Self Harm

Self-harm (also known as deliberate self-injury or self-mutilation} is a behaviour issue – not an illness, although some people who self-harm, may also have an illness and therefore do need to be seen by an 'understanding doctor'.

People self-harm to cope with distress or to communicate that they are distressed.

It is most common during, but not limited, to adolescence. A staggering 5-9% of adolescents in the Western world report having self-harmed within the previous year. It could be higher as self-harm is often a secret problem – with many people doing it in private before letting anyone else know about it.

Risk factors include socio-economic disadvantage, relationship problems, social isolation and sexual orientation.

Studies of self-harmers who present to hospitals using standard diagnostic criteria have shown that more than 90% of these people had at least one psychiatric illness, the most common is depression, followed by substance abuse and anxiety disorders.

Attempts, even serious attempts at self-harm, do not necessarily indicate suicide attempts. Recent research has revealed that of the survivors of near-fatal self-harm, only two-thirds had suicidal thoughts.
Nevertheless, the risk of repetition of self-harm and of later suicide is too high. More than 5% of people who have been seen at a hospital after self-harm will have committed suicide within nine years.

Last year, nearly 5000 people (4933) in New Zealand were hospitalised for intentional self-harm and the current trend is upwards. This trend has to be seriously reversed.

While self-harm is a common problem, it creates challenges for many medical professionals, who are generally e focussed on helping the people who have been inflicted with illnesses and injuries beyond their control. It can be difficult to relate to patients who have deliberately harmed themselves by, for example, taking overdoses or cutting themselves.

Others may think that self-harm is just 'attention seeking'. This attitude is unhelpful and trivialises self-harm and the distress the person is feeling at the time.

Self-harm is most often a 'cry of pain' rather than a 'cry for help'.

Research has revealed that people who self-harm often have problem solving difficulties and they find it difficult to ask for help.

Treatment may involve a mixture of medication, counselling and support to ensure that the person's need for self-harm is reduced and their coping skills are increased.

Treatment, after the patient's safety and the medical effects of self-harm have been addressed is a psychosocial assessment.

This involves:

- obtaining the trust, and developing a rapport with the person concerned, and their family/whanau
- an assessment of the person's personal situation and their relationships – few people who self-harm have well functioning relationships.
- jointly identifying problems and introducing problem solving skills,
- ensuring support is available at times of crisis and
- actively treating any psychological issues.

Self-harm can be a terrible reaction to even more terrible pain felt by people. They need understanding and help to reduce or eliminate further risk of self-harm.

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