



## Self-Injury - Information for Healthcare Professionals

A study conducted by the LifeSIGNS charity found that 58% people who self-injured had experienced negative reactions from healthcare professionals, and that on the whole less than half found healthcare professionals to be supportive. It is difficult to encourage those who self-injure to seek professional help in the first place, so although there are many excellent healthcare professionals these statistics indicate just how far there is to go to educate professionals about self-injury.



If you are dealing with someone who has self-injured or is currently self-injuring, bear the following points in mind:

- Self-injury is a coping mechanism - try to find out what difficulties the person is coping with.
- The person might have difficulty talking about their feelings and speaking out loud about their self-injury - sometimes it's easier for people to write down how they're feeling.
- People who self-injure will usually not feel comfortable showing their injuries.
- Do not dismiss the behaviour as attention seeking or unimportant, especially if injuries appear to be superficial. The size of the wound usually bears no relation to the amount of emotional distress. However, self-injury often escalates in frequency and severity. Therefore if a patient has physically superficial injuries then you are in a good position as self-injury might be stopped before it has become a habit, and before more serious physical damage is incurred.
- Confidentiality is a key concern for people who self-injure, particularly for those under 16. Gillick competence (judging a person on maturity and understanding rather than age) is an important concept to be useful in the treatment of self-injury.
- While self-injury might be part of a wider mental health problem, it might not be a sign of a diagnosable mental health disorder. Take every case on an individual basis and try not to make generalisations. It would appear that many people who self-injure have often been wrongly diagnosed with Borderline Personality Disorder solely on the basis of their self-injury.
- Do not ask the person to stop self-injuring. Such a request has the ability to do more harm than good and also disregards the fact that the coping strategy will need to be replaced with something healthier before the person will be able to move on.
- Recognise your own limitations, and when you need help in dealing with a patient.
- Try to remain objective, and don't show disgust or frustration.

If you are the healthcare professional someone turns to after already having had a bad experience, it is especially important to tread carefully. Understandably the person will be scared and might appear to be stand-offish, rude or resistant to treatment options.

Now that self-injury is becoming more recognised as a problem, it is time to look more seriously at ways in which people who self-injure can be helped. It appears that talking therapies may be of most benefit in self-injury, where the individuals are able to learn to express themselves and recognise what it is that causes them to self-injure.