

Self-harm

This factsheet looks at what self-harm is and why you may self-harm. It could help if you are using self-harm to cope with how you're feeling. Or if you are thinking about self-harming. It explains what support you can get and how to help yourself. This information is for people who are 18 or over in England who live with mental illness. It's also for their loved ones, carers and anyone interested in this subject.

Key Points.

- Self-harm is harming yourself on purpose. Such as by scratching, hitting, cutting, overdosing on medication, biting or burning.
- Self-harm isn't a mental illness, but it is often linked to mental distress.
- You may self-harm because you find it difficult to cope with your feelings. Everyone has their own reasons for self-harming.
- Some things can increase your risk of self-harm. Like drinking a lot of alcohol or taking drugs.
- You are more at risk of accidental suicide if you self-harm.
- There is professional help to stop you self-harming.
- Sharing your feelings with someone you trust can help you to self-harm less and make you feel less alone.
- There are other non-harmful ways to manage how you feel.
- If you can't stop self-harming, there are things you can do to lower the physical damage to yourself.
- If you are a loved one of someone who self-harms, being supportive to them can be really helpful.

This factsheet covers:

1. [What is self-harm?](#)
2. [Who self-harms?](#)
3. [Why do people self-harm?](#)
4. [How do people experience self-harm?](#)
5. [Is there a link between self-harm and suicide?](#)
6. [How can I tell someone I self-harm?](#)
7. [What professional help can I get?](#)
8. [Will I be offered talking therapy, medication, or other treatment?](#)
9. [What should happen if I need to go to hospital?](#)
10. [What if I'm not happy with my treatment?](#)
11. [How can I help myself?](#)
12. [I can't stop self-harming. How can I reduce risk?](#)
13. [How can I deal with scars?](#)
14. [Information for friends, carers and relatives.](#)

[Top](#)

1. What is self-harm?

Self-harm means that you harm yourself on purpose. Self-harm isn't a mental health condition but it is often linked to mental distress.¹

People self-harm in different ways such as the following:

- taking too many tablets – an overdose²
- cutting yourself³
- burning yourself⁴
- banging or hitting your head or throwing yourself against something hard⁵
- punching yourself⁶
- sticking things in your body⁷
- swallowing things that shouldn't be swallowed⁸
- scalding with hot water⁹
- scratching your head or body¹⁰
- pinching yourself¹¹
- pulling your hair out¹²

It is common for people to self-harm in secret. You may do this because you feel as though your thoughts and feelings aren't acceptable to other people.¹³ You might feel anxious about what they think.

Self-harm can be both distressing for you and your loved ones. This is because they may not be able to understand why you self-harm.¹⁴

[Top](#)

2. Who self-harms?

Many different types of people self-harm.

Self-harm is more common in young people who live with depression and anxiety. But it does also affect adults and those without a diagnosed mental health problem too.¹⁵

You are more likely to self-harm if you:^{16,17,18}

- have a mental health issue such as:
 - depression,
 - anxiety, or
 - borderline personality disorder (BPD),
- take illegal drugs or drink too much alcohol,¹⁹
- are female,
- are a young person,
- are in prison,
- are an asylum seeker,
- are a veteran of the armed forces,
- are gay, lesbian, bisexual, or transgender,
- have lost a loved one through suicide, or
- are a survivor of physical, emotional, or sexual abuse as a child, or as an adult.

You can find more information about:

- Depression,
- Anxiety disorders,
- Borderline personality disorder (BPD),
- Drugs, alcohol, and mental health, and
- Suicide – Coping with loss.

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

3. Why do people self-harm?

People self-harm for different reasons.²⁰ These reasons may change over time.

You might self-harm to:²¹

- deal with strong emotions like anger,
- punish yourself for things you think you've done wrong,
- make yourself feel normal,
- distract yourself from feelings, or
- get relief from feelings.

Why might I self-harm to manage feelings?

Being overwhelmed by feelings is a common reason that people self-harm. Often these might be feelings such as sadness, guilt, and hopelessness.²²

You may self-harm because you find it difficult to put your feelings into words. You may find your emotions physically uncomfortable. Or you may be aware of how you are feeling. But you may feel that your emotions are unmanageable or unacceptable.²³

Physical pain might distract you when you are in emotional pain.²⁴ For some people self-harm releases tension, brings relief and helps to relieve pressure. Even if you don't understand why you are feeling that way.²⁵

Why might I self-harm to communicate?

You may self-harm to try and show others how you feel.²⁶

Some people may think that you are attention-seeking. This is a common misunderstanding. Most people try to hide their self-harm behaviours from family and friends.²⁷

Some people may self-harm to communicate to others how they are feeling. But this might not be the only reason behind the self-harm.

Why might I self-harm to try to have control?

Self-harm can be a way of trying to feel in control of your body or your environment.²⁸

You may self-harm if you dissociate. Dissociation means that you feel like you are detached from yourself, or from reality.²⁹

You may self-harm so that you feel 'normal.' Self-harm may be a method that you use to stay in control of your day-to-day life.³⁰

You can find more information about '**Dissociation and dissociative disorders**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Why might I self-harm to punish myself?³¹

You may self-harm to punish yourself for feelings or behaviours that you think are your fault. Even if you didn't do anything wrong, you may feel like you dislike yourself.

This is a common reason why people self-harm. You may not understand why you feel like this. You may not be able to link your feelings to something that has happened.

You may punish yourself through displaced anger. For example, you may be very angry towards a person or about a situation. But you are unable to tell the person how you are feeling or sort the situation out.

Whatever the reason for your self-harm, there is support available to help you. See [section 7](#) of this factsheet for more information.

[Top](#)

4. How do people experience self-harm?

Many people self-harm to deal with distress. You may self-harm often or only every now and again. Everyone's experience is different.

Self-harm can become a normal way of dealing with life's difficulties because of the temporary relief it brings.

Think about being in a dentist's chair. Some people may dig their fingernail into their thumb to distract themselves from physical pain or fear. But this is a one-off event. They will stop when the dentist steps away from them. For people with an underlying emotional issue, it's not so straight forward.

Self-harm only provides temporary relief because the underlying issue is still there.

The earlier you get help, the easier it will be to learn other ways of coping. And work towards recovery.³²

People who have self-harmed for many years can find it difficult to stop. But it's important to know that many people do learn to cope and recover.

[Top](#)

5. Is there a link between self-harm and suicide?

Even if you self-harm but don't want to die, it can increase your risk of suicide.³³

You may self-harm to deal with difficulties you face in life, rather than a way of trying to end it. Self-harm is risky and you could end your life by mistake.

Also, self-harm is usually because of serious emotional distress. Most people who self-harm won't take their own life. But self-harm over a long time is linked with developing thoughts of suicide.³⁴

[Top](#)

6. How can I tell someone I self-harm?

You might feel alone and isolated. You might feel like people close to you won't understand. But there are ways to reach out and ask for help.

Sharing your experiences can help your recovery. You don't have to tell someone in person if you would prefer not to. You can write it in a letter, email, or make a video or audio recording for them.

Below are some things to think about when you are going to tell someone.

Who do I tell?

You can think about who you want to tell first and choose someone you feel comfortable with.

You may want to tell:

- a friend or family member,
- another trusted person, like work colleague, or peer support group member,
- your GP,
- someone on an emotional support line or self-harm helpline, where you can remain anonymous if you prefer.

You can find details of emotional support lines and self-harm helplines in the [Useful contacts](#) section of this factsheet.

What should I say?

You only need to share things that you are comfortable with.

You can:

- think about what you are going to say before you begin your conversation,
- practicing saying it out loud,
- write bullet point notes about what you want to say,
- record yourself saying it on a device such as your phone and listening back to it,
- think about questions the person you tell might ask, and how you can answer them. They might ask things like 'why are you self-harming?' or 'how long have you been self-harming?'

When should I tell someone?

Try to:

- Make sure you are mentally able to cope with the conversation at the time,
- choose a time and place that suits you both, and
- Make sure they aren't distracted with something else or upset or angry with you.

Why am I telling them?

You can think about why you are telling them and explain this to them. It might be because:

- you want to share that you self-harm.
- you want to share how you are feeling.
- you want support to stop self-harming.

What do I do if they find it hard to understand?

Other people may find it hard to understand why you self-harm, even some professionals. But this doesn't mean that they don't care or don't want to help you.

Try to be patient with them and answer their questions. This can help them understand what's going on for you and find the best way to support you.

[Top](#)

7. What professional help can I get?

What are the NICE guidelines?

NICE guidelines are evidence-based recommendations for health and care in England.

They set out the care, treatment, and services suitable for most people with a specific condition or need. This includes guidelines on the assessment, management and preventing recurrence of self-harm.

The NHS usually follow the guidelines, but they don't have to. If they don't, they should have a good reason.

The treatment, care, and support that we refer to in this section is based on the NICE guidelines.

You can access the NICE guidelines on self-harm by clicking on the following link:

- **Self-harm: assessment, management and preventing recurrence:** www.nice.org.uk/guidance/NG225

What support should I get from my GP?

Your GP can support you if you self-harm. Your GP will listen and discuss with you the best treatment options for you.

You may find it difficult to ask for help. But GPs are used to talking to patients about their mental health. The mental health charity Mind say 4 out of 10 GP appointments involve mental health.³⁵

Try to be as honest as you can be about your self-harm. This will help your GP find the right support for you.

It's best to try other options if the first treatment option you try doesn't work for you. Other treatments might work better.

Your GP should:³⁶

- offer regular appointments to review self-harm,
- review any medication you are taking,
- give you information about social care, voluntary and non-NHS support and self-help resources. Such as finding local support groups, and
- offer support and treatment for any other mental illness you have.

What should my GP think about before offering me medication?

Your GP, or other healthcare professionals, might think about offering you medication. They should think about the following things first.³⁷

- The toxicity of the medication and if you are at risk of overdose.
- Your alcohol or drug consumption.
- Your access to other medication prescribed to yourself or others.
- Communicating with other professionals who are prescribing you medication.

How might I get referred to a specialist NHS mental health team?

Your GP may think about referring you to a specialist NHS mental health team. This can be so you get a psychosocial assessment if:³⁸

- you ask for further support from NHS mental health services,
- your GP is concerned about you,
- your levels of distress are getting worse, are high, or are there all the time,
- you are self-harming more often, or more severely, or
- your suicidal thoughts are getting worse.

NHS mental health services may become responsible for your mental health treatment and care, rather than your GP.

What is a psychosocial assessment?

A psychosocial assessment for self-harm, is when professionals assess you after you have self-harmed.³⁹

They try to do this in a warm and empathic way to help you understand:⁴⁰

- why you self-harmed,
- the problems that led up to it, and
- what would be helpful for you in both the short and long-term, to stay safe.

The assessment:⁴¹

- should be done with you as early as possible following an episode of self-harm, and
- will be carried out by a mental healthcare professional.

The assessment is there to:⁴²

- help you to get the care that you need,
- develop a therapeutic relationship with you,
- begin a shared understanding of why you may have self-harmed,
- give you information about your symptoms or diagnosis, and
- give your family member or carers information about your symptoms or diagnosis. But only if you would like them to be involved.

The assessment should happen in a private area. This is so that you and health professionals can speak without being overheard.⁴³

Your needs and preferences should be considered during the assessment. Such as:⁴⁴

- making adaptations for a mental health condition you may have, and
- offering you a healthcare professional of the same sex if you have requested this.

As part of the assessment the health professional will ask you about:⁴⁵

- things that have happened in the past,
- what is happening for you now,
- if anything has changed for you and
- if there is anything due to happen in the future which may be difficult. Such as an event or specific date.

As part of the assessment the health professional will think about:⁴⁶

- your wishes, values, and what matters to you,
- any other mental health problems you may have,
- your treatment and support needs such as talking therapy, social care, or rehabilitation,
- your treatment preferences,
- if your family members or carers should be involved, and
- treating each episode of self-harm separately. This is because your reason for self-harm may vary from episode to episode.

Who will be involved in my care?

Your psychosocial assessment should identify the care you need. Your care might be provided by people from:

- the NHS,
- social services, and
- other organisations, such as the voluntary sector.

In 2022 a law called 'Health and Care Act 2022' was introduced. It should make it easier for the NHS and care providers such as social services and the voluntary sector to deliver joined up care.⁴⁷

Your care should be written down in a care plan.

You might also be given someone known as a care coordinator act as a single point of contact for your care.

Should I have a care plan?

Following your psychosocial assessment health professionals should work with you to either:⁴⁸

- review your existing care plan, or
- develop a new care plan.

Your care plan should be created based on your support needs and safety needs. These should be identified during the psychosocial assessment.

Your care plan usually outlines:⁴⁹

- your support needs,
- your safety needs,
- what is needed to support your recovery, such as treatment or social care, and
- which professionals are involved in your care.

You should be given a copy of your care plan.

The plan should also be shared with healthcare and social care professionals involved with your care.⁵⁰

What if I self-harm often or my treatment was not successful?⁵¹

If you self-harm often or your treatment is not successful:

- you and those involved in your care should review your care plan,
- you should get a care coordinator to act as a single point of contact for your care, and
- you should be involved in writing a safety plan for you with professionals.

What is a safety plan?

Your healthcare professional may develop a safety plan with you to help keep you safe. It will be tailored to your needs. It will form part of your care plan.

Your safety plan should include:⁵²

- how you self-harm,
- your triggers and warning signs of increased distress, self-harm, or suicidal crisis,

- coping strategies that you find useful,
- people or local places that can help distract you,
- family members or friends who can provide support to you in a crisis,
- contact details for services, including out of hours and emergency, and
- keeping your environment safe, helping remove or limit things you would use to self-harm.

You should be given a copy of your safety plan. It can be shared with your family and carers if you agree.

Healthcare and social care professionals will also keep a copy.

You can find more information on ‘**NHS mental health teams**’ at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

8. Will I be offered talking therapy, medication, or other treatment?

Healthcare professionals will consider other related conditions you may have when planning your treatment for self-harm. This is because there are different guidelines for treating different conditions.⁵³

Will I be offered talking therapy?

Your mental health team should offer you specialist therapy for adults who self-harm. Such as cognitive behavioural therapy (CBT) or problem-solving therapy.⁵⁴

Your therapist should work with you to help you find ways to reduce distress that leads to self-harm.⁵⁵

Therapy should:⁵⁶

- start as soon as possible,
- be between 4 – 10 sessions of talking therapy, but more can be offered if needed, and
- be tailored to your needs and preferences.

You can find more information on ‘**Talking therapies**’ at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Will I be offered medication?

Medication should not be offered to specifically treat self-harm.⁵⁷ But it may be offered to help with symptoms of other mental health conditions.

You can find more information on '**Medication – Choice and managing problems**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What is harm minimisation? ⁵⁸

Harm minimisation is about working on different ways to help you avoid, delay or reduce self-harm. You do this with your mental health team. Such as:

- distraction techniques or coping strategies,
- approaches to self-care,
- wound hygiene and aftercare.

Your mental health team might talk to you about harm minimisation strategies if you can't stop self-harming in the short term but are engaged in longer term mental health support.

[Top](#)

9. What should happen if I need to go to hospital?

You might go to an accident and emergency department at hospital because of self-harm. Healthcare staff should:⁵⁹

- assess how serious your injury is,
- arrange any urgent physical treatment,
- assess your level of distress,
- assess if there are any immediate concerns about your safety,
- assess if there are any safeguarding concerns,
- assess your willingness to accept medical treatment and mental healthcare, and
- find out if you have a care plan.

As soon as possible on arrival, you should be offered:

- a referral to a specialist mental health service, or
- a suitably trained mental health professional.

You should be seen by a psychiatry professional or a suitably skilled mental health professional. This should happen every time you go to hospital following an episode of self-harm.⁶⁰

The health professional will carry out a psychosocial assessment.⁶¹

See [section 7](#) of this factsheet for more information about psychosocial assessments.

What should happen after I have had my psychosocial assessment?

Following your psychosocial assessment, you should work with professionals to help decide on the next steps for your recovery. This may include the following.

A stay in hospital⁶²

You may be admitted to general hospital overnight, or for a longer period if:

- you were going to go back to an unsafe place, or
- you couldn't be assessed. This may be because you were too distressed or under the influence of alcohol or drugs.

A psychosocial assessment should be done with you as soon as possible.

Discharge from hospital, with community support⁶³

You might be discharged from hospital. But before you are professionals should make sure that:

- there is a discharge planning meeting with all appropriate services and people,
- you have a new care plan,
- your GP is told about your care arrangements in writing.

You might often attend hospital for self-harm. Your care and treatment should be reviewed by different professionals along with mental health services. This is called a multidisciplinary approach.⁶⁴

Can I just get treatment for my injuries?

Health professionals should offer you treatment for your injuries. Even if you don't want mental health support.

I don't want to be in hospital. Can I leave?

Before you leave hospital, health professionals should assess your safety and your mental health.⁶⁵

Usually, you can leave hospital at any time, even if health professionals advise you not to, unless:

- professionals detain you under the Mental Health Act. This will be because professionals think you have a mental disorder and you're at risk of harm to yourself or other people, or
- professionals think you lack capacity to make a decision and are concerned about your safety.

You can find more information about:

- Mental Health Act,
- Mental capacity and mental illness - The Mental Capacity Act 2005, and
- Going into hospital for mental health treatment

at www.rethink.org. Or you can call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

[Top](#)

10. What if I am not happy with my treatment?

If you aren't happy with your treatment, you can:

- talk to your doctor about your treatment options,
- ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact your local Patient Advice and Liaison Service (PALS): [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363), or
- make a complaint.

You can find out more about:

- Second opinions - About your mental health diagnosis or treatment,
- Advocacy for mental health - Making your voice heard, and
- Complaining about the NHS or social services

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

11. How can I help myself?

There are different ways to help reduce or stop self-harm. We have included ideas for you below.

Everybody is different and what works for someone else may not work for you. You can try different things. Whatever you choose, give yourself time, as it may take a while for things to work.

How can I delay self-harm?

- You may self-harm straight away when you are distressed.
- You can try to delay your self-harm.
- With this technique, you might not self-harm as badly, as often, or at all.
- You can give yourself an aim, like 'I'm going to wait 5 minutes before I self-harm.'
- In this time, you can use distraction techniques, such as contacting someone.
- You can gradually increase the amount of time you wait.

Is there anything else that might help?

Before harming, write down the answers to these questions.

- Why do I feel I need to hurt myself?
- What has happened to make me feel like this?
- How do I feel right now?
- Have I been here before?
- What did I do to deal with it?
- How did I feel then?
- What have I done to make myself feel better before?
- What else can I do that won't hurt me?
- Do I need to hurt myself?
- How will I feel when I am hurting myself?
- How will I feel after hurting myself?
- How will I feel tomorrow morning?
- Can I avoid what has made me feel like this? Or deal with it better now and in the future?

What non-harmful ways are there to manage how I feel?

If you have the urge to self-harm, you can try the following instead.

- Write down how you are feeling and then rip it up
- Punch a punch bag or kick something soft
- Scream into a pillow
- Go for a walk or run
- Play a sport, exercise, or go to the gym
- Bite into a piece of ginger or a chilli
- Squeeze an ice cube as hard as you can
- Snap elastic bands on your wrist
- Form an image of yourself feeling empowered. For example, try imagining yourself as superhero. Or try to remember a time you felt strong and positive about yourself

Are there any apps that might help?

The NHS have designed an app called 'Calm harm' to help people resist or manage the urge to self-harm. The app is not an aid to treatment.

Here is the link to download the app: calmharm.co.uk

You could also try an app called 'distrACT'. Input has been sought from the NHS and different charities to create the app. It gives people easy and discreet access to information. And advice about self-harm and suicidal thoughts.

Here is the link to download the app: www.expertselfcare.com/health-apps/distract

What else can help?

The following things might also help.

- Joining a peer support groups
- Using a Rethink Mental Illness community support services
- Seeing a link worker
- Going to an NHS recovery colleges
- Other self-help

You can find out more about these things in our factsheets in:

- Social inclusion and mental illness - How can I become more connected? and
- Worried about your mental health - How to get treatment and support

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

12. I can't stop self-harming. How can I reduce risk?

There is always risk with self-harm. But you might want to lower the physical damage you do when you self-harm. You can.⁶⁶

- Make sure anything you cut yourself with is clean. For example, use new blades. It's best not to share blades with other people as you could get diseases like hepatitis B, hepatitis C and HIV.⁶⁷
- Think carefully about where you cut. Avoid areas such as the insides of the wrists or the tops of the legs, as it can be risky to cut here.
- Make sure you are up to date with your tetanus jab. Tetanus is a serious infection. Contact your GP surgery if you're unsure if you need a tetanus jab.
- Think about not self-harming on areas you have lots of scars. Scar tissue may not be as strong as your skin.⁶⁸
- Think about cutting down on illegal drugs or alcohol or avoiding them. They can affect your judgement.
- Learn first aid and keep first aid supplies nearby. Such as antiseptic wipes and bandages.

- Have a written plan you keep in your phone or on paper, for what you can do in an emergency.
- Set yourself limits before you self-harm and stick to them. Such as decide how many cuts you will make and how big they will be. This is a good way of learning the skills you need to stop.
- Think of options that don't break your skin.
- If you self-harm by hitting yourself, put towels, or something else around your fists to soften the blow.
- There is no safe way to self-poison. Think of other options instead of swallowing medication or substances. [See section 11](#) of this factsheet for ideas.

[Top](#)

13. How can I deal with scars?

You may have scars from self-harm. You may feel embarrassed, ashamed or feel guilty about your scars.

Accepting your scars can be an important part of recovery. This can take time.

How can I deal with questions about my scars?

If people see your scars they might ask what happened. They may not realise that you have self-harmed.

There is no 'right' way to respond. You might deal with things differently depending on who asks you.

You can think about what you want to say if someone asks you.

You may want to tell people that your scars were caused by self-harm. You can tell them as much or as little as you want.

Or if you want to, you can say "I'd rather not talk about it if that's OK."

In the end it's up to you what you say. You don't have to explain or justify your scars to anyone.

It isn't anything to be embarrassed about or ashamed of. You could think about some responses you are happy with.

How can I reduce my scars?

There are ways you can treat and disguise scars if you want to.

Most scars will fade over time but will never disappear.⁶⁹

If your scars are an issue to you, you can talk to your doctor about them.

Below are ways of dealing with scars. Not all of these will suit every type of scar.

- **Clothes.** Long sleeved tops and trousers can hide scars.
- **Corticosteroid injections.** These are small injections into the scars to help reduce any swelling. Please seek professional medical advice about these.
- **Scar plasters.** These are silicone plasters you stick directly onto your scar. Such as hydrocolloid dressings. It can reduce swelling and redness. You can buy these without a prescription. But we recommend you speak to a chemist before buying them.
- **Surgery.** This may help if the scar is causing issues with your movement or health. If you want to discuss surgery please book an appointment with your GP to begin with.
- **Dressings.** Some bandages may help to reduce the swelling of scars. This is used more when there is a large area such as a burn or skin graft. It will help them become smoother and softer.
- **Make-up.** You can use special makeup for scars such as cover cream or body makeup. Scar cover cream can be a bit more expensive than normal makeup. There are some online and telephone self-harm services you could ask if they have any more information. Their details are in the [Useful contacts](#) section of this factsheet.
- **Laser therapy.** Can be useful for light scarring, not deep scarring. You could discuss this option with a medical professional.
- **Scar creams and oils.** There isn't a huge amount of research into how effective creams like vitamin E, Bio-Oil or coconut oil are for reducing scars. But the massage effect of rubbing them in and the moisture for the skin are good at softening scars.

You shouldn't use scar plasters, make-up, creams, or oils on fresh wounds. Keep fresh injuries clean and infection free. Good first aid or care for your wound can reduce scarring.

[Top](#)

14. Information for friends, carers, and relatives

You may be feeling all sorts of different things if someone you know self-harms. Here are some tips on how to deal with the situation and support the person you care about.

How should I react if I find out a loved one self-harms?

Self-harm is a way a way your loved one deals with their distress. People don't usually harm themselves to be dramatic, annoy others or to make a point.

Be honest with yourself about how the self-harm makes you feel. It is ok to feel whatever you feel. You may feel frightened or uncomfortable. Take time to process your feelings. Try not to react straightaway with anger or blame.

If your relative wants to talk to you about their self-harm the main thing to do is listen to them.

You can offer to support them, but you don't have to give them advice or come up with solutions. You can ask them what help they want.

How can I learn about my loved one's distress?

It might help you to have a better understanding of self-harm and your loved one's mental health issues. You can:

- read this factsheet, and
- if your loved one lives with a mental illness you can read more about it on our website here: www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions

You could contact mental health and self-harm charities for information. Or read books. See the [Further reading](#) and [Useful contacts](#) sections of this factsheet for more information.

What else can I do to help?

It might help to:

- Tell your loved one you care for them
- Make sure they have a safe place
- Be as available as you can be to talk
- Set aside your personal feelings about self-harm and focus on what's going on for them
- Be honest and realistic about what you can and can't do
- Offer them support if you think that you can help with something,
- Be patient, and take time to build trust if you need to
- Realise using punishments or trying to make them feel guilty isn't helpful
- Accept and try and understand their pain, as it might make it more bearable for them
- Be hopeful about the possibilities of finding other ways of coping rather than self-harm
- Discuss possibilities for treatment, without being pushy

Your loved one might feel suicidal and you might need to do something in a crisis. You might want to remove sharp objects from the house. At other times this may not be helpful as for many self-harm is a coping technique.

You can find out more about '**Getting help for someone in a mental health crisis**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What support is available for me?

Try to take care of yourself. You can be more supportive if you aren't tired and emotionally drained. Try to take a break if you need one.

If you are a carer, friend or relative of someone who self-harms, you can get support.

You can do the following.

- Arrange carer's assessment to get extra support.
- Join a carers' service or support group.
- Speak to your GP if your mental health is affecting your day-to-day life.

How can I arrange a carer's assessment?

You can arrange a carer's assessment if you need support to care for your loved one. Social services may be able to provide you with additional help or a break for you and your loved one.

You can find out more about '**Carer's assessments – Under the Care Act 2014**' at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

How can I join a carers' service or support group?

You can get peer support through carer support services or carers' groups. You can search for carer support groups on the following websites:

- **Rethink Mental Illness:** www.rethink.org
- **Carers UK:** www.carersuk.org, and
- **Carers Trust:** <https://carers.org/search/network-partners>.

What support can my GP give me?

Caring for someone who self-harms can be challenging. If it is affecting your mental health to the extent that it is affecting your day-to-day life, you can see your GP.

They can offer you advice and treatment.

You can find more information about:

- GPs and your mental health, and
- Stress - How to cope

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

You can find information on the **Mental Health and Money Advice** Website on:

- **What benefits are available for mental health carers?**
www.mentalhealthandmoneyadvice.org/en/welfare-benefits/what-benefits-are-available-for-mental-health-

Further Reading

Self-Harm: The ‘Secret Self’

This is a publication by Sane based on research they did. It explains what they found about why people self-harm and ways to support people. You can download it from their website.

Website: www.sane.org.uk/wp-content/uploads/2022/02/Selh-harm-secret-self-new.pdf

Self-Harm: A self help guide

Northumberland, Tyne and Wear NHS Foundation Trust have produced a self-help booklet for people who self-harm. You can download it for free from their website.

Website: web.ntw.nhs.uk/selfhelp

DBT self-help

The website has been created by people who have been through dialectical behavioural therapy (DBT) rather than by health professionals

Website: <https://dbtselfhelp.com>

The Scarred Soul: Understanding and Ending Self-inflicted Violence

– by Jan Sutton

This is a book that has new research, statistics, diagrams, some resources, case studies and practical self-help activities.

101 Distractions from Depression, Self-harm (and other Soul-destroyers) – by Sophia Gill

This book is by someone with lived experience of depression and self-harm. She writes about what helped her distract herself and overcome her self-harming behaviour.

Useful Contacts

National Self-harm Network

An online forum where you can chat with other people affected by self-harm.

Website: www.nshn.co.uk

LifeSIGNS

This is a self-injury advice and support organisation. They have information, support forums. They have practical articles like what you can wear in the summer if you don't want anyone to see your scars.

Website: www.lifesigns.org.uk

ASSISTline

National helpline offering supportive listening service to anyone throughout the UK with thoughts of suicide or thoughts of self-harm. They are open to those aged 18 or over.

Phone: 0800 689 5652

Website: www.spbristol.org/assistline

Changing Faces

Changing Faces is the UK's leading charity for everyone with a scar, mark or condition on their face or body that makes them look different. They provide advice, support and psychosocial services to children, young people, and adults. They have practitioners who can help with things such as how to deal with people's questions about your scars.

Phone: 0300 012 0275

Email: www.changingfaces.org.uk/about-us/support-and-information-line
or info@changingfaces.org.uk

Website: www.changingfaces.org.uk

Rethink Mental Illness - Gloucestershire Self Harm Telephone Support

This is a helpline for adults in Gloucestershire who self-harm, their carers or professionals. Volunteers offer a listening service, along with coping strategies and signposting.

Phone: 0808 801 0606

Text: 07537 410022

Webchat, see website: www.gloucestershireselfharm.org

Self-Harm Service

This is an NHS national treatment service for people who self-harm a lot and have problems with their relationships with other people. You can't refer yourself, but you can ask your GP or your NHS mental health team to refer you. But the service will only accept you as a patient if you meet their eligibility criteria.

Phone: 020 3228 2383 / 07974 724 599

Address: Self-Harm Outpatient Service, Outpatient Department, Maudsley Hospital, Denmark Hill, London, SE5 8AZ

Email: shops@slam.nhs.uk

Website: <https://slam.nhs.uk/service-detail/service/self-harm-service-shops-279>

Emotional support lines

Samaritans

Can be contacted by telephone, letter, email and online chat. There's also a face-to-face service, available at their local branches. They are open 24 hours a day, every day of the year.

Phone: 116 123

Email: jo@samaritans.org

Website: www.samaritans.org

Mood Swings

Aimed at anyone affected by a mood disorder, including friends, families and carers.

Phone: 0161 832 37 36

Email: info@moodswings.org.uk

Website: www.moodswings.org.uk

Sane Line

Work with anyone affected by mental illness, including families, friends and carers. They provide a free text-based support service called Textcare and an online supportive forum community where anyone can share their experiences of mental health.

Phone: 0300 304 7000

Textcare: [www.sane.org.uk/what we do/support/textcare](http://www.sane.org.uk/what_we_do/support/textcare)

Support Forum: www.sane.org.uk/what we do/support/supportforum

Website: www.sane.org.uk

Support Line

They offer confidential emotional support to children, young adults and adults by phone, email and post. They work with callers to develop healthy, positive coping strategies, an inner feeling of strength and increased self-esteem to encourage healing, recovery and moving forward with life.

Phone: 01708 765200

Email: info@supportline.org.uk

Website: www.supportline.org.uk

Papyrus UK

A UK charity dedicated to the prevention and the promotion of the positive mental health in young people.

Phone: 0800 068 41 41

Email: pat@papyrus-uk.org

Text: 07860 039967

Website: www.papyrus-uk.org

C.A.L.M. (Campaign Against Living Miserably)

CALM is leading a movement against suicide. They offer accredited confidential, anonymous and free support, information and signposting. They provide this to people anywhere in the UK through their helpline and webchat service.

Phone: 0800 58 58 58

Webchat: www.thecalmzone.net/help/webchat

Website: www.thecalmzone.net

Silverline

Aimed at people over 55. The Silver Line operates the only confidential, free helpline for older people across the UK. They also offer phone friendship where we match volunteers with older people based on their interests, facilitated group calls, and help to connect people with local services in their area.

Phone: 0800 4 70 80 90

Website: www.thesilverline.org.uk

The Mix

If you're under 25 and need help but don't know where to turn, call the Mix for free. They'll explore your situation with you and find organisations that may be able to help you further.

Phone: 0808 808 4994

Crisis support: text **THEMIX** to 85258 for crisis support -

www.themix.org.uk/get-support/speak-to-our-team/crisis-messenger

E-mail: www.themix.org.uk/get-support/speak-to-our-team/email-us

Telephone Counselling: www.themix.org.uk/get-support/speak-to-our-team/the-mix-counselling-service

Webchat: 1 to 1 chat service: www.themix.org.uk/get-support/speak-to-our-team

Website: www.themix.org.uk

If you are in crisis, you can contact the following text support service for help and support:

Shout

If you're experiencing a personal crisis, are unable to cope and need support, text Shout to 85258. Shout can help with urgent issues such as suicidal thoughts, abuse or assault, self-harm, bullying and relationship challenges.

Text: Text Shout to 85258

Website: <https://giveusashout.org>

Broken links?

All links to other pages on our website, and other websites, worked when we last reviewed this page. If you notice that any links no longer work, you can help us by emailing us at feedback@rethink.org and we will fix them. Many thanks.

Incorrect information?

All the information in this factsheet was correct, to the best of our knowledge, when we published it. If you think any information is incorrect you can help us by emailing us at feedback@rethink.org. Many thanks.

References

-
- ¹National Health Foundation. *Fundamental facts about mental health* www.mentalhealth.org.uk/sites/default/files/2022-06/The-Fundamental-facts-about-mental-health-2016.pdf You can download the PDF from: <https://www.mentalhealth.org.uk/explore-mental-health/publications/fundamental-facts-about-mental-health-2016> Page 22 (accessed 30th August 2023)
- ² The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)
- ³ The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)
- ⁴ The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)
- ⁵ The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)
- ⁶ The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)
- ⁷ The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)
- ⁸ The Royal College of Psychiatrists. *Self-harm - What is self-harm* <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm> (accessed 17 October 2023)

-
- ⁹ Self-injury support. *Burns and scalds*. <https://www.selfinjurysupport.org.uk/faqs/first-aid-for-burns-and-scalds> (accessed 17 October 2023)
- ¹⁰ NHS Oxford Health Foundation Trust CAMHS. *Self-harm - What does it look like?* <https://www.oxfordhealth.nhs.uk/camhs/self-care/self-harm> (accessed 17 October 2023)
- ¹¹ NHS Oxford Health Foundation Trust CAMHS. *Self-harm - What does it look like?* <https://www.oxfordhealth.nhs.uk/camhs/self-care/self-harm> (accessed 17 October 2023)
- ¹² NHS Oxford Health Foundation Trust CAMHS. *Self-harm - What does it look like?* <https://www.oxfordhealth.nhs.uk/camhs/self-care/self-harm> (accessed 17 October 2023)
- ¹³ Sane. *The secret self*. www.sane.org.uk/wp-content/uploads/2022/02/Selh-harm-secret-self-new.pdf Page 2, section 1 (accessed 30th August 2023)
- ¹⁴ Sane. *The secret self*. www.sane.org.uk/wp-content/uploads/2022/02/Selh-harm-secret-self-new.pdf Page 1, para 2 (accessed 30th August 2023)
- ¹⁵ Mental Health Foundation. *Fundamental facts about mental health*. www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016; Page 24, para 1 (accessed 30th August 2023).
- ¹⁶ Nitkowski, D., & Petermann, F. (2011). Non-suicidal self-injury and comorbid mental disorders: A review. *Fortschritte Der Neurologie-Psychiatrie*, 79(1), 9–20. pubmed.ncbi.nlm.nih.gov/21104583/ (abstract accessed 30th August 2023).
- ¹⁷ The Royal College of Psychiatrists. *Self-harm/ Who self-harms* www.rcpsych.ac.uk/mental-health/problems-disorders/self-harm (accessed 20th October 2020)
- ¹⁸ The Royal College of psychiatrists. *Self-harm, suicide and risk: a summary*. Page 4 www.rcpsych.ac.uk/pdf/PS03-2010x.pdf (accessed 30th August 2023).
- ¹⁹ The Royal College of Psychiatrists. *Mental Health and Growing Up Factsheet: Self-harm in young people: For parents and carers - Who is at risk* www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx (accessed 23rd August 2023)
- ²⁰ The Royal College of psychiatrists. *Self-harm, suicide and risk: a summary/ Part I: Understanding the problems and the people*. Page 4 www.rcpsych.ac.uk/pdf/PS03-2010x.pdf (accessed 30th August 2023)
- ²¹ Brown, M., Comtois, K. & Linehan, M. *Reasons for suicide attempts and non-suicidal self-injury in women with borderline personality disorder*. *Journal of Abnormal Psychology*. 2002;11, 198–202. pubmed.ncbi.nlm.nih.gov/11866174/ (abstract accessed 30th August 2023).
- ²² Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), page 309 (See *Depression*). www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ²³ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), page 306. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ²⁴ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), page 309. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ²⁵ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), page 309. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ²⁶ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), page 308. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).

-
- ²⁷ Sane. *The secret self*. www.sane.org.uk/wp-content/uploads/2022/02/Selh-harm-secret-self-new.pdf Page 6, See under 'Common misperceptions about self-harm' then '1. Manipulation / attention-seeking', 3rd para (accessed 30th August 2023).
- ²⁸ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. Counselling Psychology Quarterly. 2003 Vol. 16(4), page 316. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ²⁹ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. Counselling Psychology Quarterly. 2003 Vol. 16(4), page 308. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ³⁰ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. Counselling Psychology Quarterly. 2003 Vol. 16(4), page 316. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ³¹ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. Counselling Psychology Quarterly. 2003 Vol. 16(4), page 318. www.researchgate.net/publication/238317933_Research_Report_Self-harming_behaviour_from_lay_perceptions_to_clinical_practice (accessed 30th August 2023).
- ³² Mental Health Foundation. *The truth about self-harm*. Page 7 www.mentalhealth.org.uk/publications/truth-about-self-harm (accessed 30th August 2023).
- ³³ Samaritans. *Samaritans believes reducing self-harm is key to suicide prevention*. See Para 3, 1st sentence. <https://www.samaritans.org/news/samaritans-believes-reducing-self-harm-key-suicide-prevention> (accessed 11 October 2023)
- ³⁴ Samaritans. *Samaritans believes reducing self-harm is key to suicide prevention*. See 2nd bullet point. <https://www.samaritans.org/news/samaritans-believes-reducing-self-harm-key-suicide-prevention> (accessed 11 October 2023)
- ³⁵ Mind. *Mind calls for better training and resource as GPs say numbers have increased in last year* <https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health> See first para. (accessed 12 June 2023)
- ³⁶ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.7.8.
- ³⁷ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.13.1.
- ³⁸ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.7.7.
- ³⁹ Oxford University – Centre for Suicide Research; Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System; and Suicide Awareness for Everyone. *Psychosocial assessment following self-harm: A clinician's guide*. Forward, Page 3, para 1 <https://www.elft.nhs.uk/sites/default/files/2023-08/Psychosocial%20assessment.pdf>
- ⁴⁰ Oxford University – Centre for Suicide Research; Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System; and Suicide Awareness for Everyone. *Psychosocial assessment following self-harm: A clinician's guide*. Forward, Page 3, para 1 <https://www.elft.nhs.uk/sites/default/files/2023-08/Psychosocial%20assessment.pdf>
- ⁴¹ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.1.
- ⁴² National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.1.

-
- ⁴³ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.7.
- ⁴⁴ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.8.
- ⁴⁵ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.10.
- ⁴⁶ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.9.
- ⁴⁷ The King's Fund. *The Health and Care Act 2022*.
www.kingsfund.org.uk/projects/health-and-care-act-2022-make-sense-legislation
(accessed 5th January 2023)
- ⁴⁸ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.15.
- ⁴⁹ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Terms used in this Guidance – Care plan. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022.
- ⁵⁰ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.16.
- ⁵¹ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.17.
- ⁵² National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.7.
- ⁵³ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.2.
- ⁵⁴ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.3
- ⁵⁵ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.6.
- ⁵⁶ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.3.
- ⁵⁷ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.10.
- ⁵⁸ NICE National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.11.11.
- ⁵⁹ NICE National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.7.12.
- ⁶⁰ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.7.14.
- ⁶¹ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.7.13.

-
- ⁶² National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.9.1.
- ⁶³ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.9.6.
- ⁶⁴ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.7.20.
- ⁶⁵ National Institute for Health and Care Excellence. *Self-harm: assessment, management and preventing recurrence*. Clinical guidance 225. London: National Institute for Health and Care Excellence; 2022. Para 1.5.14.
- ⁶⁶ The Royal College of Psychiatrists. *Self Injury Support. Self-harm: Limiting the Damage*. www.selfinjurysupport.org.uk/Handlers/Download.ashx?IDMF=b559f025-3949-4b03-8a5d-188c90e0851c (accessed 19th September 2023)
- ⁶⁷ Health and Safety Executive. *Sharps injuries*. See para 1 [https://www.hse.gov.uk/healthservices/needlesticks/#:~:text=Sharps%20contaminated%20with%20an%20infected,human%20immunodeficiency%20virus%20\(HIV\)](https://www.hse.gov.uk/healthservices/needlesticks/#:~:text=Sharps%20contaminated%20with%20an%20infected,human%20immunodeficiency%20virus%20(HIV)) (accessed 12 October 2023)
- ⁶⁸ NHS East and North Hertfordshire. *Patient Information Scar Tissue and Massage*. See 'How does a scar form?' Para 1 <https://www.enherts-tr.nhs.uk/wp-content/uploads/2019/10/Scar-Tissue-and-Massage-V3-05.2023-web.pdf> (accessed 12 October 2023)
- ⁶⁹ NHS Choices. *Scars*. www.nhs.uk/conditions/Scars/Pages/Introduction.aspx (accessed 19th September 2023)

This factsheet is available in large print.

Rethink Mental Illness Advice Service

Phone 0808 801 0525
Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?

We'd love to know if this Information helped you

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 18252
Solihull
B91 9BA

or call us on 0808 801 0525

We're open 9:30am to 4pm

Monday to Friday (excluding bank holidays)



Equality, rights, fair treatment, and the maximum quality of life for all those severely affected by mental illness.

For further information on Rethink Mental Illness Phone 0121 522 7007
Email info@rethink.org



rethink.org



Patient Information Forum

Need more help?

Go to rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on: 0808 801 0525 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to rethink.org/donate or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.



Registered with
FUNDRAISING
REGULATOR



CYBER
ESSENTIALS



INVESTORS IN PEOPLE
We invest in people Silver

