Review Article

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Non-Suicidal Self Injury and Suicidal Behaviour: From Continuum to Dichotomy

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Abstract

The term non-suicidal self injury (NSSI) and suicidal behaviour are used under a continuum ofself harm. NSSI, suicide attempts and suicide are distinct behaviours. NSSI may be considered to be prevalent along this continuum in a place of lesser severity than suicide attempts. NSSI has been included in the *Diagnostic and Statistical Manual of Mental Disorders*- as a condition that requires further examination.Frequency and history of NSSI has correlated with future suicide attempts.While assessing for suicidal risk,history of NSSI and past suicide attempt should also be considered for current and future suicide risk.

Keywords: Non-Suicidal Self Injury (NSSI); Suicidal Behaviour; Self Harm.

Worldwide, suicide is a major cause for concern. According to the WHO: every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds; in the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15–44 years in some countries, and the second leading cause of death in the 10–24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide [1].

Research suggests that more than 90% of suicide victims and attempters had at least one current Axis I (mainly untreated) major mental disorder, most frequently major depressive episode (MDE) (56–87%), substance use disorders (26–55%), and schizophrenia (6–13%). Comorbid anxiety and personality disorders and concomitant serious medical disorders are also frequently found, although they are rarely the principal or the only diagnoses [2-6]. However, there are other cases of suicide, who do not meet any criteria of any underlying psychiatric illnesses. Many times due to genetic vulnerability an individual may develop either suicidal behavior or psychotic breakdown or both may co-occur at a same time.

Suicidal behaviour also meets characteristics diagnostic criteria of like any other disorder, and it had also been argued to be included in classificatory system [7-10]. However, several concerns have also been raised from researchers regarding inclusion of suicidal behaviour as a diagnosis. Such as it could be a symptom of an underlying illness, it may lead to "Medicalization" of behaviours, and it may increase liability for mental health professionals [10].

However, Non – Suicidal self injury (NSSI) has been included in the *Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5)* as a condition that requires further examination [11]. NSSI is defined as intentional damage of one's body tissue without clear suicidal intent, and usually performed to seek immediate relief of psychic distress [12].

Initially NSSI was considered as a symptom of

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Borderline Personality Disorder (BPD), however, current literature supports that NSSI is not a symptom of BPD but it is also seen in individuals who are not diagnosed with BPD and have other Axis I disorders [13].

NSSI and, suicide attempts and suicide are distinct behaviours [14]. NSSI may be considered to be prevalent along a continuum of self-harm in a place of lesser severity than suicide attempts [15]. The most important distinction between NSSI and suicide is that NSSI is intended to injure the body without causing death [16]. Self-injurious behaviour is often resorted to as a means of avoiding suicide [14]. Douglas et al. (2004) suggest that NSSI may at best be taken as a symptom of distress which may lead to suicide if not overcome successfully, since approximately 60% of individuals with a history of self-injury report that they were not considering suicide [14].

Introducing NSSI as a distinct diagnostic category appears as a welcome move in current psychiatric practice. Researchers have found a link between self-injurious behaviour and suicidal ideation and suicide attempts in the future [17-20]. Research suggests that as compared to individuals without a history of non-suicidal self-injury, individuals with a history of non-suicidal self-injury were over nine times more likely to report suicide attempts; seven times more likely to report a suicide gesture; and, nearly six times more likely to report a suicide plan [21]. In patients with psychiatric illnesses, frequency of NSSI was also significantly correlated with number of suicide attempts. Hence, It is clinically relevant to screen an Individual for presence of NSSI in past [22,23].

Many times an individual with NSSI may also have suicide ideations and suicide attempts. Risk factors and methods used for NSSI and suicidal behaviors may not be exclusive. Hence, one can also conceptualize the continuum of suicidal behavior as a new term "**Self Harm Spectrum Disorder (SHSD)**" with various dimensions where NSSI with individual risk factors may be considered as mild form, NSSI with Suicidal ideations with other risk factors as moderate form and suicide attempts due to various risk factors including NSSI as a severe form of SHSD. This term might reduce the stigma attached to suicidal behaviour.

However, one may argue the fact that many suicide attempters might not have history of NSSI. Hence it is clinically relevant while assessing for suicide one should not rely only just presence of NSSI, other multiple factors should be taken into risk assessment and risk formulation. One should be aware that SHSD of any types, from NSSI, NSSI with suicide ideations or suicide attempts, should be carefully evaluated for current suicide risk or risk for future suicide attempts.

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