Self-Harm and Paths to Care:

What Do Healthcare Professionals Need to Know After the Pandemic?

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Who Is This Booklet For?

This booklet was developed for healthcare professionals, students, and workers in the Psychosocial Care Network (RAPS) who provide care to people experiencing psychological distress.

The goal is to provide introductory information on self-harm, associated factors, initial management, support strategies, and intervention options, especially considering the intensified psychosocial impacts during and after the COVID-19 pandemic.

A Possible Clinical Case

Feb2020
First case of COVID-19 in Brazil

Mar2020
WHO declares a pandemic

Jan2021
Start of vaccination

During the COVID-19 pandemic, Mariana, a 32-year-old nurse, began working increasingly long and emotionally draining shifts. At first, she and many other healthcare professionals believed it would be just a temporary phase, something that would soon be brought under control. However, days turned into months of overcrowded hospitals, frequent losses, and constant fear of infecting her own family.

As time went on, Mariana began to have trouble sleeping, experience anxiety attacks, and feel a persistent sense of exhaustion. Even though she was tired, she felt she needed to remain “strong” in front of the staff and patients. Gradually, she started avoiding talking about how she felt and believed she had to endure everything alone.

After the death of a coworker from COVID-19, Mariana noticed a significant worsening of her emotional distress. She reported feelings of guilt, helplessness, and professional failure for not being able to save all the patients. At home, she remained isolated, emotionally distant, and constantly overwhelmed by thoughts about work.

In a moment of intense distress after a shift, Mariana engaged in self-harm. Later, she described that she did not wish to die, but to interrupt—even if only temporarily—the intensity of the emotional suffering she had been accumulating for months.

Over time, she began to hide her injuries and avoided seeking help out of fear of professional judgment and concern that she would be seen as "weak" by her team.

Mariana's story represents a reality experienced by many healthcare professionals during and after the pandemic, especially in contexts marked by emotional overload, grief, physical exhaustion, and difficulty accessing psychological care.

2022 Apr
Easing of measures, booster vaccination

2023 May
Pandemic slows down; end of the public health emergency.

2025 Jan
Post-pandemic psychological hangover, collective forgetting of lessons learned.

Defining Self-Harm

Self-harm occurs when someone intentionally injures their own body in an attempt to cope with intense emotional pain. In the vast majority of cases, the person is not trying to take their own life; they are simply seeking a way to alleviate, pause, or express suffering that has become too heavy to bear.

Among the most common behaviors are:

- **Cutting**
- **Burns**
- **Repetitive scratching**
- **Hitting oneself**
- **Skin punctures**
- **Deliberate exposure to risky situations**

We need to make this clear: hurting yourself is never “being dramatic,” a “lack of strength,” or a way to “get attention.” It is a clear sign that the mind is screaming for help and that the person has exhausted their resources to cope with what they are feeling.

Even if it is not a suicide attempt, self-harm is a red flag. It shows that suffering is increasing, and over time, the risk of something more serious happening becomes real. Therefore, this pain should never be ignored: it requires close attention, support, and the help of a healthcare professional.

Clinical Example

In Mariana's case, it all began when she reached her emotional breaking point during the pandemic. For months, she had been accumulating work-related exhaustion, the pain of losing loved ones, and an immense difficulty putting her feelings into words. Unable to vent, she eventually found in the act of self-harm a temporary outlet to relieve that internal pressure.

In conversations with the professional treating her, Mariana made it clear that she didn't want to die. What she was seeking was simply a break—even if just for a few seconds—from the constant sense of anguish, guilt, and exhaustion that wouldn't leave her alone.

Why does it happen?

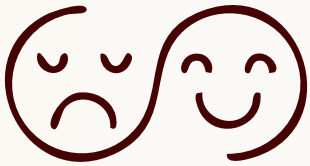
Research shows that self-harm can serve different purposes in a person's mind. Most of the time, there is no single reason: the reason behind this act varies depending on the person's emotional state, their life story, and the extent of the suffering they are carrying.

Emotional Regulation:

Self-harm can function as an attempt to reduce intense emotions, such as anxiety, guilt, sadness, anger, or a feeling of emotional overload.

Clinical example:

Mariana reported that, after exhausting shifts and frequent episodes of patient deaths during the pandemic, she felt "unbearable" emotional tension. At times, she described self-harm as an attempt to temporarily relieve this emotional intensity.



Reducing the feeling of emptiness:

Some patients report a persistent sense of emotional emptiness, emotional detachment, or psychological numbness.

Clinical example:

Even after long shifts and constant contact with people, Mariana described a sense of emotional detachment and difficulty recognizing her own feelings. Physical pain seemed to serve as a momentary way to "feel something again."

Self-punishment:

Self-harm can also serve a self-punitive function, especially in individuals with excessive guilt, intense self-criticism, or persistent feelings of failure.

Clinical example:

After losing patients and a coworker to COVID-19, Mariana began to experience recurring thoughts of professional inadequacy, taking excessive blame for situations that were beyond her control.

Communication of distress:

In some cases, self-harming behavior may emerge as an indirect way of communicating emotional distress that is difficult to verbalize.

What do World Health Organization (WHO) studies reveal about healthcare professionals?

During the COVID-19 pandemic, healthcare workers were among the groups most exposed to psychological distress. The combination of care overload, fear of infection, recurring losses, and constant emotional pressure significantly impacted the mental health of the teams.

Studies have identified a significant increase in:

- Anxiety
- Depression
- Emotional exhaustion (burnout)
- Psychological distress
- Sleep disturbances
- Symptoms related to traumatic stress

Surveys conducted with frontline professionals revealed frequent reports of:

- A constant feeling of tension
- Difficulty relaxing
- Persistent fear of infecting family members
- Emotional exhaustion after long shifts
- A sense of helplessness in the face of recurring death

Risk Factors

Long work hours;

Excessive on-call shifts;

Sleep deprivation;

Care overload;

Frequent exposure to suffering and death;

High emotional responsibility;

Constant institutional pressure;

Repeated exposure to traumatic situations;

Feeling of helplessness in the face of recurring losses;

Professional burnout..

During the pandemic, many professionals remained in a continuous state of alert for long periods, similar to what Mariana experienced during her shifts on the front lines.

How can I help?

Listen without Judgment

Ex:

- "I'm here to listen to you"
- "You can vent to me; I'm here to help you"
- "You can trust me; I won't judge or condemn you"

Ask directly, but gently

Ex:

- "You don't have to go through this alone, okay?"
- "Is there anyone you feel safe talking to?"
- "What usually helps you feel a little better?"

Show interest in the conversation

Ex:

- "Is there anything I can do for you right now?"
- "How can I help you right now?"
- "Can I stay with you for a little while?"

Encourage Seeking Professional Help

Ex:

- "Have you thought about talking to a professional who can help you understand and ease this pain?"
- "Have you thought about seeking professional help?"

Validating emotions reduces risk.

Avoid Phrases Like:

Minimizing

EX: “That’s just being dramatic”; “It’s a lack of faith”; “You’re just doing that to get attention”; “You’re too weak.”

Punishing

Ex: “If you keep this up, no one will want to be around you.” “If you do that again, you’ll lose your job.”

Threaten

Ex: “Look at what you’re doing. I’m going to tell your supervisor.” “At this rate, no patient will want to be around you.” “If you keep this up, you’ll end up hospitalized.”

Alternative Strategies

Create a Safety Plan

A safety plan is like an emergency roadmap for times when an emotional crisis hits. In it, you note your own warning signs (to recognize when you're not well), list simple activities that help calm your mind, and keep the contact information of trusted people handy—people you can call when you feel you're in danger.

Ex: After very exhausting shifts, Mariana would sometimes come home feeling intense anxiety and a lot of emotional tension. Realizing she was about to have a breakdown, she would put her safety plan into action.

You don't have to face this alone.

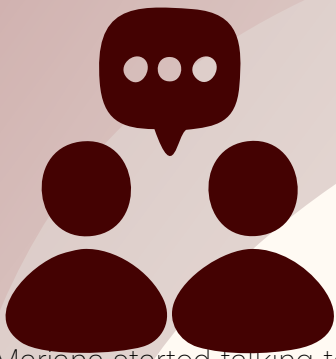
Click the button next to this text to access a Safety Plan to organize protection strategies and support contacts during difficult times.

Write Down How You Feel

Writing can help release emotions that are trapped inside your head. Often, when we put our thoughts on paper, we can better understand what we're feeling.

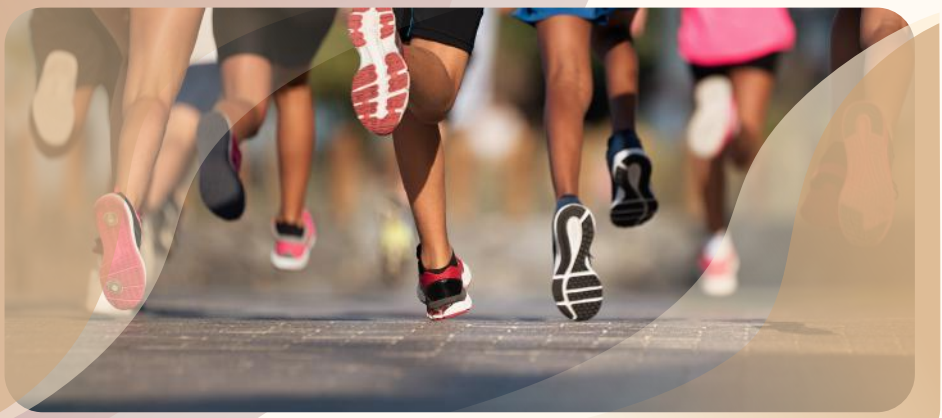
Ex: Mariana started writing about her shifts, her fears, and the exhaustion she was feeling. Over time, she realized that this helped her better understand her own emotions and recognize when she was reaching her limit.

Talk to people you trust



Talking about your pain can lessen the feeling of being alone. Having someone who listens without judging helps alleviate the emotional burden.

Ex: When she felt very overwhelmed, Mariana started talking to a coworker and close family members. Even without solving all her problems, feeling supported made a difference during the hardest moments.



Exercise

Moving your body can help relieve tension, anxiety, and pent-up emotions. Additionally, exercise can bring a sense of relief and well-being after some time.

Ex: On days when she was emotionally exhausted, Mariana started taking short walks after her shifts. This helped her reduce the constant feeling of pressure and mental fatigue.

Seeking help is an act of courage

Self-harm is an attempt to cope with something that hurts too much. But there are safer and more effective ways to deal with that pain.

Where to Find Help

UBS - Basic Health Unit
This is the entry point for accessing psychiatric and psychological services through the public health system. From there, you can receive guidance and be referred to specific mental health services.

CAPS - Psychosocial Care Center
This is a specialized mental health service for those who need more intensive care with long-term follow-up.

CVV (188) - Center for the Value of Life
This is a nonprofit organization dedicated to helping people who are experiencing emotional distress. This service assists in suicide prevention and can be reached by dialing 188, offering support to those who are feeling lonely and need a non-judgmental conversation.

Psychology Teaching Clinics
These are clinics affiliated with psychology programs where senior undergraduate students provide supervised care to people seeking therapy. The services are affordable or even free at some universities.

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