

# Self-harm

## Understanding Treatment Options



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building the  
mental wellbeing  
of the next  
generation

## What is self-harm?

Self-harm is when you hurt yourself to try to deal with distressing feelings. There could be a lot of different reasons for self-harm, for example trying to cope with anxiety or depression, or if you feel like you need to punish yourself. Self-harm is not an illness itself, but it's a sign of other difficulties that you could get help with.

## How can I get help?

### Visiting your GP

You can talk to your GP about getting help for self-harm. They should ask you about your self-harm and how you're feeling, and will be able to refer you to specialist mental health support. Depending on where you live, your school or college might also be able to refer you to these services, and in some areas you can refer yourself.

If you have self-harmed recently, your GP may recommend that you have further treatment. This could involve:

- treatment for physical injuries
- taking blood or other samples if you've overdosed or poisoned yourself
- an urgent referral to a mental health service
- transfer to an emergency department
- a member of staff staying with you if you're very distressed

### Treatment by ambulance services

If you're treated by ambulance services after self-harm, the ambulance staff should talk with you about what happened and about how you are feeling. Whenever possible, they should discuss any treatment that you might need with you. You might be taken to an emergency department for further treatment. If you have poisoned yourself, ambulance staff should take all the substances or drugs that they find to the emergency department. This could be important to make sure you get the right treatment.

If you don't need treatment at an emergency department, the ambulance staff could take you to a specialist mental health service. The ambulance and mental health professionals should talk with you about these options and listen to your views.

## Visiting an emergency department

As well as assessing your physical health, emergency department staff should talk with you about how you are feeling and the risk you might pose to yourself. If you need to wait for treatment, you should be offered somewhere quiet that is safe and supportive, for example with someone to be with you and regular contact with staff.

If you're under 16 years old you should be treated in a separate children's area. If you have poisoned yourself, emergency department staff should collect samples (usually blood) from you to find out what you've taken and how much. This is important for them to give you the best treatment.

Emergency department staff should give you clear information about your care and should encourage you to stay for an assessment. An assessment would include talking about:

- whether you are able to make decisions for yourself
- if you're willing to stay for a mental health assessment
- your level of distress
- if you could have a mental health condition

If you're eight to 16 years old, you could be admitted to a children's ward overnight after self-harm and then have an assessment with a Child and Adolescent Mental Health Service (CAMHS) professional the next day. If you're over 14 years old, you could be admitted to an adolescent ward if you prefer.

If you want to leave but emergency department staff don't believe you are able to make that decision, or if you have a significant mental health condition, you should be referred for an urgent mental health assessment. If necessary, staff might stop you from leaving to protect you from further harm.

## Assessment

A mental health assessment will help your professional to understand your self-harm and other important parts of your life, such as your family or school life. As well as speaking to you, your professional might also talk with your family and any other professionals who might be able to help (e.g. your teachers).

Your professional should work with you to understand your self-harm and any mental health or other needs you might have, including:

- any mental or physical health conditions you might have
- any current life difficulties (e.g. personal or financial problems)
- your day-to-day functioning
- your social circumstances

- your coping strategies
- your skills and strengths

Your professional should encourage you to look through your assessment so that you can agree on the outcomes together. If you disagree about something with your professional, then you should be able to write this in your notes. Your mental health professional should share information about your treatment plan with your GP and any other relevant mental health services.

## Planning treatment

If you are referred to specialist mental health services, your professional should give you information about self-harm and explain the support that's available. Whenever possible, you should continue having support from one professional, rather than having to talk to lots of different people.

Your professional should create a care plan with you based on your assessment. Your care plan should not just focus on self-harm, but should help you with the underlying problems or mental health difficulties that are causing you distress (e.g. depression, borderline personality disorder, conduct disorder, post-traumatic stress disorder or an eating disorder such as anorexia, bulimia or binge eating disorder).

If you are over 16 then you will usually make decisions about your treatment, for example which option you prefer if there are a choice of treatments and how much you would like your parents or carers to be involved in your treatment. You don't have to make these decisions on your own though, many young people aged over 16 decide that they would like support from their parents or carers when making decisions about treatment.

Some young people under the age of 16 will also be able to make treatment decisions on their own, but if that's not possible then your parents or carers will be asked to make decisions for you. However, even if your parents or carers make decisions about your treatment, your mental health professional should still listen to your thoughts and preferences about the treatment options.

You and your professional should work together to agree on the aims of your care, which could include things like:

- reducing or stopping self-harm
- reducing how severely you harm yourself
- reducing other risky behaviour
- improving your social and day-to-day functioning
- improving your quality of life
- improving any other mental health conditions you may have

- long-term goals (e.g. your education or employment goals)

You should receive support from specialist services to help you achieve these aims and your professional should help you understand the steps you need to take. Your care plan should be reviewed and updated at least once each year and shared with your GP.

Your professional should explain your treatment options and how each might help. They should also talk with you about:

- the benefits and risks of the treatment options
- any worries you have
- any other physical or mental health conditions you have

Your professional should also tell you about other organisations which offer support and information. For example, YoungMinds and Harmless.

## Risk management plans

To help keep you safe, your professional should work with you to make a risk management plan. This should include:

- your history of self-harm
- how you feel when you self-harm
- if you've ever thought about suicide
- if you have symptoms of depression
- if you have any other mental health conditions
- personal problems (e.g. relationship problems, family problems or problems at school)
- your support system (e.g. family, a partner or friends)
- if you engage in risky behavior (e.g. alcohol misuse, drug-taking or unprotected sex)

This should include a crisis plan, which will give you advice on how to get help if you're having a mental health crisis and methods to help you cope.

If stopping self-harm is unrealistic in the short term, you may be offered strategies aimed at harm reduction. This could reinforce coping strategies you already use and help you develop new strategies as an alternative to self-harm. Your mental health professional may also discuss less harmful methods of self-harm with you and your parents or carers, if you agree. If you self-poison you should be advised that there is no safe way to do this.

## What about my parents or carers?

Your parents or carers could play an important role in your treatment and your professional should talk with you about how you would like them to be involved. Your professional should give your parents or carers information about self-harm and what they can do to support you. Your professional should also give your parents or carers contact details for services which can help during a crisis.

The well-being of your parents or carers is important, and they may need support and advice themselves. Your professional should help your parents or carers to access a carer's assessment, to look at support specifically for them. Your parents or carers should also be given information about support groups and organisations, such as the NSPCC or YoungMinds.

## Transitions between services

Transitioning from CAMHS to adult services can be a worrying time. To help it go smoothly, your professional should leave plenty of time to work with you to plan the change. You should get clear information about what to expect from adult services and it can be helpful to involve your parents or carers in the process.

You should be given additional support with the transition if you need it and clear plans in case of a crisis. Your current and new mental health teams should work together to reduce any negative impact of transferring between services. This should include timing the transition to suit you, even if that means transitioning to adult services after your 18th birthday. You may also be offered continuing treatment in child and adolescent services if that would mean you could avoid being referred to adult services altogether.

You may also transition to another CAMHS service (e.g. if you move house). If this happens, your professional should work with you to make sure that your treatment can continue smoothly and that your new service has all the information they need.

## Specific self-harm psychological intervention



### Strong evidence

You may be offered three to 12 sessions of a psychological intervention specifically structured to help you reduce or stop self-harming. Your professional should work with you to identify things that cause you distress or lead to self-harm. The treatment should be tailored to your individual needs and could include cognitive behavioural, psychodynamic or problem-solving techniques.

## Dialectical behaviour therapy



### Some evidence

Dialectical behaviour therapy (DBT) is an intensive psychological therapy for Borderline Personality Disorder (BPD). It is a longer-term treatment, and usually takes place over the course of a year. DBT is based on cognitive behavioural therapy and also includes techniques borrowed from meditation (such as mindfulness) and attitudes and values borrowed from religions such as Zen Buddhism.

DBT includes a combination of group therapy and individual therapy, both usually once a week. In the group session you will learn skills to help you cope with common problems caused by BPD. Your individual therapy will usually focus on reducing self-harm and other risky behaviours.

DBT has been adapted for young people who are living with their parents or carers, and this includes sessions with your parents or carers where they learn similar skills to those in your sessions. There is some evidence that DBT can help with BPD and DBT is specifically recommended for women and girls who have frequently self-harmed and are troubled by suicidal thoughts and wishes.

## Compliance enhancement



### Some evidence

Compliance enhancement isn't a treatment on its own. It would be a type of support you would have at the same time as other treatments to make sure they are as helpful as possible.

Compliance enhancement aims to support you to attend your treatment sessions. Your professional should talk with you about anything that might make it more difficult for you to complete treatment and work with you to manage these things. Compliance enhancement could also involve home visits from your professionals and your professionals staying in more regular contact with you.

## Case management



### Insufficient evidence

Case management isn't a treatment on its own. It would be a type of support you would have at the same time as other treatments to make sure they are as helpful as possible.

Case management could be offered through an individual or a team at your mental health service. This individual or team will help to plan and coordinate your care to make sure that all the professionals involved work together. They will help you to receive the best care possible by making sure that your treatment options are tailored to the types of support that you need.

## Supportive contact

### Insufficient evidence

Supportive contact is an additional type of help while you have another treatment. It involves brief conversations with a professional to offer you general support between your main treatment sessions. This could be either in person or over the phone.

## Medication

### Insufficient evidence

Medications such as antidepressants, antipsychotics, lithium and omega-3 fatty acids have been suggested to treat self-harm, but there isn't evidence that they can help. You should not be offered medication as a treatment for self-harm.

## Problem-solving therapy

### Insufficient evidence

Problem-solving therapy aims to help you understand the problems you are facing and develop skills to cope with those problems. These could include big life events such as dealing with grief, or could include everyday problems such as a difficult relationship with someone close to you.

This type of therapy is based on similar ideas to cognitive behavioural therapy and your professional will support you to think about and respond to problems in different ways, which can help you to feel more 'in control' and able to deal with stressful life events.

Problem-solving therapy often takes place just between you and a professional. These interventions usually involve psychoeducation, where you learn more about how the therapy might help you, problem-solving exercises to practice certain skills and 'homework' where you try out the skills in your everyday life.



## Interpersonal problem-skills training

### Insufficient evidence

Interpersonal problem-skill training generally aims to help you to understand the relationships between your approaches to difficult situations and the outcomes of those situations. Focusing on ‘interpersonal’ problems, those related to other people, your professional will help you to learn different ways to manage problems and when certain problem-solving skills would be the most helpful. This treatment aims to help with self-harm through improving your relationships with other people and reducing any distress that these relationships currently cause.

## Cognitive behavioural therapy

### Insufficient evidence

Cognitive behavioural therapy (CBT) aims to help you understand how your thoughts, feelings and actions are connected. Your professional will support you to identify difficult thoughts and practice changing how you think and act in response to difficult situations. This can help to improve how you cope with and manage these difficult situations, which can also help to improve how you feel.

CBT is a talking therapy, which will usually take place individually between you and a professional.

## Home-based family therapy

### Insufficient evidence

Generally, family therapy is a talking therapy that involves your whole family. Your professional will look at the relationships between your family members and the needs of everyone in your family. They can then support your family with certain skills (e.g. communication), which aim to improve how you are feeling and coping. Home-based family therapy (rather than going to a mental health clinic) can help you and your family members to participate consistently and can help everyone feel more comfortable.

## Insight-oriented therapy

### Insufficient evidence

Insight-oriented therapy is a talking therapy which aims to help you understand yourself better and how things that have happened in the past could be affecting how you think and feel. Your professional will encourage you to talk through difficult situations from the past and support you to think about how these might have contributed to unhelpful ways of thinking and behaving that you currently experience. This type of therapy aims to help with self-harm by helping you to understand the distressing feelings that can cause you to self-harm.

## Psychodynamic interpersonal therapy

### Insufficient evidence

Psychodynamic interpersonal therapy is a talking therapy that uses in-depth conversation to explore and try to resolve difficulties you are facing. This approach lets you freely discuss what's on your mind while your professional thinks about the meaning and emotional significance of what you say, which can sometimes be unconscious.

You will work with your professional to understand your feelings and relationships, as well as conscious or unconscious conflicts. They will help you to make sense of experiences by supporting you to think things through in conversation. If you are younger, this might happen through playing or drawing.

## Developmental group therapy

### Insufficient evidence

Developmental group therapy is a treatment programme designed for young people who have self-harmed. The therapy focuses on your relationships with others and how your wider social network could contribute to distress. As part of a group, the therapists will encourage you to discuss any problems you are experiencing and work together to resolve difficult situations. Developmental group therapy aims to reduce your level of distress and support you to stop self-harming.

## Combined interventions

### Insufficient evidence

Combined interventions aim to provide you with a high level of support. They will often involve a number of different types of treatment, which should be tailored so that you receive types of support that will be the most helpful for you. This could involve your family, group interventions with other young people and individual sessions between you and a professional. Often, combined interventions involve seeing your professional regularly for a long period of time.

## Admission to hospital

### Insufficient evidence

Children and young people are rarely admitted to inpatient units in the UK. If your professional suggests inpatient care then this will be because they think it's the best way to help you. This might be because they are concerned that you're at significant risk from self-harm or if you need a type of treatment that isn't available anywhere else.

How long you stay will depend on the support that you need. Your family will be able to visit you and usually, you will continue to do school work and have sessions with a mental health professional.

Although inpatient units can be helpful in keeping you safe and providing intensive treatment, there are also concerns about the negative effects of being separated from family and friends and your normal community. This can make it harder to go back to school, start seeing your friends and family again and get back to your usual routines. There are also sometimes concerns about the impact of being with other young people with similar problems. While inpatient care can be supportive as you might meet people who know how you feel, there can also be downsides such as unhelpful coping strategies starting to seem normal.

## Inpatient behavioural therapy

### Insufficient evidence

Inpatient behavioural therapy involves support in hospital to help you with difficulties which might contribute to your self-harm. Behavioural therapies aim to help you manage or change unhelpful behaviours, and covers many different psychological therapies. These treatments often aim to help you re-learn things in a positive way. For example, this could mean changing a difficult belief which

causes you distress, or learning to think about a difficult issue in a more manageable way.

## Brief alcohol misuse therapy

### Insufficient evidence

Brief alcohol misuse therapy aims to reduce excessive drinking. This type of treatment focuses on both reducing how much you drink overall and stopping harmful drinking patterns (e.g. binge drinking). This can help to reduce the risks of other harms related to alcohol misuse, such as self-harm.

## Manual assisted cognitive therapy

### Insufficient evidence

Manual assisted cognitive therapy (MACT) is a short therapy which has been specifically adapted for young people with borderline personality disorder. MACT aims to help you understand your self-harm better and find ways to address any difficulties in your life. This could include encouragement to seek further mental health support alongside sessions focused on specific topics, such as managing crises. Your professional should ask where you would prefer to meet for these sessions.

## Transference-focused psychotherapy

### Insufficient evidence

Transference-focused psychotherapy is a talking therapy that was specifically developed for people with a personality disorder. The therapy involves talking freely about whatever is on your mind while your therapist helps to make connections between your thoughts, feelings and experiences, to help you understand them better. The aim of transference-focused psychotherapy is to support you with your relationships and managing problems in everyday life.