

More mental health care urged for kids who self-harm

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Parents, ER docs need to be alert for signs of behavior such as cutting, experts say.

(HealthDay) -- Doctors have long known that some kids suffering severe emotional turmoil find relief in physical pain -- cutting or burning or sticking themselves with pins to achieve a form of release.

But researchers now are questioning whether enough is being done to reach out to these young people and help them before they do themselves [irreparable damage](#).

One study this year found that six of every 10 adolescents who went to an [emergency room](#) for treatment after harming themselves were released without receiving a [mental health](#) assessment or any follow-up [mental health care](#). The findings were reported in the February issue of

the *Journal of the American Academy of Child & Adolescent Psychiatry*.

"Most young people who self-harm suffer from some underlying psychological disorder," said Jeffrey Bridge, a researcher with the Center for Innovation in Pediatric Practice at Nationwide Children's Hospital in Columbus, Ohio, and the study's lead author. "It's critical to conduct a mental health assessment in addition to the evaluation of their physical health if we're to get to the root of their problems."

Between 8 and 10 percent of all adolescents are believed to engage in some form of self-injurious behavior, Bridge said.

These children cut themselves with sharp edges, burn themselves with matches, stick needles into their skin or under their nails, or perform other acts of self-mutilation.

"I had one little boy that had one whole quarter of his head, he'd pulled out all the hair," said Mary Curran, executive director of Catholic Family Services in Crestwood, Mo., and a psychologist who specializes in self-harming behaviors.

Kids most often hurt themselves like this to deal with emotional problems such as stress or depression.

"It helps them deal with their feelings," Curran said. "It's a distraction for them. It's usually to give them something else to think about and something else to do with their hands."

There are other reasons, too, said Dr. Stephanie Sims, a psychiatrist with the University of Florida College of Medicine in Jacksonville. Some hurt themselves to get attention, others because they're angry with themselves or because it helps them resist suicidal impulses. Some even hurt themselves to feel the "high" that comes with the body's release of

hormones in response to pain signals.

The best treatment for kids who self-harm is to deal with their underlying emotional problems, experts say. "The key component of any intervention would be treatment of the underlying psychopathology," Bridge said.

That's why it is crucial that emergency rooms identify [adolescents](#) engaging in self-harming behaviors and get them therapeutic help, he said.

Once identified, kids can be treated using such psychotherapeutic techniques as cognitive-behavioral therapy, Sims said. They also can receive pharmaceutical help through medications such as antidepressants and anti-anxiety drugs.

But unfortunately, Bridge said, the culture at most hospitals works against kids getting help during those crucial interactions at emergency rooms.

"Previous research indicates some hospitals and emergency departments have no access to mental health professionals," he said. "Also, staff will often minimize the seriousness of self-harm, especially if patients have presented in the recent past."

That makes it all the more important that parents pay attention to potential warning signs. These include:

- Kids wearing unseasonably warm clothes that cover their bodies. "That could tip you off that there's something on the child's body that they're trying to hide," Sims said.
- Unusual cuts, scrapes or bruises on an adolescent's body.

- Expressions of anxiety, depression or hopelessness.

"It can be difficult," Curran said. "Kids are pretty sneaky about how they do that. It's very difficult for parents to catch it."

Sims recommends that parents who think they see warning signs approach their kids with "respectful curiosity."

"Ask them what is cutting doing for them," she suggested. "What do they get out of it? Ask about suicide, but don't assume that they are suicidal. Let them know you want to help improve their coping skills so they don't have to use cutting as a way to deal with their emotions."

More information: The KidsHealth website of the Nemours Foundation has more on [cutting](#).

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