

CUTTING & SELF-HARM BEHAVIOURS



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In recent years, there has been an increase in the number of individuals seeking support for issues related to cutting behaviour. This includes family members who are caught off guard when they discover that a loved one is cutting themselves. This download was created to provide general information about cutting; however, it is not a substitute for a professional evaluation.

“*People cope with difficult thoughts, feelings, or situations in different ways. Some people cope by injuring themselves on purpose—and it may be the only way for them to feel better. Self-injury may seem frightening, but it’s important to look beyond the injuries and see what’s really going on.*”

- *Canadian Mental Health Association*

Forms of Self-Harm

Cutting is often recognized as one of the most common forms of deliberate self-harm, but statistics detailed by the Canadian Institute for Health Information reveal that over 80% of hospitalizations for self-harm were a result of self-inflicted poisoning, such as by ingesting narcotics or alcohol. Other forms of self-harm include the following:

- Burning
- Excessive scratching
- Hair pulling
- Hitting body parts against objects

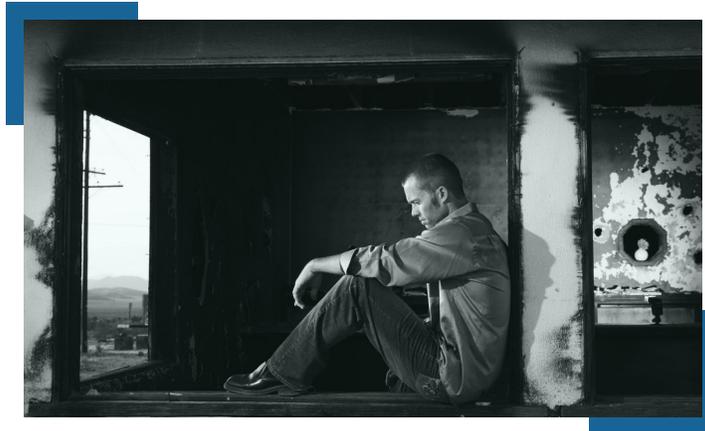
It is important to note that intentional self-injury is usually done **without suicidal intentions**. However, people who self-harm do have an increased risk of suicide due to underlying mental health concerns or the life-threatening nature of some serious self-harm behaviours.

Causes

Self-harm behaviours tend to emerge between the ages of 12 and 24, but unfortunately there has been an increase in childhood expressions since the 1980s. Self-harm may be a symptom of any number of mental health diagnoses, such as any of the following:

- Depression
- Anxiety
- Substance abuse
- Post-traumatic stress disorder
- Schizophrenia
- Personality disorders
- Eating disorders

Self-harm is also associated with certain personality traits, such as low self-esteem and perfectionism, as well as traumatic histories, such as sexual abuse. Sometimes, however, self-harm may be observed in otherwise healthy individuals whose motivations for engaging in the behaviour vary tremendously.



Self-harm is frequently used as a way to communicate some underlying emotional distress. Individuals who self-harm are frequently bothered by the realization that they are harming themselves while simultaneously deriving a sense of relief from the action. Contrary to popular belief, self-harm is not an attention-seeking behaviour. Rather, most people are very self-conscious about their behaviours and will often conceal evidence or offer alternative explanations for visible injuries.

Treatment

Treatment for self-harm behaviours generally consists of counselling (psychotherapy) and, in cases where there is an underlying mental illness, medications. Therapists work with the patient to identify the causes and motivations behind the behaviour. They may work with them to develop avoidance strategies that can be used as a distraction when the person feels compelled to self-harm. They may also help the person develop an increased awareness of mood states that can precede desires to self-harm. Helping the person to further identify triggers, utilize social supports, and increase their understanding of how their mental state can influence this behaviour are all prominent counselling goals.



If you or one of your family members is exhibiting self-harm behaviours, you are encouraged to contact your family physician or access your Employee or Student Assistance Program for support and helpful resources.

WHO WE ARE

Aspiria Corp. is the only company in Canada focused solely on providing Employee Assistance Program (EAP) and Student Assistance Program (SAP) services.

Aspiria was founded in 2003 by Charles Benayon in response to market changes in the EAP industry. As the industry consolidated and providers of EAP services diversified into other markets, our founder recognized the opportunity to develop a unique and innovative EAP offering to the underserved small- and medium-sized employer.

In 2011, we utilized a similar strategy to expand our mental health service offering to another much-needed sector: the college and university student market. Today, Aspiria serves over 315,000 employees, students, and their families in Canada and internationally.

One hundred per cent Canadian-owned, Aspiria provides a solution-based suite of mental health and wellness EAP/SAP services to all employer and educational sectors across the country when and where they're needed most.

Aspiria recognizes the value and importance of promoting, fostering, and maintaining the well-being of its clients, employees, students, and their families. Our mission is to create expert health solutions that empower organizations and their people. Professional and nimble, our clients recognize us for our integrity, transparency, and accountability in all that we do.