EDITORIAL

Deliberate self harm in adolescents

Mental health problems are a substantial cause of morbidity and mortality among adolescents. The high prevalence of mental health problems and the potential risk for serious consequences are strong arguments for early detection and appropriate management of adolescents' mental health problems.

The term 'deliberate self-harm' (DSH) is generally used to cover all acts of self-harm, self-injury or attempted suicide. Acts of deliberate self-harm may not always involve the intention to die. Self-injury can be quite different in intent from attempted suicide, because the injuries are generally inflicted in order to enable the person to carry on living, or to cope with difficult feelings, rather than to end their life. It is widely accepted that self-injury is the result of profound emotional pain. The injuries can release feelings of self-hatred, anger and anxiety, and can provide a means of self-punishment or of taking control. The most common form of self-injury is cutting but it can also include bruising, scraping, burning and other self-inflicted wounds. . In a study from UK 7%-14% of adolescents were reported to self harm at some time in their life, and 20%-45% of older adolescents report having had suicidal thoughts at some time.[1]

In an Indian study lifetime prevalence of suicidal ideation was 21.7%, and one-year prevalence was 11.7%. [2]A survey of 11000 high school students in Kerala between fourteen and seventeen years age revealed that 27%had thought about suicide , 16% had a specific plan, 8% had made an attempt and 2% had made attempts requiring medical attention.[3] In a study of 2404 school children from class 6th to 12th prevalence of suicidal ideas was found to be 1.04% in Chandigarh..[4]

Early gender specific risks for suicidal ideation included preschool behaviors that are counter to typical gender norms, such as aggressive behavior in females and dependence in males.[5]Isolation from peers leads to lower estimation of self worth and self-confidence. It has been seen that one's friends should be friends with each other.[6] Occasional DSH was associated with school type, poor academic achievement, and family related variables. Psychological factors like body image problems as well as self perception of having problems was related with repetitive DSH.[7] In Indian studies, the risk factors for non-fatal suicidal behavior reported are failure in examination, anticipated punishment, social conflict, physical illness, and impending loss of love object.[2]

Factors suggestive of high risk of repetition of DSH include circumstances of attempt like degree of isolation, potential lethality of means used, precautions to avoid detection, and leaving a suicide note. Other factors are presence of psychiatric disorder and a past history of deliberate self-harm.

However there is a strong association between attempted suicides, deliberate self-harm and subsequent successful suicide, and thus all incidents of self-harm should be handled with extreme care. There is a need to understand the underlying issues and low self-worth associated with self-injury. It is suggested that adequate psychosocial assessment should be offered to all individuals attending hospital accident and emergency departments following incidents of deliberate self-harm. This is not only important for the risk of subsequent suicide, but also because the degree of physical trauma is not a reliable indication of the degree of psychological distress being experienced.

Most teenagers will reveal that they are suicidal or have emotional problems for which they might

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request emotional help. Many studies have shown that adolescents are more willing to share suicidal thoughts with a peer than a school staff member. Talking about suicide in the classroom provides with an avenue to talk about their feelings, thereby enabling them to be more comfortable with expressing suicidal thoughts and increasing their chances of seeking help from a friend or school staff member. When issues concerning suicide are taught in a sensitive, educational context they do not lead to, or cause, further suicidal behaviors. In a study where such measures were adapted it led to improvement in students' knowledge of and attitudes toward depression and suicide, help-seeking behavior, suicidal ideation. [8] It is important to include awareness about DSH in school mental health.

Rating scales can be used to assess suicidal intent. Practical methods such as reducing the availability of the means of self-harm can be helpful on individual and societal level. Underlying psychiatric disorder should be identified and treated. Other predisposing or precipitating factors should be addressed wherever possible.

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