

Self-Harm

Preventing self-harm injury and death



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The Challenge

Self-harm or self-directed violence includes thoughts of self-harm and behaviors that may result in a non-fatal injury or death. Self-harm injury and death are generally preventable through early identification and treatment.

A number of risk factors can be associated with self-harm behaviors, including the strength of our relationships, access to behavioral healthcare, and a willingness to seek treatment. Protective factors, including a sense of connectedness and cultural and religious beliefs, may reduce thoughts of self-harm and prevent self-harm injury or death. The consequences of self-harm can extend to family and friends, as well as to broader societal costs to healthcare and the economy.

Self-Harm Deaths

In New Hampshire, suicide is the second leading cause of death among individuals age 15-34. The most common methods of self-harm deaths in the state are firearms, poisoning, and hanging.¹

The South Central region ranks thirteenth in the state for suicide mortality (out of thirteen regions). Between 2010-2014 there were 87 cases of self-harm deaths in the region. 78.2% of self-harm deaths were among males. When accounting for age, 35.6% of self-harm deaths were

¹ New Hampshire State Health Improvement Plan, 2013-2020.

among adults 45-54 of which 83.9% were among males. 8.0% of self-harm deaths were among youth 15-19 of which 100% were among males.²

While the rate of self-harm deaths in the South Central region is below that of the state, self-harm deaths are more likely to occur in males 15-19 and males 45-54. When combined, this “higher risk” group account for 26.7% of the total male population in the region (see *Table 1*). The towns of Hampstead (30.4%), Sandown (29.9%), Chester (29.2%), Atkinson (29.0%), and Windham (27.8%) have a higher proportion of males who are at higher risk for self-harm deaths compared to the region. 60.7% of higher risk males live in the towns of Derry, Salem, and Londonderry.

Table 1: Populations at higher risk for self-harm deaths

Town	Male 15-19	Female 15-19	Total 15-19	Male 45-54	Female 45-54	Total 45-54	Male Total	Female Total	Higher Risk	Total Population
Atkinson	293	296	589	624	671	1,295	3,165	3,623	917	6,788
Chester	203	167	370	492	514	1,006	2,377	2,425	695	4,802
Danville	145	240	385	429	478	907	2,293	2,130	574	4,423
Derry	1,203	1,314	2,517	3,093	2,970	6,063	16,255	16,925	4,296	33,180
Hampstead	347	123	470	982	901	1,883	4,373	4,170	1,329	8,543
Londonderry	962	929	1,891	2,113	2,407	4,520	12,097	12,150	3,075	24,247
Plaistow	333	244	577	533	671	1,204	3,723	3,891	866	7,614
Salem	954	1,124	2,078	2,837	2,495	5,332	14,517	14,324	3,791	28,841
Sandown	282	266	548	648	627	1,275	3,115	3,018	930	6,133
Windham	559	489	1,048	1,343	1,214	2,557	6,839	7,104	1,902	13,943
Region	5,281	5,192	10,473	13,094	12,948	26,042	68,754	69,760	18,375	138,514

Sex by Age (B01001), Universe: Total population, 2010-2014 [American Community Survey 5-Year Estimates](#)

² Suicide mortality, 2010-2014, [New Hampshire WISDOM](#).

Self-Harm Injuries

The South Central region ranks eleventh in the state for suicide or self-harm emergency department visits. Between 2005-2009 there were 729 cases of suicide or self-harm emergency department visits in the region. 67.5% of these cases were among females. When accounting for age, 29.8% of cases were among youth 15-19 of which 70.5% were among females. 26.3% of suicide or self-harm emergency department visits were among adults 20-29 of which 60.9% were among females.³

The South Central region ranks eleventh in the state for suicide or self-harm hospitalizations. Between 2005-2009 there were 257 cases of suicide or self-harm hospitalizations in the region. 61.1% of these cases were among females. When accounting for age, 30.4% of suicide or self-harm hospitalizations were among adults 40-49 of which 64.1% were among females. 15.2% of suicide or self-harm hospitalizations were among youth 15-19 of which 59.0% were among females.⁴

While the rate of self-harm injuries that result in emergency department visits and hospitalizations in the South Central region are below that of the state, self-harm injury emergency department visits and hospitalizations are more likely to occur in females 15-19, females 20-29, and females 40-49. When combined, this “higher risk” group account for 34.5% of the total female population in the region (see *Table 2*). The towns of Sandown (39.2%), Danville (37.1%), Derry (36.7%), Salem (36.2%), and Londonderry (36.0%) have a higher proportion of females who are at higher risk for self-harm injuries compared to the region.

³ Suicide or self-harm related hospital visits (emergency department), 2005-2009, [New Hampshire WISDOM](#).

⁴ Suicide or self-harm related hospitalizations (inpatient), 2005-2009, [New Hampshire WISDOM](#).

65.6% of females at higher risk for self-harm injuries live in the towns of Derry, Salem, and Londonderry.

Table 2: Populations at higher risk for self-harm injury

Town	Female 15-19	Total 15-19	Female 20-29	Total 20-29	Female 40-49	Total 40-49	Male Total	Female Total	Higher Risk	Total Population
Atkinson	296	589	280	562	535	941	3,165	3,623	1,111	6,788
Chester	167	370	197	489	460	856	2,377	2,425	824	4,802
Danville	240	385	146	398	404	788	2,293	2,130	790	4,423
Derry	1,314	2,517	2,053	4,145	2,840	5,586	16,255	16,925	6,207	33,180
Hampstead	123	470	308	687	757	1,335	4,373	4,170	1,188	8,543
Londonderry	929	1,891	1,252	2,430	2,188	4,084	12,097	12,150	4,369	24,247
Plaistow	244	577	306	771	415	960	3,723	3,891	965	7,614
Salem	1,124	2,078	1,529	3,486	2,531	5,189	14,517	14,324	5,184	28,841
Sandown	266	548	391	810	525	1,099	3,115	3,018	1,182	6,133
Windham	489	1,048	552	1,093	1,178	2,389	6,839	7,104	2,219	13,943
Region	5,192	10,473	7,014	14,871	11,833	23,227	68,754	69,760	24,039	138,514

Sex by Age (B01001), Universe: Total population, 2010-2014 [American Community Survey 5-Year Estimates](#)

Self-Harm & Youth

In 2013, 6.7% of New Hampshire youth grades 9-12 attempted suicide. 8.6% of female youth grades 9-12 attempted suicide compared to 5.0% of male youth. Youth in grades 9 (8.6%) and 10 (7.1%) were somewhat more likely to attempt suicide than youth in grades 11 (4.9%) and 12 (5.8%).⁵

In 2013, 14.4% of New Hampshire youth grades 9-12 seriously considered suicide. 17.4% of female youth grades 9-12 seriously considered suicide compared to 11.3% of male youth. Youth in grades 9

⁵ Youth who attempted suicide (grades 9-12), 2013, [New Hampshire WISDOM](#).

(17.7%) and 10 (14.1%) were somewhat more likely to seriously consider suicide than youth in grades 11 (12.9%) and 12 (11.9%).⁶

Table 3: 2015-2016 High School Enrollment

SAU	Grade 9	Grade 10	Grade 11	Grade 12	9-12	Nurses	Prevention Staff	Postvention Staff
Londonderry (12)	376	411	397	400	1,584	2	TBD	TBD
Pinkerton (202)	859	810	761	682	3,112	5	TBD	TBD
Salem (57)	307	313	276	310	1,206	2	TBD	TBD
Timberlane (55)	275	309	304	343	1,231	2	TBD	TBD
Windham (95)	227	227	197	197	848	1	TBD	TBD
Region	2,044	2,070	1,935	1,932	7,981	12	TBD	TBD

1. 2015-2016 student enrollment, New Hampshire DOE [School and District Profiles](#).
2. School nurse staffing estimates were reached by visiting individual school staff directories.

The Solution

Behavioral health and healthcare providers, schools, public safety, and cultural and faith-based organizations can prevent self-harm injury and death by coordinating to:

- Promote awareness of self-harm and the availability of prevention services in the community.
- Train personnel on self-harm prevention, intervention, and postvention strategies.
- Support individuals, families, and the community following a self-harm death (postvention).

⁶ Youth who seriously considered suicide (grades 9-12), 2013, [New Hampshire WISDOM](#).

Assessment, Training & Prevention Services

The New Hampshire Suicide Prevention Council developed the state Suicide Prevention Plan (SPP) which serves as a framework for self-harm awareness and prevention statewide. Regional self-harm prevention activities should directly link to and support the SPP.

The National Suicide Prevention Lifeline and its New Hampshire call center provide free, confidential emotional support to individuals at risk of self-harm death. In 2014, the call center responded to 4,183 calls for assistance statewide.

The New Hampshire Firearm Safety Coalition developed self-harm prevention resources for use with firearm dealers and owners. Between 2011-2012, half of gun shops statewide were distributing these materials. The Substance Abuse and Mental Health Services Administration (SAMHSA) serves as a clearinghouse for self-harm prevention information and resources that can be used with the higher risk groups in the region.

The Center for Life Management provides regional self-harm awareness and prevention training. Connect is a New Hampshire based training provider in suicide prevention and intervention, as well as postvention (following a self-harm death). The Suicide Prevention Resource Center offers free online suicide prevention training, including Counseling on Access to Lethal Means (CALM).

Health Improvement Action Plan

In order to reduce and prevent self-harm injury and death in the region, the South Central Public Health Network proposes to:

- Assess the capacity and suitability of self-harm prevention services in the region.

- Coordinate training for community partners in self-harm prevention and intervention strategies, as well as postvention strategies.
- Coordinate with community partners to provide self-harm prevention services in the region.
- Coordinate with community partners to provide postvention services in the region.

The Public Health Advisory Council (PHAC) supports the following goals, objectives, and activities to prevent self-harm injury and death and reduce their consequences in the South Central region.

Goals, Objectives & Activities

Goal 1: Enhance and sustain self-harm prevention activities in the region.

Objective 1	Establish a Self-Harm Prevention Workgroup (by November 2016).
	Activity: Identify key community partners to participate in the Workgroup.
	Activity: Conduct quarterly (at minimum) meetings.
	Activity: Implement and evaluate the Self-Harm Prevention Action Plan.

Goal 1: Enhance and sustain self-harm prevention activities in the region.

Objective 2	Determine the suitability of self-harm prevention activities in the region.
	Activity: Identify existing community resources for self-harm prevention.
	Activity: Identify staff trained in self-harm prevention, intervention, and postvention.
	Activity: Determine gaps in community resources and training, including reaching vulnerable populations and ensuring cultural competencies.
	Activity: Identify self-harm prevention training needs in the region.

Goal 1: Enhance and sustain self-harm prevention activities in the region.

Objective 3	Promote and enhance (if needed) community resources for self-harm prevention.
	Activity: Develop a regional resource directory of self-harm prevention resources.
	Activity: Disseminate self-harm prevention resources, including to local firearm dealers.
	Activity: Participate in the annual state <u>suicide prevention conference</u> .
	Activity: Provide at least one training annually on self-harm prevention strategies.

Goal 2: Provide community support in response to self-harm deaths (as requested).

Objective 1	Coordinate statewide and community resources in support of a self-harm death.
	Activity: Develop regional plan for postvention response to self-harm deaths.
	Activity: Coordinate with partner agencies to dispatch postvention resources.
	Activity: Evaluate the effectiveness of the postvention response and recommend improvements.

South Central Public Health Network

The South Central Public Health Network is a regional collaboration of agencies and organizations that are working to enhance and improve public health services. The South Central region includes the communities of Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, and Windham.

The South Central Public Health Advisory Council provides leadership to determine regional health priorities, provide guidance on public health activities, and support coordination of health improvement efforts.