



RECOMMENDED READING

Adolescent Self-Harm

Dr. Gardner recommends an article by Steeg et al. (2019).

Canadian child psychiatrists are seeing increasing numbers of adolescents with intentional self-harm. In Ontario, the rates of adolescents presenting at emergency departments rose 135% from 2009 to 2017 (Gardner et al., 2019). Large increases in adolescent self-harm have been reported in many other countries. With, to my knowledge, one striking exception: In a study of Danish health administrative records, Sarah Steeg and her co-authors found that the incidence rate of self-harm among adolescents aged 10–19 years peaked in 2007 (at 25.1/10,000 Danish youths), and then decreased steadily to 13.8/10,000 in 2016 (Steeg et al., 2019). What have the Danes done differently?

First, adolescents frequently harm themselves by self-poisoning with analgesics. Steeg et al. (2019) note that Denmark stopped permitting adolescents to buy non-opioid analgesics over the counter in 2008. Second, Danes have better access to mental health care than many Canadians do. Danish publicly-financed health insurance covers all mental health care and subsidizes outpatient prescription drugs. Moreover, Denmark is geographically compact and densely populated, so that no one lives far from the metropolitan centres where mental health specialists tend to locate. Many Canadians, however, live many hours away from the nearest mental health provider. Finally, almost all Danes speak Danish, while one in five Canadians speak a language other than English in their homes, including more than 50 indigenous languages. Steeg et al.'s important article illustrates the need for more comparative studies of the social determinants of mental health disorders and the systems for mental health care and prevention.

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- Steeg, S., Carr, M. J., Mok, P. L. H., Pedersen, C. B., Antonsen, S., Ashcroft, D. M., ... Webb, R. T. (2019). Temporal trends in incidence of hospital-treated self-harm among adolescents in Denmark: national register-based study. *Social Psychiatry and Psychiatric Epidemiology*.

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Dr. Boylan recommends an article by Adrian et al. (2019).

The Collaborative Adolescent Research on Emotions and Suicide (CARES) study (McCauley et al., 2018) is one of two RCTs comparing DBT and an alternative outpatient treatment for suicidal adolescents. The CARES study enrolled youth who had one prior suicide attempt (SA), recent recurrent self-harm (SH) and suicidal ideation (SI). The original study found that youth randomized to DBT had significant reductions in SA, SH, non-suicidal self-injury (NSSI) and SI compared to the alternative at the end of treatment (six months), but not at one year.

The recommended paper is one step in the direction of helping clinicians understand *which youth are likely to benefit most from DBT treatment* by testing moderators (things that differ between participants and are associated with treatment response, for example single parent family status) and predictors (things that are correlated with an outcome, like severity of ADHD at baseline). In CARES, higher severity of SH at baseline predicted the same at the end of treatment, BPD predicted repeated SA, and interestingly, higher externalizing symptoms and greater family conflict at baseline predicted greater reductions in SH post treatment (Adrian et al., 2019). Variables associated with DBT response included parental psychopathology and both parent and adolescent emotion regulation severity at baseline. Another interesting finding was that this effect was only found in Latino families as non-Latino families did not demonstrate a reduction in SH and NSSI in DBT.

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