



All about Self-harm



What is self-harm?

1 in 10 people will self-harm by taking tablets, cutting, burning, piercing or swallowing objects. It is more common than you think and can happen to anyone. Some people self-harm regularly - it can become almost an addiction.

What makes people self-harm?

It usually happens in a state of high emotion and inner turmoil.

This may be caused by

- feeling depressed
- feeling bad about themselves
- relationship problems
- feeling that people don't listen to them
- feeling isolated
- feeling alone or powerless
- feeling desperate or hopeless about a problem and not knowing where to turn for help; feeling trapped and helpless. Self-injury helps people to feel more in control.
- feelings of anger or tension that get bottled up inside. Self-injury helps people to relieve the tension they feel.
- feelings of guilt or shame that become unbearable. Self-harm is a way of punishing themselves.
- trying to cope with very upsetting experiences, like trauma and abuse (sexual, physical, or emotional), by convincing themselves that the event(s) never happened; feeling numb or dead inside, or feeling detached from the world and their bodies. Self-injury is a way of feeling more connected and alive.
- worrying about doing well at school, or being bullied at school or at work
- experiencing difficulties or confusion about their sexuality
- experiencing problems to do with race, culture, or religion
- not getting on with parents, or parents divorcing
- a death of someone close to them
- unwanted pregnancy
- low self-esteem, and feelings of being rejected

Remember, the severity of the wound does not necessarily indicate the severity of the emotional turmoil the person is feeling.

Individuals have many ways of expressing their distress and someone who scratches may be in as much distress as someone who cuts.

How can I help myself ?

When you want to harm yourself

If you can ride out how you feel without self-harming, the feelings may go after a few hours. You can

- talk to someone
 - distract yourself by going out
 - sing or listen to music or do anything harmless that interests you
 - try to relax and focus your mind on something pleasant
- There are harm reduction techniques you can use:
- find another way to express your feelings such as squeezing ice cubes (make them with red juice to mimic blood if that helps), or draw red lines on your skin
 - give yourself some 'harmless pain' - eat a hot chilli, or have a cold shower
 - be kind to yourself – get a massage
 - write a diary or a letter, to explain what is happening to you – no one else needs to see it

Doing something positive might help and you need to find what works for you. If you do harm yourself make sure that you are not infecting yourself, and to use clean dressings.

When the urge has gone

Some people can recognise a crisis early on. Triggers are personal, so think about the times that you have self-harmed and what (if anything) has helped.

- go back in your mind to the last time when you did not want to self-harm, and move forward in your memory from there. Where were you, who were you with, and what were you feeling?
- try to work out why you began feeling like you did. Did your self-harm give you a sense of escape, or relief, or control?

- try to work out something to do that might give you the same result, but that doesn't damage you.
- make a recording by talking about your good points and why you don't want to self-harm. When you feel bad, play this back to remind you of the parts of you that are worthwhile.
- make a 'crisis plan' of what to do when you feel bad.

What can I do if I know someone who self-harms?

- Listen to them calmly when they feel ready to talk, without being critical. This can be very hard if you are upset or angry. Try to focus on them rather than your feelings. People need to be heard.
- Try to understand their feelings, and then move the conversation to other things.
- Take the mystery out of self-harm by helping them find out about self-harm on the internet or at the library.
- Help them to think about their self-harm not as a shameful secret, but as a problem to be sorted out.
- Get help if the self-harm needs medical attention.

Don'ts

- You have enough to deal with as their friend, so don't try to be their therapist.
- Don't expect them to stop overnight – it's difficult and takes time.
- Don't get angry as this may make them feel worse. Talk calmly about the effect it has on you - in a way that shows how much you care for them.
- Don't struggle with them when they are about to self-harm – it's better to walk away and to suggest they come and talk about it rather than do it.
- Don't make them promise not to do it again or make your involvement conditional on them stopping.

How the NHS should help

The National Institute for Health and Clinical Excellence (NICE) Guidelines set out how healthcare professionals should deal with people who self-harm.

Key Priorities for staff

- Staff should show respect, understanding, and give choices: people who self-harm should be treated with the same care, respect, and privacy as any other patient. The emotional turmoil associated with self-harm should be taken into account.
- Staff training: All staff should be appropriately trained to help so that they understand and can care for them.

Truth Hurts: The UK Report of the National Enquiry into Self-harm among Young People (2006)

Young people may be more vulnerable because of lack of support or increased substance abuse, but the findings can apply to people of all ages.

Key findings from the Report

- rates of self-harm are much higher among young people
- the average age of onset is 12 years
- it affects at least 1 in 15 young people
- about 25,000 young people are admitted to hospital each year after self-harming
- most people who are admitted to hospital have taken an overdose or cut themselves
- it is more common among girls and young women than among boys and young men
- lesbian, gay, bisexual, and transgender young people are 2 to 3 times more likely to self-harm than heterosexuals
- Asian women, aged between 15-35 are 2 to 3 times more likely to self-harm than non-Asian women

Myths about self-harm

What people say

'Self-harm is attempted suicide.'

Facts

Not true. Each person has their own motivations and mix of self-injuring and suicidal feelings. It may be a survival strategy, and often results in the least possible amount of damage.

What people say

'It's attention-seeking. They're manipulative.'

Facts

Not true. It is not the easiest, or the most efficient way of getting attention. Self-harm is a private act. It's not about its effect on others.

What people say

'Self-harmers are usually hysterical women under 30 who grow out of it.'

Facts

Not true. Recent research shows that the difference between women and men is less marked than thought. There is no evidence to show that people grow out of it.

What people say

'It's trendy.'

Facts

Not true. Although it might be seen as trendy in some circles, it's not done because of trendiness.

What people say

'It only happens in dysfunctional families.'

Facts

Not true. It could be anybody from any background and is no respecter of race, class, or creed.

Confidentiality

If anyone speaks to an NHS staff member about self harming they are bound by patient confidentiality not to share that information with anyone else without their permission. We will respect everyone's right to confidentiality. However family and friends often wonder what they should do when someone talks to them about self harming. As a general rule you should respect the person's wishes. If you think they need help you should try to persuade them to speak to a family member or a doctor or ask them to call a help line. If you are very worried about them you should take advice yourself.

NICE general principles for hospital staff, GPs, and general clinical staff

- always treat people with care and respect
- ensure privacy for the service user
- take full account of the likely distress associated with self-harm
- offer the choice of male or female staff for assessment and treatment
- always ask the service user to explain in the own words why they have self-harmed; people can do it for many different reasons, so don't make assumptions
- involve the service user in clinical decision-making and give information on treatment options
- provide emotional support for carers / family, if they need it
- try using a combined physical and mental health assessment

Try not to use humour and 'laugh off' the situation; we need to be taken seriously and see that you care.

"One doctor has even asked me why I cut on a nice sunny day. I feel as though I should be sent home with a lollipop."

Listen, and give the person time to talk if they want to – by asking questions you may open a 'can of worms' and lead to further distress.

Going to A & E – waiting for physical treatments

- staff should not delay calling the psychiatrist on call until after medical treatment, unless life-saving treatment is needed; the person is unconscious; the service user is incapable of assessment, for example if intoxicated
- give written and verbal information about the care in a language the person understands
- provide a safe and comfortable environment where people can wait, and give supervision to ensure safety
- the time between arriving at Triage and discharge or admission should be no more than 4 hours

Try to be understanding – it may be difficult to control your anger, hurt, or confusion, but the person who has self-harmed probably has those feelings too.

A & E – general treatments for self-injury

- don't delay treatment because it is self-inflicted
- take account of the distress involved
- explain treatment options
- always use anaesthesia and/or analgesia if treatment may be painful

"I cut my upper arms so badly that I needed a blood transfusion. The doctor said he did not permit it as it was self-inflicted. The next day I collapsed."

A & E – advice for people who repeatedly self-injure

- consider giving advice and instructions on –
 - self-management of superficial injuries, including providing tissue adhesive
 - harm minimisation issues and techniques(see **How can I help myself**)
 - appropriate alternative ways of coping
 - dealing with scar tissue

“There are 3 people who look after me after I have self-harmed. Two are from the eating disorder service and the other is my doctor. These people don't judge me. I'm not sure they fully understand, but they try.”

A & E – advice for people who repeatedly self-poison

- don't offer harm minimisation – there are no safe limits with over-dosing
- consider discussing the risks with service users, and carers where appropriate, where there is a risk of using this method again

General guidance

- prescriptions may be given for a week, or a fortnight

If you are having a meeting with a consultant

- make notes before the meeting and hand in the questions if that would be easier for you
- take someone along for support, who you can trust, if you feel you need it

Questions you might like to ask your consultant

- Can I be cured?
- Have you read my medical notes?

Sometimes it can be distressing to be asked the same questions on each visit to a consultant. Two reasons for asking questions again are that the consultant

- may need to confirm the documentation already present as it may have been done by someone else
- may need to make sure that their information is up to date and they are not missing out anything.

Advice for clinicians

- Do a risk assessment in terms of risk to the self-harmer and to others
- Think of the impact of self-harming behaviour not only to service user but also to carers
- Develop a care and management plan in collaboration with service users and carers
- Advise service users of available support from external and voluntary agencies

'Self-harming is a horrible thing to suffer with. Out of all the disorders I have I find it the hardest to talk about. People think that it is done to get attention or that it is a failed suicide attempt, but for me it is a way of showing my emotions. If I ended up killing myself through my self-harming it would be a complete accident. You might be asking yourself why I do it. You can ask the same question to people who get drunk or take drugs. The answer will probably be the same, to take away the stress and sadness they have in their lives, and to be able to forget about things for a while. Many people self-harm. It is coming out in the open more, but is still a difficult subject to discuss. People should not be judged or pitied for doing it. I want to be treated as someone with a problem. Even the medical profession find it hard to deal with. On the occasions that I have been to the hospital for some help I have not been treated with respect so now I do not go. More training would help a lot more people. ... I would love to be able to stop doing it but I know it is part of me. I hope, as with my eating disorder, I learn to live with it. There are many people who can help you if you have any kind of mental health issues or know anybody with any. Once you have somebody to trust it makes all the difference.'

Organisations that can be helpful

CDAS (Community Drug & Alcohol Service)

CMHT

COAST (Community Outreach and Support Team)

Growing Together

Housing Associations

Mind

Police

Rethink

SERICC (South Essex Rape and Incest Crisis Centre)

For further information

Mental Health Foundation: www.mentalhealth.org.uk

National Self-harm Network: www.nshn.co.uk

NICE (National Institute for Health and Clinical Excellence) guidelines:

www.nice.org.uk

MidCity Place, 71 High Holborn, London, WC1V 6NA

Royal College of Psychiatrists – book and CD: www.rcpsych.ac.uk/self-harm

Samaritans

Self-injury Guidance and Network Support: www.lifesigns.org.uk

SHOUT (Self Harm Overcome by Understanding and Tolerance)

PO Box 654, Bristol, BS99 1HX

University of Reading: www.rdg.ac.uk/Counselling/counselling/Self%20Injury.htm

Young Minds

The Young People and Self-harm Information resource website:

www.self-harm.org.uk



**South Essex Partnership NHS Foundation Trust
working in partnership with**

- Face to Face interpreters
- Document translation into other languages
 - Signing (at BSL level 3)
- Document translation into Braille
- Document translation onto audio tapes
- Over the phone translation

**Contact PALS (Patient Advice and Liaison Service)
for more information on 0800 0857 935 or
email pals@southessex-trust.nhs.uk**