



HALDIMAND-NORFOLK HEALTH UNIT

Student Health CONNECTION

Students Who HURT THEMSELVES



What is non-suicidal self-injury?

Non-suicidal self-injury (NSSI), more commonly known as “cutting”, among students, is the intentional act of causing injury to one’s body. A common misconception is that incidents of self-injury are failed suicide attempts. Self-injury, however, is not an attempt to end one’s life but may be seen as a means of coping to “feel alive”. The act of self-injuring helps some people experience temporary relief because they have a way to physically express and release tension and pain that they have been holding inside.

How do students self-injure?

The most common methods of NSSI include:

- Cutting of the wrists, arms, torso, legs and other areas
- Self-hitting, banging and bruising
- Burning the skin

Other methods include:

- Severely scratching or pinching to the point of bleeding
- Carving words or symbols into skin
- Biting
- Pulling out hair, eyelashes or eyebrows
- Intentionally preventing wounds from healing
- Embedding objects into the skin (e.g. paperclips or glass)

What about tattoos and piercings? Tattoos and piercings are not considered methods of NSSI because those are “culturally or socially sanctioned”

How common is NSSI among students?

Self-injury is increasing among adolescents. Currently, it is estimated that 14% to 24% of students in middle and high school, have engaged in self-injury.

Many of these young people will only engage in self-injury once or twice and then stop, however a quarter of them will have done it many times and some of them will go on to become chronic self-injurers.



There is NO single self-injurer profile

Anyone, at any age, can begin to engage in NSSI. The most common age of onset for NSSI is between 12 and 16 years of age. Sexual minorities are also at higher risk of engaging in NSSI, with the risk being highest for bi-sexual or questioning youth.

Why do students self-injure?

Adolescence is time of powerful emotions. While many young people develop positive, healthy coping skills to manage their emotions, some do not. NSSI is a learnt coping method used to manage overwhelming emotions that a student may be experiencing. Most commonly, students engage in NSSI to regulate intense negative emotions and to calm down quickly. Students may also self-injure to evoke emotion when feeling numbness, dissociation or emptiness, to punish themselves or to communicate emotional pain.

**“She/He is just looking for attention!”
Less than 4% of students engage in NSSI to seek attention from adults or peers. NSSI cannot be dismissed as “attention seeking behaviour”**

Some people may start self-injuring for several reasons. Some people stumble into self harming. They might act initially out of anger or frustration, and hit something or cut themselves to express their pain, and, unexpectedly, when they cause injury they realise that they strangely feel better inside. Others may hear about self-injury from others and copy it, while few may try to cut their wrists as a suicide attempt, but by cutting themselves they realize they can get relief.

Why does self-injury “work”?

When someone injures themselves the body goes into self protection mode. This internal physical response to the injury releases powerful chemicals produced by the body, called endorphins. Endorphins react with receptors in the brain to reduce feelings of pain and the negative effects of stress on the person who is self-injuring, which allows them to experience relief to both physical and emotional pain.

Endorphins also give the person a high which lifts the mood and lead to feelings of euphoria. The high from endorphins has been compared with that of certain illicit drugs and even sex. As with other highs, once experienced, there is a tendency to want to experience the effect again. This leads to the temptation to repeat the self-injury when the emotional tension and pressure begin to build again.

How can you help?

DO:

DO Educate yourself. The first step in helping someone engaging in self-injury is “to learn to understand”.

DO Show a respectful curiosity. Ask simple questions that give you an opportunity to collect important information and that create an open sharing environment.

DO Express your concerns. Be calm, direct and honest with students about what you are observing. Connect the student with resources. This can include professionals in the school and/or the community.

DO Maintain realistic expectations. Students may not want to quit a coping strategy that “works”. Our main role in helping someone who self-injures may be to offer support and honesty.

DO Assess the situation. If you feel like the student is a high-risk for suicide or serious harm, an immediate referral to a hospital or an emergency mental health agency is needed.

DO NOT:

DO NOT: React impulsively. If you are unsure of how to react, no reaction can be better than a negative reaction.

DO NOT: Push for information. It is important to respect privacy and asking for too many details can result in the student reliving the experience.

DO NOT: Be judgemental. Students need to hear that school staff understands that self-injury works to manage painful emotions.

DO NOT: Provide invalidating reassurances. Do not tell a student that “everything is going to be o.k.”

DO NOT: Ask the client to give up self-injury. Students need to develop other positive, healthy coping skills before they can give up self-injury.

DO NOT: Promise absolute confidentiality. If a student is at high risk for serious harm, you may need to refer them to a professional or break confidentiality based on school protocol.

No one can “fix” another person. Our main role in helping someone who self-injures may be to provide support and honesty.

Warning signs that a student MAY be self-injuring

Some students may approach you if they already have established a relationship with you; however this is a rare occurrence. Most commonly, a person who is self-injuring will attempt to hide the injuries.

There are a few things to look out for:

- Unexplained or clustered scars or marks
- Fresh cuts, bruises, burns or other signs of bodily damage
- Bandages worn frequently
- Inappropriate dress for the season or activity

- Unwillingness to participate in activities that require less body coverage (such as swimming)
- Constant use of wrist bands
- Physical or emotional absence, preoccupation or distance
- Noticing evidence of, or references to, self-injury in a student's creative writing, journals or art projects
- Social withdrawal, sensitivity to rejection, difficulty handling anger, compulsiveness
- Expressions of self-loathing, shame and/or worthlessness

***Remember: presence of these warning signs in a student does not necessarily mean they are engaging in NSSI**

Places where students can go for help:



1 800 668 6868
KidsHelpPhone.ca

Kids Help Phone

Phone:

- Speak to a professional; 24-7 hours a day, anonymous, free and confidential

Online:

- Live chat with a counsellor
- Information on various health topics
- "Ask Us Online"
- Opportunities to write anonymous letters
- Games and tools

www.kidshelphone.ca



Haldimand-Norfolk
REACH

supporting children, families, communities

Child and Youth Crisis Service

Meets with students at the request of the school and with the consent of the student regarding self-harming issues. This service is available 24/7 and can be accessed by calling 1-866-327-3224

List of Mental Health and Addiction Services for Youth 12-18:
<http://www.hnreach.on.ca/index.php/counselling-a-supports-for-children-a-youth/justice-partner-resources/215-justice-partner-resources-age-18>



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

Canadian Mental Health Association Haldimand-Norfolk offers a range of programs and services to the community:

<http://hn.cmha.ca/>

Simcoe (Main) Office:

395 Queensway West
Simcoe, ON
Phone: (519) 428-2380
Toll-free: 1-888-750-7778
Fax: (519) 428-3424

Dunnville (satellite) Office:

322 Broad Street W.
Dunnville, Ontario
Phone: (905) 701-9119
(Please note: the Dunnville Office is not permanently staffed)



Online platform

- Chat room
- Articles
- Forums
- Live Help

www.recoveryourlife.com



Your School Health Team

Our name has changed!

You may have noticed that the name of our newsletter has changed from "Sexual Health Connection" to "Student Health Connection". While we intend to keep articles related to sexual health within the newsletter, we understand that schools may have a variety of health concerns that expand beyond sexual health. The evaluation included, as an insert in this issue of the newsletter, allows you to suggest topics for future editions of the "Student Health Connection".

Public Health Nurse	Health Promoter	School
Ashley Malo	Josh Daley	Holy Trinity Catholic School Simcoe Composite School
Ruth Ann Shoemaker	Josh Daley	Waterford District Secondary School
Frances DeBoer	Josh Daley Nicole Stone	Hagersville Secondary School McKinnon Park Secondary School
Terri Hartwick	Nicole Stone	Cayuga Secondary School Dunnville Secondary School
Sabine Murphy	Jennifer Dahl	Delhi District Secondary School
Gillian Raffay	Jennifer Dahl	Valley Heights Secondary

Community Sexual Health Services are available in various locations throughout Haldimand and Norfolk counties including Caledonia, Dunnville, Langton and Simcoe.

We provide:

- Birth control counselling and low cost birth control
- Pregnancy testing and referral
- Emergency contraceptive pills (Plan B)
- Sexually Transmitted Infection (STI)/HIV testing
- Cervical screening
- Sexuality/sexual orientation information
- Needle Syringe Program

Appointments preferred. Contact 519-426-6170 or 905-318-6623 Ext. 3225 to book an appointment



HealthUnit
Haldimand-Norfolk
www.hnhu.org • info@hnhu.org

Simcoe:
P.O. Box 247,
12 Gilbertson Dr.,
Simcoe, ON N3Y 4L1
519-426-6170 or 905.318.6623

Caledonia:
282 Argyle St. S1,
Caledonia, ON N3W 1K7
905.318.5367

