

# Management of self-harm wounds

made  
easy

## Introduction

Self-harm (SH) causing skin damage, infection and scarring is on the increase, and the drivers of SH can be complex and misunderstood (Kilroy-Findley and Bateman, 2016). People who SH are at risk of wound infection but do not always seek medical attention due to the stigma associated with the activity. The management of SH requires time, resources and education within a holistic care package (Hunt, 2016a). This Made Easy focuses on the use of a first aid kit or 'rescue pack' specially tailored for this patient group. The example pack described here includes dressings carefully selected to promote self-care, improve patient safety and reduce hospital admissions. These dressing features include ease of application, being waterproof, transparency to visualise the wound (e.g. Leukomed<sup>®</sup> Control [BSN Medical]) and microbial binding attributes for infected wounds (e.g. Leukomed<sup>®</sup> Sorbact<sup>®</sup>).

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Self-harm (SH) is the collective term for self-mutilation, self-inflicted violence or self-injury behaviours (Sutton, 2007) (Box 1). The act of SH is without conscious suicidal intent, and is often followed by relaxation and relief. SH can be a coping mechanism, frequently born out of trauma, psychological illness, abuse, a deep-seated sense of powerlessness or negative feelings (such as anger, guilt, frustration, hopelessness and self-hatred; MIND, 2010). Often the overwhelming emotional feelings are converted into a visible, physical wound, which the individual can find easier to deal with (Sutton, 2007).

A wide range of implements (Box 2) can be used to cause SH. The thighs, stomach, and lower and upper arms are usually the most common areas of SH injury as they can be easily concealed (Sutton, 2007; MIND, 2013). SH increases the risk of complications to the skin and soft tissue, such as scarring, necrosis, non-healing and infection (Hunt, 2017).

## DRIVERS OF SH

Individuals who SH can demonstrate both compulsive and impulsive behaviours (Sutton, 2007).

### Box 1. Types of SH (adapted from Sutton, 2007; NHS Choices, 2015; SelfharmUK, 2016; Hunt, 2017)

- **Direct SH: superficial to severe tissue damage producing a wound at risk of infection and scarring:**
  - Skin cutting, slashing, carving (words, symbols or dates)
  - Skin burning, scalding and erasing (rubbing off layers of skin)
  - Neurotic excoriation or dermatillomania (compulsive skin picking)
  - Excessive scratching (sufficient to cause bleeding and scarring)
  - Insertion of objects into the genitals with the purpose of causing tissue damage (non-sexual intent)
  - Self-punching, hitting, slapping, biting or bruising
  - Self-stabbing with sharp objects
  - Head banging
  - Trichotillomania (hair pulling from scalp, eyelashes, eyebrows)
  - Interfering with wound tissue or dressings to obstruct healing
  - Insertion of needles under the skin and into veins
  - Swallowing foreign objects resulting in internal tissue damage
  - Bone breaking
- **Non-direct SH: activities that increase the risk of harm to the body (e.g. substance misuse, gambling, over or under exercising, promiscuity).**

### Box 2. SH implements commonly used (% internet respondents [Sutton, 2007])

- |                            |                         |
|----------------------------|-------------------------|
| ■ Razor blades (89%)       | ■ Boiling water (20%)   |
| ■ Knives (81%)             | ■ Carpentry nails (13%) |
| ■ Shards of glass (59%)    | ■ Hammer (13%)          |
| ■ Needles (56%)            | ■ Iron (11%)            |
| ■ Scissors (54%)           | ■ Safety pins (9%)      |
| ■ Lighted cigarettes (44%) | ■ Baseball bat (7%)     |
| ■ Cigarette lighter (43%)  | ■ Hotplate/oven (6%)    |
| ■ Finger nails (31%)       |                         |

Compulsive SH involves a strong urge or craving to inflict injury. There is detailed planning of the injury itself and the following aftercare. Initial relief follows the SH injury but often the compulsion reoccurs resulting in a cycle of soft tissue healing and re-opening. Impulsive SH is spontaneous and involves little planning or aftercare. It can be associated with alcohol, drug taking or a psychological crisis. This patient group often presents with infected, deep skin damage requiring antimicrobial cleansing, re-suturing or intense surgical intervention (Kilroy-Findley and Bateman, 2016).

## HIGH-RISK PATIENT GROUP

Females have a higher rate of SH than males; however, it is important to remember that males may display other types of SH behaviours not found in Box 1, such as punching walls (MIND, 2010). High-risk patient groups also include the under 25s, those who have experienced trauma, sexual abuse, alcohol and drug dependence or those with poor coping skills (NICE, 2011a).

## PREVALENCE OF SH

The UK has the highest recorded SH rate of all European countries (Mental Health Foundation, 2017). Based on a study in Leeds (Horrocks et al, 2002), it is estimated that the prevalence of SH in the UK is 400 per 100,000 people. In a 2011 study in USA, the annual prevalence of SH in adults was lower than in adolescents; however, the average age of onset was 16 years (Klonsky, 2011).

In the UK, 13% of 11-16 year olds SH annually, and there has been a 70% increase from 2012-2014 in 10-14 year olds attending A&E departments for SH-related tissue injuries (SelfharmUK, 2016). A recent analysis of UK data shows that female adolescents have a much higher incidence rate of self-harm than their male counterparts (37.4 per 10,000 compared with 12.3), and there has also been a 68% increase in SH incidence among 13-16-year old girls between 2011 and 2014 (Morgan et al, 2017). In the US, the annual prevalence was estimated at 7.3% (Taliaferro et al, 2012), and in a comparable European study from seven countries, the annual prevalence for SH was 11.5% (Madge et al, 2008).

It is unknown whether the observed increase in SH is due to an increase in the number of incidences or an increase in the visibility of mental health, leading to more reporting and awareness. Nevertheless, the continuing stigma associated with SH suggests promoting self-care in this group of individuals is important to reduce the risk of SH complications.

## ECONOMIC COST OF SH

SH leads to 170,000 hospital admissions per year (Wadey et al, 2013) and is estimated to cost the NHS £204 to £4,231 per patient depending on the degree and severity of the tissue damage (NICE, 2011b). The cost of SH relates to clinical time, surgical intervention, dressings, medications and re-attendance rates (Hunt, 2016b). With reducing NHS budgets and resources, empowering people who SH to self-care may be cost effective.

## CURRENT SERVICE

People who SH may present to urgent care centres, A&E departments and GP surgeries with wounds ranging from scratches to deep tissue injuries. The wound is usually cleansed with saline, and a simple (where appropriate) dressing (formulary allowing) is applied and the patient is discharged (Hunt, 2017).

The service will treat the wound, but the underlying cause of SH is not always addressed, so patients become 'repeat offenders' or 'frequent attenders'.

### Box 3. Example of a SH 'rescue pack'

- Sterile dressing pack with gloves and tray for clean procedure, and skin and wound cleansing
- Gauze to clean and mop up body fluids
- An appropriate antiseptic, antimicrobial product (e.g. irrigator, gel, wash or wipe)
- An appropriate topical secondary dressing that is atraumatic, absorptive for low-to-moderate exudate or blood, adhesive and has a long-wear time, such as
  - Leukomed® Control or Leukomed® Sorbact® if risk of infection
  - Leukomed® T Plus, waterproof dressing with Red Strip Technology to allow simple one-handed application
- For particular wound types:
  - **Superficial scratches** – antibacterial skin wash (e.g. Octenisan Wash, Schülke) and a barrier product (e.g. Cutimed® PROTECT cream or spray) chosen for its protective benefits of surrounding soft tissue, especially from bleeding that leads to moisture damage.
  - **Subdermal lacerations, cuts and abrasions** – antibacterial skin wash (e.g. Octenisan Wash) and topical adhesive absorbent, atraumatic dressing (e.g. Leukomed® Control)
  - **Infected wounds** – a microbial binding dressing (e.g. Leukomed® Sorbact®)
  - **Deep subcutaneous fat or muscle injury post-suturing** – (e.g. Leukomed® Control can be used over the top of suture sites)
  - **Deep infected tissue following debridement** – (e.g. Leukomed® Sorbact® or Cutimed® Sorbact®)
  - **Burns** – dressing for first- and second degree burns (e.g. Cuticell® Contact)
  - **Heavily exuding wounds** – a silicone foam dressing (e.g. Cutimed® Siltec®) or super absorbent dressing (e.g. Cutimed® Sorbion®)
- Product information leaflets
- Wound care management leaflet with 'red flags' for patient to monitor and seek clinical advice (e.g. erythema, excess bleeding, increased pain, discharge)

Referral or sign-posting to a mental health team, social worker or appropriate allied worker is essential for a holistic support care package. These services provide support in person, online and in print, and listen non-judgementally to individuals who SH. The focus is often to understand the underlying cause of SH and encourage self-care (Kilroy-Findley, 2015)

Traditionally, patients care for their own SH wounds with towels, flannels and basic first aid kits, as advanced dressings are not always accessible. One solution that has been successful at our clinic is the implementation of a 'rescue pack', which includes all the necessary products to treat and manage SH wounds (Hunt, 2017).

**Box 4. Products found to be useful in the 'rescue pack' used in our clinic****Transparent post-operative dressing**

Leukomed® Control has been found to be well-suited for people who SH due to its transparent hydropolymer pad and film, which allows patients to maintain sight of the SH wound and monitor for infection. This can reduce wound bed interference, patient tampering (Hunt, 2016) and the number of dressing changes required. The dressing can be worn for up to 7 days and the patient can shower after 48 hours without removal. The dressing is also stretchy, pliable and conformable to body contours, such as arms and thighs.

**Microbial binding dressing**

Leukomed® Sorbact® is a microbial binding dressing, shown to manage and prevent wound infection (Totty et al, 2017). The wound pad is coated with DACC, a highly hydrophobic fatty acid derivative, which irreversibly binds wound bacteria and fungi, which are hydrophobic (Probst et al, 2012). Due to this physical mode of action, no chemical agents are released into the wound, so it is skin-friendly and there is no known risk of allergies.



Leukomed Sorbact has been found to be well-suited for infected wounds of people who SH. The microbial binding attribute is important when wounds have been caused by dirty items and have not been cleansed appropriately. It is breathable, waterproof and thin, allowing patients to continue their day-to-day activities, and it also conforms to body contours.

**'RESCUE' PACKS**

In general practice, people with chronic conditions are often given 'rescue packs' or 'rescue prescriptions', with the aim of preventing physical deterioration, and empowering patients to maintain their safety and overall wellbeing.

In our practice, SH 'rescue packs' have improved the patient's ability to manage their wounds pre- and post-injury, reduced visits to GP or urgent care centres and eliminated the need for hospital admission (Hunt, 2017). As such, clinical resources can be focused on the patient's psychological wellbeing and underlying drivers of SH (Hunt, 2016a; 2016b; 2017).

The contents of the 'rescue pack' should be simple and easy for the patient to understand and use. It should highlight how and when to use and replace each product, and include a list of 'red flags' for when to seek clinical advice. A SH 'rescue pack' should be accessible and given to the patient at first review. We have found the 'rescue pack' example in Box 3 to be appropriate for people who compulsively and impulsively SH.

For reasons, including cost, absorbency and ease of application, the BSN Medical portfolio, especially Leukomed® Sorbact® and Leukomed® Control, has been a useful addition to the 'rescue pack' for SH in our clinic (Box 4).

**IMPORTANCE OF SELF-CARE IN SH WOUNDS**

If it is not possible to stop SH behaviours, encouraging self-care education is vital (Hunt, 2017). Good communication, observational support, and clear objective agreement are required to ensure that patients who SH remain safe.

Patient self-care and timely intervention can reduce attendance to services and hospital admissions. This has a direct cost saving to the healthcare provider allowing reducing resources to be utilised appropriately (Ryan et al, 2009).

Using products that are easy and simple for the individual to use improves patient confidence, reassurance and ownership for the patient within their self-care pathway, while reducing the reliance on the clinician (Bateman, 2014; Dowsett, 2015).

**SUMMARY**

The management of individuals who SH requires time, patience, sound listening skills and a non-judgmental approach to holistic care delivery (Box 5). A self-care 'rescue pack' as described in this Made Easy, including dressings with specific attributes that meet the needs of this patient group as well as a supportive patient-clinician relationship, can empower patients to care for SH wounds and reduce serious injury, infection and scarring and avoidable attendance to urgent care services.

**Box 5. Practical tips for treating SH wounds**

- Build a non-judgmental, supportive and trusting relationship
- Be brave and ask the question: 'are you self-harming?'
- Explore patient's rationale, how and why they self-harm
- Review any tissue injury
- Refer to appropriate specialists in regards to emotional, psychological and social needs so that a holistic care package is in place
- Provide a self-care 'rescue pack' if appropriate
- Discuss self-care and keeping safe
- Ensure that 'rescue pack' information is given verbally and in writing
- Ensure that the contents and the use of 'rescue packs' are clear and understood
- Ensure that 'red flags' in regards to wound care and patient safety are emphasised
- Ensure that contact details of relevant services are in the 'rescue pack'
- Ensure that replacement pack processes are in place (such as prescription repeats)

## Case 1: Using the 'rescue pack' for an abdominal burn



Figure 1. Day 1 pre-cleansing

A teenage female patient has a history of domestic violence and is now in a safe house. She has post-traumatic anxiety disorder, a history of compulsive SH, and she has a care package involving a social worker and community psychiatric nurse (CPN).

A tattoo of her ex-partner's name in her abdominal area was repeatedly burned by the patient with a hot electric iron. This was believed to remove the memory of the abuse and occurred several weeks before presenting at the GP surgery (Figure 1). The wound had some sloughy areas, moderate exudate, and pain was recorded at 10 out of 10 on the VAS score. The patient was prescribed to self-care with a gentle wash lotion to irrigate the wound, and change Leukomed® Control dressing three times a week. She requested weekly telephone support contact only, and the burn was fully healed at week 7. She reported that the clear dressing allowed her to see the wound and she felt reassured that none of the 'red flags' included within the 'rescue care' pack as described above were present. Leukomed Control dressing was comfortable, pliable and did not pull on her skin during day-to-day activities.

## Case 2: Using the 'rescue pack' for forearm lacerations



Figure 2. Lacerations on forearm

A teenage patient with history of psychological trauma in childhood has severe mental health problems and is living in supportive accommodation for the past year. When intoxicated with alcohol, they often makes cuts to the forearms and upper thighs using *ad hoc* sharp instruments. They often do not dress the wound and covers with their sleeves, which are often dirty and unwashed. They recently presented with the words 'kill me' cut into the forearm using a food can lid retrieved from a bin (Figure 2). Although the wound appeared clean after saline cleansing, with no erythema or oedema, the risk of infection was high. Leukomed® Sorbact® was applied to cover the large area and protect the wound from infection. The patient agreed to 'rescue pack' service as described above and was followed up every 7 days. They continued to clean the wound using saline provided and re-apply Leukomed Sorbact as needed. This patient is likely to continue to SH so the aim of care is to reduce infection risk and hospital admission. The community psychiatric nurse was impressed with Leukomed Sorbact, stating that the dressing was easy to apply, had a long wear time and the patient was happy to keep it *in situ* for up to 4 days at a time.

NB: Patients have provided written signed consent for photographs and history for publication sharing as per organisational policy

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