Self-Harm in Children and Youth: Information for Primary Care

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Summary: Self-injury in children and youth can be a particularly challenging issue for primary care physicians to deal with. The best approach is actually to treat self-injury as if it is any other injury; with the same acceptance, validation and empathy that one would approach any other medical problem.

Epidemiology

- Most commonly occurs in adolescents and young adulthood
- Up to 4% of adults self-harm, with 1% who have chronic or severe self-harm (Kerr et al., 2010)

Signs and Symptoms

- Individual who causes deliberate harm to oneself, typically as a way of coping with psychological distress
- Patients report "it makes me feel better"
- Common modes of self-injury include self-cutting, scratching, hitting oneself, punching walls, preventing old injuries from healing, burning oneself (e.g. with cigarettes)
- Related self-harm behaviours can also include risky behaviours such as having unsafe sex, taking too many prescription or non-prescription medications
- Individual may describe themselves as being "clumsy" with frequent "accidents" in an attempt to account for their injuries

Presentation

- **Hx/Interviewing Questions**
  - Normalizing statement
    - Clinician: “It is a fact that when things become extremely stressful, sometimes people may feel like hurting themselves on purpose.”
  - Probe
    - Clinician: “Have you ever felt like hurting yourself on purpose?”

- **Screening / diagnostic tools**
    - There are no screening tools per se

- **Physical Exam (Px)**
    - Old injuries, e.g. scars
    - New injuries that are unexplained, and in different stages of healing
    - Types of injuries include cuts, scratches, bruises, or cigarette burns
    - Locations include wrists, forearms, arms, legs (e,g,. thighs), chest
    - Wearing clothing even in summer or hot months, in order to cover up injuries (e.g. patient that wears long sleeves and long pants in summer rather than wearing T-shirt and shorts like others)

Management in Primary Care

- Treat the injuries as you would non-self-inflicted injuries, i.e. non-judgmentally
- Do not try to make the person feel bad or guilty in any way; after all, if you make the patient feel worse, the patient will be less likely to want to confide in you
- Acknowledge the deep distress that the person must have had in order to have to engage in self-harm
- Express optimism that there are treatments/strategies can help, and offer to refer if the patient is agreeable.
- Use motivational enhancement techniques.
    - If the person is ready to change
        - Provide referral to treatment, and/or counseling/therapy
    - If the person is not ready for change, then
        - Do not attempt to coerce the patient into stopping.
        - Focus on staying connected, e.g. validating how distressed they may be feeling
        - Ask about positives (i.e. the functions) of using self-harm: "What does the cutting do for you?"
        - Ask about the negatives from cutting (e.g. shame, embarassment, etc.): "Does the cutting cause any problems?"
        - Ask about openness to alternate coping strategies: "What if we could help you find a way to deal with the pain, but without causing the problems that the cutting causes?"
- Offer follow-up appointment, which is an important way to show that you care about the patient

References

- Guide for Primary Care Clinicians: Caring for Youth Who Self-Injure, American Academy of Paediatrics
- Kerr, P. L., Muehlenkamp, J. J. and Turner, J. M. (2010), Nonsuicidal Self-Injury: A Review of Current Research for Family Medicine and Primary Care Physicians, 23, pp. 240–259

About this Document

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