SAMH'S VIEW:

SELF HARM

Context

Self-harm includes a broad range of behaviours that cause injury, such as non-fatal overdosing or cutting, burning or scratching the skin. . Self-harm is often a coping mechanism for managing psychological and emotional distress. Evidence suggests that the experience of a severe life event, trauma, abuse or symptoms of depression/anxiety are likely triggers for self-harm.[1] The Scottish Government's Suicide Prevention Action Plan 'Every Life Matters' includes actions to make recommendations on the effectiveness of different models of crisis support, including for those who self-harm. The Action Plan also commits to creating a Scottish Crisis Care Agreement, to standardise and improve care pathways and responses to crisis and distress. However, there is no self-harm national strategy or action plan providing national leadership on self-harm.

Key points

- In 2018/19, 7% of adults in Scotland reported that they had deliberately self-harmed at some point in their life, compared to 3% in 2008/2009.[2]

- While self-harm affects people of all ages, young people are most at risk: A 2018 UK study found that 16.2% of young adults (18-34) had self-harmed at some point in their life, with 18 years old being the median age of onset.[3]

- Young girls are at particular risk: The 2018 Good Childhood report found that 22% of 14 year old girls and 9% of boys had self-harmed.[4] Other groups at heightened risk include the LGBT community, with Stonewall reporting 14% of LGB people and 35% of trans people in the UK had harmed themselves in the previous year.[5]

- Self-harm is distinct from suicide - as a coping strategy it can be life preserving[6] - but it is a risk factor for suicide. People who have self-harmed are 100 times more likely to take their own life within a year.[7]

- Stigma around self-harm – both self-stigma and judgmental attitudes of support staff - is a barrier to people seeking support. The Samaritans found that 39% of adults in would not feel comfortable speaking to friends about self-harm, with 24% not comfortable speaking to a GP or other healthcare professional.[8]

- Evidence-based treatment includes distraction techniques, harm minimisation, Dialectical Behaviour Therapy and Problem Solving Therapy[9,10,11]

- This is a lack of data and research into self-harm in Scotland, including the

impact of health inequalities.[12]

- The Distress Brief Interventions (DBI) Programme was rolled out nationally as part of the Covid-19 pandemic response. DBI is an intensive time limited and supportive contact with an individual in distress.[13]

- The relationship between social media, the internet and self-harm is complex.[14] The online space can be both a risk, through harmful content encouraging self-harm, as well as a source of support.[15]

SAMH calls for:

- The Scottish Government to develop a national self-harm strategy in partnership with stakeholders and people with lived experience. The strategy should provide renewed focus on self-harm in Scotland and work in tandem with suicide prevention, mental health and other policy areas as required.

- The Scottish Crisis Care Agreement, announced in the Scottish Government's Suicide Prevention Action Plan, to include clear pathways and standards for support for people experiencing self-harm.

- Age specific responses to crisis and distress to be developed and rolled out nationally including training for all school staff on self-harm.

- Mandatory training in responding to self-harm for all frontline NHS, social care and emergency service staff.

- Access to the full range of evidence based psychological therapies and evidence based interventions from NICE guidance and the Psychological Therapy Matrix to be available and inclusive to all population groups [16]

- The new strategy to include stigma as a priority area. Actions should be developed to tackle stigma in all settings including healthcare, community settings and self-stigma.

- The UK Government's proposed regulatory framework for online harm, should ensure harmful self-harm content is removed while avoiding reinforcing stigma and discouraging discussion and help-seeking.[17]

- The national provision of DBI should be retained following the Covid-19 pandemic. This should include universal access to face to face support, when this can be safely provided

- Increasing the Scottish data and research base on self-harm, including on effective interventions, to be a priority of the new national strategy.

Further detail:

OFFICIAL GUIDANCE

- NICE Self-harm in over 8s: long-term management (2011)
- NICE Self-harm in over 8s: short-term management and prevention of recurrence (2004)

SAMH RESEARCH

- SAMH Beyond Boundaries Experiences of Self-Harm 2012

OTHER INFORMATION

- Every Life Matters Scotland's Suicide Prevention Action Plan (2018)
- Samaritans Hidden Too Long: Uncovering Self-harm in Scotland 2020

Notes

[1] Choose Life Prevention of suicide and self-harm: Research briefing (2014)

[2] Scottish Government The Scottish Health Survey 2019 edition (2020)

[3] Rory O'Connor et al Suicide attempts and non-suicidal self-harm: national prevalence study of young adults BJP Psych Open (4) 2018

[4] The Children's Society The Good Childhood Report 2018 Summary 2018

[5] Stonewall LGBT in Britain Health Report 2018

[6] Scottish Government Responding to Self-Harm in Scotland Final report 2011

[7] Scottish Government Responding to Self-Harm in Scotland Final report 2011 [citing Self-Harm Scope Final version 3, NICE 2002]

[8] Samaritans Hidden Too Long: Uncovering Self-harm in Scotland 2020

[9] SAMH Beyond Boundaries Experiences of Self-Harm 2012

[10] Mental Health Foundation Truth hurts Chapter 4 (2006)

[11] NICE Self-harm in over 8s: long-term management 2011

[12] Choose Life Prevention of suicide and self-harm: Research briefing (May 2014)

[13] Distress Brief Intervention https://www.dbi.scot/ (2018)

[14] Dr Lucy Biddle, Dr Jane Derges, Prof David Gunnell (University of Bristol) Dr Stephanie Stace, Jacqui Morrissey (Samaritans) Priorities for suicide prevention: balancing the risks and opportunities of internet use. Policy Report 7/2016

[15] Scottish Government Online Harms White Paper: National Suicide Prevention Leadership Group Response 2019

[16] Scottish Government & NHS Education The Matrix 2013 (page 160)

[17] UK Government Online Harms White Paper – Consultation Outcome 2020

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SAMH is the Scottish Association for Mental Health. Scottish Charity No. SC008897