



Staying Safer with Self-Harm

Words that may help.

We are not a stereotype or diagnosis. We're people with skills, thoughts and lives. Self-harm might be a physical face to our mental distress and what lies beneath is never simple. We are simply doing our best to survive. Be your beautiful self.

Don't be defined by your scars, but by the incredible ability to heal. Find the strength in you.

Violet Evelyn Rose 12.2.2019



Introduction

This booklet is written for anyone who self-harms as more than a one off or short-term response to distress. It includes suggestions about taking care of yourself.

Self-harm is an isolating experience. Friends, family and medical professionals may not understand why you would feel the need to hurt yourself. While some people may be supportive and kind, others can react differently. Sometimes people you usually trust can respond in an angry way as they feel helpless or want to make you stop.

You are not alone in feeling the need to self-harm during bad times. You are not to blame, at fault or doing anything that is shameful. Self-harm is often an act of survival or means of avoiding suicide. However, self-harm has serious consequences. The physical act of inflicting harm can cause visible scars, wounds or damage underneath the skin. The psychological scars are often the most difficult to bear and not seen by other people.

The message in this booklet is that there are options around when, if and how you self-harm. It matters that you don't suffer physical pain, serious or lasting injury. You also have some say in what help you can access and what can be avoided when it doesn't help at all.

You do deserve help. Self-harm is like a red flag for inner distress and turmoil. It isn't an action that anyone would enter into without serious underlying issues. You do not have to go it alone without support. Support comes from many directions including friends, colleagues, GP practices, voluntary sector projects like Mind, family and mental health services.

It is understood that you may not be able to stop self-harming instantly. Often the process of improving health is done in baby steps. Stopping self-harm to please others or because of ultimatums isn't a good strategy. You have to want to make life better for yourself and look out for the alternatives.

Acknowledgements

There are quotes throughout this booklet from Alex, a service user in Kent who has personal experience of self-harm. The Frequent Service User Team would like to express its sincere thanks to Alex for the hard work in compiling the booklet.

The quote on page 2 is from Violet, who also has personal experience of self-harm and talent as an artist.

Jill Whibley and Philippa Brewer run the Frequent Service User Manager service commissioned by West Kent Clinical Commissioning Group and delivered by Kent Community Health NHS Foundation Trust. Both Jill and Philippa have supported this project. Sincere thanks are due to the Kent County Council Saving Lives fund, which enabled this booklet to be published.

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Do I self-harm?

Self-harm is a term used for an action, which involves hurting yourself in an intentional way. You may feel an urge or drive to harm yourself to deal with feelings, thoughts and events, past or present, in your life.

Physical self-harm may result in a wound, mark or no outward sign at all. Self-harm can affect people of any age, social status, gender identity, sexuality, race or culture. People who self-harm may identify or have been diagnosed with a mental health condition though others may have no diagnosis at all.

People who self-harm may seek help and treatment for any physical effects or deal with any resulting injury themselves. There is a wide range of motivations, distress and experiences underneath. The self-harm is unique to each person. There should be no stereotype or preconception around someone who self-harms.

Every episode of self-harm is different. Many people do feel intense physical pain when harming but will tolerate or

override that as the emotional pain can feel far worse. Other people say they feel no pain at the time of the injury due to dissociation or spacing out. They may still be in pain hours or days later.

There are many different ways of self-harming. No matter what the method and the result is, the feelings and distress must be taken seriously.

This booklet mainly addresses self-harm by cutting the skin with something sharp or burning it through heat. It is acknowledged that not everyone self-harms through cutting. Overdoses are not covered in detail because they are so dangerous. If you overdose on too many tablets, you can't predict how your body will cope. Even small or accidental overdoses can prove lethal. Once the overdose has been absorbed by the body, it can be too late, even in hospital, to reverse the effects. It is possible to cause permanent damage. Small and repeated overdoses can accumulate in the body and prove toxic.

If you have times you feel like overdosing then you must talk to a doctor about this. You can speak to your GP in confidence about overdosing, explaining whether any past incident was meant as a form of self-harm, if you wanted to die or didn't care either way. You can ask your GP to limit any regular prescription of medication, for example, having weekly prescriptions. If you take an overdose then you should get medical help as quickly as possible. This may mean calling 999 for an emergency ambulance.

Eating disorders can also be seen as a form of self-harm. This can apply to bingeing (overeating large amounts of food in a short space of time) or food restriction, such as dieting or fasting.

Often self-harm and eating disorders have a see-saw effect; as one improves the other rocks downwards. Coping with self-harm urges may mean choosing bingeing as usually less damaging than an act of physical harm. There are medical risks to eating disorders. If you have a bad

relationship with food then do talk to your GP. What starts as a diet or binge can rapidly take over your life with an eating disorder.

Everything written about self-harm in this booklet is with understanding and no judgement. Those who self-harm really are doing the best they can at the time.



Myths

Self-harm is attention seeking

Self-harm can reflect the way that emotional pain and experiences have become unbearable. No-one hurts their bodies solely to gain attention. There are many less painful ways to do this. Any so-called attention would be fleeting. The reality is often waiting for hours to be seen in hospital and being sent home without any follow-up care. The harm and underlying distress DO deserve attention.

“Assumptions about ‘seeking attention’ can be very hurtful. I saw a psychiatrist in A&E, who said that they couldn’t make it too comfortable for me to go there or they were enabling me. I doubt that he would have said this to someone with a sports injury. That interaction then led to further self-harm since there was the secondary distress. I had tried to open up, but was treated as though I had gone to hospital for a holiday”

Self-harm is a sign of Emotionally Unstable Personality Disorder

Self-harm is not a diagnosis in itself, nor the single definition of any diagnosis. Self-harm occurs in people with many forms of distress, such as depression, hearing voices, eating disorders and anxiety. It is important that your account of why you self-harm is heard. You need to know that any diagnosis is not based on self-harm on its own, which could make it inaccurate. No diagnosis defines you. Treatment should not be limited on the basis of a psychiatric diagnosis, but based on need.

Self-harm is a teenage problem

Self-harm affects people of all ages. It can be a long-lasting experience and not something that stops after teenage years.

All self-harm ends up in hospital

Self-harm seen in A&E, walk-in clinics and GP surgeries is only the tip of the iceberg. Many people don’t want to reveal their self-

harm because it's a very private action. Over time they may get used to dealing with injuries themselves. They may fear being labelled, judged, seen as mad or silly. Self-harm may not need medical treatment and can be cared for at home with basic first aid. That is not to say though that the self-harm and feelings were not serious.

People who self-harm do have every right to seek medical treatment and should be treated in a respectful way. There are guidelines by the National Institute of Clinical Excellence to this effect. <https://www.nice.org.uk/guidance/cg16>

Only self-harm that needs medical treatment matters

Most self-harm can be cared for at home with the right dressings, plasters and basic pain relief. Self-harm can still be risky. Even the smallest scratch can get infected and need treatment. A tiny cut could lead to sepsis, which may prove fatal unless immediately treated by emergency services.

Any intentional injury to the body counts as self-harm. 'Minor' self-harm can also often progressively become more serious or frequent.

Severity is a measure of distress

While self-harm is an indicator of increasing distress, the amount of physical harm does not reflect the degree of emotional distress. All self-harm is a serious matter and deserves listening, compassion and a real attempt to understand what's going on. Appropriate physical care is needed too.

Self-harm is due to a lack of coping skills

Self-harm is a sign the pain has become too great to process. No-one enters into self-harm lightly. Coping skills and alternatives can be picked up, but the underlying pain needs to be addressed. Self-harm can make a bad situation worse though, so it may need to be thought through as an option. Setbacks happen, but these are part of living.

Serious self-harm will lead to care

More visible or deeper self-harm will not necessarily lead to being taken more seriously by health services, beyond them providing the physical treatment needed. Sometimes, repeated self-harm can backfire and mental health services appear to become less willing to help. It often makes sense to use mental health services to address self-harm while they are still available to you.

“I have self-harmed in a more serious way at times in the hope I may be taken more seriously by others. I live with the scars now though I was discharged by mental health services many years ago. The more you self-harm, the more likely you are to feel what is done is not enough. I have since realised that no self-harm could ever be enough to express all I have been through. Instead I need to get the most out of life now.”

Self-harm is attempted suicide

Self-harm is not typically an attempt at suicide. Self-harming can act as a way of avoiding suicide. However, those who have self-harmed in the past 12 months are statistically at greater risk of suicide, likewise people with a long history of self-harm. There can be overlap between self-harm and attempting to die and people whose first act of self-harm was a suicide attempt can also go on to self-harming without suicidal intent.

Self-harm is an addiction

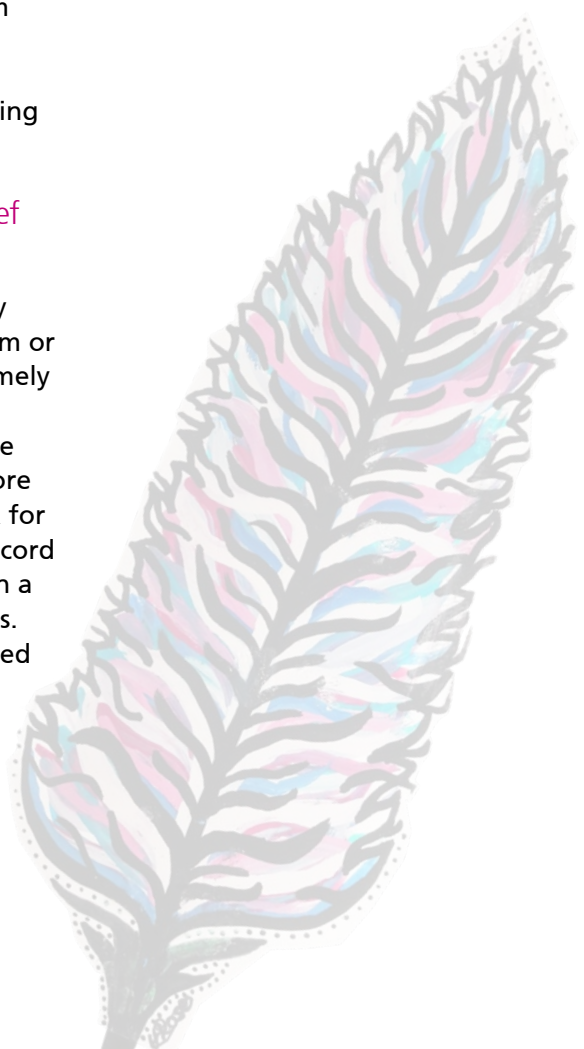
Some people who self-harm or treat it will say that self-harm is an addiction. There is no evidence for the endorphine theory of feeling no pain or experiencing euphoria from injuring. Self-harm can be cyclical and feel compulsive. Repairs of self-injury are not a method of self-harm. It is important that adequate pain relief is provided. A positive response encourages people to reach out for support and take more care of themselves.

Self-harm is a choice

Self-harm is not a simple choice. It's often an action of last resort after a long period of struggling or depression. It might feel like the only available choice. It is an insult to people who self-harm when told they should take responsibility for themselves. Self-harm is not a sign of waiting around just for rescue.

There is no need for pain relief for self-harm injuries

This is not true, wounds of any sort whether through self-harm or accidental injury can be extremely painful. Pain relief should be offered to all, regardless of the cause. If you feel you need more or different pain relief, do ask for it. If you feel unable to ask, record your wishes by writing them in a crisis plan so you can share this. A template crisis plan is included later in this booklet.



Why do I self-harm?

You will have your own individual reasons for self-harm.

These can include:

- Self-harm started as a teenager. After stopping for some years the urges return during a stressful time.
- I have so many scars that there is no point in stopping now. My skin will never be perfect again.
- I hurt too much inside so need to release it somehow.
- I don't feel seen. Self-harm is the only way I can get noticed by others or acknowledge my own needs.
- Self-harm is all I have got left. I have lost people and friends who were important to me.
- I deserve the pain and to punish myself. Sometimes, I don't need a reason for feeling I should punish myself or have forgotten why I started doing this.
- It feels like a foregone conclusion. I start planning then feel I can't back out.
- I feel so desperate all of the time.
- I need to feel something and not numb.
- I get a sense of control or mastery from cutting. It is all I am good at.
- I feel misunderstood, confused or frustrated.
- I have so much going on and self-harm feels like a diversion. I can put all of my feelings into this single action.
- I want to feel as though my self-harm is enough, but it never is.
- I think cutting again will be the last time. I want it to be the last time but it never is.

Do circle any of the above thoughts that come up for you.

Thoughts can feel like facts despite this not being true. It is possible to acknowledge any one or all of these thoughts while not acting on them every time. It can feel important to discuss thoughts and feelings with another person. You may feel better through being heard by that person. It can feel validating to be understood. You can think about who to talk to and whether they have responded in a supportive way before now.

Writing down thoughts and feelings can help too. You have the choice of sharing what you have written at a later time. Tearing or shredding the paper into pieces can be helpful sometimes.

Self-harm can be effective for a time. It can serve so many functions. Self-harm comes with heavy costs though. Some of these are listed here. This list isn't included to make you feel guilty.

Thinking about pros and cons can help you sometimes to weigh up if any self-harm is worth the pain.

- Physical scarring: Scars can be life-long. In a state of extreme distress, you may not think or care about a scar in future.
- Healing wounds: Wounds take time to heal and there is a risk of infection until they have healed. Wounds can also itch and feel uncomfortable.
- Clothing: Self-harm often means wearing long sleeves and needing to cover up. You shouldn't have to cover up, but it can feel difficult to reveal scars to other people, especially in a work situation or to those you don't know. People can be curious about self-harm scars though this doesn't mean they are judging you.

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- Relationships: Some people close to you may not understand self-harm. They may take it personally and think you are harming to get at them. These reactions can feel very hurtful. It often feels as though you are covering up your true self as there is part of you that can't be shared.
 - Medical professionals: When being treated for self-injury in clinic or hospital, it should be the case that you are treated based on clinical need and the same as any other patient. In reality it can feel more complicated than this. At times you may, unnecessary though it is, feel guilty about going for treatment. Medical professionals, who are used to making people better, may appear frustrated that you are there again.
 - Psychological harm: There is an inherent message to self-harm of: 'I deserve this'. Over time, this is giving the same message that you deserve to be in pain and cause damage to your body. Repeated self-harm can be draining. Time lost to seeking treatment or tidying up after injuring can feel wasted. The effects of self-harm are much more than what is seen on the surface. Living with scars can also feel very challenging and distressing. You always have the reminder of when you were going through a bleak time.

Alternatives to self-harm

Often, it may feel difficult to avoid self-harm. It can feel like the only expression of how you are feeling. It can also become compulsive. Even so, there may be days or hours where you can pause the self-harm. This doesn't mean that you won't self-harm again. You can still say though: 'Not now, or not today'. This may feel like failing at times if you are on the verge of needing to self-harm. It is though an achievement and gives you more space to think and work things out. Sometimes, it is worth stepping back, taking a breath and trying to see the bigger picture.

Any delay to self-harm may give you confidence. It is proving that you are not at the behest of your thoughts to just 'do it and get it over with'. You can see any delay as winning or surfing choppy waves. It doesn't mean that the feelings are any less awful, but that you can choose different ways to recognise and meet your needs.

Any hour or day without self-harm gives you more distance. The urges can become less urgent and immediate.

In a cycle of self-harm, there will be a point when your body just needs rest. However, it is difficult to rest when your mind remains active as ever. Holding off from self-harm can feel a greater challenge than giving into thoughts.

Try to recognise the times when you don't self-harm. Think about what makes this more or less possible. Life is difficult enough without coping with injuries. Self-harm remains an option for you. But perhaps not for today.....

These are alternatives and distractions you may want to try:

- Go to bed if that is a place where you can feel safe and protected.
- Keeping active helps when agitated. Could you do cleaning, fast walking, tidying up, ripping up paper?
- Holding soft toys close to you.
- Use mindfulness, for example pour a bottle of fizzy water into a glass and watch the bubbles cascade.
- Make plans – something to look forward to.
- Have a bath (as long as this isn't a trigger).
- Watch DVDs or catch up television even if you feel you aren't able to take much in.
- Use hand and body lotion.
- Phone a friend or helpline, say you don't feel safe and need someone to be there on the line.
- Stay with someone if you know you can be safer there.
- Throw anything you use to harm yourself in the bin and put that bag in the bin outside.
- Keep rooms in your home where you don't self-harm and can feel safe.
- Some people find that elastic bands, clutching ice or eating something spicy works for them as an alternative.
- Draw on yourself with a red pen.

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- Write down how bad you feel to be contemplating hurting yourself.
 - Look at photos of people who care about you. Hold something that reminds you of them.
 - Think ahead to voluntary work, work or a hobby that you want or need to get back to.
 - Listen to music/audiobooks/podcasts.

Use the rest of this page to write down any other strategies you can try:

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If you do self-harm though it doesn't mean you have failed or sabotaged things. You can start again. Feeling guilty will only make you feel a hundred times worse.

Obstacles

Some thoughts can act as obstacles, for example:

"I want to reduce my self-harm, but I feel I don't deserve to."

"I am being self-indulgent and too good to myself by not cutting."

It again is important to acknowledge these thoughts. It can be difficult to treat yourself more kindly though with the core belief that you don't deserve a better life. It would seem important for you to talk to someone about why you are so hard on yourself. The sense of undeserving may relate to past events or people who were over-

critical. It is more helpful to think that you are the only one who can give yourself permission not to self-harm. Sometimes a change in routine and behaviour can lead to opportunities that make self-harm a less pressing thought.

It may help to think about what you would think if a friend confided their self-harm. Would you think the friend 'deserved' it or try to help them cope with the emotional pain they must be in?

You may want to replace obstacle type thoughts with more affirming ones:

"If I don't look after myself, then who will?"

"I've put myself through enough self-harm to last a lifetime. It's time that I tried something else."

Recognising your triggers

Some issues can act as a trigger for feeling worse. You may feel more at risk of self-harm when you come up against them.

It can help to recognise triggers and avoid them, if possible. It may not be healthy to avoid all triggers though, not going out could mean you don't see the person who winds you up but it could isolate you. Knowing something is a trigger can help even if it doesn't go away. You can be prepared for that situation coming up again and knowing to take care of yourself when it does. Sharing triggers with friends and those you trust can also give you time to air them and gain different perspectives. Someone else may have a similar reaction to a shared trigger and discuss how they manage it.

Possible triggers could be:

- comments about weight, appearance or lifestyle, especially if you don't feel able to answer back
- certain social media sites if self-harm feels competitive or normalised
- a situation or manager at work
- seeing certain friends or family
- health professionals who may not understand or just label you with a diagnosis without hearing you
- times of year or anniversaries
- welfare benefits reviews and interviews.

First aid

There may be times when you will still self-harm. Accept this and forgive yourself. There is no quick fix. Staying safe at those times is important and there are things you can do in advance.

First aid kit

Have a self-harm first aid kit ready. You can include:

Dressings, both adhesive - those that stick to your skin - and dry dressings, where you need to use adhesive tape to tape them in place.

Adhesive tape

A **clean implement** you use to self-harm. It is important you don't reuse any implement and that you ensure it is clean. This will help to prevent infection or anything nasty getting into the wound.

Gauze or clothes to apply pressure

Clean towels

Bandages, including crepe ones, which can be wrapped around a wound until you can get seen by a medical professional.

Keep a mobile phone at close hand in case you need to call for help. Have keys ready and a bag packed if you anticipate later needing hospital treatment.

Small quantities of pain relief for example a few tablets only.

More about dressings

If you self-harm on a regular basis, you may find that buying dressings from a chemist can become expensive. Instead, you can go to see your GP practice and ask if they can add dressings to your prescription. It will be best to see a practice nurse for advice on dressings. Advanced nurse practitioners may also be independent nurse prescribers and can issue the prescriptions then you pick up the dressings from a local pharmacy.

Getting dressings on the NHS isn't encouraging self-harm. Instead, it is helping you to have the materials to take care of any injury. It is important to keep any wound dry and avoid infection.

Basic first aid

The priority is to control any bleeding that results from cutting. If there is still bleeding after 15 minutes, you may need to seek help. If bleeding a lot, for example flowing or spurting, then you need to get medical treatment quickly, probably by ambulance.

You should try to apply pressure, using a clean cloth or towel, on top of the wound to stop bleeding. Keep pressing for 8 to 10 minutes at a time. Elevate the area if possible. Lie down if you feel faint.

If the blood loss looks excessive, like it would fill a mug or two cups, then please call for help if bleeding doesn't stop. There is a risk of going into shock with too much blood loss. You may want to keep a window or your door open if that is safe, to allow ambulance staff easy access when they arrive after you've called 999. You can call 111, if it seems to be less of an emergency.

If the skin has been cut and the wound looks deep or gaping then it may be that you need stitches or staples. These need to

be applied within eight hours of the injury. You will need to go to A&E, a minor injury unit (MIU) or a walk-in centre.

After bleeding has stopped rinse the surrounding area with tap water.

In the days afterwards, you should look out for signs of infection from any wound. The NHS website defines these signs as:

- swelling, redness and increasing pain in the affected area
- pus forming in or around the wound
- feeling generally unwell
- a high temperature (fever) of 38C or above
- swollen glands under your chin or in your neck, armpits or groin.

An infected wound can usually be successfully treated with a short course of antibiotics.

How to know when you need hospital treatment

There are times when you definitely should go to hospital:

1. Blood loss that doesn't stop despite pressure.
2. Cuts on your face or neck.
3. Any foreign object or debris in the cut.

For other cuts, where the skin has split, you may need to close the wound. You can try pulling the edges of a cut together that isn't still bleeding or deep. You would need to use Steri strips (also known as butterfly stitches).

You can buy Steri strips from a chemist or ask your GP practice nurse for some to keep as spares. Adhesive tape can be cut into strips as a temporary measure until you can get Steri strips. Make sure to keep the area dry once the sterri strips are on. If they come apart then, even if it is past the 8 hour mark, do get medical help to close or dress the wound properly.

If you experience any change or loss of sensation as a result of self-harm then do go to hospital straightaway. You may need

surgery if there is any nerve or tendon damage. This is an emergency and shouldn't be left as it could cause permanent changes to your movement.

Burns

You should wash any burn under running water for at least 20 minutes. Some burns should result in going straight to A&E.

- All chemical and electrical burns.
- Large or deep burns – any burn bigger than the injured person's hand.
- Burns that cause white or charred skin – any size.
- Burns on the face, hands, arms, feet, legs or genitals that cause blisters.

If someone has breathed in smoke or fumes, they should also seek medical attention.

When to avoid self-harm

It is sound advice not to self-harm if you are tired

Don't mix alcohol with self-harm as this could lower your awareness and result in more harm than intended.

If you have taken sedating medication, avoid self-harm.

Areas to avoid

Try to keep to parts of the body where there is fat or fleshier areas, for example top of the arm rather than underneath. We all have areas of fat on our bodies, so this isn't a sign of being too big. Avoid areas like the wrists where you are more at risk of damaging tendons. Also think about living with scars on areas you cut or burn. Hurting your hand or face may seem compelling, but the scars on those areas are ones that you later may feel more self-conscious about.

Types of self-harm to avoid

Avoid overdosing wherever possible. It is Russian roulette

and you may do damage that is irreversible. When the overdose is a suicide attempt, get immediate help or talk about it in advance with the Samaritans and your GP. You can't see the damage from an overdose and the effects may be delayed.

Ingesting anything else can be dangerous. If it is not meant as food or medication, a substance could really damage your insides. Seek medical advice and support to receive any prescribed treatment or antidote.

Anaemia

It is possible to become anaemic from blood loss resulting from cutting. You would look pale, feel tired, weak, generally unwell, lack energy and even have palpitations. Anaemia is treatable. Just ask your GP for a blood test. Your GP can prescribe iron supplements and monitor your haemoglobin levels until these return to a normal level. You can prevent anaemia by minimising blood loss from self-harm and including iron rich food in your diet.

Experience of going to minor injury unit (MIU) and how it compares to A&E

“I have been to Sevenoaks Minor Injury Unit around 10 times for treatment of self-harm. In the past, I went to my local A&E in Tunbridge Wells where they also have a minor injuries unit section.”

The MIU in Sevenoaks, feels less intimidating than turning up alone in A&E. The waits are much shorter and since it is nurse-led, you will see an advanced nurse practitioner or a health care assistant. At the MIU, they will do stapling or stitching. At times, I have needed wounds Steri stripped too. They do offer local anaesthetic before closing wounds, which is important. I find with stapling it is less painful for them to just get on with this and not use local anaesthetic. However, they will always respect your choice about treatment.

When you arrive at the MIU, you pick up a ticket and wait for your number to be called. You then see a receptionist who takes details, including where you live, your GP and what you have done that means you are at the MIU. There is no different reaction about you being there for self-harm to any other injury. The nurses who treat you will though check that you are getting psychological support around the self-injury. There is no mental health support on-site.

In A&E, I have usually waited for several hours before being seen. I find this very difficult and sometimes, have walked out which is unwise. If you go to A&E, you do need to stay until you get treated. The waiting area of A&E is busy and emergencies can extend the waiting time. The medical care I have received in A&E tends to be very good indeed though.

If you do go to A&E, there is now a Psychiatric Liaison Team which will see you after you have been medically treated. It is your choice whether you see this team. They will do an assessment of your psychological and social needs then come up with an action plan that you sign. They may be able to refer you to another agency or secondary care mental health team. Since I have been discharged by the community mental health team, I find that it can be counterproductive for me to get assessed to no end result. I would though say that other people, without my past history in services, may have a positive experience, which leads to mental health support.

I often get wounds treated by either the advanced nurse practitioner or practice nurse at my GP surgery. I can book an appointment on the same day. My GP practice is wonderful and deserves all my praise. The nurses use thick Steri strips to close my wounds, which can prevent the need for stitches. If the wound was deep or still bleeding though they would still signpost me to a

MIU or A&E. I use my GP practice as a guide over what treatment I need, but then tend to find that they can do most things. The nurses have used compression on bandages to help stop bleeding. My GP surgery has tested me for anaemia, prescribed dressings, referred me to hospital, if necessary, and given antibiotics the few times I have had a wound infection. I can't thank the people there enough as without them I may not still be alive They never judge me and always respect my wishes over treatment. All the staff: GPs, receptionists, nurses, are so hard working, caring and first rate. I know self-harm is difficult to discuss but I would encourage others to use their GP surgery as a first point of call."

Sources of help, support and advice

References

<https://profilebooks.com/understanding-and-responding-to-self-harm.html>

First aid

www.nhs.uk/conditions/cuts-and-grazes/

www.nhs.uk/conditions/sepsis/

www.redcross.org.uk/first-aid/learn-first-aid/bleeding-heavily

www.nhs.uk/conditions/burns-and-scalds/treatment/

www.nhs.uk/conditions/iron-deficiency-anaemia/

Self Injury Support

PO Box 654, Bristol, B599 1XM, UK

Phone: Country code 44 (0)808 800 8088

Website: www.selfinjurysupport.org.uk

Text: 07537 432444

Self Injury Support offers support to women in emotional distress, particularly to those who self-injure, and works to raise awareness of self-injury through training and the provision of information. Provides a phone helpline, training and a range of publications on self-injury.

Sources of help, support and advice

UK support groups

www.selfinjurysupport.org.uk/support-groups

Battle Scars

A Leeds-based charity, which has a Facebook group open to people anywhere.

Website: www.battle-scars-self-harm.org.uk/facebook-support-group.html

Life Signs

First aid: www.lifesigns.org.uk/first-aid-for-self-injury-and-self-harm/

Blogs and stories about self-harm

Website: www.time-to-change.org.uk/category/blog/self-harm

Changing Faces

The Squire Centre, 33-37 University Street, London, WC1E 6JN.

Phone: Country code 44 Local number (0)845 4500 275 or (0)207 391 9270

Email: info@changingfaces.org.uk

Website: www.changingfaces.org.uk

A national charity providing free help, support and information for children (and their parents) and adults who have any sort of disfigurement, aimed at building effective coping strategies and self-confidence. The Skin Camouflage Service that was run by the British Red Cross since 1974 was handed over to Changing Faces in 2011 and continues to run in more than 140 clinics throughout the UK by trained volunteer Practitioners. Consultations are free at the point of delivery. Health professional referrals are needed in most parts of the country.

Support service helpline:

For emotional support and advice call 0300 012 0275

Email: support@changingfaces.org.uk

Skin camouflage service:

Phone: 0300 0120 276

Email: skincam@changingfaces.org.uk

Website: www.changingfaces.org.uk/Skin-Camouflage

Samaritans

Samaritans.org

Service available 24-hours-a-day every day

TPhone free: 116 123

Email: jo@samaritans.org



Local support

Crisis cafés

Ashford Wellbeing Café

MMK Mind
The Stour centre
Station Approach
Ashford
Kent TN23 1ET
Phone:
01622 692383 or 07444 395754
(Saturdays and evenings)

Open:
Fridays 6 – 9.45pm
Saturdays 6 – 9.45pm

Hope Café

MMK Mind
23 College Road
Maidstone
Kent ME15 6YH

Phone:
01622 692383
Open:
Fridays 5 – 9pm
Sundays 1 – 5pm

Solace Café

West Kent Mind
3 St Mary's Road
Tonbridge
Kent TN9 2LD
Phone: 01732 744950

Open:
Thursdays 5 – 9pm
Saturdays 5 – 9pm

Live Well Kent (community wellbeing)

Offers courses and peer-led programmes for a range of mental wellbeing concerns. It also runs activities, visit the website:

www.livewellkent.org

MIND

Maidstone and Mid-Kent Mind
01622 692383

West Kent Mind 01732 744950

North Kent Mind 01322 291380

Folkestone and District Mind
01303 250090

One You Kent

Help to support small changes to improve health and wellbeing including addressing issues with alcohol, stop smoking etc. Hubs also offer other forms of support and activities.

Visit One You Kent via:

www.kent.gov.uk/social-care-and-health/health/one-you-kent

Release the Pressure (Kent and Medway)

24-hour helpline who can offer confidential support.

Website:

www.releasethepressure.uk

Telephone: 0800 107 0160
(24-hours-a-day)

Thinkaction

Offers both individual, group and online counselling. You can self-refer by the contact details below.

Website: thinkaction.org.uk

Phone: 0300 012 0012

Text: TALK to 82085

Create a CRISIS Card

A CRISIS card can help set out what you want to happen when a crisis occurs. It can help to provide you with more responsibility and control of managing the situation. The following headings are examples of what your CRISIS card may include, but you can make it look how you want it too by adding your own headings or changing some of those suggested. A blank template is included at the end of this booklet

Crisis card

Name:

Date of Birth:

Address:

.....

Postcode: Phone number:

Next of kin or someone who could be contacted:

.....

Your injury:

.....

What have you done and what did you use (was it clean)?

.....

What time did this happen?

Where did it happen (body and place where you did it)?

.....

Any current care/treatment plan:

You may have a care plan, for example if under Care Programme Approach with the Mental Health Team. You may have also agreed an attendance plan for a hospital.

What care is helpful to you in a crisis?

Practical Help in a crisis

What you want to happen afterwards?

(Do you want to talk to someone or to go home?)

Notes

A series of 22 horizontal dotted lines for taking notes.

Is there any information you would like to see more or less of in this booklet?

Are there any other comments you would like to make or feedback you would like to provide?

Please contact:

Frequent Service User Service

Coxheath Clinic

Heath Road

Maidstone

Kent

ME17 4AH

Do you have feedback about our health services?

Phone: 0300 123 1807, 8am to 5pm, Monday to Friday

Text: 07899 903499

Email: kentchft.PALS@nhs.net

Web: www.kentcht.nhs.uk/PALS

Patient Advice and Liaison Service (PALS)

Kent Community Health NHS Foundation Trust

Unit J, Concept Court

Shearway Business Park

Folkestone

Kent CT19 4RG

If you need communication support or this leaflet in another format, please ask a member of staff or contact us.

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Compassionate Aspirational Responsive Excellent