

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 if you self-harm. This information is for people who self-harm and their 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 how you feel. 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.
- If you're a young person you're more likely 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.

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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.¹

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.² You might not want others to know, as you might be 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.³

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'

You are more likely to self-harm if you take illegal drugs or drink too much alcohol.⁴

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2. Who self-harms?

Self-harm is more common in young people who live with depression and anxiety. But it does affect adults without a mental health problem too.⁵

You are more likely to self-harm if you:^{6,7,8}

- have a mental health issue such as:
 - depression,
 - anxiety,
 - borderline personality disorder, or
 - an eating disorder,
- have a substance abuse issue,
- 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 or as an adult.

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3. Why do I self-harm?

People self-harm for different reasons.⁹ These reasons may change over time.

You might self-harm to:¹⁰

- 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 feelings such as sadness, guilt and hopelessness.¹¹

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.¹²

Physical pain can distract you when you are in emotional pain.¹³ For a lot of people self-harm releases tension, brings relief and helps to relieve pressure. Even if you don't understand why you are feeling this way.^{14,15}

You may self-harm to communicate

You may self-harm to try and show others how you feel.¹⁶ 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.¹⁷

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.

You may self-harm to have control

Self-harm can be a way of feeling in control of your body or your environment.¹⁸

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.¹⁹

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.²⁰

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.

You may self-harm to punish yourself²¹

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 about a situation. But you are unable to tell the person how you are feeling or sort the situation out.

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

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4. Do people self-harm more than once?

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.²²

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

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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 difficulties you face in life, rather than a way of trying to end it.

But self-harm can increase your risk of suicide.²³ You may unintentionally end your life.

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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. But there are ways to reach out to people to ask for help.

Sharing your experiences can help your recovery. You don't have to tell someone in person, you can write it in a letter or email, for example. 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?

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. For example, you may want to tell:

- a friend or family member,
- your GP,
- someone on an emotional support line, where you can remain anonymous if you prefer.

If you're anxious about telling your GP, your friends and family may be able to support you.

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 try practicing saying it out loud to hear how it will sound to someone else. Or you could record yourself saying it on a device such as your phone and listening back to it.

Whoever you tell might ask you questions. Think about the questions they may ask and how you may answer their questions. They might ask things like 'why are you self-harming?' or 'how long have you been self-harming?'. Remember, you only have to tell them information that you are comfortable to share.

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're 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 that you self-harm or why you do it,
- 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?

Other people may struggle 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.

Be patient with them. Do your best to answer their questions to help them understand what's going on for you. This will help them find the best way to support you.

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7. What professional help can I get?

If you want professional help to manage and recover from self-harm you can make an appointment with your GP. You may find it difficult to ask for help. GP's are trained to deal with these conversations, and are used to talking about mental health with their patients.

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 treatment option you try doesn't work. There are different treatment options, so other treatments might be better for you.

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 if they don't.

The two main ways recommended by NICE to manage self-harm are:

- Short term management of self-harm, and
- Long term management of self-harm.

You can access the NICE guidelines by clicking on the following links:

- Self-Harm in over 8's: short term management and prevention of reoccurrence: www.nice.org.uk/guidance/cg16
- Self-harm in over 8's: long term management: www.nice.org.uk/guidance/cg133

Short term management of self-harm

Your GP can support you in the short-term management of self-harm. They will help you, regardless of whether you have a mental illness. Your GP will listen and discuss with you the best treatment options for you.

What treatment should I be offered?

Your GP may talk through with you ways to manage your self-harm, such as by making lifestyle changes. They may also suggest you join a support group. They can also give you advice and treatment for minor injuries. Your GP might ask you to come back for another appointment to see how you're doing.

Medication shouldn't be offered to you to reduce your self-harm. But medication may be offered to you to help with symptoms of other mental health conditions.²⁴ Doctors will think about risk of overdose when prescribing medication.²⁵

Harm Reduction²⁶

If you can't stop self-harming, your GP may talk to you about developing harm reduction techniques, such as:

- developing new strategies that are different to self-harm, and
- discussing less harmful methods of self-harm.

There is no safe way to self-poison.

Referral to specialist mental health team

Your GP may think about referring you to a specialist mental health team if:²⁷

- things that the GP has tried doesn't work for you,
- your levels of distress are getting worse or are high all the time,
- you're experiencing symptoms of a serious mental illness,
- your self-harm risk is getting worse, or
- you ask your GP to refer you to one.

Your GP should still monitor your physical health.²⁸

Mental health services may become responsible for your mental health treatment and care. They may put you under the 'Care Programme Approach' (CPA).

Long-term management of self-harm

If you need long-term management for your self-harm, your GP may offer you an assessment with your local community mental health team (CMHT).²⁹ This assessment will be done to help you receive specialist support to reduce or stop your self-harm. If the CMHT can offer you help, you may be put under the Care Programme Approach (CPA).

What is the Care Programme Approach (CPA)?

If you're under the care of specialist mental health service and have 'complex needs' you may be put under CPA. Someone who self-harms a lot might have complex needs. If you're under CPA you will have a care plan. Your care plan explains what support you need to manage and recover from your self-harm. This should contain information such as:³⁰

- 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:³¹

- 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, these meetings are usually called 'CPA meetings'.

What is a risk management plan?

Risk management should be part of your care plan. It should look at:³²

- 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. Your crisis plan is tailored to your needs, and what will work best for you if you're in a crisis. The aim of a crisis plan is to think about what support you need when you are in crisis.

What treatment should I be offered?

Your mental health team should think about giving you 3 – 12 sessions of talking therapy to help you to stop self-harming.³³ These sessions may start by your therapist helping you to find different ways of coping with painful emotions.

Your therapist should work with you to help you find the reasons why you self-harm. Your therapy should be tailored to your needs. There are many different types of therapy. You may be offered:³⁴

- cognitive behavioural therapy,
- psychodynamic therapy, or
- problem solving therapy.

Your therapist should help you understand the reasons why you self-harm.

Medication shouldn't be offered to you to reduce your self-harm. But medication may be offered to you to help with symptoms of other mental health conditions..³⁵ Doctors will think about risk of overdose when prescribing medication.³⁶

You can find more information about '**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.

Harm Reduction³⁷

If you can't stop self-harming in the short term, you can talk with medical professionals about harm reduction, such as:

- developing new strategies that are different to self-harm, and
- discussing less harmful methods of self-harm.

There is no safe way to self-poison.

Ending care with the specialist mental health team³⁸

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.

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8. What will happen if I need to go to hospital?

If you go to hospital because of self-harm healthcare staff should urgently assess your mental health. The assessment is to understand your:³⁹

- 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?⁴⁰

A risk assessment should be completed with you to think about any risks. In hospital staff may want to do a risk assessment with you by going through a questionnaire with you.⁴¹

Healthcare professionals will look at different things to work out risk using a scale.⁴² Some of the things healthcare professionals will look at are around 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?

What is a needs assessment?⁴³

This will look at your needs to help you to manage and recover from self-harm. It should look at both your mental health and social care needs.

It will be completed with a mental health specialist. You should work together with the specialist to agree your needs. They should then be put in a written plan. If you don't agree with anything in the plan tell the professional in charge of your care.

The needs assessment should be passed on to your GP and to any relevant mental health services. This is to help them give you follow up support.

You won't have a needs assessment if you don't want ongoing support.

You may have a risk assessment and needs assessment at the same time.⁴⁴

If you want to know more about how your social care needs are assessed, you can find more information about '**Social care 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.

I don't want to be in hospital or another a healthcare setting. Can I leave?

You might be in a healthcare setting like a hospital, or a mental health service, because of self-harm. But you might want to leave.

Before you leave professionals should assess you to test your mental capacity and to see if they think you have a mental illness.⁴⁵

You can leave if you want to unless:

- Professionals have assessed you and think you lack capacity to make that decision. And they're concerned about your safety. Or,
- You are detained under the Mental Health Act. This will be because professionals think you have a mental disorder and you're a risk to yourself or other people.

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.

You can find more information about:

- The Mental Health Act, and
- Mental capacity and mental illness

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.

What will happen after my assessments?⁴⁶

The NHS has 3 different options depending on your risk.

- **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 because you couldn't be assessed. This may be because you were too distressed or under the influence of alcohol or drugs. 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 if you're not already under one. 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.
- **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.

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9. 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 Patient Advice and Liaison Service (PALS), and see whether they can help, 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 aren't happy with it, giving specific reasons. 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're not given this treatment, ask your doctor to explain why they think it's 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.⁴⁷

Advocacy

Advocates help you to deal with and overcome issues that you have. They are independent from the NHS and free to use.

They can be useful if you find it difficult to get your views heard. There are 3 types of advocates that might be able to help if you are unhappy about your treatment.

- **NHS complaints advocates** can help if you want to make a complaint to the NHS. These are available in all areas.
- **Community or mental health advocates** can support you to get a health professional to listen to your concerns. These are available in some areas only.
- **Independent Mental Health Advocates** can help and advise you if you're detained under the Mental Health Act.

You can find more information about '**Advocacy**', including how to find advocates, 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.

The Patient Advice and Liaison Service (PALS)

PALS is part of the NHS. They give information and support to patients and can help you to resolve issues.

You can find your local PALS through this website link:
[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).

Complaints

If you're not happy about your treatment or support, you can make a complaint. This is where your concerns are investigated in more detail.

You can ask an NHS Complaints Advocate to help you with your complaint. They are free to use and don't work for the NHS.

You can find out more about:

- Second opinions

- Advocacy
- Complaints 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.

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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. But it is possible. The first step is deciding you want to stop and that you are doing this for you.

You might feel under pressure by others to stop, but it's your choice. Some people have found it helpful being supported by loved ones to help them stop self-harming.

You could keep a list of reasons of why you want to stop self-harming and why you don't want to stop.

There are different ways to help reduce the amount you self-harm, or to try to stop completely. Everybody is different and what works for someone else may not work for you. Try different things. Whatever you choose give yourself time, as it may take a while for things to improve.

You can think about telling your friends and family that you are trying to stop or reduce your self-harm. You can let them know if there is anything that they can do to support you.

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. This may work because often people react to difficult feelings quickly by self-harming.

Give yourself an aim. For example, 'I'm going to wait 15 minutes before I self-harm.' In this time use distraction techniques, such as making contact with someone else or going somewhere different such as your garden. You can gradually increase the amount of time you wait before self-harming. This might lead to you not self-harming at all.

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.
- Go for a walk.
- 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.

You might self-harm for several reasons. Such as you feel the need for punishment, or you're dissociating, and you want to end it. You can decide on what techniques work for you best.

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 10 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.nth.nhs.uk/pic/selfhelp

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: <https://calmharm.co.uk>

The NHS have also designed an app called "distrACT". This app is to help give people easy and discreet access to information and advice about self-harm and suicidal thoughts.

Here is the link to download the app: www.nhs.uk/apps-library/distract/

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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.⁴⁸

- Make sure anything you cut yourself with is clean. For example, use new blades. Don't share blades with other people as this could lead to further complications. Such as getting diseases such as hepatitis B, hepatitis C, HIV and AIDS.
- 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.
- Don't self-harm on areas you have lots of scars. Scar tissue may not be as strong as your skin.
- Think about cutting down on or avoiding 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.
- Try other techniques such as snapping elastic bands on your wrist. This may help if you're feeling a need for punishment.
- 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 10](#) of this factsheet for ideas.

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12. How can I deal with my scars?

You may have scars from your 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.

Be honest

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.

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

Avoid the question

If they ask you about your scars you could say “I’d rather not talk about it if that’s OK” or “it’s a long story”.

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.⁴⁹ 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.** This may help 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 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.

13. 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 do I react when my relative self-harms?

Self-harm is the way the person you care for 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, uncomfortable and provoked. Take time to process your feelings around your relative self-harming. Try not to react to stressful or emotional situations 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.

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 isn't 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 support is available for 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. If you are a carer, friend or relative of someone who self-harms, you can 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 or search on the Carers Trust website:

- **Carers Trust** – <https://carers.org/search/network-partners>;

You can find out more about **'Supporting someone with a mental illness'** at 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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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/uploads/self-harm.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: <https://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: www.dbtselfhelp.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.

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

Self-Injury Support

Offers a helpline service for women of any age who self-harm, as well as text and email services for women under 24.

Self-injury helpline: 0808 800 8088 (Tuesday – Thursday 7pm – 9:30pm)

Text: 07537 432444 (Tuesday – Thursday, 7pm – 9:30pm)

Email: tessmail@selfinjurysupport.org.uk

Webchat: www.selfinjurysupport.org.uk/Pages/FAQs/Category/webchat-support (Tuesday - Thursday, 7pm – 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

ASSISTline

National helpline offering supportive listening service to anyone throughout the UK with thoughts of suicide or thoughts of self-harm. They are open 24/7 for those aged 18 or over.

Telephone: 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.

Telephone: 0300 012 0275. Open 10am-4pm Monday to Friday.

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

Website: www.changingfaces.org.uk

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. 24/7 help available.

Website: www.giveusashout.org/

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. 24/7 help is available.

Address: Freepost RSRB-KKBY-CYJK, PO Box 9090, Stirling, FK8 2SA

Email: jo@samaritans.org

Website: www.samaritans.org/

Rethink Mental Illness - Gloucestershire Self Harm Telephone Support

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

Telephone: 08088 010606 - 5pm to 10pm every night of the year.

Text: 07537410022 - 5pm to 10pm every night of the year.

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 community mental health team to refer you. But the service will only accept you as a patient if you meet their [eligibility criteria](#). You should also ask your GP if your local trust has any self-harm services or look on the trust website.

Telephone: 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: www.slam.nhs.uk/national-services/adult-services/self-harm-service/

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References

- ¹National Health Foundation. *Fundamental facts about mental health* www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016 Page 22 (accessed 9th October 2020)
- ² Sane. *The secret self*. www.sane.org.uk/uploads/self-harm.pdf Page 2, para 4 (accessed 9th November 2017)
- ³ Sane. *The secret self*. www.sane.org.uk/uploads/self-harm.pdf (accessed 9th October 2020) Page 1, para 2
- ⁴ 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 9th October 2020)
- ⁵ Mental Health Foundation. *Fundamental facts about mental health*. www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016; (accessed 6th November 2017) Page 24, para 1.
- ⁶ Nitkowski, D., & Petermann, F. (2011). Non-suicidal self-injury and comorbid mental disorders: A review. *Fortschritte Der Neurologie-Psychiatrie*, 79(1), 9–20
- ⁷ The Royal College of Psychiatrists. *Self-harm/ Who self-harms* www.rcpsych.ac.uk/mental-health/problems-disorders/self-harm (accessed 20th October 2020)
- ⁸ The Royal College of psychiatrists. *Self-harm, suicide and risk: a summary*. Page 4 www.rcpsych.ac.uk/pdf/PS03-2010x.pdf (accessed 20th October 2020)
- ⁹ 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
- ¹⁰ 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.
- ¹¹ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 305-329 (See *Depression*).
- ¹² Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 2
- ¹³ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309.
- ¹⁴ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. 3

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- ¹⁵ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 3
- ¹⁶ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. 13
- ¹⁷ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 5
- ¹⁸ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 13
- ¹⁹ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 3
- ²⁰ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 4
- ²¹ Rayner, G. & Warner, S. *Self-harming behaviour: from lay perceptions to clinical practice*. *Counselling Psychology Quarterly*. 2003 Vol. 16(4), 309. Page 2
- ²² Mental Health Foundation. *The truth about self-harm*. Page 7
www.mentalhealth.org.uk/publications/truth-about-self-harm (accessed 20th October 2020)
- ²³ McManus, S., Gunnell, D., Cooper, C., Bebbington, P. E., Howard, L. M., Brugha, T., ... & Appleby, L. (2019). Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population. *The Lancet Psychiatry*, 6(7), 573-581.
- ²⁴ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.5.1
- ²⁵ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.5.2
- ²⁶ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.4.10
- ²⁷ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.2.1
- ²⁸ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.2.3
- ²⁹ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.2.1
- ³⁰ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.4.2
- ³¹ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.4.3
- ³² National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.4.4
- ³³ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.4.8
- ³⁴ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.4.8

-
- ³⁵ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011. Para 1.5.1
- ³⁶ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.5.2
- ³⁷ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.4.10
- ³⁸ National Institute for Health and Clinical Excellence *Self-harm in over 8's: long term management*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.1.25
- ³⁹ National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004. Para 1.4.1
- ⁴⁰ National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004. Para 1.7.3
- ⁴¹ National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004. Para 1.4
- ⁴² National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004. Para 1.4.1.3
- ⁴³ National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004.1.7.2
- ⁴⁴ National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004. Para 1.7.3.5
- ⁴⁵ National Institute of Clinical Excellence. *Self-Harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 16. London: National Institute for Health and Clinical Excellence; 2004. Para 1.4.3
- ⁴⁶ National Institute for Health and Clinical Excellence *Self-harm in over 8's: short term management and prevention of reoccurrence*. Clinical Guidance 133. London: National Institute for Health and Clinical Excellence; 2011 Para 1.8
- ⁴⁷ General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).
- ⁴⁸ Middleton, K. & Garvie, S. *Self-Harm: The Path to Recovery*. Oxford: Lion Hudson plc; 2008 Self Injury Support. Self-harm: Limiting the Damage. www.selfinjurysupport.org.uk/Handlers/Download.ashx?IDMF=b559f025-3949-4b03-8a5d-188c90e0851c (accessed 23rd October 2020)
- ⁴⁹ NHS Choices. Scars. www.nhs.uk/conditions/Scars/Pages/Introduction.aspx (accessed 20th October 2020)

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