



# talking about self-harm

This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people who self-harm and their friends and family.

NHS Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

## **Disclaimer**

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences.

If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.

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## introduction

This booklet is for people who self-harm. It is also for families and friends, and for people who would like to know more about it. Self-harm is not a medical diagnosis of mental illness but rather a symptom indicating that something is very wrong. Those people around a person who self-harms are often affected by it and can feel distressed and angry. The stigma that has attached to self-harm means that society's response is often instinctively negative. Sometimes even professionals who should be sympathetic and supportive, are not.

This booklet provides basic information about self-harm and suggests some sources of further help including references to other reading material and to organisations. The internet is a useful resource for people needing help for their (or someone else's) self-harm and a selection of useful websites has been included.

## what is self-harm?

Put simply, self-harm is a way of coping with, and expressing (either to one's self or to another person), very deep distress. Self-harm is often a tool for surviving. The term *deliberate self-harm (DSH)* is used by doctors and researchers to cover when people, for whatever reason, use forms of self-harm such as cutting, overdosing,

scratching, pulling out hair, pulling out eyelashes, burning, blunt force trauma (banging/punching), swallowing dangerous objects, inserting objects into themselves, biting themselves, starving themselves, inducing vomiting, drinking or using drugs. There is no accepted 'line' at which the definition of self-harm stops. All of these are violent acts and can result in death, disability, and can have damaging social consequences. Most people who self-harm are *not* attempting suicide although attempting suicide, by definition, requires an

act of self-harm. There are as many reasons for self-harm as there are people who self-harm: all are personal to the individual.

Some psychiatrists believe that people who self-harm generally use it as a survival mechanism, as a way to express emotions they cannot speak about and as a way to keep suicidal impulses at bay. Those who self-harm

*'For me, cutting is a coping mechanism. It's not something I'm proud of, but it's something that gets me by when things get too heavy to deal with. It's a very stressful experience at the time but it does help me get back in control of myself, albeit with having the embarrassment factor the next day.'*

agree but, since it is generally hidden, it should not be automatically assumed that self-harm is used for the purpose of drawing attention.

Those who self-harm would also argue strongly against the use of the term *deliberate self-harm*. In most cases, the action is neither pre-meditated nor blameworthy but is used rather as a desperate and reluctant last resort. For people who already have low self-esteem further exposure to blame is unhelpful and the word *deliberate* is misleading. *Self-harm* and *self-injury* are preferred terms. In this booklet the issues around repeated cutting of the skin, overdoses, scratching, scalding and burning are explored using the term *self-harm*.

*'I didn't want to die, I just wanted to hurt.'*

## how common is self-harm?

The true extent of the problem is unknown. While records are kept of those who are treated after an incident, many self-harm injuries are treated at home and therefore go unrecorded. In Scotland over 7,000 people are treated in hospital each year following episodes of non-fatal self-harm. The majority of these will have taken overdoses. There are likely to be many more people who self-harm but who do not come to the attention of the medical services or attend accident and emergency departments.

For non-suicidal self-harm, it is believed that around 1 person in every 500 has self-harmed. While the most typical age range is between 16 and 25, there are reports of very young children receiving help for self-harm.

One study carried out by the Institute of Child Care Research at Queen's University Belfast highlighted the story of one four year old girl who had slashed her wrists but is now fully recovered. Younger people today are under increasing pressure to do well, perhaps to go to university, and at the same time are expected to cope with negative pressure such as bullying. Many feel powerless in coping with their lives.

The way self-harm is portrayed in the media has corresponded to a sharp increase in the incidence of self-harm. That may mean more people self-harm, or it could be that more people are reporting their self-harm and that self-harm is now being properly recognised for what it is.

There is a general perception that self-harm is confined to younger people but in fact, while it is certainly true that older people are less likely to self-harm than younger people, it may be because they have learned to deal better with their emotions, and may have undergone treatment or found a self-help organisation. Older people may be better at hiding their behaviour, perhaps feel too ashamed to admit that they self-harm, or it could be that they may damage themselves in other ways — like drinking too much — that takes the focus off their self-harming.

Some men self-harm when they find that they cannot cope in situations where they lose the power over their own lives, like in prison, for example, or are put into a passive role. Some who have difficulty expressing their emotions use self-harm to release their pent-up feelings.

Women of all ages are more likely to seek help for emotional problems, including those related to self-harm. Self-harm is at least three times more common among young girls and women than boys and men. Women may harm themselves when they are feeling angry or upset. Approximately 1 woman in 1,000 aged between 15 and 35 years is known to self-harm; the real number is believed to be higher.

*'I didn't realise that self-harm was something other people did. Young people like me can go for years without anybody being aware of their problem. I know now that anyone, whatever their age, colour or class, can be affected.'*

Most self-harm takes place at home. Men are generally less likely to admit officially that they self-harm unless there is a serious injury. Women on the other hand will seek help far more often with a range of injuries. It is believed that total numbers seeking help for both sexes has increased, either due to increased self-harm or increased awareness that there is help available.

For some people, self-harm may last for a relatively short time. For others it can become a long-term problem, particularly when they continue to be exposed to whatever it is that triggers it in the first place. Some people will self-harm, stop for a period, even years, then return to it in times of distress.

*'Days and sometimes weeks can go by when we do not harm ourselves. We are proud of the fact but like a long lost friend it returns, starting again the cycle of torment, creating more torment and guilt.'*

## understanding self-harm

Each individual has his or her own reasons for self-harming but there are common experiences, some of which stem from childhood although it does not always have to be the case. Self-harm can often be a sign of low self-esteem and powerlessness. Some people who fear they are losing control harm themselves as a way of staying in control; carrying things around with them in case they feel the need to self-harm can make them feel in control.

*'I just wanted to shut everything up for a little while: to stop the drowning sensation, stop all the feelings, all the pain, all the noise of the emotions I felt pounding me in my head.'*

Self-harm is also a form of personal expression, drawing attention to extreme distress even though it is intended to be a private act. It should not be seen negatively as 'attention-seeking'. Someone who self-harms does so as a last resort, and may well *need* attention. For some people, self-harm is a means of punishing themselves whether through the pain of the action

itself, the pain experienced when cuts, burns or bruises start to heal, or when an overdose causes them to be ill. Not all people who self-harm have a mental illness, but self-harm is common amongst people with depression, eating disorders, borderline personality disorders, alcohol dependency and drug problems.

*'At least this way I feel something.'*

For those people who feel they are unnoticed, unloved and numb, pain is a better alternative to the emptiness. Self-induced pain also seems to 'help' those experiencing unpleasant flashbacks

featuring abuse, for example, because it centres them, removes them from the distress of the past, and forces them into the present.

There are many reasons for self-harm.

Some people feel it is the only way to express themselves and use it in their desperate struggle to cope when words are difficult to find. It may be a personal, private expression of their feelings or may be done more overtly to show other people how badly they feel (in which case the injuries may be done purposely to be seen) and to draw attention to the fact that they need and deserve notice.

Others, especially those with low self-esteem or self-hatred, might see it as a way out, a respite from overwhelming emotions such as anger, loneliness and depression, or it may be that self-harm relieves tension and distress or takes away the numbness they feel.

People are sometimes affected by seeing others harm themselves, especially in the teenage years, and others are influenced by the example of role models.

For some people, self-harm may be seen as an escape from certain situations in their lives, or as a 'need' to punish themselves because of some associated painful early experience like, for example, abuse in childhood.

*'Personally, I think cutting is a way of releasing emotions for people like me who have a lot of trouble with crying and expressing emotional things. I personally find that I'll cut if I'm feeling empty inside... cutting is a simple way of feeling real and checking if you can still feel.'*

*'Afterwards, I feel tired, physically and emotionally, as though there is nothing left in me.'*

*'I'd rather feel the pain (from cutting) than feel the pain I don't understand.'*

They are purging, ridding themselves of poisons, or of 'dirty' feelings. Some 'like' seeing blood or bloodletting and may be soothed by the loss of blood, by seeing it washed away. Blood is a very visible sign of being alive, being punished, making you ill and losing more blood means being 'good' at self-harm, or even that you are dying. The visual impact makes cutting a popular method of self-harm.

People who self-harm sometimes have a mental health problem such as depression, anxiety or perhaps a personality disorder (see *Talking about Depression*, *Talking about Anxiety* and *Talking about Personality Disorders*).

*'It hurts a lot, but that makes me feel something and that is better than feeling numb.'*

Some people self-harm in order to attempt or complete suicide. However, in most cases, people who harm themselves don't want to die.

Harming yourself or attempting suicide is not a sign of madness. It is a way of trying to cope with a painful situation.

In general, people who harm themselves are no danger to others. The hurt is directed only at themselves.

*'After, I'm most always mad at myself, and rarely self-conscious.'*

It is *uncommon* for people to harm themselves in order to manipulate others. It is more likely to be a way of asking for help.

However, in most cases, people who harm themselves don't want to die.

## getting help from others

If you have self-harmed and are in pain, are worried that you will not be able to stop the bleeding or feel that you may be about to pass out, or you have taken an overdose of any kind, dial 999 immediately, or get a friend to take you to accident and emergency. There is no such thing as a 'safe' overdose, and medical treatment is important even if you feel well.

In the long term it is important to seek help as early as possible, as soon as you feel ready to face your difficulties and before your self-harming becomes life threatening and may result in your being hospitalised. Even when treatment may not be necessary for the self-harm itself, some injuries resulting from self-harm — like infected cuts — may need more immediate treatment. You can call NHS24 on 0845 24 24 24 for advice and assistance.

It can be hard to speak to someone about your situation. You could try someone you trust, these could be a parent, a grandparent, brother or sister, a friend, your doctor, perhaps the school nurse or teacher, or a social worker, school counsellor, youth worker or a healthcare worker you see at accident and emergency.

If there is no one you feel you can trust, you may find it useful to contact one of the organisations listed later to find out what help is available in your area. Sometimes it is easier to talk to someone you don't know.

## counselling and psychotherapy

It can be useful to address the issues underlying the reasons for the self-harm, rather than the behaviour itself. Counselling and psychotherapy can give people the chance to talk through their difficulties. Cognitive Behavioural Therapy (CBT), for example, is well known as a successful way of dealing directly with self-harming behaviour problems.

It is also vital to be accepted and not judged or condemned and it is very important that someone who self-harms is respected for his or her own experiences and feelings. Talking through feelings and emotions in counselling can help you understand why you sometimes feel the way you do. It can also help you look at practical ways of dealing with difficulties as well as helping you find better alternatives to deal with them.

## self help

Since self-harm is usually a private problem, it is really important to know how to help yourself and to learn how to minimise the self-harm. There are many ways you can do that. Reading informative leaflets and/or self-help books and learning about people who have recovered can be useful. The self-harm community can be very welcoming

*'There is nothing like speaking to someone who has done the same thing. Being understood so deeply changes you. It removes a tonne of weight from your shoulders.'*

too. Support groups can provide a valuable opportunity to talk about feelings without having to explain or justify, and they can offer acceptance, friendship and belonging. The contacts at the back of this booklet may be able to put you in touch with groups.

There are many books and websites that may help you, and a number of useful helplines. Most chat rooms can be helpful but others glorify self-harm and may act as 'triggers' for those reading the messages to self-harm. It is advisable to avoid chat rooms that are not monitored. Responsible chat rooms offer guidelines to protect their users and do not post unsafe information that may be too explicit or too graphic.

Distraction is key to fighting the urge to self-harm. You may find that being creative helps you to take your mind off things and may help you to express your feelings in a non-verbal way. Other relaxing distractions might be listening to relaxing music or watching a non-violent video, doing housework or going shopping, exercising, walking, baking or cooking a meal. Relaxation techniques like yoga and meditation can also help. Alcohol and/or drugs should be avoided since they can increase the likelihood of causing you to act more impulsively and therefore increase the risks of self-harming.

All of the possibilities above will help you cope better with your issues and will make you feel better about yourself. It is important to realise that self-harm is rarely entirely impulsive. There are often thoughts and feelings which can lead to you harming yourself. If you learn to recognise them, and interrupt them, it will help to break the cycle.

It can be difficult to do self-help when you are feeling distressed and vulnerable. You may find that you need some support. There are agencies and individuals who can help you devise some self-help strategies and who will support you while you are learning how to do it.

## the role of family and friends

Apart from the people who are harming themselves, those who are in close contact will be affected too, whether friends and family, health care workers, teachers or employers. Self-harm can be extremely frightening, stressful, frustrating and anxiety provoking for everyone involved and sometimes it is not just the person who is harming themselves that needs support, whether from a family doctor, other family members or a close friend.

The single most important thing is to take an episode of self-harm seriously. While in a significant number of cases the physical effects may not be serious, self-harm and the distress it can cause should always be assessed properly by a healthcare professional and when possible by a mental health professional.

Caring for someone who self-harms means you need to learn your own limitations and look after yourself accordingly. If you feel rejected by the person you are trying to help, try not to take it personally. Their decision to self-harm is not your fault, or aimed at angering or disgracing you.

When people harm themselves, those around them can express a number of emotional reactions, ranging from panic, anger and hopelessness to hate. As a result, people who harm themselves often receive a poor service and little comfort when they look for help and support. Family, friends, and workers can often feel inadequate, or anxious about how to respond. Often there is no right way to respond. People who harm themselves are very sensitive to

the feelings of those around them and quickly pick up on the frustration, anger and rejection of others. They will see or imagine your resentment/panic/anger/hopelessness/hate unless you can convince them that they are wrong. You may not get it right first time, but reading this leaflet should help.

You must treat the act of self-harm as something that needs proper cleaning and first aid. Never dismiss anything as unimportant, not even a little scratch or a single cigarette burn. Later, when treatment for physical injuries has been administered, you can ask if you could have helped prevent this episode. You may get no response, or even an angry one, because the person who self-harms feels humiliated and pressured. Don't be discouraged. Talking to each other takes time as you learn more about the individual triggers and about how to help or not help. At a later point, it may be useful to pay less attention to the self-harm than the healthier things the person does, but that can backfire if the person who self-harms is trying to give you a message.

Try not to get angry with the person for the self-harm. Again, this is easier said than done, but getting angry with the person only reinforces the upset and discouragement that the person already feels.

Never underestimate or try to minimise how much distress a person is in, regardless of how small the stressor or the amount of self-harm might seem to you. Try not to use statements like 'It's not that bad'. You may tip someone over the edge. The extent of the self-harm is not a reliable measure of the distress felt. It is easy to diminish the cause of the stress and feel that it is not worth worrying about, but for some people, that stressor may have become a

matter of life or death. Realise that you are not seeing the world through the same eyes as the person who self-harms. Let that person know you recognise their stress, and that you are there to support them.

If you think the person is in immediate risk of self-harm, stay with them until the impulse passes or encourage them not to be alone. Physical contact can sometimes be helpful if the relationship is appropriate and trust is sufficient. Supporting someone can be difficult and upsetting, and those people offering support need to make sure they look after themselves. You may find it helps to set limits on how much time you spend talking with them about their self-harm and accept you cannot be there for them all the time. Many people benefit from support groups where they can meet other parents or friends of people who self-harm and have an opportunity to express those feelings of frustration and anger that have to be kept in control at other times. And remember. It's *not* your fault.

## professional workers

Professional support can be useful in helping the person look at alternative ways of coping with distress. Acceptance, caring and listening are vital. It is important to explore the issues underlying why someone harms himself or herself and to recognise that self-harm does not constitute a character flaw but it a problem-solving device that 'manages' the painful feelings while making life more difficult at the same time.

Being judgemental and putting blame on the person who has self-harmed does not achieve anything. In fact, it can

make the situation much worse, and leave the person who has self-harmed feeling even more worthless. Quite often workers who have contact with people who self-harm can have a number of feelings about the issue of the act of self-harm which can be directed back at the person.

Unfortunately, because of other work pressures it may not be possible to spend as much time as you would like with the individual person. If this is the case, it is important to emphasise to that person that this is not a personal reflection.

Self-harming behaviour is more about the person who does it than the people around them. The person you're treating professionally is not harming himself or herself just to make you feel bad or guilty. Even if it feels like manipulation, it most usually isn't intended as such. People generally don't self-harm to be dramatic or to annoy others. Professional support can be useful in helping the person look at alternative ways of coping with distress.

It is very important to explore the issues underlying why someone self-harms. By understanding and accepting these issues, a person can eventually choose not to self-harm.

*'I need someone who will accept me for who I am, and not judge that I must be stupid if I self-harm, because actually, it can be a painful, difficult, but intelligent choice to make if the alternatives were bad enough. I need mutual respect. I need someone who will really listen, not take five minutes to come up with all the usual textbook answers. I've read all those books myself.'*

Harm minimisation is one of the newer approaches to self-harm. It accepts that self-harm might be a necessary part of life at a certain moment in time, and so aims to stop self-harm getting worse and prevent permanent or serious injury or death. By gradually reducing the severity and/or extent of the self-harm the hope is that eventually, the self-harm will be negligible. All of that helps those who self-harm take control and work towards dealing with the problem. Basic first aid like wound care, burn and scar covering, and when to dial 999, is all part of it. You can find out more about it through the website and phone contacts included at the back of this leaflet, or from organisations like the National Self-Harm Network.

## the future

Getting help early and being honest with yourself about your problems will help you greatly. Be determined to work through your issues, when you are ready, and take professional advice. Treatment for any additional mental illness may require therapy and in some cases medication.

*'I can't scream, I can't shout, I hurt myself to get pain out.'*

Self-harming behaviour can be reduced with counselling and support. Hope for improvement and control over your life can be very important in reducing and eventually discontinuing the way you self-harm. Many people stop harming themselves — when they are ready. You could find other ways of dealing with your feelings. It might take a long time, but things *will* get better.

## useful addresses

The national organisations listed below can put you in touch with local sources of help in your area.

### **Childline Scotland**

18 Albion Street  
Glasgow  
G1 1LH  
ChildLine freephone: 0800 1111  
[www.childline.org.uk](http://www.childline.org.uk)

ChildLine is the free 24-hour helpline for any child or young person with any problem.

### **Penumbra**

Norton Park  
57 Albion Road  
Edinburgh  
EH7 5QY  
Tel: 0131 475 2380  
[www.penumbra.org.uk](http://www.penumbra.org.uk)

Penumbra is a Scottish mental health organisation that provides a wide range of support services for adults and young people including services for people who self-harm.

### **Scottish Association for Mental Health**

Cumrae House  
15 Carlton Court  
Glasgow  
G5 9JP  
Tel: 0141 568 7000  
[www.samh.org.uk](http://www.samh.org.uk)

The Scottish Association for Mental Health is the major voluntary organisation in Scotland working to promote mental health.

### **Quarriers**

Quarriers Village  
Bridge of Weir  
PA11 3SX  
Tel: 01506 612 224  
[www.quarriers.org.uk](http://www.quarriers.org.uk)

Quarriers provides a diverse range of services offering practical support and care for children, adults and families.

### **The Basement Project**

Abergevenny  
Wales  
NP7 5XW  
Tel: 01873 856524

The Basement Project provides support groups for those who have been abused as children and for people whom self-harm.

### **42nd Street**

Second Floor  
Swan Buildings  
20 Swan Street  
Manchester  
M4 5JW  
Helpline: 0161 832 0170  
Open Monday, Thursday and Friday 12.30pm – 4.30pm  
[www.fortysecondstreet.org.uk](http://www.fortysecondstreet.org.uk)

42nd Street has a helpline and offers different types of individual support alongside groups within the local community.

### **NHS 24**

Caledonia House  
Fifty Pitches Road  
Cardonald Park  
Glasgow  
G51 4ED  
Tel: 08454 24 24 24  
[www.nhs24.com](http://www.nhs24.com)

NHS 24 is a 24-hour health service for Scotland.

### **Breathing Space Scotland**

[www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)  
Tel: 0800 83 85 87

Breathing Space is a free, confidential phone-line you can call when you're feeling down. The phone-line is open from early evening right up until two in the morning. Advisors will listen, and try to help prevent problems getting worse, offer advice and suggest local people who can help with specific problems.

### **National Self-Harm Network**

PO Box 7264  
Nottingham  
NG1 6WJ  
Email: [info@nshn.co.uk](mailto:info@nshn.co.uk)  
[www.nshn.co.uk](http://www.nshn.co.uk)

The National Self-Harm Network supports survivors and people who self-harm or injure as a way of coping with life's ups and downs. It also supports the people indirectly affected, like family and friends.

### **MIND**

MINDinfo Tel: 0845 766 0163  
[www.mind.org.uk](http://www.mind.org.uk)

Mind has two new leaflets downloadable for people who self-harm.

### **Samaritans**

Chris  
PO Box 9090  
Stirling  
FK8 2SA  
Tel: 08457 909090 24-hours a day, 7 days a week.  
[www.samaritans.org](http://www.samaritans.org)  
Email: [jo@samaritans.org](mailto:jo@samaritans.org)

## **useful websites**

[www.users.zetnet.co.uk/bcsw](http://www.users.zetnet.co.uk/bcsw)  
Bristol Crisis Service for Women

[www.selfharm.org.uk](http://www.selfharm.org.uk)  
Young people and self-harm website

[www.siari.co.uk](http://www.siari.co.uk)  
Self-injury and related issues

[www.zoo.pwp.blueyonder.co.uk](http://www.zoo.pwp.blueyonder.co.uk)  
Mental health in the UK

[www.mind.org.uk](http://www.mind.org.uk)  
MIND

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Young Minds

[www.thecalmzone.net](http://www.thecalmzone.net)

CALM

[www.sane.org.uk](http://www.sane.org.uk)

Sane

[www.mentalhealth.org](http://www.mentalhealth.org)

The Mental Health Foundation.

[www.lifelink.org.uk](http://www.lifelink.org.uk)

LifeLink provides free support and advice to people in crisis, who self harm and are at risk of suicide.

[www.seemescotland.org.uk](http://www.seemescotland.org.uk)

'see me' is the national campaign to end the stigma of mental ill-health.

[www.justlikeme.org.uk](http://www.justlikeme.org.uk)

Produced by 'see me' this website uses animation and cartoons to help children and young people learn about the effects of stigma and how to tackle it.

[www.selfharm.org.uk](http://www.selfharm.org.uk)

FirstSigns

**National Institute for Clinical**

**Excellence (NICE) guidelines** for self-harm (2004) — search under self-harm for patient and professional information or call the NHS response line on 08701 555 4555 quoting number N0626.

[www.nice.org.uk](http://www.nice.org.uk)

[www.rcpsych.ac.uk/publications/collegereports/cr/cr122.aspx](http://www.rcpsych.ac.uk/publications/collegereports/cr/cr122.aspx)

new guidelines on **Assessment Following Self-harm in Adults** (2004).

[www.chooselife.net](http://www.chooselife.net)

**Scotland's National Suicide Prevention Strategy and Action Plan (Choose Life)**

## suggestions for reading

There are many publications about self-harm and your GP or local library will be able to suggest some for you. Here are a few that might help.

### **Out of the Dark**

by Linda Caine and Robin Royston.  
Published by Corgi Adult, 2004.  
ISBN 055-214869-5

### **A Head Full of Blue**

by Nick Johnstone.  
Published by Bloomsbury, 2003.  
ISBN 074-756170-2

### **Choosing to Live: How to Defeat Suicide Through Cognitive Therapy**

by Thomas Ellis and Cory Newman.  
Published by New Harbinger Publications, 1996.  
ISBN 157-224056-3

### **Women and Self Harm**

by Gerrilyn Smith, Dee Cox and Jacqui Saradjian.  
Published by The Women's Press, London, 1999.  
ISBN 070-434440-8

**Cry of Pain: Understanding  
Suicide and Self-Harm**

by Mark Williams.

Published by Penguin, 1997.

ISBN 014-025072-7

Other topics covered by the *Talking about...* series are:

- Attention deficit hyperactivity disorder (ADHD)
- Anxiety disorders
- Bereavement
- Depression
- Eating disorders
- Bipolar affective disorders
- Personality disorders
- Phobias
- Postnatal depression
- Schizophrenia
- Stress

Contact your local health promotion resource service for copies. You can access their details via [www.show.nhs.uk](http://www.show.nhs.uk)

Our publications are available in other formats and languages. For further information please contact NHS Health Scotland.



