
Self-Injurious Behaviors on the Inpatient Psychiatric Unit: Prevention and Psychiatric Management

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Self-injurious behaviors (SIB) are among the most pressing concerns you might face on an inpatient psychiatric unit. They require a balance of swift medical intervention, empathy, and stringent safety measures. Here we review practical tips for preventing and managing SIB.

Assess risk for SIB:

- Common diagnoses associated with SIB include borderline personality disorder, developmental disorders, and major depression with psychosis or suicidality.
- Patients with a prior history of SIB are at high risk of engaging in these behaviors on the inpatient unit.

First, assess the level of injury and ensure the patient is safe

- See “Self-injurious Behaviors: Medical Management” for specific evaluation and management recommendations of common self-injuries.
- Remove any objects that a patient might use for self-harm. This includes sharp objects, belts, shoelaces.
- Review the level of observation in patients with a history or risk of SIB. Depending on the severity, this can range from 15 minute checks to continuous one-to-one supervision.

Therapeutic Interventions:

- Employ techniques like Cognitive Behavioral Therapy (CBT) to address negative thought patterns and develop healthier coping mechanisms.
- Consider using Dialectical Behavior Therapy (DBT), especially for patients with borderline personality disorder, to improve emotional regulation and reduce self-harming behaviors.
- Engage patients in mindfulness exercises and stress reduction techniques to help manage impulses.
- Conduct skill-building sessions focusing on communication, interpersonal skills, and emotional self-awareness.
- Collaborate with the patient to create a safety plan, identifying triggers and developing coping strategies, like listening to music, practicing deep breathing, or talking with a trusted nurse.

Medication Management:

- Consider antidepressants, such as SSRIs, for patients with underlying depression contributing to SIB.
- In cases of severe mood swings or bipolar disorder, mood stabilizers or atypical antipsychotics may be appropriate.
- If you prescribe sedative-hypnotics for acute anxiety or agitation, monitor their use to avoid dependency.

Additional Tips:

- Listen actively and validate the patient’s feelings. By making the patient feel understood, you reduce the sense of isolation that often accompanies SIB.
- Encourage distraction techniques, such as art therapy, journaling, exercise, or group therapy sessions.
- Involve the patient's family or support system in their care plan, where appropriate and with the patient’s consent. This creates an extended support network for the patient during and after hospitalization.