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Nonsuicidal Self-Injury and Suicidal Risk Among Emerging Adults

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 A B S T R A C T

Purpose: Although nonsuicidal self-injury (NSSI) has been differentiated from suicidal behavior on the basis of nonlethal intent in the Diagnostic and Statistical Manual of Mental Disorders, NSSI often is associated with increased suicidal risk. However, there is a paucity of large-scale longitudinal examinations on the associations among NSSI, suicidal ideation, and suicidal attempts, particularly among community-based samples. In the present study, we examined whether NSSI in first-year university was associated with increased risk for later suicidal ideation and attempts over time among students.

Methods: Participants included 940 emerging adults (70.8% female, mean age = 19.05 years) from a mid-sized Canadian university who volunteered to participate in a longitudinal research project starting in first-year university (participants were surveyed annually over five waves).

Results: Binary logistic regression analyses revealed that the odds of experiencing suicidal ideation across times 2–5 were 2.04 times as high for emerging adults who engaged in NSSI at baseline (even after controlling for suicidal ideation and attempts at baseline) as for individuals who did not engage in NSSI. Furthermore, the odds of attempting suicide across times 2–5 were 3.46 times as high for emerging adults who engaged in NSSI at baseline (even after controlling for suicidal ideation and attempts at baseline) as for individuals who did not engage in NSSI.

Conclusions: Findings suggest that the presence of NSSI in first-year university may be an important marker of later suicidal risk, reflecting increased risk for both suicidal ideation and attempts across the university years among emerging adults.

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 IMPLICATIONS AND
 CONTRIBUTION

These findings provide insight into the longitudinal associations among nonsuicidal self-injury, suicidal ideation, and attempts among emerging adults in university. In particular, findings suggest nonsuicidal self-injury in first-year university may be an important marker of risk for later suicidal ideation and attempts among students.

As many as 17%–38% of emerging adults report a lifetime history of nonsuicidal self-injury (NSSI; direct and deliberate destruction or alteration of bodily tissue in the absence of lethal intent) [1], such as self-cutting, burning, and severe scratching [2–4]. Moreover, approximately 30%–50% of these young adults report current engagement in NSSI in early adulthood [5,6]. Although NSSI has been explicitly differentiated from suicidal

behavior on the basis of nonlethal intent in the Diagnostic and Statistical Manual of Mental Disorders [1], there is mounting evidence that NSSI may be associated with increased suicidal risk [7]. Despite increased research on the link between NSSI and suicidal behavior, however, longitudinal studies examining this association are limited, and research has largely relied on clinical samples. In the present study, we extend existing research by examining whether engagement in NSSI in first-year university may be a marker for later suicidal ideation and attempts across the university years among emerging adults.

Over the past decade, research on the link between NSSI and suicidal behavior has increased dramatically. In a recent review

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summarizing the literature on NSSI and suicidal behavior, Hamza et al. [7] found that consistently across studies, adolescents and young adults who engaged in NSSI reported higher levels of suicidal ideation and attempts compared to adolescents and young adults without a history of NSSI. Moreover, the link between NSSI and suicidal behavior was maintained when taking into account participant age and sex, as well as other widely identified risk factors for suicidal behavior (e.g., depressive symptoms, family dysfunction, borderline personality disorder characteristics). Similarly, in a compelling cross-sectional study on the association between NSSI and suicidal attempts across four different samples (i.e., adolescent psychiatric inpatients, university sample, community sample of young adults, and community sample of older adults), researchers found that NSSI was associated with greater risk for suicidal attempts over and above suicidal ideation, depression, anxiety, borderline personality disorder, and impulsivity [8]. More recently, researchers have started to examine the link between NSSI using longitudinal research designs. For example, researchers have found that NSSI at time of entry into clinical treatment is associated with increased risk for suicidal ideation and suicidal attempts over time among adolescent inpatient samples (e.g., 2-month follow-up) [9–11]. Although longitudinal examinations of the link between NSSI and suicidal behavior are scarce among community-based samples, Guan et al. [12] examined whether high school students who engaged in NSSI in the ninth grade demonstrated increased risk for suicidal ideation and attempts over a 2.5-year period. Consistent with findings from inpatient adolescent samples, baseline NSSI was associated with elevated levels of suicidal ideation and attempts over and above depressive symptoms (also see Whitlock et al. [13] for a similar finding).

According to Joiner's Interpersonal Theory of Suicide [14], in order to end one's own life, an individual must not only experience suicidal ideation but also have the ability to attempt suicide (a propensity Joiner refers to as acquired capability for suicide) [15]. Unlike other risk factors for suicide (e.g., depression, hopelessness), therefore, NSSI may not only be associated with increased risk for suicidal ideation, but it also may increase the ability to attempt suicide over time by desensitizing individuals to self-directed pain and lowering fearlessness about death [16]. In other words, NSSI may be an important predictor of suicidal risk because it is associated with both the desire as well as the ability to enact lethal self-injury.

Despite recent theory and research that suggests that NSSI may be associated with increased suicidal risk, however, there is a paucity of large-scale multi-wave longitudinal research studies on the link between NSSI and measures of suicidal risk (e.g., ideation and attempts). Moreover, research with nonclinical samples is limited, despite increasing evidence that NSSI is a widely occurring mental health concern. In particular, NSSI has recently been flagged as a burgeoning and significant mental health concern among university students [17]. Indeed, there have been increased efforts by university campuses to identify high-risk students early in order to circumvent poor long-term outcomes (e.g., suicide). To extend previous research and to inform student mental health practices, we examined associations among NSSI, suicidal ideation, and suicidal attempts over a 5-year period among a large sample of emerging adults in the present study. In particular, we first examined whether baseline NSSI in first-year university predicted later suicidal ideation across times 2–5 (when controlling for baseline suicidal ideation and attempts); second, we examined whether baseline NSSI in

first-year university predicted later suicidal attempts across times 2–5 (when controlling for baseline suicidal ideation and attempts). We hypothesized that emerging adults who engaged in NSSI in first-year university would be at increased risk for later suicidal ideation and suicidal attempts across years 2–5, relative to emerging adults without a history of NSSI in first-year university.

Method

Participants

Participants included 940 undergraduate students (71% female) from a Canadian university who completed a self-report survey annually from 2010 to 2014 as part of a larger ongoing longitudinal research program examining mental health, coping and academic achievement among students. At the first assessment, all participants were in their first-year of university (mean age = 19.05, standard deviation = .91). The sample was composed of mostly domestic Canadian students (88%). Within this domestic Canadian group, participants also indicated whether their family belonged to another ethnic background (options were defined by the investigators)—the most common ethnic groups identified were British (19%), Italian (17%), French (10%), and German (9%), consistent with the broader demographics for the region [18]. The remaining participants were international students (13%) who were predominantly from Asia (4%), the European Union (2%), the Caribbean (1%), and Africa (1%). Participants' socioeconomic status was inferred by the mean level of education of their parents, which fell between "some college, university, or apprenticeship program" and "completed a college/apprenticeship and/or technical diploma."

Procedure

At time 1, first-year university students were recruited through posters, classroom announcements, website posting, and residence visits. All participants who completed the survey at time 1 were invited to participate again at times 2–5 through email and phone, even if they skipped a year and/or left the university. The first 2 years, the surveys were completed in a laboratory in the university and in the subsequent waves the surveys were conducted online. Students were given monetary compensation for their participation, which increased each year (i.e., participants started at \$10 and received \$40 by year 5). The university research ethics board approved the study. At the end of the survey, participants were given the contact information of several local mental health agencies. Participants also were asked to provide their own contact information if they were experiencing any distress and wanted to be contacted directly by a mental health practitioner.

Missing data

In total, 76% of the sample completed the survey at least three times (50% completed all five waves, 18% completed four waves, 8% completed three waves, 8% completed two waves, and 16% completed one wave). At least 65% of the 940 participants completed the survey at each time point ($n = 940, 674, 670, 652,$ and 610 at times 1–5, respectively). Overall, missing data occurred because some participants did not complete the entire survey (less than 5% of the data per time point) and because

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