LITERATURE REVIEW

Nonsuicidal self-injury (NSSI), which refers to the direct and deliberate destruction or alternation of bodily tissue in the absence of lethal intent (e.g., self-cutting, burning, head-banging; DSM-5, American Psychiatric Association, 2013) is a widespread mental health concern. As many as 7-10% of elementary school children and as many as 17% of elementary school students have engaged in NSSI (Hankin & Abela, 2011; Muehlenkamp, Claes, Havertape, & Plener, 2012). Importantly, research has shown that students who engage in NSSI are increased risk for suicidal behavior (see Hamza, Stewart & Willoughby, 2012 for a review).

Despite the widespread prevalence of NSSI among school-aged youth, however, there is a paucity of research on the association between NSSI and academic outcomes among students. To address this gap in the literature, we examined whether students who engaged in NSSI reported higher levels of school disruption than students without a history of NSSI. Moreover, we also examined whether the link between NSSI and school disruption was maintained, after taking into account other risk factors for school disruption (e.g., anxiety, hyperactivity/distractability, anhedonia, parenting stress). Participants included 791 youth (Mage = 13.04) referred to a mental health agency in Ontario, Canada. Chi-square analyses revealed that students who engaged in NSSI were more likely to experience high levels of school disruption than students who did not engage in NSSI. Moreover, binary logistic regression analyses demonstrated that the link between NSSI and school disruption was maintained, even after taking into account other risk factors for school disruption. Our findings suggest that NSSI may serve as one way to identify youth at risk for early school disruption, which may serve as a precursor to poor long-term academic outcomes, such as poor academic performance or school dropout.

Implications & Future Directions

In the present study, youth who engaged in NSSI experienced greater school disruption that youth without a history of NSSI, even after accounting for other risk factors for school disruption. It is also noteworthy that differences between the NSSI group and non-NSSI group seemed to stem from differences in youth’s attitudes toward school (and a refusal to attend school) rather than youth’s disruptive behavior in the classroom. Findings suggest that that school mental health practitioners should include an assessment of attitudes toward school and incorporate school-planning strategies into care for youth engaging in NSSI.

REFERENCES


