

Self-harm

August 2009

Australian treatment guide
for consumers and carers



The Royal
Australian &
New Zealand
College of
Psychiatrists

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Key points about self-harm

- 1 Self-harm is a behaviour that can occur in many different disorders and situations.
- 2 Self-harm may be an attempt at suicide, although not necessarily so.
- 3 All self-harm deserves serious assessment. If you are concerned that you, or a member of your family, are at risk of self-harm, or have self-harmed in the past, then seek help from your family doctor or local mental health services.
- 4 If an underlying mental illness is present, it should be appropriately treated in the expectation of reducing the risk of further self-harm.
- 5 Sometimes self-harm is a reflection of a person's distress, independent of mental illness. In such situations, social, behavioural and psychotherapeutic approaches are advised.

Introduction

Self-harm is a behaviour and not an illness. People self-harm to cope with distress or to communicate that they are distressed. Self-harm includes self-poisoning, overdoses and minor injury, as well as potentially dangerous and life-threatening forms of injury. It does not mean body piercing, getting a tattoo, unusual sex or the recreational use of drugs and alcohol. Some people who self-harm are suicidal at the time. Others report never feeling suicidal.

This guide is for people who have engaged in self-harm, and their families and carers. It aims to inform them of the best possible assessment, treatment and support and what to expect of services intended to reduce self-harm and its related suffering.

Self-harm is more common among younger people. In any year, more than 24,000 people are admitted to hospitals in Australia as a result of self-harm, and thousands more are treated in emergency departments and not admitted. Usually, more women than men self-harm. Women more commonly take overdoses than men. Overdose is the most common form of self-harm in Australia.

Self-harm is always serious. It can cause disability or death. It is also serious because it means that a person is distressed at the time of the injury.

What causes self-harm?

There is no single cause for self-harm. However, research suggests that some people seem to be more at risk than others. People at greater risk include:

- those under stress or in crisis, and those who have self-harmed before
- those with mental disorders (eg, anxiety, depression or schizophrenia)
- those who are in treatment for a mental disorder
- those who misuse alcohol or other substances or have these addictions
- those who have experienced childhood trauma or abuse
- those who have a debilitating or chronic illness.

Is it just attention seeking?

Some people think that self-harm is 'just attention seeking'. This attitude is unhelpful and it trivialises self-harm and the distress the person is feeling at the time.

People who self-harm have genuine difficulties coping with aspects of their lives. Research shows that people who self-harm often struggle with problem-solving, and they find it particularly hard to ask for help. They tend to forget how they solved a similar problem in the past, and they get stuck when trying to solve a current problem. This can lead to frustration and to feeling out of control.

For other people, self-harm may indicate that they are experiencing symptoms of a mental illness (e.g. major depression or schizophrenia).

Warning signs of self-harm

For many people who self-harm, the act of harming themselves is something they try to keep secret. Adolescents hide their self-harming from teachers, friends and family, while adults may have partners, friends and workmates, and in some cases their children, from whom they hide their self-harm. Some people may have one or two close friends who know that they self-harm, but in many cases family and friends might only suspect that something is going on with their family member or friend or be completely unaware.

While there are obvious signs that someone is self-harming, such as exposed cuts and burns, and overdoses that require intervention, there are some less obvious signs that someone may be self-harming.

Psychological signs

- dramatic changes in mood, especially in adolescence, or in adults with previous history of self-harm
- changes in eating and sleeping patterns
- losing interest in friends and social activities
- breakdown in regular communications with family or friends
- hiding clothes or washing own clothes separately
- no longer interested in favourite things or activities
- problems with relationships
- low self-esteem
- being secretive about feelings
- avoiding situations where they have to expose arms or legs, e.g. swimming
- strange excuses for injuries
- dramatic drop in performance and interactions at school, work or home
- withdrawing from usual life.

Physical signs

- unexplained injuries, such as scratches or burn marks
- unexplained recurrent medical complaints such as stomach pains and headaches
- wearing clothes inappropriate to conditions, e.g. long sleeves and pants in the middle of summer
- pulling hair or picking at fingers or skin when upset or stressed
- hiding matches, tablets, razors or other sharp objects in unusual places, such as back of drawers, under the bed, in back of cupboard
- use of drugs.

What can lead to self-harm?

Some factors that can predispose people to self-harm include:

- neglect and abandonment in early life
- bullying in or out of school
- lack of basic problem-solving skills
- dysfunctional family life
- drug and alcohol use in parents
- stress and depression
- childhood trauma or abuse.

How to approach someone who has self-harmed

Firstly you should assess if the person needs immediate first aid, apply if necessary and call an ambulance if the injury is life threatening.

For those who have self-harmed, talking about their self-harming behaviour with a family member or friend can be a frightening and overwhelming experience. The most important way to approach someone who has self-harmed is to remain calm and create an open

discussion as to why they feel they need to self-harm. Let them talk freely – the most valuable thing you can do is listen. It is natural for you to feel angry, scared and frustrated. You may even blame yourself, especially if you are a parent. Keep in mind that usually a person who self-harms does so because they have poor or no coping skills.

It is best to approach a person who self-harms with a non-judgemental attitude, as approaching with aggression or criticism will only inflame the situation. Gently assure them that no matter what their actions, you will provide the love and support needed to help them. Explain to them that their behaviour is 'unhealthy' and that they need to seek help.

Arrange an appointment with the person's doctor and contact other organisations that can help. Research self-harm to find out more information for yourself and the person who is self-harming. Arrange counselling for yourself, to help with your behaviour and emotions.

Remember, you can help someone who is self-harming but you cannot stop someone from self-harming.

Getting professional help

Why should I get help for self-harm?

Of those who present to a hospital after self-harm, about half will never again attend with the problem. Others have multiple hospital visits after repeating self-harm. This increases the chance of the behaviour becoming a habit as a response to distress.

Research shows that 1% of those who self-harm die by suicide within the first year of going to hospital with the problem. Some people die by accident after self-harm because of the seriousness of their injuries or the toxicity of substance they took.

It is okay to ask for help before you hurt yourself! About half of all people who attend hospital after self-harm do not attend hospital again with the problem. Treatment can teach you new coping skills.

How do I get professional help?

It is important to get help whenever you have thoughts of self-harm. Except in a medical emergency, a general practitioner (GP) is often the first place to get help. It is best to make an extended appointment so that you can discuss your situation without feeling rushed.

You do not have to be physically sick to see a GP. It is okay to talk to a GP about your feelings, problems, your lifestyle and your overall wellbeing. You can ask the GP to arrange for you to meet with a mental health professional trained in providing treatments to reduce self-harm. Your GP can also work jointly with you and a mental health professional in the longer term.

You may also contact mental health services directly – free public mental health services are listed in the front pages of the phone book. Mental health services have ‘crisis teams’ or ‘crisis and assessment teams’ (CAT teams). Many also have workers who specialise in helping young people. Often, they will come to you, and some are contactable 24 hours a day, at least by telephone. They can arrange assessment and professional counselling with a psychiatrist, psychologist, social worker, occupational therapist or a mental health nurse.

You can also call a help-line. These are listed in the phone book and in many public phone boxes. They can’t provide ‘therapy’ over the phone, but can help you over the initial crisis of feeling out of control, alone and unsafe. Their purpose is support and referral.

What will happen if I go to the emergency department?

If you have already injured yourself, it is likely you will end up in the hospital emergency department. Medical and nursing staff will first treat your injuries.

- They will assess you mentally and physically.
- Typically you will have your blood pressure and pulse monitored, and you may have blood tests and an electrocardiogram (ECG).
- If you have taken an overdose, you may be asked to drink charcoal in water. Sometimes a tube is put into your nose to your stomach and sometimes it is necessary to have your stomach pumped out to remove the overdose. Sometimes, you may be given other medication (either orally or via a drip into your blood vessel) to counteract the overdose.
- Other medical or surgical procedures may be required for your injuries.

Due to the nature of hospital emergency departments, there may be a long wait if you do not need urgent medical intervention.

Can the hospital help me find mental health care?

It is an important part of the emergency department’s job to link you with a mental health worker for psychological assessment and treatment after self-harm, or to offer other forms of support.

Staff may:

- talk to a member of your family or a friend to decide whether or not you will be safe to go home, and to ensure that you have support if you leave hospital
- contact your GP to discuss the possibility of the GP providing you with counselling after you leave hospital
- introduce you to, or give you the name of, a mental health professional who can work through the problems that led you to harm yourself.

A minority of people are admitted to hospital after self-harm. Usually this is to treat a psychiatric illness where the person cannot be treated at home. However, most mental health care is provided on an out-patient basis in your local area.

Treatments for self-harm

The main purpose of treatment is to first deal with underlying mental health problems so that people are more able to cope when distressed and are less likely to self-harm.

While research to date has proven that treatment for underlying mental health problems is effective, it has not yet proven that treatments specifically reduce self-harm. This may be due to limitations in study design and evaluation.

Treatment goals

- **Treat associated mental illness**
- **Prevent future self-harm**
- **Improve coping skills**
- **Reduce distress**
- **Prevent suicide**
- **Extend the time between self-harm**
- **Reduce injury severity**
- **Help your family to help you.**

Psychological therapies

Cognitive behavioural therapy (CBT), problem-solving therapy (PST) and interpersonal therapy (IPT) are short-term forms of psychological treatments, whilst dialectical behavioural therapy (DBT) and psychotherapy are therapies carried out over a longer period. These treatments must be provided by health professionals with special training, and have proven effectiveness for helping people with

depression, anxiety disorders and other mental health problems. There is some promising research to show they may help people to reduce the risk of self-harm.

There are very effective treatments available for most mental illnesses. Thorough assessment is recommended.

Medication

Anti-depressant medications have been shown to be effective in treating depressive illness and, if indicated, may be prescribed by your doctor.

For the treatment of bipolar disorder, mood stabilisers or antipsychotics may be indicated.

If you have one of these disorders and are prescribed such medication, you may find the relevant RANZCP guides helpful.

Treatments that are not recommended

Recovered memory treatment is a form of in-depth psychological treatment that is used to recall past trauma. One small study showed its potential to increase self-harm in some people who are vulnerable, in particular, those who may have survived past trauma. It is NOT recommended.

Cultural needs

Health professionals should always respect and cater for the wide diversity of cultural groups in our community. Depending on your cultural background or religious beliefs, when you are seeking treatment, or helping a person you care for get treatment, you may have special requirements that you need to communicate to the health professionals you encounter. You may need to request:

- a translator if your first language or that of the person you care for is not English
- explanations of medical or other terms that may not be clear
- respect for your religious practices and understanding of the roles of males and females in your culture
- treatment provided in a particular setting (you may have a cultural preference for home or hospital treatment)
- special food or access to a prayer room if you need to go to hospital
- understanding of your family's expectations of treatment.

It is very important to discuss cultural issues with your health care provider, to enable them to better understand you and so that your religious beliefs and cultural practices can be incorporated into your treatment plan.

What does treatment cost?

It is important to discuss all potential costs involved in your treatment with your health professional.

In Australia, some GPs bulk bill, which means that Medicare will cover the full cost of any visit. If your GP does not bulk bill, partial rebates are available through Medicare and you will need to pay any difference. There will also be an additional cost for any medication that may be prescribed.

Your GP may refer you to appropriate services, such as for psychological services provided by a psychologist or an appropriately trained social worker or occupational therapist. Any treatment provided by these health professionals will only be rebated by Medicare if you have previously claimed a rebate for a GP Mental Health Treatment Plan. A GP Mental Health Treatment Plan will be developed by your GP and tailored to your needs to find the treatment that is right for you, monitor your progress and assist you in achieving your goals for recovery.

Medicare rebates are also available for assessment and treatment by a psychiatrist. A psychiatrist may also refer you for Medicare-subsidised treatment with a psychologist, an appropriately trained social worker or occupational therapist. You may receive up to 12 individual/and or group therapy sessions in a year. An additional six individual sessions may be available in exceptional circumstances.

Your GP may also refer you to other government funded providers of psychological services depending on what is available in your local area.

Getting support and helping yourself

The role of the family and friends

Family and friends are often the first to notice that a person has been self-harming or intends to self-harm and therefore have an important role to play in protecting that person. They should discuss self-harm openly and in a non-judgemental manner with their family member or the person they care for and also with relevant health professionals such as a doctor, nurse or psychologist.

If provided with treatment and social support, the majority of those who carry out self-harm will recover and lead full and productive lives. Family and friends have a role to play in providing that much needed social support and in encouraging the person they care for to engage in treatment.

A family member or friend can offer to accompany the person they care for to an appointment. This will enable them to feel supported as well as ensuring that they obtain professional help.

Even though it is desirable for family and friends to encourage the person they care for to seek help, care should be taken not to put pressure on them to obtain treatment they are not comfortable with.

Those who self-harm need to understand the reasons for their behaviour and learn different ways of coping. Family and friends can help by attending and participating in any treatment and assisting the person they care for in carrying out new coping strategies.

Often family and friends are overwhelmed and distressed by their friend or family member's self-harming behaviour and may also require support. A local GP should be able to link them to an appropriate carer organisation. By seeking the appropriate support for themselves,

family and friends are helping to improve the social environment of the person they care for.

Self-harm may be minimised if family and friends show acceptance, understanding, trust, kindness and support to a family member or friend that does, or may, self-harm. Such love and support are often sought by those who self-harm.

How can I help myself?

Evidence shows that those who attend their appointments with health professionals are more likely to improve their coping mechanisms and have a better outcome.

You can help yourself by:

- attending appointments
- finding a skilled professional who you can trust and work with, and who is specially trained to work with people who self-harm (usually a psychiatrist or psychologist) so that you have the greatest chance of overcoming the problem
- devising an emergency care plan, with the help of your health professional (see Appendix 1)
- always reminding yourself of the positive skills you have and building on them.

Lifeline Australia: 13 11 14

Keeping the first appointment is a step toward helping yourself.

By looking after yourself and your relationships, and by thinking positively about the future, most agree it is possible to overcome self-harm in time. It is recommended that you use research-based treatments for any mental disorder you might be experiencing and get help to cope with stress.

Some people who have overcome self-harm have found the following to be helpful:

- reading information on websites which advise on how to get the most out of mental health care
- attending support groups for people with similar problems
- reading books of interest (see Appendix 2)
- continuing activities that are positive and being hopeful about the future
- fostering and developing new interests
- balancing work or school and leisure
- continuing positive relationships and observing the coping styles of other people.

It is also helpful to find someone you can confide in.

Self-harm in rural areas

Self-harm has increased in rural areas due to the enormous suffering arising from frequent droughts and the associated socioeconomic hardship. Many people living in rural areas live in isolation, and when encountering emotional difficulties often have to deal with their problems alone. This is often because they have little opportunity to access professional help as there are fewer mental health professionals working in rural areas.

Family and friends have a major role to play in providing help to those who self-harm. This is particularly so for those living in isolated rural areas.

Help can also be obtained from local GPs and school counsellors. GPs can arrange for a review by visiting mental health professionals or through teleconferencing with metropolitan mental health professionals. Lifeline and Kids Help Line provide telephone counselling and are alternate sources of support and referral information for those in rural areas who self-harm or have the intention of doing so. Self-help strategies, such as those listed above, may help delay a person acting on the urge to self-harm or increase the interval between self-harm episodes and thereby allow time for appropriate professional help to be sought.

Appendix 1

Self-harm emergency plan and contacts list

If you are at risk of self-harm, or care for someone who self-harms, it is helpful to make a plan to use in cases of injury or emergency. Keep the plan close to the phone or in a place where you can find it easily. You can use the following plan as a guide.

GP's name:

Telephone:

Local mental health service location:

Key worker name:

Telephone:

After hours crisis team telephone:

Help line telephone:

My most reliable and trustworthy support person:

Telephone:

Appendix 2

Sources of further information

For further information on this guideline and other Clinical Practice Guidelines see www.ranzcp.org.

The list of organisations and information sources provided in this Appendix, whilst not exhaustive, may further support you in learning about and managing self-harm. Inclusion of these organisations and information sources does not imply RANZCP endorsement but rather aims to help people find information and to encourage communication about mental illness.

These organisations and resources are not intended as a replacement for formal treatment but as an adjunct to it. If you are unsure about any of the information you find or would like to know if a treatment you read about may be appropriate for you, you should speak with your mental health care professional.

If you wish to talk to someone about deliberate self-harm, the most useful contact is your GP or local mental health service. To find out what mental health services are available in your area, look in the 'Emergency Health and Help' section of your local phone book.

If you need to talk to someone urgently, please call:

Lifeline Australia

Phone: 13 11 14

SANE

Phone: 1800 187 263

Kids Help Line

Freecall: 1800 55 1800

Contact details for your State or Territory association or foundation for mental health can be found in the phone book.

NATIONAL**Mental Health Foundation of Australia**

Phone: (03) 9427 0407

Email: admin@mhfa.org.au

Website: www.mhfa.org.au

SANE Australia

Phone: (03) 9682 5933

Helpline: 1800 187263

Helpline Email: helpline@sane.org

Email: info@sane.org

Website: www.sane.org

Carers Australia

Phone: (02) 6122 9900

Email: caa@carersaustralia.com.au

Website: www.carersaustralia.com.au

Mental Illness Fellowship of Australia

Phone: (03) 8486 4200

Helpline: (03) 8486 4222

Email: enquiries@mifellowship.org

Website: www.mifellowship.org

SOUTH AUSTRALIA**Mental Illness Fellowship of South Australia**

Phone: (08) 8221 5160

Email: mifsa@mhrc.org.au

Website: www.mifsa.org

South Australian Council of Social Service

Phone: 08 8305 4222

Email: sacoss@sacoss.org.au

Website: www.sacoss.org.au

WESTERN AUSTRALIA**Mental Illness Fellowship of Western Australia**

Phone: (08) 9228 0200

Email: info@mifwa.org.au

Website: www.mifwa.org.au

Western Australia Association for Mental Health

Phone: (08) 9420 7277

Website: www.waamh.org.au

QUEENSLAND**Mental Health Association (QLD) Inc.**

Phone: 1300 729 686

Website: www.mentalhealth.org.au

Mental Illness Fellowship of North Queensland Inc

Phone: (07) 4725 3664

Email: fellowship@mifng.org.au

Website: www.mifng.org.au

Mental Illness Fellowship of Queensland*Brisbane*

Phone: (07) 3358 4424

Email: admin@sfq.org.au

Gold Coast

Phone: (07) 5591 6490

Email: sfbranch@bigpond.net.au

Website: www.sfa.org.au

VICTORIA**Mental Illness Fellowship of Victoria**

Phone: (03) 8486 4200

Helpline: (03) 8486 4265

Email: enquiries@mifellowship.org

Website: www.mifellowship.org

ACT**Mental Illness Fellowship of ACT Inc**

Phone: (02) 6205 1349

Email: admin@mifact.org.au

Website: www.mifact.org.au

Mental Health Foundation ACT

Phone: (02) 6230 5789

Website: www.mhf.org.au

NEW SOUTH WALES**Mental Health Association NSW Inc**

Phone: 1300 794 991/ (02) 9399 6000

Email: info@mentalhealth.asn.au

Website: www.mentalhealth.asn.au

Schizophrenia Fellowship of NSW

Phone: (02) 9879 2600

Email: admin@sfnsw.org.au

Website: www.sfnsw.org.au

NORTHERN TERRITORY**Mental Health Association of Central Australia**

Phone: (08) 8950 4600

Email: info@mhaca.org.au

Website: www.mhaca.org.au

TASMANIA

Mental Health Service

Phone: 1800 332 388

Useful websites

Organisation	Website	What is the website useful for?
Reach Out	www.reachout.com.au	Youth information portal on mental health.
headspace	www.headspace.org.au	Information and advice regarding mental health problems and where young people can find help and support.
LIFE Living is for Everyone	www.livingisforeveryone.com.au	Designed for people across the community who are involved in suicide and self-harm prevention activities
Children, Youth and Women's Health Service	www.cyh.sa.gov.au	Provides specific information on self-harm. Navigate to the section on 'Young Adults' and choose 'Healthy Mind' from the 'Health Topics' menu.
SANE Australia	www.sane.org	Useful information on mental health including factsheets; also includes an online helpline.
Mental Illness Fellowship of Australia	www.MIFA.org.au	Information on mental illness for consumers, carers, clinicians and the general public. Includes factsheets and other resources.
Suicide Prevention Information New Zealand	www.spinz.org.nz	Includes information and resources on suicide prevention and mental health topics.

Suggested reading

Thomas E Ellis, Cory F Newman, *Choosing to Live: How to Defeat Suicide through Cognitive Therapy*, New Harbinger Publications Inc, ISBN: 157224 0563

Caroline Kettlewell, *Skin Game*, St Martin's Press, ISBN: 0312263937

Marilee Strong, *A Bright Red Scream*, Penguin, ISBN: 0140280537

Jan Sutton, *Healing the Hurt Within*, Trans Atlantic Publications. ISBN:185032993

V.J. Turner, *Secret Scars Uncovering and Understanding the Addiction of Self-Injury*, Hazelden, ISBN: 1568389140

Appendix 3

Common acronyms

CAT team	Crisis Assessment Team
CBT	Cognitive Behaviour Therapy
DBT	Dialectical Behaviour Therapy
ECG	Electrocardiogram
GP	General Practitioner
IPT	Interpersonal Therapy
PST	Problem-solving Therapy

Appendix 4

Development of the guideline

This guide is a research-based clinical practice guideline based on a thorough review of the medical and related literature. It was written in association with people who have experienced self-harm and those working with them.

In 2009, the content of the guide was revised and expanded by an expert advisory panel comprising mental health professionals, and consumer and carer representatives. The purpose of the revision was to ensure the information contained in the booklet was current and comprehensive in terms of treatment best-practice and therefore remained relevant for people who self-harm and their carers, families, and friends.

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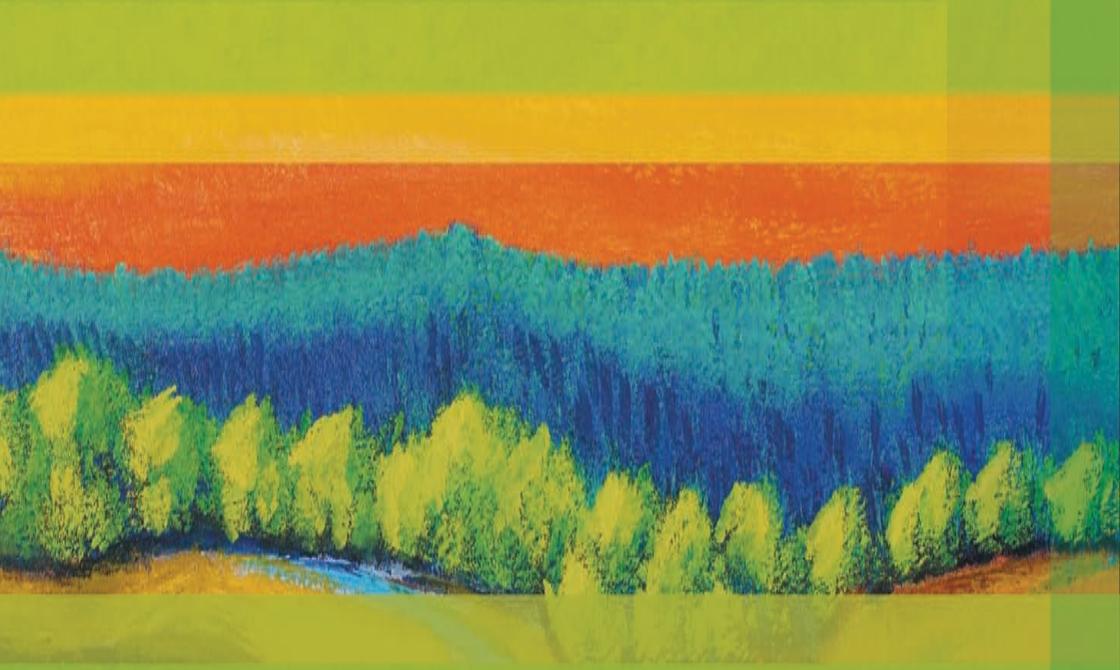
Quality statement

The original edition of this guide was consulted upon bi-nationally and drafts were available for comment on www.ranzcp.org. It was appraised using DISCERN by a national workshop of consumer consultants and meets NHMRC criteria for presenting information on treatments for consumers. The 2009 revision sought to maintain the integrity of this process by incorporating updated information supported by research findings published in recent medical and other scientific literature.

Acknowledgements

The project to develop and print the original version of this booklet was commissioned by The Royal Australian and New Zealand College of Psychiatrists and was funded by Australia's National Mental Health Strategy, Commonwealth Department of Health and Ageing, and the New Zealand Ministry of Health.

The 2009 revision and reprint was undertaken with funding provided by the Commonwealth Department of Health and Ageing.



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