide. This is because the motivation behind the two acts is very different. Even then, a case of serious, repeated self-harm acts may progress into suicide eventually. Suicide is more serious as the person would have decided, after much pondering, to end his life to escape from his problems permanently. Part 6 of this book discusses this relationship in greater detail.

1.8 TO WHAT EXTENT DOES PERSONALITY AND TEMPERAMENT PREDISPOSE A PERSON TO SELF-HARM BEHAVIOUR?

There are many postulations and theories about the relationship between a person's temperament and self-harm behaviour. In 1993, an American professor in psychology, Marsha Linehan, found that most self-harmers exhibit mood-dependent behaviour, that is, they tend to act in accordance with their current feelings rather than consider long-term desires and goals.

Two years later, the psychiatrist S. Herpetz found some common observations among people who self-harm. These include a/an:

- inability to control emotions (poor affect regulation),
- impulsivity and aggressiveness,
- great deal of suppressed anger and high levels of self-directed hostility,
- inability to prioritise and plan ahead for the immediate or distant future.

Other researchers noticed that self-harm acts tend to increase when there were increased levels of chronic anger and anxiety. Typically, individuals who hurt themselves tend to possess or exhibit certain personality attributes, psychological characteristics and stress-coping styles.

Personality attributes

- Hypersensitive to rejections and criticisms
- Chronically angry (usually at themselves)
- Impulsive (lack impulse control)
- Easily irritable
- High level of aggressive feelings, which they disapprove strongly and often suppress or direct inward

Psychological characteristics

- Strong dislike of themselves or tendency to invalidate themselves
- Tendency to act in accordance with their current mood
- Depressed and suicidal/self-destructive
- Suffer chronic anxiety
- Perceive themselves as unable to cope with stress
- Low self-esteem and pessimistic about life
- Diffident about being able to control life
- Sense of being powerless to change things

Stress coping styles

- Tendency to suppress anger
- Not plan for the future
- Avoidance of problems
- Being inflexible

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In a 2013 study conducted in Changi General Hospital (Tay & Cheng, 2014), 37 adults who self-harmed were screened for maladaptive personality traits. The majority (89.2 per cent) screened positive for more than one class of maladaptive traits. The three most prevalent classes of maladaptive traits were anankastic (obsessive-compulsive), schizoid (asocial or socially aloof) and paranoid (suspicious and distrustful). More than three quarters of the participants had three or more classes of maladaptive traits. The study concluded that maladaptive personality traits are common and inherent in self-harm patients.

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ABOUT THE AUTHOR

Dr Ong Say How graduated from the National University of Singapore with a Masters in Psychiatry in 1999 and obtained his Graduate Diploma in Psychotherapy in 2002. After completing his Research Fellowship in Columbia University and New York State Psychiatric Institute (NYSPI) in 2005, he has been deeply engaged in outpatient services for children and adolescents with psychological problems and has conducted research work in mood disorders, schizophrenia, cyberaddiction and Attention Deficit Hyperactivity Disorder (ADHD). Recently conferred an Adjunct Assistant Professor by Yong Loo Lin School of Medicine, National University of Singapore (NUS), Dr Ong is also a core faculty member of the National Psychiatric Residency Program and serves as a Clinical Teacher of DUKE-NUS Graduate Medical School.

Dr Ong has chosen to specialise in the field of child and adolescent psychiatry because of his natural rapport and easy connection with young children and teenagers. He believes that every child and teen deserves a voice of their own amidst the multitude of challenges that they face in the real world today.

Having special interest in public education, Dr Ong has spoken widely in the local TV and radio media and in schools. He has also contributed articles regarding mental health issues in the young for several books and magazines. In 2002, he wrote a short story “Nick’s In Trouble Again” about managing misconduct in children and co-authored several other books on child and adolescent mental health.

Currently practicing at IMH’s Child Guidance Clinic located at Health Promotion Board, Dr Ong manages a whole range of childhood emotional and psychological conditions ranging from Anxiety, Depression, ADHD, Autism Spectrum Disorders to Early Psychosis. He is also a visiting consultant at KK Women’s & Children’s Hospital and heads its Child & Adolescent Mental Wellness Service.