Self-Harm: short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

A guide for people who self-harm, their advocates and carers, and the public (including a guide for young people under the age of 16)
Information for adults (aged 17 and over)

About this information

This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on self-harm. It is based on *Self-Harm: short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*, which is a clinical guideline produced by NICE for healthcare professionals working in the NHS in England and Wales.

Although the information in this booklet has been written chiefly for people who self-harm, it may also be useful for family members, advocates or those who care for people who self-harm, and anyone with an interest in self-harm or in healthcare in general.

Clinical guidelines

Clinical guidelines are about improving the care and treatment provided in the health service. The guidelines produced by NICE are prepared by groups of healthcare professionals, people who have personal experience or knowledge of the problem, patient representatives, and scientists. The groups look at the evidence available on the best way of treating a problem or condition and make recommendations based on this evidence.

What the recommendations cover

NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these. The recommendations in *Self-Harm: short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*, which are also described here, cover:

- the care you can expect to receive from healthcare professionals in hospital and out of hospital
• the information you can expect to receive
• what you can expect from treatment
• what kinds of services best help people who self-harm.

The guideline is intended for people who have self-harmed aged 8 years and over and their families and carers. It covers acts of self-harm that are an expression of personal distress and where the person directly intends to injure him/herself. The guideline specifically looks at the treatment of self-injury (mostly self-cutting) and self-poisoning (mostly overdosing).

The guideline does not specifically look at: self-harm caused by smoking, recreational drug use, excessive alcohol consumption, over-eating or dieting, and self-harm as a form of political or social protest. The guideline covers only the first 48 hours of care after someone has self-harmed and not longer-term care. It does not cover the treatment of people who have thoughts of self-harm but do not carry them out.

If you want to find out more about self-harm, ask your doctor or another member of your health team. Alternatively, NHS Direct may be a good starting point. You can call NHS Direct on 0845 46 47 or view the NHS Direct website at www.nhsdirect.nhs.uk. Many voluntary organisations also provide information that may be helpful.

**How guidelines are used in the NHS**

In general, healthcare professionals working in the NHS are expected to follow NICE’s clinical guidelines. But there will be times when the treatments recommended will not be suitable for some people for reasons including their specific medical condition, their general health, their wishes, or a combination of these. Your healthcare professional should also take into account your gender
and your cultural and religious background when talking to you or suggesting treatments.

If you think that the treatment or care that you receive (or someone you care for receives) does not match the treatment or care described in the pages that follow, you should discuss your concerns with your GP or other healthcare professionals involved in your care, your advocate, or other members of your health team.

**If you want to read the other versions of this guideline**

There are four versions of this guideline:

- this one

- the NICE guideline, *Self-Harm: short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*, which has been issued to people working in the NHS

- the quick reference guide, which is a summary of the main recommendations in the NICE guideline, for doctors and healthcare teams

- the full guideline, which contains all the details of the guideline recommendations, how they were developed and information about the evidence on which they are based.

All versions of the guideline are available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). This version and the quick reference guide are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklets you want (N0xxx for this version, N0xxx for this version in English and Welsh, and N0xxx for the quick reference guide). The full guideline was produced by the National Collaborating Centre for Mental Health and is available from [details to be confirmed].
About self-harm

Self-harm, as defined in the NICE guideline, is an expression of personal distress usually made in private, by an individual who directly intends to injure him/herself. The nature and meaning of self-harm, however, vary greatly from person to person, and the act of self-harm is not always connected to thoughts of suicide. A person who repeatedly self-harms may do so for a different reason each time.

People who self-harm may feel that they are alone, but self-harm is more common than many people realise. The methods of self-harm can be divided into two broad groups: self-injury and self-poisoning. Cutting is the most common means of self-injury. Less common methods include swallowing objects, putting objects inside the body, burning, hanging, stabbing, shooting and jumping from heights or in front of vehicles. Self-poisoning involves overdosing or swallowing a poisonous substance. The majority of people who attend emergency departments after self-poisoning have taken over-the-counter medication. Others have taken medicines that have been prescribed by their doctor. A small number of people who self-poison have taken a large amount of an illicit drug or have poisoned themselves with another substance. Alcohol may also play a part. Self-injury is more common than self-poisoning as an act of self-harm, although people who self-poison are more likely to seek professional help.

An individual episode of self-harm might be an attempt to end life. However, many acts of self-harm are not directly connected to attempted suicide. People may self-harm as a way of obtaining relief from an unpleasant and otherwise overwhelming situation or emotional state. During acts of self-harm it is common for people to feel 'dissociated', which means that they may find it difficult to be aware of their feelings or their pain. Sometimes people will self-harm as a way to stop themselves from ending their lives. Healthcare professionals sometimes find this idea hard to understand.
Support and treatment for people who self-harm

General considerations

Respect and understanding

Many people who self-harm have concerns about getting help. They may feel that healthcare professionals do not understand why they have self-harmed, and that this lack of understanding will make matters worse. They may feel that healthcare professionals look upon people who self-harm with distaste and alarm, or may fear they will be viewed as manipulative and attention seeking.

Anyone who comes into contact with you, however, should treat you with respect at all times, and should be compassionate about the distress you may be feeling. The NICE guideline recommends that staff should be specially trained in the treatment of self-harm. If you have self-harmed before, healthcare professionals should not make assumptions about your reasons for self-harming. Each episode of self-harm needs to be treated in its own right.

Sometimes what causes you to self-harm lies in something that is difficult to discuss with others, for example painful events that have happened in childhood or are happening now, which may be too embarrassing or overwhelming to talk about. This is not uncommon, and professionals treating you for self-injury or self-poisoning should be sensitive about your circumstances.

Staff should give you the opportunity to explain your feelings and understanding of self-harm in your own words. If you go to an emergency department, the healthcare professional should discuss with you where you would like to wait and whether you would like someone to sit with you. Wherever possible, you should be offered the choice of male or female staff for both treatment and assessment. When this is not possible, the reasons should be explained to you and written in your notes.
Information and choice

Your healthcare professionals should involve you in all discussions and decision-making about your treatment and after care. Healthcare professionals should always explain treatments to you before they are started or provide you with written information about treatment. You should also be provided with information about your rights. Any written information should be clear and in a language you can understand. Your personal choice about treatment options will play a major factor in any decision made about your care.

Confidentiality

People who self-harm can be concerned that the involvement of their relatives may go against their rights to confidentiality. Discussions between people who self-harm and healthcare professionals are bound by rules regarding confidentiality and you should know that these will only be broken if you or others are at significant risk of harm or neglect, and if informing a family member, friend or carer is likely to reduce that risk. You should be told if confidentiality has been broken.

Your GP will usually be told about any treatments or assessments you receive in hospital or in a clinic.

Consent

Staff will always make sure that you are mentally capable of making a decision about treatment. For example, if you are confused from the drugs or alcohol you have taken you may not be mentally capable. The fact that you have self-harmed is not evidence alone that you are not capable. Healthcare professionals may ask your family, friends, guardians or carers about your capacity if necessary. In any case, you should be given full information about treatments and services, and you should be able to give meaningful and informed consent before treatment starts. Although treatment will be routinely offered to you for the physical consequences of self-harm, you have the right to decline this treatment if you are mentally capable. On the other hand, you may want the physical treatments
offered, but not want to have a psychological assessment. If you refuse a psychological assessment you should still be offered any physical treatments you may need.

If you are not mentally capable (that is, you are unable to understand the information given to you and/or are unable to weigh up the information in order to come to a decision), staff have a responsibility to act in your best interests. If necessary this may include making sure you get to hospital and treating you against your stated wishes. In rare circumstances, you may be treated under the Mental Health Act if you have a mental disorder.

Your capacity to make informed decisions may change over time. Each new treatment should be explained to you and your capability reassessed.

**Support and treatment for self-poisoning**

- If you have self-poisoned by overdosing or swallowing a poisonous substance and are seen by someone working in general practice, you will be referred to an emergency department.
- If you are in a lot of distress and would like someone to accompany you to hospital, this can usually be arranged. You may be offered some treatment in the ambulance while being transported to hospital.
- While in the emergency department you will be offered treatments for your physical condition. You will also be offered an assessment of your physical and mental health and social needs.
- You may be offered a bed in hospital overnight.

**Emergency treatment**

- For the majority of drugs taken in overdose, including tricyclic antidepressants, antipsychotics, paracetamol, aspirin, benzodiazepines and others, a substance called ‘activated charcoal’ will usually be offered to you.
- Activated charcoal is quite unpleasant to taste, but taking it within 2 hours of an overdose can prevent or reduce the drug being absorbed into your system. **The quicker you take this the better it works.**
- **You should not be given anything to make you vomit or evacuate your bowels.**
- Very occasionally people who have self-poisoned may have a procedure called ‘a stomach pump’ in which a tube is fed down the throat into the stomach and a small quantity of fluid passed down and then drained out.
- If you are able to do so, it is important that you tell the staff about everything you have taken. This will help them to treat you more effectively.

**Further treatment of paracetamol overdose**
- After taking the activated charcoal, your blood levels should then be taken and you may then be offered a medicine called N-acetylcysteine, which will usually be given intravenously (by an injection into a vein).
- If you are already taking drugs intravenously, or you have a fear of needles, you may be offered other treatments instead, which can be taken orally (via the mouth).

**Further treatment of benzodiazepine overdose**
- If you have taken an overdose of a benzodiazepine (such as nitrazepam, flunitrazepam, loprazolam, temazepam or clormethiazole) you may be treated with a medicine called flumazenil. This will only happen if you are becoming unconscious and cannot breathe properly.
- You should be carefully monitored while being treated with flumazenil (because it is associated with disturbing physical side effects and changes in mood) and kept on a low dose.
- **You should not be given flumazenil if you have also taken an overdose of tricyclic antidepressants. You must tell the doctors if you have taken these as well.**
**Treatment of opioid overdose**

- If you have taken an overdose of opioids (such as morphine, methadone or codeine) and you are becoming unconscious, you will be offered an injection of a medicine called naloxone. This might need to be given repeatedly because it only works for a short time.
- Naloxone may be given to you in a ‘drip’ (intravenous infusion) if you have taken an overdose of methadone.
- You should be carefully monitored when given naloxone, and the medication should be given to you slowly.
- If you suffer symptoms of withdrawal, hospital staff should be able to cope with this and support you.

**Blood, urine and stomach tests**

Staff in emergency departments will usually want to take samples of your blood to be tested. They may also want to take samples of your urine and from your stomach, and if possible, samples of the suspected poison. Medical staff can only take these samples with your consent.

**Advice for people who self-poison on more than one occasion**

If you have self-poisoned more than once you, and your carer where appropriate, may need advice about the risks of self-poisoning. You should be advised that there are no safe limits while self-poisoning.

**Support and treatment for self-injury**

**Treatment in general practice**

- Sometimes people who self-injure will be offered treatment by their GP without referral for further physical treatment.
- If you do go to see someone in primary care you should be offered a full assessment including your physical, psychological and social needs. This should be done by a trained professional at the earliest opportunity and in an atmosphere of respect and understanding.
• If it is considered that you are at high risk, you may be referred for urgent treatment in an emergency department.
• You may receive some treatment in the ambulance while being taken to hospital.
• If you are seen by the ambulance service and they don’t think you need to go to the emergency department, they may offer to take you to a mental health service if you would prefer this, and the mental health service are able to help.

Treatment in hospital
• While in the emergency department your physical and mental health and your social needs may be assessed.
• Physical treatment for your injury will be offered to you routinely, and you should be treated in exactly the same way as someone who has an accidental injury.
• Medical staff may offer you a bed in hospital overnight.
• If you wish to leave before the assessment or before treatment starts and are considered to be at serious risk you may be referred for psychiatric assessment.

Treatment for self-injury (e.g. cuts)
• Appropriate treatments should be offered without you having to wait for long periods of time.
• If stitches are required to treat your injury you should be given adequate anaesthesia. This is particularly important because you may be in a mentally and/or emotionally detached state which might make it difficult to talk about the pain you may be experiencing.
• You may also be offered another type of drug (for example a sedative) if you are experiencing a lot of distress at the thought of physical treatment.
• If you have cut yourself and you have a superficial wound (of less than 5 centimetres) this should be glued with tissue adhesive, unless you prefer skin closure strips (also known as ‘Steristrips’).
• If your injury is larger and more serious, it will be assessed and treated as necessary.

Advice for people who self-injure on more than one occasion

• If you have self-injured on more than one occasion you may be advised about how to treat yourself for superficial injuries.
• If you have scarring, staff may also provide you with information about dealing with this.
• Healthcare professionals may also talk to you about alternative ways of coping with stressful thoughts, feelings and situations, so as to reduce your need to self-harm.
• Staff may also talk to you about reducing the harm done by repeated self-injury (‘harm minimisation’) and suggest where you could get information about this.

Psychological assessment for people who self-harm

If you have self-harmed you may be offered a comprehensive assessment of your needs and whether you are at risk by a specialist mental health professional. This may include your social situation, psychological state, reasons for self-harming, feelings of hopelessness, depression (or other mental health problems), and ideas about suicide. You may be referred for further assessment and treatment if this is thought necessary. You should be assessed by a healthcare professional experienced in assessment of self-harm in your age group (young people under the age of 17, people aged 17 and over, or older people over the age of 65).
Referral for further assessment and treatment

After initial assessment your healthcare professional may suggest that you have further assessment or further treatment. This should be discussed with you. A family member, friend or carer may be included in the discussion with your consent if appropriate. The aim of further assessment is for you and a mental health professional to talk about what might be causing you to self-harm. The mental health professional may suggest further treatment, which might consist of psychological therapies and/or medication.

If it is thought that you may self-harm again, you may be offered intensive therapy sessions, which means you will have increased access to a therapist. You can also be given extra support (called ‘outreach’). For instance if you miss an appointment with your therapist a healthcare professional will contact you to see how you are feeling. The NICE guideline recommends that such treatment last for at least 3 months. Psychological therapies will aim to address the underlying reasons concerning why you self-harm, and what purpose the act of self-harm serves for you.

Further information

After your treatment and/or assessment is complete, you should be given appropriate written information, which may include details of local services, voluntary organisations and self-help groups.

Some people who have self-harmed may be asked to contribute to the planning of training of healthcare staff so they can deliver better care. This is optional and you have every right to decline.
Information for young people (aged 16 and under)

What is this information about?

This information describes the suggestions that the National Institute for Clinical Excellence (called NICE for short) has made to the National Health Service (the NHS) on self-harm. It is based on a longer booklet (a guideline) written for doctors and medical staff working in England and Wales.

This booklet has been written mainly for people who self-harm. But members of your family or those who take care of you may also find it useful.

What is a NICE guideline?

Guidelines are about getting better medical care and treatment from the health service. The guideline on self-harm was put together by groups of doctors, medical staff and scientists. People who have self-harmed were also involved in writing the guideline. All of these people looked at scientific studies about self-harm and the best way of treating people who have injured or poisoned themselves. They then made suggestions for care and treatment.

Do the suggestions in the guideline have anything to do with me?

In general the guideline looks at the following things:

- the care you can expect to get from your doctor or nurse either in hospital or out of hospital
- the information you can expect to be given
- what you can expect from treatment
- what kinds of services best help people who self-harm.
The guideline is intended for people who have self-harmed aged 8 years and over. It may also be useful for your family, guardians or other people who look after you. The guideline looks at what happens if you have been feeling sad, angry, desperate or confused, and have meant to hurt yourself by either cutting yourself or poisoning yourself by taking too much medication (called ‘overdosing’). The guideline covers only the first 48 hours of care of people who have self-harmed and not longer-term care. It does not cover the treatment of people who have thoughts of self-harm but do not carry them out.

If you want to find out more about self-harm, you could ask your doctor or another member of your health team. Alternatively, NHS Direct may be a good starting point. You can call NHS Direct on 0845 46 47 or view the NHS Direct website at www.nhsdirect.nhs.uk.

**How are these guidelines used in the NHS?**

In general, doctors and nurses working in the NHS are expected to follow the NICE guidelines. But there will be times when the treatments suggested will not be suitable for some people because of another medical problem, their wishes, or a combination of these. Medical staff should also take into account your gender and your cultural and religious background when talking to you or suggesting treatment.

If you think that the treatment or care that you receive does not match the treatment or care described in the pages that follow, you should discuss your concerns with your doctor or nurse or a member of your family.

There are a total of 4 different versions of this guideline:

- this one
- the NICE guideline, *Self-Harm: short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*, which has been issued to people working in the NHS
• the quick reference guide, which is a summary of the main recommendations in the NICE guideline, for doctors and healthcare teams
• the full guideline, which contains all the details of the guideline recommendations, how they were developed and information about the evidence on which they are based.

All versions of the guideline are available from the NICE website (www.nice.org.uk). This version and the quick reference guide are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklets you want (N0xxx for this version, N0xxx for this version in English and Welsh, and N0xxx for the quick reference guide). The full guideline was produced by the National Collaborating Centre for Mental Health and is available from **[details to be confirmed]**.

**What is self-harm?**

When some people feel sad, desperate, angry or confused they can harm themselves deliberately. People can do this in a number of ways and for different reasons. A person who self-harms on more than one occasion may do so for a different reason each time. They may also self-harm and not tell anyone about it.

A person who self-harms may feel that they are the only person to do such a thing, but it is more common than many people think. Some people harm themselves by taking too much medication (overdosing), others by injuring themselves (usually by cutting parts of the body). Both methods are very dangerous.

Some people think that someone who self-harms is trying to put an end to his or her life. This is sometimes true but is not always the case. Some people self-harm as a way of dealing with unpleasant or overwhelming feelings or things going on in their lives. Other people may find this hard to understand, including parents and friends, and sometimes even doctors and nurses can find this difficult to understand.
If you are hurting yourself this is a sign of distress and it’s best to talk to a doctor or other professional who will be able to help you with whatever maybe causing the problem.

**What kind of care and treatment should I expect if I self-harm?**

**In general**

This section lists the kind of care you can expect in general, and if you injure yourself, or take an overdose.

**Where will I go for treatment?**

- If you have harmed yourself and are taken to an emergency department you will be admitted to a children’s ward in hospital, where you may have to stay overnight. If you are over 14 years of age you may prefer to be with other people of your age group in an adolescent ward while in hospital. This can usually be arranged.
- The following day you may be asked about how you are feeling and a little bit about your life at home and at school.
- If you would like, you can take someone with you when you go to see your doctor or go to hospital.

**Will I be treated with respect and understanding?**

You may be self-harming but are worried about asking for help. You may worry that doctors and nurses will not understand you and will make you feel worse. You may also be afraid that people will think that you are just looking for attention. All medical staff, however, should treat you with respect at all times, and should be understanding about how you are feeling.

When you harm yourself, there might be a particular reason for it. This reason might, for instance, be in painful things that happened to you some time ago, or are happening now. You may find these things difficult to talk about with others.
This is not unusual, and the doctors and nurses treating you should be sensitive. If you would like to talk to someone about your feelings there will be people to talk to.

Going to hospital can make some people feel worried. Although a doctor or nurse will see you as quickly as possible, you may have to wait a little while to be seen. Nurses should ask you where you would like to wait and if you would like someone to sit with you. There might be a quiet room or a young people’s area in the emergency department for you to sit in. If the nurses are worried about you they may want someone to stay with you.

**What kind of information can I expect?**

- Doctors and nurses should always explain treatments to you before they are started. They may give you a leaflet telling you about treatments.
- You should also be told about your rights as a young person (see below).
- Any written information should be clear and in a language you can understand.

**Do I get a choice about what treatments I get and what are my rights?**

- Once the treatments are explained to you, you might like to tell the doctor or nurse which treatment you would prefer.
- The doctor or nurse looking after you should listen to what you have to say and then take this into consideration when suggesting possible treatment.
- Before treatments start your doctor will ask you and/or your parents for agreement (called ‘consent’).
- If you are unhappy about this you must say so as your consent is needed, although your parents may override your decision.

**Do I get a choice about whether I see a male or a female doctor?**

Wherever possible, you should be offered the choice of a male or female doctor when you are treated and when you talk to someone about your self-harming. If
this is not possible, the reasons should be explained to you and written in your notes.

**Will other people be told about my treatment?**

You may have concerns about your family, guardians, or carers knowing that you self-harm.

- Your doctor should respect your right to privacy, but this does depend on your age and your state of health.
- Your local doctor (GP) will usually be told about any treatments or assessments you receive in hospital or in a clinic.

**What happens if I have taken an overdose?**

- If you have taken an overdose you will be looked after in hospital by a team of doctors and nurses who work with children and young people (a ‘paediatric team’).
- You may be offered some treatment in the ambulance while being taken to hospital.
- Once you get to the emergency department of a hospital and you are awake, you will be offered a liquid to drink (called ‘activated charcoal’) to help stop the medication being absorbed into your body. This liquid is a black colour and is quite unpleasant, but if taken quickly it can help you to get better. It doesn’t work if you take this more than two hours after the overdose was taken. The quicker you take this the better.
- You will then be offered further treatment for the overdose depending on what kind of medication you have taken. If you are able to do so, it is important that you tell the staff about everything you have taken. This will help them to give you better care.
- While you are in hospital, your doctors and nurses may wish to take a little of your blood in order to test it. They may also wish to test your urine and
anything in your stomach. They can only do this with your agreement, and/or with your parents’ consent.

- **You should not be given anything to purposefully make you sick or that makes you want to go to the toilet.**

- Very occasionally people who have poisoned themselves may have a tube placed down their throat into their stomach and a small quantity of fluid passed down and then drained out (this is called a ‘stomach pump’).

- If you have taken an overdose on more than one occasion, you may be offered advice on the risks to your health. If appropriate, your family and carers may also be advised. You should be advised that it is always dangerous to take too much medication.

**What happens if I have injured (e.g. cut) myself?**

- If you have injured yourself you will usually be treated in a hospital where you will stay overnight and be looked after by a paediatric team.

- If you go to an emergency department in an ambulance you may be offered some treatment on the way.

- While in the emergency department you will be offered treatment for your injury. You should be treated with the same respect and understanding as someone with an accidental injury. You may be asked to describe how you are feeling, and how life is at home and at school.

**Treatment for self-injury**

- Treatments should be offered without you having to wait for long periods of time.

- If stitches are needed to treat your injury you should be given enough anaesthesia so you will not feel the pain.

- If you have cut yourself and you have a small, shallow wound, the doctor or nurse will offer to glue the cut together. If you prefer you can have skin closure strips (called ‘Steristrips’).

- If your injury is larger and more serious, it may be looked at by a surgeon.
What happens if I have injured myself on more than one occasion?

- You may be advised about how to treat yourself for small cuts.
- If you have scarring, staff may provide you with information about dealing with this.
- Doctors and nurses may also suggest other ways of dealing with sad, angry or confusing thoughts, feelings and situations that are not as dangerous as self-harm.
- Your doctors and nurses may also talk to you about how you can reduce the harm you are doing to yourself (called 'harm minimisation').

Will I have to see someone about why I self-harm?

If you have self-harmed you may get more help by talking to someone in much more detail about:

- how you are feeling
- what might be causing you to harm yourself
- your life at home and at school
- whether you have had any thoughts about suicide.

This is called an 'assessment' and will be with a doctor, nurse or social worker who is an expert in mental health. If you do see someone, it should be with your parents’ agreement and be with someone who knows a lot about self-harm in your age group. They will want to make sure you are safe where you live and at school and not being bullied or hurt by other people.

It can be very difficult to talk about painful or overwhelming thoughts, feelings, or situations, but it will help the doctors to help you if you can tell them as much as you can. The mental health team may also talk to your parents and your other doctors, and will tell you about this. Your welfare is their main priority.
The professionals may suggest further treatment and care if this is thought necessary: this will aim to help you with the things that cause you to hurt yourself.

- Further treatment should be discussed with you and, if you agree, with your family or carers.
- This further treatment might include psychotherapy, or treatment with medication.
- If you have self-harmed several times you may be offered group therapy with other people of your age group who have also self-harmed. This will usually last for 6 sessions, but could be longer if you find it helpful.

**Where can I find out more about self-harm?**

After you have been treated the doctors and nurses should offer you appropriate booklets and leaflets. These may include details of local services, voluntary organisations and self-help groups.
Information for carers of a person who self-harms

When a person is self-harming, this can be difficult for all other members of his or her family and immediate circle. As a carer you may feel that you do not know what to do for the best. As a family member, partner or carer, you might consider asking for help from a healthcare professional or support group. You may be advised how to listen to and support the young person who is self-harming while keeping an open mind. You should be given information about treatments and how to talk about this information to the person who self-harms.

If you are the carer of a young person you may be advised of the need to remove all medications and other means of self-harm available to the young person. If you are taking medication yourself, and are living with someone who self-harms, you may want to discuss this with someone. Your GP may be able to prescribe medication that, while effective for you, will be likely to cause the least harm in overdose if taken by the person who self-harms. Fewer tablets can also be prescribed to you at any one time so there are not many tablets available in the house.

You should also receive support as a family to help you understand and cope with the problem – not because you or your family may have caused the problem, but because you are all a key part of the recovery process. You should receive emotional support and help from any professional with whom you come into contact, especially if you are feeling distressed and anxious. As well as local support groups you can find useful information about the important role of carers from the following website www.carers.gov.uk.

Respecting a patient’s right to confidentiality should not be accepted as an excuse for not listening to or communicating with carers. Information from carers is also subject to the same rules of confidentiality as those applied to the person who is self-harming.
Glossary (an explanation of medical and technical terms)

**Advocates**: people who make sure that your wishes are made clear to mental health services. Advocates may speak on your behalf if you would like their help, or if you do not have the capacity to do so yourself. They will also make sure that you receive the information and level of care to which you are entitled.

**Activated charcoal**: a substance which, when taken orally, can help to reduce poisons being absorbed from the stomach into the rest of the body.

**Antipsychotics**: medicines used in the treatment of psychosis (the symptoms of which include hallucinations and delusions). There are two main types of antipsychotic medication, commonly referred to as conventional and atypical antipsychotics.

**Benzodiazepines**: a large group of medicines including nitrazepam, flunitrazepam, loprazolam, temazepam and chlormethiazole, which have calming effects.

**Dissociation**: a mental and/or emotional state in which a person feels detached or disconnected from their thoughts and feelings. A person in a ‘dissociative state’ may feel like they are in a trance.

**Mental Health Act**: the Mental Health Act allows for the treatment of a person with a mental disorder against their will, or without their consent, where without such action the person would be judged to be at serious risk to themselves or others. You have legal rights to appeal against this. If you are treated under the Mental Health Act you will receive your care in hospital. The people in charge of your care will make sure you understand what is happening to you, and your legal rights.

**Opioid**: a substance that works in a similar way to opium. Opioids, such as morphine and codeine, are usually prescribed to treat moderate to severe pain.
**Paediatric team:** a medical team expert in the care and treatment of children.

**Primary care:** your GP and other community-based healthcare professionals, such as practice nurses and ambulance staff.

**Sedative:** a medicine that has a relaxing effect, lowering levels of nervousness and anxiety.

**Self-injury:** an act of self-harm that is an expression of personal distress, and where the person directly intends to injure him/herself (for example by cutting).

**Self-poisoning:** an act of self-harm that is an expression of personal distress, and where the person directly intends to poison him/herself (for example by taking an overdose).

**Tricyclic antidepressants:** medicines used in the treatment of depression such as imipramine, amitriptyline, clomipramine, dosulepin, lofepramine, and doxepin.