

Self-harm: short-term treatment and management

Understanding NICE guidance – information for
people who self-harm, their advocates and carers,
and the public (including information for young
people under 16 years)

November 2011

Some advice in this booklet has been replaced
with advice in 'Self-harm: longer-term
management' (NICE clinical guideline 133). In
this document changes are marked with black
strikethrough. For more information see
www.nice.org.uk/guidance/CG133

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Understanding NICE guidance – information for people who self-harm, their advocates and carers, and the public (including information for young people under 16 years)

Issue date: July 2004

To order copies

Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0626. A version in English and Welsh is also available, reference number N0627. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0627. The NICE clinical guideline on which this information is based, *Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*, is available from the NICE website (www.nice.org.uk/CG016NICEguideline). A quick reference guide for healthcare professionals is also available from the website (www.nice.org.uk/CG016quickrefguide), and the NHS Response Line, reference number N0625).

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Information for adults (aged 16 years and older)

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: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care* (Clinical Guideline 16), 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 harm themselves, it may also be useful for family members, advocates or those who care for people who harm themselves, and anyone with an interest in self-harm or in healthcare in general. An explanation of any medical terms used can be found in the Glossary (pages 53–56).

Clinical guidelines

Clinical guidelines are recommendations for good practice. The recommendations produced by NICE are prepared by groups of healthcare professionals, people who have personal experience or knowledge of the condition or problem, patient representatives, and scientists. The groups look at the evidence available on the best way of treating or managing a condition or problem, and make recommendations on the basis of 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: the 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 harm themselves.

The information that follows tells you about the NICE guideline on self-harm. It does not attempt to explain self-harm or describe the treatment in detail.

The guideline is intended for people aged 8 years and older who have harmed themselves, and for their families and carers. It covers acts of self-harm that are an expression of personal distress. The guideline specifically looks at the treatment of people who injure themselves (mostly by cutting) and people who poison themselves (mostly by overdosing).

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

If you want to find out more about self-harm, you can ask your doctor or another member of your healthcare team, such as a nurse. Alternatively, NHS Direct may be a good starting point. You can call NHS Direct on 0845 46 47 or view the NHS Direct website (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 (doctors and nurses) 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 someone because of their specific medical condition, general health, their wishes, or a combination of these. Your healthcare professional should also take into account your specific needs for cultural, religious or spiritual reasons.

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 healthcare 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: the 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 and 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 booklet(s) you want (N0626 for this version, N0627 for this version in English and Welsh, and N0625 for the quick reference guide). The full guideline was produced by the National Collaborating Centre for Mental Health and is available from www.rcpsych.ac.uk/cru/nccmh.htm

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 hurts him or herself. The nature and meaning of self-harm, however, vary greatly from person to person. In addition, the reason a person harms him or herself may be different on each occasion, and should not be presumed to be the same.

People who harm themselves 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. The most common method of self-injury is by cutting oneself. 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 with a medicine or medicines, or swallowing a poisonous substance. The majority of people who attend emergency departments after self-poisoning have taken over-the-counter medication. Other people take medicines that have been prescribed by their doctor. A small number of people take a large amount of an illegal drug or poison 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. During acts of self-harm, it is common for people to feel separate or disconnected from their feelings and their pain.

Suicide is now the third leading cause of death in 10–19 year olds. However, while an individual episode of self-harm might be an attempt to end life, acts of self-harm are not always connected to attempted suicide. People may harm themselves as a way of coping with overwhelming situations or feelings. For some people, self-harm may actually be a way of preventing suicide. This can be quite difficult for other people, including doctors and nurses, 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 may be causing the problem.

Support and treatment for people who self-harm

General considerations

Respect and understanding

Many people who harm themselves have concerns about getting help. You may feel that healthcare professionals do not understand why you have harmed yourself, and why you may continue to do this even when offered support. You may worry that this lack of understanding will make matters worse. You may feel that healthcare professionals look upon people who harm themselves with distaste and alarm, or you may be afraid that you will be viewed as manipulative and attention seeking.

All healthcare professionals, however, should treat you with respect at all times, and not judge you, but listen to you and support you during and after the period of extreme distress you may be feeling. The NICE guideline recommends that staff should be specially trained in the treatment of people who harm themselves. If you have harmed yourself before, healthcare professionals should not make assumptions about your reasons for doing so. Each episode of self-harm needs to be treated in its own right.

Sometimes what causes you to harm yourself lies in something that is difficult to discuss with others, for example, painful events that have happened in your 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 ability to communicate.

Staff should give you the opportunity to explain your feelings and understanding about your self-harm in your own words. If you go to an emergency department, the healthcare professional you see should discuss with you where you would like to wait and whether you would like a member of staff to sit with you. The environment should feel safe and supportive, and you should be told the name of the member of staff looking after you while you wait. 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 the care you should receive both while you are in hospital and after you leave. Healthcare professionals should always explain any treatments to you before they are started and provide you with information about choices of treatment. You should also be provided with information about your rights concerning confidentiality and consent. Any written information should be clear and in a language you can understand. Your personal choice about options for treatment will be a major factor in any decisions about your care.

Confidentiality

If you go to your see your local doctor (GP), or are taken to an emergency department in an ambulance, the doctors and nurses should offer you an assessment of your physical and mental health and your social needs. They may require some information from your relatives, carers or friends, but you should know that your right to confidentiality will be respected, and your agreement will be needed.

If you wish, you should be allowed to have a family member, friend or advocate with you during assessment and treatment. However, for the initial psychosocial assessment the interview should take place with you alone. This is to protect your right to confidentiality and to allow you to discuss your relationship with your family members, friends or carers if you wish.

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

Consent

Staff should always make sure that you are mentally capable of making a decision about your treatment. 'Mentally capable' means that you should be able to understand the information given to you and weigh it up in order to make a decision about whether or not to have a particular treatment. However, if you are confused from the drugs or alcohol you may have taken, you might not be able to make this decision. The fact that you have harmed yourself is not evidence alone that you are not capable. Healthcare professionals may ask your family, friends, guardians or carers about your mental capacity, if necessary.

In any case, you should be given full information about treatments and services, both verbally and in writing, so that you can decide if you want to go ahead with them 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 to have the physical treatments offered, but not want to have a psychological assessment. If you choose not to have a psychological assessment you should still be offered any physical treatments you may need.

If you are not mentally capable, 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 (see the Glossary) if you have a mental health problem. Under the Mental Health Act the doctors and nurses will always be guided by what is in your best interests.

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

Advice for older adults

If you are 65 or older and have harmed yourself, treatment and care is much the same for you as for younger adults. But if you are offered an assessment, it should be with a healthcare professional who has experience of assessing people in your age group. The doctor or nurse should pay particular attention to your physical health and whether you are suffering from depression. He or she should also ask you about your life at home and whether you have family and friends living close by. If it is thought that you may attempt suicide, you may be offered another assessment, which will take place in a hospital where you will stay overnight.

Support and treatment for self-poisoning

If you have poisoned yourself by overdosing with a medicine or medicines or swallowing a poisonous substance, and are seen by someone working in general practice (for example, your GP), you should be referred to an emergency department straight away. If you are in a lot of distress and would like someone to accompany you to hospital, this can usually be arranged.

What to expect from the ambulance services

If you are taken to hospital by ambulance, and there is more than one emergency department in your area, the ambulance staff may ask you if you have a preference about where you are treated. Exceptions to this include if there is a serious risk to your health, or if there is a department that specialises in the treatment of people who have self-harmed.

If you are seen by the ambulance service but do not need urgent treatment, the ambulance staff may ask you a few questions about your home life, friends and family, what may have caused you to harm yourself, and how you are feeling.

If you have taken an overdose, the ambulance staff will want to take away all the tablet bottles from your house, whether they are yours or not, and give them to staff at the emergency department. This is because you may not remember what tablets you have taken, particularly if you have also drunk alcohol. It is very important that medical staff know what tablets you have taken so that they do not give you treatments that make you worse.

You may be offered some treatment in the ambulance.

What to expect from staff in the emergency department

While in the emergency department you should be offered treatments for your physical condition. You may be offered a bed in hospital overnight, or for longer if necessary.

You should also be offered an assessment of your physical and mental health and your social needs. If you wish to leave before the assessment, healthcare professionals should assess your mental capacity before you leave. The assessment should be clearly recorded in your notes. So that you get the best care, the assessment should then be given to your GP and other staff involved in your care.

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, your vomit if you are sick, and if possible, samples of the suspected poison. Healthcare staff can only take these samples with your consent.

Emergency treatment

For the majority of drugs taken in overdose (including tricyclic antidepressants, antipsychotics, paracetamol, aspirin, benzodiazepines and others – see the Glossary), a substance called ‘activated charcoal’ should usually be offered to you if you are awake. This can prevent or reduce the drug you have taken being absorbed into your system. You may be offered this medicine in the ambulance.

Ideally you should take activated charcoal **within the first hour** after the overdose because this is when it works best, although it still works up to 2 hours after the overdose. It is gritty and slightly unpleasant to taste, but **it is very important for you to know that the quicker you take this, the better it works.**

You should **not** be given anything to take to make you vomit (called ‘emetics’) or evacuate your bowels (called ‘laxatives’ and ‘cathartics’). These were once used as part of treatment but are no longer recommended.

Very rarely, and only when advised by a doctor who specialises in caring for people who have poisoned themselves, people who have taken an overdose may have a procedure called a 'stomach pump' (also called 'gastric lavage'). A tube is fed down the throat into the stomach and a small quantity of fluid is passed down and then drained out.

Very rarely, and only if your life is seriously in danger, healthcare professionals, on specialist advice, may pass liquid (saline solution) into your bowels (called 'bowel irrigation').

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, and between 4 and 15 hours after you took the overdose, the healthcare professionals treating you should ask for your consent to take a sample of your blood to be checked. You may then be offered a medicine called acetylcysteine, which will usually be given intravenously (an injection into a vein). This is to stop the paracetamol from damaging your liver.

If you are already taking drugs intravenously, or you have a fear of needles, you may be offered other treatments, instead, that can be taken orally (by mouth).

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

If you have poisoned yourself more than once, you, and your carer if appropriate, may need advice about the risks of self-poisoning. You should be advised that there is no safe amount when taking tablets or other poisonous substances.

Advice for relatives of unconscious patients who have taken an overdose

Treatment of benzodiazepine overdose

If your relative has taken an overdose of a benzodiazepine (see the Glossary), and is becoming unconscious or having breathing difficulties, they are likely to be taken to intensive care. They may be treated with a medicine called flumazenil. This will help your relative wake up and breathe better and may avoid the need for artificial respiration.

Important

Your relative must not be given flumazenil if he or she:

- has taken benzodiazepines on a regular basis before the overdose
- has taken drugs like tricyclic antidepressants
- has epilepsy.

Your relative will be closely monitored while being treated with flumazenil (because it can have unpleasant side effects, such as causing fits and changes in mood). The doctors and nurses will be very careful, and give the medicine very slowly. It doesn't work for very long and repeated doses may be needed. It will only be given to your relative until they are able to breathe without it. If your relative wakes up, they must not leave the hospital until they can breathe on their own because they may lose consciousness later on.

Treatment of opioid overdose

If your relative has taken an overdose of opioids (such as heroin, morphine, methadone or codeine) and is becoming unconscious and/or having breathing difficulties, they are likely to be taken to intensive care and treated with a medicine called naloxone, which is given by injection. This might need to be given repeatedly because it only works for a short time. Naloxone may be given to your relative in a 'drip' (called 'intravenous infusion'), especially if they have taken an overdose of methadone.

Your relative should be closely monitored while being treated with naloxone. The doctors and nurses will be very careful, and give the medicine very slowly. It doesn't work for very long and may need repeated doses. It will only be given to your relative until they are able to breathe without it. If your relative wakes up, they must not leave the hospital until they can breathe on their own because they may lose consciousness later on.

If your relative suffers symptoms of withdrawal, hospital staff should be able to cope with this and support them.

Support and treatment for self-injury

What to expect from your GP

Sometimes people who injure themselves will be offered treatment by their GP without referral for further physical treatment. If you do go to see someone in your general practice, you should be offered a full assessment that includes 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 your injuries put your health or your life at risk, you should be referred for urgent treatment in an emergency department.

What to expect from the ambulance services

If you are taken to hospital by ambulance, and there is more than one emergency department in your area, staff may ask you if you have a preference about where you are treated. Exceptions to this include if there is a serious risk to your health, or if there is a department that specialises in the treatment of people who have harmed themselves.

If you are seen by the ambulance service but do not need urgent treatment, the ambulance staff may ask you a few questions about your home life, friends and family, what may have caused you to harm yourself, and how you are feeling.

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 is able to help.

What to expect in the emergency department

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. You may be offered a bed in hospital overnight, or for longer if necessary.

While in the emergency department, you should be offered an assessment of your physical and mental health and your social needs. If you wish to leave before the assessment, healthcare professionals should assess your mental capacity before you leave. The assessment should be clearly recorded in your notes. So that you get the best care, the assessment will then be given to your GP and other staff involved in your care.

If you are considered to be at serious risk and wish to leave before treatment or assessment, you may be referred for psychiatric assessment.

Emergency treatment for self-injury (e.g. cuts)

General

Appropriate treatments should be offered to you without unnecessary delay.

Healthcare professionals should be sensitive if you have injured yourself and are feeling emotionally distressed.

If stitches are required to treat your injury you should always be given enough anaesthetic or pain relief.

Further measures

If you have suffered sexual abuse in the past and feel uncomfortable or distressed at the thought of physical treatment for injuries in a sensitive area, you should be offered a sedative to help you to feel calm.

If you have cut yourself and you have a superficial wound (of less than 5 cm in length), a special medical glue should be used to close the wound. The glue is applied to the surface of the skin and peels off after 5–8 days. If you prefer, adhesive strips, called skin closure strips, can be used.

If your injury is larger and more serious, it should be assessed to determine the best course of treatment.

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

If you have injured yourself on more than one occasion, you may be advised on how to treat yourself for superficial injuries. If you have scarring from previous injuries, staff may also provide you with information about dealing with this.

Staff may also talk to you about helping to reduce the harm done by repeated self-injury ('harm minimisation') and suggest where you could get information about this.

Healthcare professionals may also talk to you about alternative ways of coping with stressful thoughts, feelings and situations, so as to reduce the likelihood of you harming yourself.

Psychosocial assessment for people who self-harm

If you have harmed yourself, you should be offered a full assessment of your needs. This may be by a specialist mental health professional, for example, a psychiatrist or psychiatric nurse. They should also be able to determine whether you might harm yourself again, or even kill yourself, and whether you need extra help or care. You may prefer to have someone with you at this meeting, such as a friend, advocate, or family member with whom you feel safe. You should be assessed by a healthcare professional experienced in assessing the needs of people in your age group who harm themselves, who will consider your social situation, psychological state, reasons for harming yourself, feelings of hopelessness, depression (or other mental health problems), and any thoughts you may have about suicide.

The results of this assessment should be written clearly in your notes. Both you and the healthcare professional providing the assessment should read through your notes. If you both agree with what has been written, this agreement should also be recorded in the notes. If you strongly disagree with what has been written, you should be offered the opportunity to record your disagreement in your notes. So that you get the best care, the assessment will then be given to your GP and other staff involved in your care. You may be offered a referral for further assessment and treatment if this is thought necessary. This should jointly be decided with you.

If you are very unwell and/or distressed or feel unsafe, you may be asked if you would like to stay in hospital, possibly overnight. If healthcare professionals think you are at significant risk of seriously harming yourself, or even killing yourself, the doctors and nurses may prevent you from leaving. If they do so, they will act in your best interests to make sure you are safe.

Referral for further assessment and treatment

After the first full assessment, you may be offered a further assessment or further treatment. This offer should be based on the outcome of the previous assessment and not solely because you have harmed yourself. Healthcare professionals should inform you fully about the services and treatments available, including the advantages and disadvantages, before the treatments are offered. You should be provided with written information and given the chance to talk over which treatments you prefer.

The decision to have a further assessment or further treatment should be made jointly between you and the healthcare professional. (If this is not possible because of diminished mental capacity or significant mental illness, it should be explained to you and written in your notes.) If you proceed with the assessment or treatment, the healthcare professional involved should inform your GP or other member of your healthcare team in writing of what treatment is planned.

Note:

For more information on the management of self-harm, see NICE clinical guideline 133, available from www.nice.org.uk/guidance/CG133

If it is thought that you may harm yourself again, you may be offered intensive therapy sessions, which means you will have frequent access to a therapist when needed, support by telephone, and treatment at home when necessary. 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 should last for at least 3 months. Psychological therapies will aim to address the underlying reasons why you harm yourself, and how you feel when you hurt yourself.

If you harm yourself and have also been diagnosed with borderline personality disorder, you may be offered dialectical behaviour therapy (see the Glossary) as further treatment. You may also be offered other psychological therapies that have been shown to be helpful for people with personality problems who harm themselves.

Further information

After your treatment and/or assessment is complete, you should be given appropriate verbal and written information about which mental health professionals you have seen and what treatment has been given to you. You may also be given details of local services, voluntary organisations and self-help groups.

Information for children and young people (under 16 years)

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 harm themselves, 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 harmed themselves were also asked to give information that was used in the guideline. All of these people looked at scientific studies about self-harm and the best way of treating people. They then made suggestions for care and treatment.

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
- which kinds of services have been found to best help people who harm themselves.

The information that follows tells you about the NICE guideline on self-harm. It does not try to explain about self-harm or describe the treatment in detail.

Who is this information for?

This information is intended for children and young people aged 8 years and older who have harmed themselves. 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 hurt yourself by either cutting yourself or poisoning yourself by overdosing. The guideline covers only the first 48 hours of care of people who have harmed themselves and not care after that. It does not cover the treatment of people who have thoughts of self-harm but do not go through with them.

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 general health, their wishes, or a combination of these. Medical staff should also take into account whether you are male or female, together with 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.

What is self-harm?

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

A person who harms him or herself 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 an overdose or other poisonous substance, others by injuring themselves (usually by cutting parts of the body). Both methods are very dangerous.

There are many different reasons why people hurt themselves. Some people think that someone who harms him or herself is trying to put an end to his or her life, but this is not always the case. Some people harm themselves as a way of dealing with difficult 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 may be causing the problem.

What kind of care and treatment should I expect if I harm myself?

In general

This section lists the kind of care you can expect 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 in a hospital you should be seen by a doctor or a nurse in a special children's area.

You will usually stay in a children's ward in hospital, where you may have to stay overnight. If you are over 14, 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.

Depending on your circumstances, you may be offered a place in a different kind of hospital. This might happen if doctors think you could be given better treatment there.

Will I be treated with respect and understanding?

You may be hurting yourself 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 might be because of 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 to this.

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. You should be asked 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 doctors or 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 the next page).

Any written information should be clear and in a language you can understand, for example, if English is not your first language.

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

Once the different 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 think about it when suggesting possible treatment.

If you are unhappy about possible treatment, you must say so as your agreement (called 'consent') is needed. If you refuse treatment that is thought by the doctors and nurses to be very important for you, your parents may go against your decision.

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

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

Will other people be told about my treatment?

You may have concerns about your family, guardians, or carers knowing that you harm yourself. Your doctor should respect your right to privacy (called 'confidentiality'), but this does depend on your age and how unwell you are.

You will be told if your family, guardians or carers are being given any information about you harming yourself.

Doctors may need some information from your relatives or carers, but you should know that your right to confidentiality will be respected, and your agreement will be needed.

Your local doctor (GP) will usually be told about any treatments or assessments you receive in hospital.

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 (called 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 if you are awake, you should be offered a liquid to drink (called 'activated charcoal') to help stop the tablets being absorbed into your body. This liquid is a black colour and is a little unpleasant, but if taken quickly, it can help you to get better. It works up to 2 hours after the overdose, but works **much** better if taken within the first hour. It doesn't work if you take it more than 2 hours after the overdose. **It is very important to know that the quicker you take this, the better.** You may be offered this medicine in the ambulance.

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. The doctors may want to take other samples, but they can only do this if you and your parents or guardians agree.

You should not be given anything to take to make you sick or that makes you want to go to the toilet, or flushes out your stomach or your bowels. Very, very rarely you may be offered a stomach pump (in which a small amount of fluid is passed down your throat into your stomach and then drained out) or have fluid passed into your bowels. This will only happen if you are seriously ill and activated charcoal or other treatments don't work.

If you have taken an overdose more than once, you may be offered information on how dangerous this can be. If appropriate, your family and carers may also be given this information. Doctors and nurses should tell you that when taking tablets there is no safe amount.

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

If you have injured yourself, you should be treated in a hospital where you should stay overnight and be looked after by a team of doctors and nurses who work with children and young people (called 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 should be offered treatment for your injury. You should be treated with the same respect and understanding as someone who has hurt themselves by accident. You may be asked to describe how you are feeling, and how life is at home and at school.

Treatment for cuts

Treatments for your injuries should be offered without you having to wait for a long time.

If stitches are needed to treat your injury, you should be given medicine to stop you feeling any pain.

If you have cut yourself and the cut is small and not very deep, the doctor or nurse should offer to glue the cut together using a special type of medical glue. This is put on the skin and will peel off after about 5–8 days. If you prefer, small sticky strips can be used to close the cut.

If your injury is larger and more serious, it may need to be looked at and treated by a surgeon.

What happens if I have injured myself on more than one occasion?

You may be given information about how to treat yourself for small cuts. Your parents or guardians may also be given this advice if appropriate.

If you have scarring, staff may provide you with information about dealing with this. Your parents or guardians may also be given this advice if appropriate.

Your doctors and nurses may also talk to you about how you can reduce the harm you are doing to yourself.

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 harming yourself.

Will I have to see someone about why I harm myself?

If you have harmed yourself 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 will help you with your feelings and why you are hurting yourself. If you do see someone, your doctor should respect your right to privacy, but this does depend on your age and how unwell you are. Your parents or your guardian should ideally be told about the assessment.

The meeting should be with someone who knows a lot about looking after people in your age group who harm themselves. They will want to make sure you are safe where you live and at school and are 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 people assessing you may also talk to your parents and your other doctors, and will tell you about this. Your welfare is their main priority.

The people looking after you may suggest further treatment and care if this is thought necessary. This will aim to help you with the things that cause you to harm yourself.

Further treatment should be discussed with you and, if you agree, with your family, guardians, or carers.

This further treatment could be with medicines. It could also include talking to a doctor about how you are feeling and what might be causing you to harm yourself (called 'psychological treatment').

Note:

For more information on the management of self-harm in young people, see NICE clinical guideline 133, available from www.nice.org.uk/guidance/CG133

~~If you have harmed yourself more than once, you may be offered psychological treatment with other people of your age group who have also harmed themselves. This will usually last for six meetings, 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 people you could see in your local area if you need further advice or help.

Information for carers of a person who self-harms

When a person harms himself or herself, this can be difficult for all other members of the family and immediate circle. As a carer, family member or partner you may feel that you do not know what to do for the best. You might then consider asking for help from a healthcare professional or support group. You may be advised how to listen to and support the person who is harming himself or herself 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 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 harms themselves, you may want to discuss this with a doctor. 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 another person. 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. 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 harming him or herself.

Glossary (an explanation of medical and technical terms)

Advocate: a person who may speak on your behalf and who can help you to make sure that your wishes are made clear to mental health services when or if you are unable to communicate with healthcare professionals. You will always be there when they speak on your behalf.

Activated charcoal: a substance that, when taken by mouth, can help to reduce poisons being absorbed from the stomach into the rest of the body.

Antidepressants: medicines used to relieve the symptoms of depression. It is thought that they work by increasing the activity and levels of certain chemical messengers in the brain, such as serotonin, that affect mood. There are several types of antidepressant, including selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants.

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 temazepam, diazepam, chlordiazepoxide and lorazepam, that have a wide range of uses, such as having a calming effect.

Borderline personality disorder (BPD): a condition that affects how a person thinks, feels and behaves. If a person has BPD, they may think, feel and behave in ways that are different from other people. This can lead to problems and confusion. People with BPD can have an uncertain sense of who they are (or feelings of emptiness), and have mood swings, and they can act impulsively in a way that could be damaging to them.

Dialectical behaviour therapy: a kind of psychological therapy usually used to treat people with borderline personality disorder. It aims to address and alter patterns of behaviour by finding a balance or resolving differences (this is what is meant by 'dialectical').

Mental capacity: the ability to understand and weigh up the information a person needs to make a decision about treatments. The law in England assumes a person is able to make his or her own decision about agreeing to treatments, unless it is proved otherwise.

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.

Psychological treatment: a treatment in which the patient talks to a healthcare professional (such as a psychiatrist, psychologist or therapist) about how he or she is feeling and about any problems he or she might be having. There are many different kinds of psychological treatment, including cognitive behavioural therapy (which looks at the way thoughts, emotions and behaviour are connected) and psychotherapy (which may look at the patient's childhood to explain his or her feelings and behaviour as an adult).

Psychosocial assessment: an assessment of how a patient is feeling and thinking, coping and functioning, both psychologically and socially.

Sedatives: medicines and other treatments that have a relaxing effect, lowering levels of nervousness and anxiety.

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

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

Tricyclic antidepressants: see under antidepressants.



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