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. Or you are thinking about self-harming. It explains what support you can get. And how to help yourself if you self-harm. There is also information for friends, carers and relatives.

**Key Points**

- Self-harm is harming yourself on purpose. Such as by scratching, 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 moods or share how you are feeling. Everyone has their own reasons for self-harming.
- Drinking a lot of alcohol or taking drugs may increase your risk of self-harm. You are more at risk of death if you self-harm because of accidental suicide.
- It is more common for young people to self-harm.
- Your doctor can help if you want to stop self-harming. They might refer you for specialist support.
- Sharing your feelings with someone you trust can help you self-harm less and make you feel less alone.
- It can be hard to know how to support someone who self-harms. Being patient and learning about why people self-harm can help.
This factsheet covers:

1. What is self-harm?
2. Who self-harms?
3. Why do people self-harm?
4. Do people self-harm more than once?
5. Is there a link between self-harm and suicide?
6. How can I tell someone I self harm?
7. What professional help will I get?
8. What will happen if I need to go to hospital?
9. What if I’m not happy with my treatment?
10. How can I help myself?
11. How can I self-harm safely?
12. How can I deal with my scars?
13. Information for friends, carers and relatives

1. What is self-harm?

Self-harm means that you harm yourself on purpose. Self-harm isn’t a mental health problem but it is often linked to mental distress. It is common to self-harm in secret. You may do this because you feel as though your thoughts and feelings are not acceptable to other people.

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.

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

- Cutting
- Burning
- Scalding with hot water
- Banging or scratching your body
- Sticking sharp objects into your body
- Eating or drinking things that are poisonous
- Not letting wounds heal
- Take too many tablets, known as an ‘overdose’
- Misusing prescribed or illegal drugs or alcohol
- Over exercising
- Starving yourself

You are more likely to self-harm if you take illegal drugs or drink too much alcohol.
2. Who self-harms?

Self-harm is more common in young people with depression and anxiety. But it does affect adults without a mental health problem too.\(^6\)

You are more likely to self-harm if you:\(^7,8,9\)

- have a mental health issue such as:
  - a substance abuse issue,
  - depression,
  - anxiety,
  - borderline personality disorder, or
  - an eating disorder,
- are female,
- are a young person,
- are in prison,
- are an asylum seeker,
- are a veteran of the armed forces,
- are gay, lesbian or bisexual,
- have lost a loved one through suicide, or
- are a survivor of physical, emotional or sexual abuse as a child.

3. Why do I self-harm?

People self-harm for different reasons. You might self-harm for a number of reasons. These may change over time.\(^10\)

You might self-harm to:\(^11,12\)

- deal with strong emotions like anger or sadness,
- punish yourself for things you think you’ve done wrong,
- make yourself feel normal,
- make others aware of how you are feeling,
- distract yourself from feelings, or
- get relief from feelings.

You may self-harm to manage feelings

Being overwhelmed by feelings is a common reason that people self-harm. Often these will be depressive feelings\(^13\) such as sadness, guilt and hopelessness.

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 the emotions but you find them unmanageable or unacceptable.\(^14\)

Physical pain can distract you when you are in emotional pain.\(^15\) For a lot of people self-harm releases tension, brings relief and helps to relive pressure. Even if you don’t understand why you are feeling this way.\(^16,17\)
You may self-harm to communicate
You may self-harm to try and show others how you feel. 18Some 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. 19

Some people may self-harm to communicate to others how they are feeling. But this is unlikely to be the only reason behind the self-harm.

You may self-harm to have control
Self-harm can be a way of feeling in control of your body or your environment. 20

You may self-harm if you dissociate so that you can feel real. Dissociation means that you feel like you are detached from yourself, or from reality. 21

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. 22

You may self-harm to punish yourself 23
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 hate 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 a situation but you are unable to tell the person how you are feeling or sort the situation out.

No matter what reason you harm yourself, there is help available to overcome the feelings you have been dealing with.

4. Do people self-harm more than once?
People self-harm to deal with distress. You may self-harm several times a year or several times a day.

Self-harm can become a normal way of dealing with life’s difficulties because of the temporary relief self-harm brings. It could be likened to being in a dentist’s chair. Some people may dig their finger nail 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 is not so straight forward. Self-harm is only 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. People who have self-harmed for many years can find it difficult to stop and it takes a lot of work. 24
5. Is there a link between self-harm and suicide?

People who self-harm don’t usually want to die. You may self-harm to deal with life, rather than a way of trying to end it.  

But self-harm can increase your risk of suicide. You may accidentally end your life. People who self-harm should be taken seriously and offered help.

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

You might feel that you are the only one who self-harms. You might feel like people close to you won’t understand.

Sharing your experiences can help with your recovery. You don’t have to tell someone in person, it might be easier to write it in a letter.

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

Who do I tell?

Decide who you want to tell first. Choose someone you feel comfortable with. Talking to someone else can help you figure out how you feel about it and if you want to tell others. This maybe someone close to you. Or you may prefer to speak with your GP or a self-harm emotional support line.

You may feel frightened to talk to certain people about self-harm. Friends and family may be able to support you to have this conversation.

What do I tell them?

Think about what you are going to say before you begin your conversation. It can help if you know what you want to say and how you want to say it. You could say it out loud once or twice to hear how it sounds.

Whoever you tell is likely to ask you questions. Think about the questions they may ask and your answers. Remember that you only have to tell them information that you are happy for them to know.

When do I say it?

Try to find the right time to tell someone. Make sure they aren’t distracted with something else. Make sure you are not upset or angry. Even something as simple as being hungry or tired can make it hard to focus and deal with information. Choose a time that suits you both.

Where do I tell them?

Think about where you are going to tell them. You may want this to be a private place so that others can’t overhear. Pick a place where you feel safe and are both comfortable.
Why am I telling them?
Don’t assume they understand why you’re telling them. Let them know. You might tell them because:

- you want to share yourself,
- you might feel that you have given them the wrong impression about how you feel or why you self-harm, or
- you want support to stop self-harming.

What do I do if they struggle to understand?
They may struggle to understand. Even professionals may struggle to understand. But this doesn’t mean that they don’t care or want to help you.

Be patient with them and do your best to answer their questions to help them to understand what is going on.

7. What professional help should I get?
If you would like professional help to manage and recover from self-harm you should make an appointment to speak to your GP. Be honest about why you self-harm. People self-harm for different reasons. This will help professionals to find the right support for you.

Don’t give up if the first thing you try doesn’t work. Other treatments might be better for you. You may find it difficult to ask for more help.

The National Institute for Care and Excellence (NICE) produces best practice recommendations for health care providers to follow. The NHS don’t have to follow them, but there should be good reason why they choose not to. NICE recommend the following care and treatment for:

- Long term management of self-harm, and
- Hospital management of self-harm

Long-term management of self-harm

Who should help?
Mental health services will usually be responsible for your treatment and care. They may put you under the ‘Care Programme Approach’ (CPA).

Some people will get support from their GP instead. But a GP should think about referring you to a specialist mental health team if:

- your levels of distress are getting worse or are high all of the time,
- things that the GP has tried doesn’t work for you,
- your self-harm risk is getting worse, or
- you ask for help from them.

Your GP should still monitor your physical health.
What is the Care Programme Approach (CPA)?

If you are under the care of specialist health services and have ‘complex needs’ you may be put under the Care Programme Approach (CPA). Someone who self-harms a lot might have complex needs. Under CPA you will have a care plan. The plan explains what support you need to manage and recover from your self-harm. Such as:

• how to stop your self-harm from getting worse,
• how to reduce or stop harm caused by your-self harm,
• how to lessen risky behaviours,
• how to improve your ability to function, and
• how to improve your quality of life.

Your care plan should also:

• identify goals that you would like to achieve in life, such as employment goals,
• identify team members and what they should be doing for you,
• include a risk management plan,
• identify short term goals linked to your self-harm, and
• be shared with your GP.

You should have a say about what is written into your care plan. Your family or carers should also be involved if you agree. Your care plan should be reviewed every year.

What is a risk management plan?
Risk management should be part of your care plan. It should look at:

• current risk,
• long term risk,
• things that increase your risk of self-harm, and
• a crisis plan.

A crisis plan gives you steps to take in a crisis such as a number to call or distraction techniques to try.

What treatment should I be offered?
Your mental health team should think about giving you 3 - 12 sessions of therapy to help you to stop self-harming. They may start by helping you to find different ways of coping with painful emotions. Your therapist should work with you to find the reasons why you self-harm. Your therapy should be tailored to your needs. You may be offered:

• cognitive behavioural therapy,
• dialectical behavioural therapy,
• psychodynamic therapy, or
• problem solving therapy.
Your therapist should be trained in the therapy that they are delivering. They should work with you to help you understand the reasons for your self-harm.

Therapy may make you feel worse to start with because you may be talking about things that are difficult for you. This doesn’t mean it isn’t working. But you may need extra support while you have therapy. Such as through the Care Programme Approach.

Medication should not be offered to you to reduce your self-harm. But medication may be offered to you if you have another mental health condition, such as depression. Doctors will think about risk of overdose when prescribing medication.

Harm Reduction
If you can’t stop self-harming in the short term, you and your healthcare team should talk about harm reduction such as:

- talking about new ways that could help you, and
- talking about coping strategies that could help you.

Remember that there is no safe way to self-poison.

Ending Care
When your treatment and care is due to end professionals should:

- tell you what is likely to happen when your care ends
- tell you ahead of time so that you can get used to the change
- give you extra support if you need it,
- make sure you have a clear crisis plan in place,
- share your care plan with any other professionals who are taking over your care,
- give you a copy of your plan and what has been agreed, and
- give your family or carer a copy of the plan if you agree

You can find more information:

- Talking Therapies
- Care Programme Approach
- 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.
8. What will happen if I need to go to hospital?

Emergency healthcare staff should assess you urgently if you are in hospital through self-harm. The assessment is to understand your:

- physical risk of harm
- your mental state,
- your mental capacity,
- your willingness to stay in hospital for further assessments,
- your distress level, and
- any possible mental health issues

Everyone who self-harms should:

- have treatment for serious injuries,
- have a risk assessment, and
- be offered a needs assessment.

Can I just get treatment for my injuries?

The NHS should offer you treatment for any serious injuries, even if you don’t want mental health support.

What is a risk assessment?

A risk assessment should be completed with you to think about any risks. Healthcare professionals will look at different things to work out risk such as the following.

- Have you been drinking or taking illegal drugs?
- Why did you self-harm?
- Do you have a history of self-harm?
- Do you have a mental health condition?
- Do you have mental capacity?
- Do you have a plan to kill yourself?
- Are you feeling hopeless or depressed?

You may have a risk assessment and needs assessment at the same time.

What is a needs assessment?

A needs assessment is a detailed assessment of your needs. It will be completed with a mental health specialist. The assessment will outline what support you need to manage and recover from self-harm. Look at your needs assessment and say if you don’t agree with anything. You won’t have a needs assessment if you don’t want ongoing support. The assessment will have information about:

- your risk assessment,
- a mental health assessment, and
- a social needs assessment.
I don’t want to be in hospital. Can I leave?41

You should be able to leave if you are assessed as having mental capacity to make the decision. And you haven’t self-harmed because of a severe mental illness.

A Mental Health Act assessment may be carried out if you try to leave but staff don’t think that you are safe to leave.

If you meet the criteria for the Mental Health Act you can be kept in hospital, even if you don’t want to be there.

What will happen after my assessments?42

The NHS has different options depending on your risk.

- **Discharge.** You may be discharged without a follow up appointment. This decision will be based on your needs assessment and risk. The assessment should be written in your medical notes and passed to your GP and any other relevant mental health services.
- **Stay in hospital.** You may be kept in hospital overnight. You may be kept in hospital if you were going to go back to an unsafe place or you weren’t able to be assessed. This may be because you were too distressed or drunk. An assessment of your needs should be done with you as soon as possible.
- **Referral.** You may be referred for further assessment and treatment. For example you may be referred to the community mental health team. This will be a joint decision between you and health care professionals. The decision to refer you should be based on the assessment of your needs and risk.

You can find more information:

- Mental Health Act
- Social Care. Assessment and eligibility

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.

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

If you are not happy with your treatment you can:

- talk to your doctor about your treatment options,
- ask for a second opinion,
- Ask a relative, friend or advocate to help you speak your doctor,
- contact Patient Advice and Liaison Service (PALS), or
- make a complaint.

There is more information about these options below.
Treatment options
You should first speak to your doctor about your treatment. Explain why you are not happy with it. You could ask what other treatments you could try.

Tell your doctor if there is a type of treatment that you would like to try. Doctors should listen to your preference. If you are not given this treatment ask your doctor to explain why it is not suitable for you.

Second opinion
A second opinion means that you would like a different doctor to give their opinion about what treatment you should have. You can also ask for a second opinion if you disagree with your diagnosis.

You don't have a right to a second opinion. But your Doctor should listen to your reason for wanting a second opinion.43

Advocacy
An advocate is independent from the mental health service. They are free to use. They can be useful if you find it difficult to get your views heard. There are different types of advocates available. Community advocates can support you to get a health professional to listen to your concerns. And help you to get the treatment that you would like.

You can search online to search for a local advocacy service. If you can’t find a service you can contact the Rethink Mental Illness Advice Service on 0300 500 927, we will look for you. But be aware that this type of service doesn’t exist in all areas.

The Patient Advice and Liaison Service (PALS)
PALS is part of the NHS. They give information and support to patients.

You can find your local PALS through this website link: www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363.

You can find out more about:

- Medication. Choice and managing problems
- Second opinions
- Advocacy
- 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.
10. How can I help myself?

It can be hard to stop self-harming, especially if you don’t have another way of coping with your emotions at the moment. But it is possible. The first step is deciding you want to stop and you are doing this for you. You shouldn’t agree to stop just because other people think that you should.44

You could keep a list of reasons you want to stop and why you don’t want to stop.

There are things you can do to control your self-harm if you decide to stop. Everybody is different and what works for someone else may not work for you. Try different things. Whatever you choose isn’t going to work over night. Give yourself time.

Tell friends and family that you are trying to stop or reduce your self harm. Let them know if there is anything that they can do to help you.

Delay self-harm

You may self-harm straight away when you are distressed. Try to delay your self-harm. With this technique, you might not self-harm as badly or as often. This may work because self-harm can be an impulsive coping technique. 45

Give yourself an aim. For example, ‘I am going to wait 15 minutes before I self-harm.’ In this time use distraction techniques, such as making contact with someone or go somewhere different such as your garden. Over time wait for longer periods of time.

Non-harmful ways to manage how I feel

Talk to someone who understands. This could be a friend, a relative or another person who self-harms. There may be a local support group you can join or a helpline you can ring.

If you feel that you have to self-harm, try the following instead.

- Write down how you are feeling and then tear it up or rip it up.
- Punch a punch bag or kick something soft.
- Scream into a pillow.
- 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.

If you are feeling low or anxious you could try the following.

- Go to a friend or relative’s house.
- Pamper yourself. Have a bath with bath oil.
- Do something active. Clean up or clear out your wardrobe.
- Go for a walk.
- Choose a random object and think of 30 different uses for it.
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 in the future?

The NHS make free self-help guide you can use to help you. Here is the link [www.ntw.nhs.uk/pic/selfhelp](http://www.ntw.nhs.uk/pic/selfhelp)

### 11. How can I self harm safely?

There is always risk with self-harm. But you might want to lower the physical damage you do when you self-harm. This is called harm-reduction. There are some suggestions below.46

- Do not share self-harming tools with other people. There is a risk you could get a disease including hepatitis B, hepatitis C, HIV and AIDS.
- Don’t self-harm on areas you have lots of scars. Scar tissue may not be as strong as your skin.
- Avoid drugs or alcohol. They can affect your judgement
- Learn first aid and keep first aid supplies nearby. Such as antiseptic wipes and bandages.
- Have an emergency plan, such as keeping a phone nearby so that you can ring an ambulance if you need to.
- 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.
- Think of options instead of swallowing medication or substances.
- There is no safe way to self-poison.

### 12. How can I deal with my scars?

You may have scars from your self-harm. You may feel embarrassed 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.

Be honest
You may want to tell people that your scars were caused by self-harm. Don’t tell them more than you are happy to. Don’t feel under pressure to tell anyone anything.

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

Avoid the question
If you don’t want to tell someone you can say:

• “it’s a long story”,
• “everything’s OK now”, or
• “I was in an accident”.

If they ask you for more details you could 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 or ashamed of. You could think about some responses you are happy with. Waiting until someone asks can put you on the spot. In those situations, you may not say what you wanted to.

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. Not all of these will suit every type of scar. You can talk to your doctor about your scars and how to deal with them.

• **Clothes.** Long sleeved tops and trousers can hide scars.
• **Corticosteroid injections.** These are small injections into the scars to help reduce any swelling.
• **Scar Plasters.** These are silicone plasters you stick directly onto your scar. Such as hydrocolloid dressings. It can reduce swelling and redness.
• **Surgery.** Surgery may help. This is usually if the scar is causing issues with your movement or health.
• **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 Varma 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 should not 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.

13. *Information for friends, carers and relative*

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 do I react when my relative self-harms?**

Don’t take it personally. Self-harm is the way the person you care for deals with their distress. People don’t harm themselves to be dramatic, annoy others or to make a point. It isn’t your fault, even if the person says it is.

Be honest with yourself about how the self-harm makes you feel. It is ok to feel whatever you feel. You may be frightened, uncomfortable, feel provoked. Try not to react to stressful or emotional situations with anger or blame.

**Should I learn about self-harm?**

You may have a better understanding of what the person is going through if you educate yourself. You could contact mental health and self-harm charities for information. Or read books or join a support group.

**What is my role as their carer?**

Tell them you care for them if they self-harm or not. If possible make sure they have a safe place. Be as available as you can be. 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 the person support if you think that you can help with something.

You may think about removing sharp objects or pills from the house. This can be an option if the person feels suicidal and you need to do something in a crisis. At other times this may not be helpful as for many self-harm is a coping technique.

Using punishments or trying to make them feel guilty for self-harm is not helpful. It is likely to make them feel more alone.

Accepting and understanding that someone is in pain doesn’t make the pain go away. But it can make it more bearable for them to know that someone understands. Be hopeful about the possibilities of finding other ways of coping rather than self-harm. If they are willing, discuss
possibilities for treatment with them. But don't push them into anything. They will decide when they feel the time is right.

Be patient. You might find it difficult if the person rejects you at first but they may need time to build trust.

**What is available to support me?**

Take care of yourself. You can be more supportive if you aren't tired and emotionally drained. Don't be afraid to take a break.

Get support. You can use online forums, support groups and telephone support services. Support groups for friends and family of people with mental health problems may be useful. While they may not only focus on self-harm, group members will understand how a caring role can affect you.

Look in our Useful Contacts section for contact details of some helpful services.

You can find out more about ‘**Supporting someone with a mental illness**’ at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team 0121 522 7007 and ask them to send you a copy of our factsheet.

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**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.


**Self-Harm: A self help guide**

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

**Website:** [https://www.ntw.nhs.uk/pic/selfhelp/](https://www.ntw.nhs.uk/pic/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://www.dbtselphelp.com/index.html](https://www.dbtselphelp.com/index.html)

**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.

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

Website: www.nshn.co.uk

Self Injury Support
A national service that helps women and girls affected by self-harm. They have an instant messaging service, helpline, information resources, and self help groups.

Telephone: Cass 0808 800 8088. Open Monday – Thursday 7pm – 9:30pm
Text: TESS 07800 472908. Open Tuesday, Wednesday and Thursday 7:00pm – 9:30pm
Website: www.selfinjurysupport.org.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

Changing Faces
Changing Faces offer brief advice about their services. They have practitioners who can help with things such as how to deal with people’s questions about your scars.

Telephone: 0300 012 0275
Address: The Squire Centre, 33-37 University Street, London WC1E 6JN
Email: through the website.
Website: www.changingfaces.org.uk

Recover Your Life
This is an online forum that is run by and for people who self-harm. They have information and advice about different issues.

Website: www.recoveryourlife.com
The Samaritans
This is a listening service for anyone in distress including people who self-harm.

**Telephone:** 116 123  
**Address:** Freepost RSRB-KKBY-CYJK, PO Box 9090, Stirling, FK8 2SA  
**Email:** jo@samaritans.org  
**Website:** www.samaritans.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 community mental health team if they would refer you. You should also ask your GP if your local trust has any self-harm services or look on the trust website.

**Telephone:** 020 3228 4414  
**Address:** Self-Harm Outpatient Service, Outpatient Department, Maudsley Hospital, Denmark Hill, London, SE5 8AZ  
**Email:** slm-tr.shops@nhs.net  
**Website:** www.national.slam.nhs.uk/services/adult-services/selfharm/

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1 National Health Foundation. *Fundamental facts about mental health*  
2 Sane. *The secret self*  
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4 National Health Service. *Self-harm.*  
6 Mental Health Foundation. *Fundamental facts about mental health.*  
8 The Royal College of Psychiatrists. *Self-harm*  
9 The Royal College of Psychiatrists. *Self-harm, suicide and risk: a summary*  
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This factsheet is available in large print.

Rethink Mental Illness Advice Service

Phone 0300 5000 927
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 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We’re open 9:30am to 4pm
Monday to Friday (excluding bank holidays)

Need more help?
Go to www.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 0300 5000 927 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?
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