

Longer-term care and treatment of self-harm

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the longer-term care and treatment of self-harm that is set out in NICE clinical guideline 133.

Does this information apply to me?

Yes, if you are an adult, child or young person who self-harms.

For care and treatment within the first 48 hours after an episode of self-harm, see NICE guidance 'Self-harm: short-term treatment and management' (www.nice.org.uk/guidance/CG16).

Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (www.dh.gov.uk/en/DH_132961). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain self-harm and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and [carers](#) should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (known as a 'living will' in the past) in which you have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/en/DH_103643) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

In an emergency, healthcare professionals may give treatment immediately, without obtaining your informed consent, when it is in your best interests.

If you are being treated under some sections of the [Mental Health Act](#), healthcare professionals may override your decisions. They should only do this in specific circumstances and if it is in your best interests. If this does happen, they should fully explain the reasons why and your rights to appeal and advocacy.

If you are under 16, your parents or carers will need to agree to your treatment, unless it is clear that you fully understand the treatment and can give your own consent. In an emergency, if your parents or carers cannot be contacted, healthcare professionals may give treatment immediately when it is in your best interests.

Self-harm

Self-harm is a sign of distress that usually involves a person poisoning or injuring themselves. Self-poisoning involves overdosing with medicines or swallowing a poisonous substance. During acts of self-harm, it is common for people to feel separate or disconnected from their emotions and pain. Self-injury may involve cutting parts of the body, swallowing objects, inserting objects into the body, burning, hanging, stabbing, shooting and jumping from heights or in front of vehicles.

The nature and meaning of self-harm vary from person to person. People may harm themselves as a way of coping with overwhelming situations or feelings. While an individual episode may be an attempt to end life, acts of self-harm are not always clearly connected to a desire to die. People's motivations are often unclear and the reason a person harms themselves may be different each time.

If you are self-harming, it is best to talk to a healthcare professional who will be able to help you.

How do I get help and treatment for self-harm?

If you have self-harmed in the past and your GP thinks that you may self-harm again, you may be offered an appointment with community mental health services for an [assessment](#). If you are very distressed, if there is a strong risk that you may harm yourself again, or if you have asked to see a specialist, you should be offered an appointment with community mental health services as soon as possible.

Your GP or other healthcare professional in [primary care](#) should continue to look after your physical health, including any effect on your physical health because of self-harm.

What can I expect during an assessment?

During the assessment, which may take place over several meetings, healthcare professionals will want to get to know you and find out more about your self-harming behaviour and any other difficulties so they can work out which treatment and what kind of support would best suit you. They will need to ask about your mental and physical health, and they may also ask you about your relationships, living arrangements and background, and also about your skills and strengths and ways of coping with your problems.

As part of your assessment, healthcare professionals should also talk to you about whether you think you may self-harm again and whether you have had any thoughts of suicide, and identify with you the risks that may lead to you self-harming again. They may talk to you about the methods you

use or have used to self-harm, and how often, and whether you have symptoms of [depression](#) or another mental health problem and if this is linked to your self-harming behaviour. You will be given a chance to talk about any specific events or feelings that came before an episode of self-harm, your relationships, and also any ways of coping that you have used to stop or reduce your self-harming. Healthcare professionals may also ask you about any other harmful behaviour, such as drug and alcohol misuse or taking unnecessary risks, having access to medication that may harm you, or other means of self-harm.

If you are 65 or older, assessment should be with a healthcare professional who has experience of assessing people in your age group. They should pay particular attention to your physical health and whether you have depression. They should also ask you about your life at home and whether you have family and friends living close by.

Your care team should ask you whether you would like your family or carers involved in your care.

If you are interested in accessing organisations and websites that offer information and support for people who self-harm, your care team should be able to discuss and provide advice about these.

Your relationship with your healthcare professional

It may be difficult for you to discuss your self-harming behaviour. Your doctor or healthcare team should be aware of any sensitive issues relating to self-harm and should build a relationship with you that is supportive and based on trust. Your healthcare professional should work with you to help you to make your own decisions about your treatment options and goals. You should be encouraged and supported to find solutions to your problems, because this will help to build your confidence.

Your care team should respect your confidentiality.

Questions you could ask your healthcare team

- Why am I being offered an assessment?
- Will my self-harm remain confidential?
- Who can provide my treatment and care?

- Are there any support organisations specifically for people who self-harm in my local area?
- Who can I contact in a crisis?
- Have you got any information for my family or carers?

What happens after I have been assessed?

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team in the first instance.

After your assessment, your care should continue with community mental health services who will develop a care plan with you and, if you agree, your family or carer. They should give a printed copy of this care plan to you and to your GP.

As part of your care plan, healthcare professionals should discuss and agree with you your aims for the longer-term treatment of your self-harming behaviour. These aims may be to:

- prevent your self-harm increasing or getting more severe
- reduce harm, or reduce or stop self-harm
- reduce or stop other harmful risk-taking behaviour
- improve your quality of life at home or at work, or return to work if you have not been working
- improve any mental health problems.

The treatment aims should be written in your care plan. Your care team should check your care plan with you at times agreed with you. This should happen at least once a year. Your care team should make sure that the aims are still realistic and suitable for you.

Healthcare professionals should also develop a plan to manage and reduce any risks connected to self-harm, any suicidal thoughts and other harmful risk-taking behaviour. The plan should include how to cope in a crisis and how to access services if you find that you cannot cope. You should be advised that healthcare professionals may need to share information in your plan with other professionals. They should update the plan regularly if your circumstances change.

If you and your healthcare professional do not agree about your treatment, you may be offered the opportunity to write this in your records.

You should be offered information about the dangers of self-harm and the treatments for it and any mental health problems, and given time to discuss it.

Which treatments can help with my self-harm in the long term?

If you have a mental health problem such as depression, [bipolar disorder](#), [borderline personality disorder](#), [schizophrenia](#) or a drug or alcohol problem, community mental health services should provide all the treatment and support you need, which may consist of a [psychological treatment](#) or medication. (NICE has produced guidance about treatment for all of these conditions.) Treating the mental health problem may help to reduce your self-harming behaviour.

Your healthcare professional may also offer you a treatment specifically to help with your self-harm. Psychological treatment has the best evidence for helping people who have self-harmed in the longer term. You may be offered 3 to 12 sessions of a psychological treatment where the therapist will work with you to identify the problems causing distress or leading to self-harm.

You should not be offered medication as a specific treatment to reduce self-harm.

If stopping self-harm is unrealistic in the short term, healthcare professionals may discuss with you other ways of coping with problems as an alternative to self-harm, or methods of reducing harm.

Consent issues for people over 16

Healthcare professionals should always make sure that you are [mentally capable](#) of making a decision about your treatment. The fact that you have harmed yourself does not necessarily mean that you are not mentally capable. Your capacity to make informed decisions may change over time. For example, if you are confused from drugs or alcohol that you have taken, you might not be able to make decisions about treatment immediately. If this is the case healthcare professionals may wait until the effects of the drugs or alcohol have worn off but this depends on how urgently you need treatment.

Each new treatment should be explained to you and your capacity reassessed.

For consent issues for children and young people see '[Information for children and young people who self-harm](#)'.

People with learning disabilities

If you have a mild learning disability or other problem that may affect your understanding, you should be offered the same treatments as other people who self-harm. The treatment may be adapted to suit your needs.

People with a moderate or severe learning disability who self-harm should be referred for immediate assessment and treatment conducted by a specialist in learning disabilities services.

Questions about treatment

- Why have you offered me this type of treatment?
- What are the pros and cons of having this treatment?
- What will the treatment involve?
- How will the treatment help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- Are there any risks associated with this treatment?
- What are my options for treatments other than the recommended treatment?
- What will happen if I choose not to have the recommended treatment?
- Is there a leaflet about the treatment that I can have?

What happens when treatment or care comes to an end?

When treatment comes to an end or if your care is transferred to another service, this should be discussed with you in advance and should not happen abruptly. Together with your healthcare team you should also agree a plan that sets out the steps you can take to cope with any crises and how you can contact your healthcare team if needed. You and your family or carer (if you agree to them being involved) should be given a copy of the plan.

Information for children and young people who self-harm

Your treatment and care should be the same as that for adults set out in this information, but with a few differences as described below. You should be able to have all the treatments and care described previously in this information within mental health services for children and young people.

If you have self-harmed in the past and your family doctor thinks that you may self-harm again, you may be offered an appointment with mental health services for children and young people for an [assessment](#). If you are very distressed and there is a great risk that you may harm yourself, you should be offered an appointment as soon as possible.

During the assessment, which may take place over several meetings, healthcare professionals will want to get to know you and find out more about your self-harming behaviour and any other difficulties so they can work out which treatment and what kind of support would best suit you. They will need to ask about your mental and physical health, and they may also ask you about your family and relationships with friends.

You may still receive care from mental health services for children and young people even after you turn 18, if this is in your best interests.

Decisions about your care if you are under 16

If you are under 16 and your healthcare team is sure that you understand what it means to have an assessment and any treatment that you are offered, you will be able to decide on your own whether to have the assessment and treatment. You can always involve your parents or another person with parental responsibility (someone who is responsible for looking after you) if you wish, and your healthcare team will encourage them to support you.

If you decide to have the assessment or treatment, you will be asked to give 'informed consent' (see '[Your care](#)').

If your healthcare team is not sure you understand what it means to have an assessment and treatment, one of your parents or a person with parental responsibility will be asked to give informed consent for you to have the assessment or treatment. In an emergency, if one of your parents or the person with parental responsibility for you cannot be contacted, healthcare professionals may give treatment immediately when it is in your best interests.

Information for families and carers

If you are a family member or caring for someone who is self-harming, healthcare professionals providing treatment and care for your family member or friend should ask the person whether they would like you to be involved in their care. However, healthcare professionals should respect your family member or friend's privacy if they would prefer to cope on their own.

If your family member or friend agrees to you being involved, you should be offered information about self-harm and about how you can support them throughout their treatment.

As a family member or carer, you may need help and support yourself. Healthcare professionals should offer you information, including contact details, about local family and carer support groups and other voluntary organisations, and help you to make contact with them. You should also be offered information and contact numbers about what to do and whom to contact in a crisis. As a carer you should be told about your right to a formal [carer's assessment](#) of your own physical and mental health needs, and how to access this.

Information for parents of children and young people who self-harm

This information covers the care and treatment that children and young people should be offered for self-harm, described in '[Information for children and young people who self-harm](#)'. The longer-term treatment for self-harm for children and young people should be provided in a centre that specialises in mental health problems in children and young people. If you are distressed about your child's self-harming behaviour, or your child is distressed, you should be offered an appointment with a child mental health specialist as a priority. Healthcare professionals should advise you to remove all medications, and where possible other methods of self-harm (such as cutting) available to your child.

Questions for family members and carers to ask

- Can you give me some information about self-harm, and the treatments for it?
- Am I entitled to be told about the treatment my family member/friend is having?
- What can I do to support the person who self-harms?
- Can you give me any information about specialist support for families and carers, such as helplines?
- Who can I contact for help during a crisis?
- Can I have a carer's assessment?

Glossary

Assessment

A meeting or meetings with a healthcare professional in which they ask questions about a person's physical and mental health, their family background and everyday life, to establish what the illness is, how severe it is and what treatments would suit them best.

Bipolar disorder

A serious mental illness in which a person has periods (or 'episodes') of what is called 'mania' and periods of depression. For this reason, it was once known as 'manic depression'. During a manic episode, people usually feel 'high', or irritable, or both. They may also feel over-confident, sleep less than usual, and take unnecessary risks.

Borderline personality disorder

A condition that affects a person's thoughts, emotions and behaviour. The symptoms include: having emotions that are up and down, thinking differently about yourself depending on who you are with, difficulty in making and maintaining relationships, taking risks, self-harm, and sometimes believing in things that are not real or true (called delusions) or seeing or hearing things that are not really there (called hallucinations).

Carers

People who provide regular and substantial care to a person with a mental and/or physical health problem.

Carer's assessment

An assessment by social services of a carer's physical and mental health and their needs in their role as a carer. Every person aged 16 years and older who cares for someone on a regular basis has the right to request such an assessment. There should be a written carer's plan, which is given to the carer.

Depression

A common mental health problem, the main symptoms of which are losing pleasure in things that were once enjoyable and losing interest in everyday activities and other people. Many people with bipolar disorder also have depression.

Mental Health Act

A law that allows a person with a mental disorder to be treated against their will, or without their agreement, if they are judged to be a serious risk to themselves or others. This is sometimes called 'being sectioned'. A person treated under the Mental Health Act will usually receive care in hospital, or less commonly out of hospital. People treated under the Mental Health Act have a legal right to appeal.

Mentally capable

Being able to understand information about treatments and weigh it up in order to make a decision about whether or not to have a particular treatment.

Primary care

A part of the healthcare service that includes GPs and mental health teams (such as mental health workers, mental health practitioners, and psychologists).

Psychological treatment

A treatment sometimes called a 'talking treatment' that involves meeting with a therapist to talk about feelings and thoughts and how these affect behaviour and wellbeing.

Schizophrenia

A serious mental illness that affects a person's mental state, including their thoughts, mood and behaviour. The main symptoms are hallucinations and delusions. Because of these symptoms the person may not be able to think clearly or concentrate. They may lose interest in things, lack motivation and become withdrawn from other people.

More information

The organisations below can provide more information and support for people who self-harm. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Bristol Crisis Service for Women www.selfinjurysupport.org.uk
- Harmless www.harmless.org.uk
- Mind, 0300 123 3393 www.mind.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

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Accreditation

