The Global Prevalence of Nonsuicidal Self-Injury Among Adolescents

Ellen-ge Denton, PsyD, MS; Kiara Álvarez, PhD

Since the early 2000s, research has advanced observation and conceptual distinction of nonsuicidal self-injury (NSSI), which is a strong predictor of later death by suicide. Now a Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (Text Revision) category, detection of NSSI, has implications for preventing and intervening on suicidal behaviors. Elsewhere in JAMA Network Open, Moloney et al define NSSI as “deliberate self-inflicted destruction of body tissue that results in immediate damage, for purposes not culturally sanctioned and without suicidal intent.” Findings summarize a pooled NSSI prevalence of 17.7% (21.4% among female adolescents and 13.7% among male adolescents) for adolescents aged 10 to 19 years and from 17 different countries in North America, Australia, Europe, and Asia. The main findings replicate previous systematic reviews and global meta-analyses that similarly conclude that adolescent NSSI prevalence ranges between 11.5% and 33.8%: Gillies et al report 16.9%, Swannell et al report 17.2%, and Muehlenkamp et al report 18.0%. The present study advances the literature in several ways: (1) replicating gender differences—female adolescents being at higher risk for NSSI compared with male adolescents (21.4% vs 13.7%), (2) reporting relatively higher NSSI prevalence in Asia (among male adolescents) relative to North America and Europe; and (3) framing the scientific narrative to address developmentally informed public health prevention and intervention. We focus the remainder of our commentary on the latter.

In the past 2 decades, media exposure has become a part of everyday life and even more so a developmentally normative part of life for adolescents. Media and social media have also exponentiated opportunity for shared exposures to self-harm imagery worldwide. Moloney et al allude to mitigating NSSI risk across cultures and regional boundaries by managing the portrayal of NSSI in the media and preventing consequences of contagion. They also posit that higher rates of self-harm may be linked to being exposed to self-harm imagery involving women more often than men. Indeed, in a systematic review and meta-analysis, Nesi and colleagues found associations between several social media-related exposures and self-injurious thoughts and behaviors (SITBs), including NSSI; these included cyberbullying, social media use related to SITBs, and problematic social media use.

Because media and social media use is ubiquitous to day-to-day adolescent life, yet a relatively novel tool to manage in the lives of those responsible for adolescents, we offer at least 3 evidence-based approaches to addressing NSSI risk globally. First, use media and social media platforms to identify individuals who view deliberate self-harm behaviors and detect excessive use of media in order to implement prevention strategies. Identification and detection of individuals at risk for NSSI extends to health care systems, professionals, and more broadly, adults involved in the lives of adolescents. We can offer supportive concern about adolescents’ stressors and experiences and offer opportunities to develop healthy social-emotional life skills. Second, work with social media and media companies to increase use of protocols that promote healthy reporting of and action on cyberbullying, resilient life skills, removal of content depicting self-harm, and access to prevention and intervention tools such as crisis hotline numbers. Third, implement evidence-based interventions using internet and media outlets for treatment of adolescents with NSSI. For example, researchers designed an internet-delivered emotion regulation individual therapy (IERITA) that treats NSSI by directly teaching and reinforcing adaptive ways to respond to emotions. Adolescents were given an online and asynchronous therapist to answer questions, engage with, and assist with problem solving (including homework assignments), supplemented by a mobile app. Compared to adolescents who had face-to-face contact with a community clinician (treatment as usual),

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adolescents with IERITA intervention experienced an 82% reduction in NSSI frequency (vs a 47% reduction in treatment as usual only) after 12 weeks of media-based treatment. Accessible media offers the potential to deliver evidence-based psychological treatments at low cost to adolescents with NSSI globally. Each of these global public health approaches accord with key suicide prevention interventions proposed in the World Health Organization Live Life framework. Namely, NSSI risk can be addressed by media reporting, digital interventions, fostering social-emotional life skills, and early identification, monitoring, and management of adolescents presenting with suicidal behaviors.

Seventeen different countries and cultures showing similar prevalence of NSSI for adolescent females is a call to action from Moloney et al. Twenty-four studies—13 from North America (1 from Mexico, 3 from Canada, and 9 from the US), 10 from Europe (1 from Switzerland, 1 from Sweden, 2 from Belgium, 3 from the UK, 1 from Norway, 1 from Portugal, and 1 from Finland), and 1 from Australia—showed that prevalence of NSSI among adolescents was significantly higher in female adolescents than male adolescents. At the same time, the finding of no sex differences in NSSI in 14 studies from Asia (1 from Jordan, 1 from Turkey, 7 from China, 2 from Taiwan, 2 from South Korea, and 1 from Nepal) show the intersection of sex, region, and culture in shaping self-harm behavior. These findings evidence the importance of further examining how social and mass media interventions can be tailored to address sex differences in risk for NSSI, as well as cultural norms shaping both emotion regulation strategies and help-seeking behaviors. These findings support WHO public health efforts to inform a broad public health approach to addressing self-harm and helping individuals with NSSI know that self-harm is common and is not just happening to them. Instead, these data demonstrate that NSSI is both globally experienced and globally treatable.

ARTICLE INFORMATION
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Corresponding Author: Ellen-ge Denton, PsyD, MS, Department of Psychiatry, University of Rochester Medical Center, 300 Crittenden Blvd, Office: G.9207, Rochester, NY 14642 (ellenge_denton@urmc.rochester.edu).

Author Affiliations: Department of Psychiatry, University of Rochester Medical Center, Rochester, New York (Denton); Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland (Álvarez).

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