



Mental Health Association of Northern Kentucky

A LEADER IN PROVIDING ADVOCACY, EDUCATION, AND SERVICES THAT PROMOTE MENTAL WELLNESS

EDUCATION AND SCREENING OUTREACH PARTNER FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH AND
NATIONAL MENTAL HEALTH ASSOCIATION

513 Madison Avenue, 3rd Floor Covington, KY 41011 859-431-1077 or www.mhanky.org

Self-Injury

Self-Injury is also termed self-mutilation, self-harm or self-abuse. The behavior is defined as the deliberate, repetitive, impulsive, non-lethal harming of one's self. Self-injury includes: 1) cutting, 2) scratching, 3) picking scabs or interfering with wound healing, 4) burning, 5) punching self or objects, 6) infecting oneself, 7) inserting objects in body openings, 8) bruising or breaking bones, 9) some forms of hair-pulling, as well as other various forms of bodily harm. These behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.

- **Warning Signs.** Warning signs that someone is injuring themselves include: unexplained frequent injury including cuts and burns, wearing long pants and sleeves in warm weather, low self-esteem, difficulty handling feelings, relationship problems, and poor functioning at work, school or home.
- **Incidence & onset.** Experts estimate the incidence of habitual self-injurers is nearly 1% of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last 5-10 years but can persist much longer without appropriate treatment.
- **Background of self-injurers.** Though not exclusively, the person seeking treatment is usually from a middle to upper class background, of average to high intelligence, and has low self-esteem. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report (as high as 90%), that they were discouraged from expressing emotions, particularly anger and sadness.
- **Behavior patterns.** Many who self-harm use multiple methods. Cutting arms or legs is the most common practice. Self-injurers may attempt to conceal the resultant scarring with clothing, and if discovered, often make excuses as to how an injury happened.
- **Reasons for behaviors.** Self-injurers commonly report they feel empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others and fearful of intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings, and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.
- **Dangers.** Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death. Eating disorders and alcohol or substance abuse intensify the threats to the individual's overall health and quality of life.
- **Diagnoses.** The diagnosis for someone who self-injures can only be determined by a licensed psychiatric professional. Self-harm behavior can be a symptom of several psychiatric illnesses: Personality Disorders (esp. Borderline Personality Disorder); Bipolar Disorder (Manic-Depression); Major Depression; Anxiety Disorders (esp. Obsessive-Compulsive Disorder); as well as psychoses such as Schizophrenia.
- **Evaluation.** If someone displays the signs and symptoms of self-injury, a mental health professional with self-injury expertise should be consulted. An evaluation or assessment is the first step, followed by a recommended course of treatment to prevent the self-destructive cycle from continuing.

- **Treatment.** Self-injury treatment options include outpatient therapy, partial (6-12 hours a day) and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health or life-threatening, a specialized self-injury hospital program with an experienced staff is recommended.

The effective treatment of self-injury is most often a combination of medication, cognitive/behavioral therapy, and interpersonal therapy, supplemented by other treatment services as needed. Medication is often useful in the management of depression, anxiety, obsessive-compulsive behaviors, and the racing thoughts that may accompany self-injury. Cognitive/behavioral therapy helps individuals understand and manage their destructive thoughts and behaviors. Contracts, journals, and behavior logs are useful tools for regaining self-control. Interpersonal therapy assists individuals in gaining insight and skills for the development and maintenance of relationships. Services for eating disorders, alcohol/substance abuse, trauma abuse, and family therapy should be readily available and integrated into treatment, depending on individual needs.

In addition to the above, successful courses of treatment are marked by 1) patients who are actively involved in and committed to their treatment, 2) aftercare plans with support for the patient's new self-management skills and behaviors, and 3) collaboration with referring and other involved professionals.