

Self-harm

June 2005

Australian treatment guide
for consumers and carers



THE ROYAL
AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS

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June 2005

ISBN 0-9757833-5-1

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Key points about self-harm

- 1 Self-harm is a behaviour which 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 a member of your family or you yourself are at risk of or have self-harmed then seek help from your family doctor or local mental health services.
- 4 Where there is an underlying mental illness, that 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

About self-harm

Self-harm is a behaviour and not an illness. People self-harm to cope with distress or to communicate that they are distressed. It includes self-poisoning and overdoses, 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 adults who have engaged in self-harm. 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 25,000 people are admitted to hospitals in Australia as a result of self-harm. Self-harm accounts for approximately 10% of all hospitalisations of young people aged 15 to 19 in New Zealand, 92% of them being due to self-poisoning. Thousands more are treated in emergency departments but these cases are not included in the statistic above. Usually, more women than men self-harm. Women more commonly take overdoses than men. Overdose is the most common form of self-harm in both Australia and New Zealand.

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

What causes self-harm?

There is no one cause for self-harm. However, research suggests that some people seem to be more at risk than others. These 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 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

This attitude does not take into account that people who self-harm have genuine difficulties coping. Research shows that people who self-harm often have problem-solving difficulties and they find it particularly hard to ask for help. They tend to have memories that over generalise from experience and forget how they solved a similar problem in the past. 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 (eg, major depression or schizophrenia).

Why should I get help for self-harm?

Of those who present to a hospital after self-harm, about half will never attend with the problem again.

Others attend hospital again 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 first going to hospital with the problem.

Some people die by accident after self-harm because of the seriousness of their injuries or the substance they took.

**It is OK to ask for help before you hurt yourself!
About half of all people who attend hospital after self-harm do so only once. Treatment teaches 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 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 OK to talk to GPs 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. GPs

can also work jointly with you and a mental health professional in the longer term. In Australia, there are special payments for GPs to do this.

You may also contact mental health services directly – free public mental health services are listed in the front pages of the phone book. They 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 trained nurse.

You can also call a help-line. These are also 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
- You may be monitored for blood pressure, pulse, 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
- With overdoses, 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.

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 find other forms of support.

For example:

- Staff may talk to a member of your family or a friend to decide whether or not you will be safe to go home - this is to see what support you have if you leave hospital
- They may contact your GP to discuss the idea of you seeing him or her for counselling after you leave hospital
- They may 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 and on an appointment basis.

How can I help myself?

Research shows that between 41 to 70% of people who self-harm do not keep appointments with health professionals. The steps toward helping yourself include:

- Decide to keep appointments
- Find a skilled professional who you can trust and work with
- Find out if they are actually trained to work with people who self-harm (usually a psychiatrist or psychologist) so that you have the greatest chance of overcoming the problem
- Always remind yourself of the positive skills you have and build on these.

What does treatment cost?

- Many GPs bulk bill so that Medicare will cover the full cost. If they don't bulk bill, Medicare will refund you up to 85% of the cost if you visit the GP's surgery. Medicare will refund you 75% of the fee for GP care in a hospital or aged care facility.
- When seeing a psychiatrist outside of hospital, Medicare will cover 85% of the scheduled fee and you pay the balance. Medicare will pay 75% of the cost if you are treated by the psychiatrist whilst a patient in hospital. This may seem expensive, but you may only go once per month for a few visits.
- The care you receive in a hospital emergency department is provided for free.
- Community mental health services are free clinics where you can see a psychiatrist, psychologist or social worker or other health professional by appointment. Usually, you should make several appointments a week or more apart over a number of weeks.
- Medicare does not cover the cost of treatment if you see a psychologist, nurse or social worker privately. These visits usually cost between \$60 and \$120 for a one-hour session.
- In Australia, there are now ways that GPs can work with other health professionals so they can offer you a longer consultation and an expert second opinion.

Contacts and plan for getting help

My GP's name:

Telephone:

My 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:

Keeping the first appointment is a step toward helping yourself.

How effective are different treatments for self-harm?

It is not always possible to prove that a treatment works. Research on treatments tested to date, has been unconvincing in determining whether they specifically reduce self-harm. None has been proven to be absolutely effective. However, this is often because of study design problems.

In any case, the real purpose of treatment is to first deal with underlying mental health problems so that people are more able to cope when distressed and less likely to self-harm.

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.

Medication

Antidepressant medications of various types may be prescribed by your doctor and have been shown to be effective in treating depressive illness. Mood stabilisers and antipsychotics are indicated for the treatment of bipolar disorder.

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

Psychological treatments

Cognitive behaviour therapy (CBT), problem solving therapy (PST), dialectical behaviour therapy (DBT) and interpersonal therapy (IPT) are all forms of psychological treatment with proven effectiveness for helping people with depression, anxiety disorders and other mental health problems. There are no side effects. There is some promising research to show they may help people reduce risk of self-harm. Health professionals need special training to use these treatments.

There are very effective treatments available for most mental illnesses.

Thorough assessment is recommended.

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, people who may have survived past trauma. It is not recommended.

So what do I conclude from this research?

Because of the limitations of this research most mental health professionals agree that the goal of treatment is to first be assessed to see if your self-harm is related to any current mental disorder. If so, there are lots of promising and effective treatments for these.

What other things may help?

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

Many people who have overcome self-harm assisted the authors to compile this guide. Some people have found the following to sometimes 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 about other peoples' recovery
- Continuing activities that are positive and to be hopeful about the future
- Continuing positive relationships and observing the coping styles of other people.

Appendix 1

Where can I find more information and support?

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

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 White Pages.

If you need to talk to someone urgently please call:

Lifeline Australia

Phone: 13 11 14

Just Ask Mental Health Information and Referral Service

Phone: 1300 131 114

Kids Help Line

Freecall: 1800 55 1800

Your state or territory association or foundation for mental health.

Contact details can be found in the phone book.

Other useful websites about self-harm

Focus	www.focusas.com
Young People and Self Harm	www.selfharm.org.uk
National Self Harm Network	www.nshn.co.uk
American Association of Suicidology	www.suicidology.org
American Foundation for Suicide Prevention	www.afsp.org

Books about recovery from self-harm

Thomas E Ellis, Cory F Newman. *Choosing to Live: How to Defeat Suicide through Cognitive Therapy*, New Harbinger Publications Inc, ISBN: 1-57224 -056-3

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

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

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

Appendix 2

What do these acronyms mean?

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

Authors, acknowledgements and quality statement

Authors

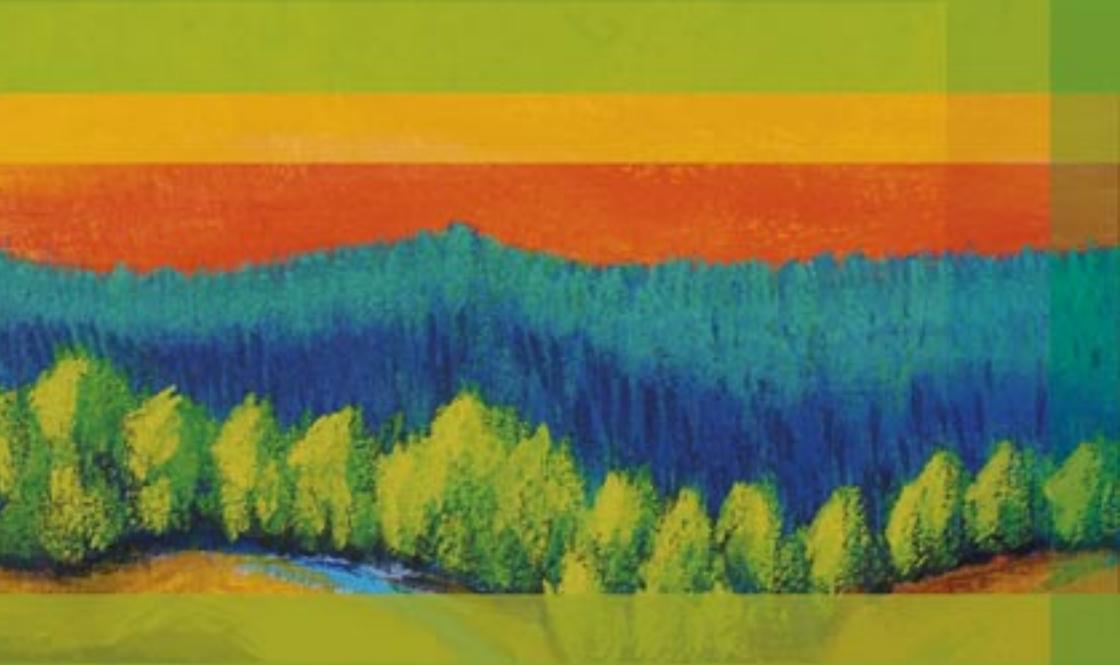
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Funded by Australia's National Mental Health Strategy and New Zealand's Ministry of Health .

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 had recovered from self-harm and those working with them. The authors were also members of an expert committee developing a Clinical Practice Guideline for mental health professionals chaired by Prof Philip Boyce, Professor of Psychiatry, Department of Psychological Medicine, The University of Sydney.



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