



SAMARITANS
Scotland

Self-harm digital conference, June 2021

Definition

Challenge Group

Online whiteboard screens

Exercise 1

"Temperature of the Room": participants put a star to represent their starting-point preference for a narrow or broad definition of self-harm



Exercise 2

60 Second Challenge



Participants are given one minute privately at home to answer the question:

If I Say 'self-harm,' what specific self-harming behaviours or motivations come to mind first?

Then in six pairs, in breakout rooms, the participants discuss their answers to the 60-Second Challenge, and put the self-harming behaviours into one of three baskets:

- useful to include in the definition for a policy approach
- not useful to include
- grey area / don't know

Results of pairs choosing which self-harming behaviours to put in which of the three baskets

USEFUL to include

behaviour detrimental to wellbeing. coping strategy Maladaptive coping cutting Fighting Poisoning

NOT USEFUL to include

Grey Area/Don't Know

USEFUL to include

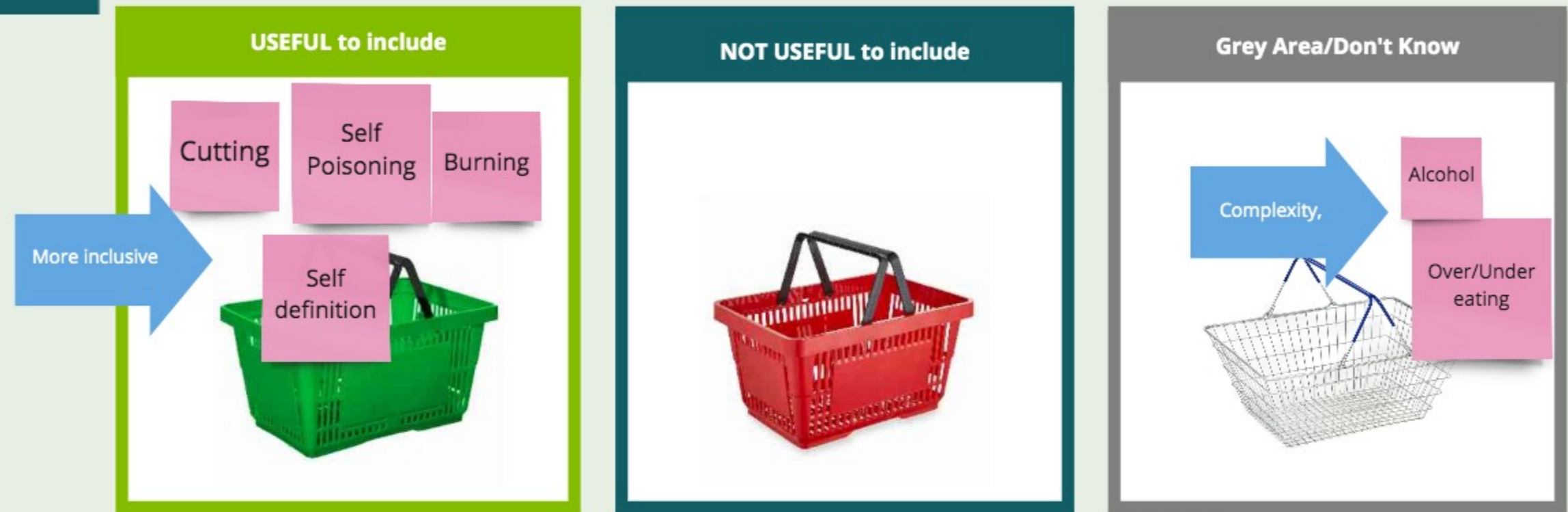
Self-mutilation: Burning/Scalding/Hitting etc. Cutting Hair-pulling

NOT USEFUL to include

Grey Area/Don't Know

Overdose Under-eating/Over-eating/Purging

Results of pairs choosing which self-harming behaviours to put in which of the three baskets



Results of pairs choosing which self-harming behaviours to put in which of the three baskets

USEFUL to include




cutting, burning, hitting

NOT USEFUL to include



INTENT! Maintaining unhelpful relationships

Grey Area/Don't Know




personally yes, but may confuse societally, drug use, Starvation/over eating, Over-exercising

USEFUL to include



burning, cutting, hitting, hair pullin, pinching

NOT USEFUL to include



Grey Area/Don't Know



picking a fight, risk-taking behaviour, alcohol, drugs, extreme excercise, not eating peoperly, depriving yourself of sleep, posioning



Participants chose for themselves one of three breakout rooms:

- Broad definition of self-harm,
- Narrow definition,
- 'Still thinking'.

So many chose 'Still thinking' that we split them into two 'Still Thinking' rooms, where participants explored the pros and cons of the Broad and Narrow definitions. Only one participant chose the Narrow definition room, so they agreed to join a 'Still Thinking' group.

In the 'Broad Definition' room, participants explored their reasons for their choice.

STILL THINKING

Narrow Definition

PRO: nice and simple, easy to put in people's minds

PRO: More funding will be available for narrow groups of people

PRO: More person-centred

PRO: Makes it easier to provide services, from a service-response perspective

PRO: much easier to research with a narrow definition

Pro: Tip of the iceberg - easier to implement and can be built on later

Narrow is easier for services and service design

Might need to start with a narrow approach to get things moving!

CON: Not as inclusive - or accurate!

CON: There's a lot of people who might not fit that definition

CON: Not person-centred; we need to think about what labels we're giving people and how they feel

CON: Stigmatising

Too narrow will "miss the mark"

Started from service response rather than a person-centred response

Broad Definition

PRO: Could allow people to self-define

All services should be able to respond (necessary for broad definition)

CON: Endless definition - where do you stop?

CON: At the moment there are separate services; broad definition could mean stepping on toes. People getting more help from multiple services

How could you train people to help people who are self-harming?

CON: Don't know the data on larger definitions

Too broad could cause duplication and be harder for more vulnerable people---

Definition shouldn't just list behaviours; motivations and intent are more important

Definition should be about the nature of the act or behaviour - ie. acts that are destructive or cause physical harm. Not a list of behaviours

The definition needs to include all people who self-harm and allow them to self-define

Individuals might not see things as self-harming

Should be the distress not the distraction or behaviour

People picked up through a service with 'traditional' self-harm should be able to get help for any broader self-harm

STILL THINKING



Narrow Definition

easier for services / policy to act

easier for both policy and services to respond

risk of getting lost

anything can be harmful if you do it too much / take it to extreme

clear support pathways

clearer definition makes it easier to make sure ppl get right support

reducing suicide risk

narrow: feasibility

important to gather direction intentional behaviour

narrow: tailored / targeted support

if an issue is framed so broad it can immobilise ppl - ppl feel overwhelmed

get narrow right first, then move onto broader issues

funding affordability

clear intentions - with some behaviours it's easier to see intent

Broad Definition

self-definition

driven by people

intent

underlying intent - even if not obvious from action itself

allows space for nuance

self-definition

who are we to define others self-harm?

less stigmatising

inclusive

inclusive / non-stigmatising

don't leave ppl without support

captures demographic differences

easier for people to act / seek help & access it

does grouping increase stigma?

narrow creates barriers

easier for people affected by sh to act, see support

allows space for literacy / understanding

BROAD DEFINITION OF SELF HARM



There is no correct definition

One persons idea of self harm can differ from anothers, including how they cope with difficult emotions

self-define

People should define for themselves what self harm is

keeping the individual at the heart of the discussion.

don't want parallel words in policy/strategy

overlaps with other policy eg trauma, DBI etc

Prefer overlapping policy areas to there being a risk of gaps through which people and issues might fall

don't leave anyone out

Don't want someone in distress to be missed (or dismissed) because of a narrow definition

reasons to self-harm rarely fit into one policy area, usually lots of contributing factors, eg housing, relationships, employment....

in podcast, definition was about needs of researchers; but that's not a good enough reason to exclude people

Having a tight definition leads to people being excluded from services

working with ppl who self-harm, the person often recognises other forms they're harming self

gap between what system wants and what people want - whose needs do we serve?

let's not over-medicalise

Don't want eligibility critiea

Please don't encourage the idea of self-harm as a diagnosis

stigma is so marked, we need a specific strategy, but there is overlap

overlap is normal!

the issue is about function rather than behaviour

the motivation behind the act

distress not action/behaviour

there's a continuum of behaviours and coping strategies, some forms are more socially-acceptable

let's focus on people, not symptoms

Want to focus on distress behind act of SH, rather than the act itself - narrow definition might distract from that

this is not an entirely separate issue and is a symptom of emotional distress / difficulty getting suport or regulating emotions

self-harm is not only about mental ill-health

Emotional wellbeing is important too, so please don't define this as a mental ill health issue

there's other kinds of self-injurious behaviour in Learning Disaability

Participants' closing thoughts at end of 1st Definition Challenge workshop

Importance
of self-
definition

Much stronger
lean towards
a broad
definition than
I expected

really thoughtful
after discussion -
very much thinking
about how to marry
broad with specific

thank you for
giving the room
for this
discussion, so
important to be
happening!

thank you for
sharing your
insights - such
a rich
discussion

Thoughtful
process. ,
thank you

Very
thoughtful and
great room for
discussion

A rich
discussion. I
think the virtual
whiteboard
really helps

Thank you
and very
innovative
approach

I like this
style of
working.
Thumbs Up.



Small-group reflections at beginning of 2nd session

Reflections or thoughts since last session



Hopes for today's session



Summary of reflections on previous session

causes of behaviour are central!

tackle root causes, not symptoms

difficulty in getting engagement for broader definition

People at the front are dragging others along - want to engage more people.
Narrower definition useful to get people on board at the start

prefer start with broad and recognise the difficulties and address them

tension between narrow and broad; risk of exclusion

a wide range of things could be defined as SH

what is included and excluded?

definition is crucial and difficult

importance of self-defining

fluid!

surprised by how our views moved

changing views on short-term approach



Participants self-select into three different breakout rooms

- Broad definition
- Narrow definition
- "Beyond Binary": ideas for how to approach the Definition Challenge which don't mean choosing between a broad or narrow definition

NARROW DEFINITION ROOM (Part 1)

Simple and easy to understand

Tailored / targeted support

Easier for services / policy to act

Easier to adapt if definitions change

Easier to secure funding

Accurate research data

Arguments AGAINST a narrow definition

narrow excludes

missing ppl

Doesn't have to be either or

Open door with narrow corridors to the appropriate support

Shuts people out of early discussions

Participants who prefer a narrow definition given the green notes with summary of previous session's case for a narrow definition; and asked to make the counter-argument AGAINST their preferred definition

NARROW DEFINITION ROOM (Part 2)

overarching applicability / definition and then within that have specific targeted interventions /services

wide open door but different pathways / corridors once your through the door

narrowness comes in at pont of responding to specific individual

services & responses need to be appropriate to individual needs

balance between broad services & specialist interventions

shouldn't be rigid

service capacity

Participants use RED notes for their ideas for a response beyond the broad/narrow binary and ORANGE notes to answer the question '*how narrow is your narrow definition?*'

physical harm but not the only harm - mental / emotional harm equally important?

but how do we define harm?

easier to say what isn't that what is

more on what's not included than what is

degree of harm - should we focus on highest risk

BROAD DEFINITION ROOM (part 1)



Participants who prefer a broad definition given the green notes with summary of previous session's case for a broad definition; and asked to make the counter-argument **AGAINST** their preferred definition

Inclusive and person-centred

Non-stigmatising

Easier to define self-harm as an expression of distress, rather than focus on the specific behaviours

Recognises that self-harm isn't just about mental health - wider causes / risk factors

Easier for people to seek help & access it

Allows people to self-define

Arguments **AGAINST** a Broad definition

Harder to define the limits of a broad definition

where would that stop?

research requires clear definitions

possible alternative coping

reaching people for support when

Overlap with other policy/strategy areas

BUT there are advantages to this overlapping - approach...

Complexity of pathways

Difficult to devise interventions

specific interventions need clarity for best application

BROAD DEFINITION ROOM (part 2)



perhaps we need breadth and people with a range of expertise rather than narrow specialist services

coming together of some services, supporting a holistic approach looking at medical needs of some self harm along with the psychological and trauma work

Existing developed service in place

there are bespoke services, who goes where?

where you may cross over services?

Participants use RED notes for their ideas for a response beyond the broad/narrow binary and ORANGE notes to answer the question *'how broad is your broad definition?'*

Need an approach that recognises the whole issue, and services which recognise they're poss. only addressing part of a wider issue. Need those services to be working alongside others.

self definition allows for individual formulation and intervention based on person centred approach combined with evidence based approaches.

as broad as the individual seeking support needs

I would exclude unintentional harm but probably nothing else

include unhealthy eating

include other risky behaviours / offending

hard to say based on behaviours or symptoms - maybe it is more about including and excluding based on function of the symptoms rather than "symptoms as such"

the purpose and intent of the behaviour, whether clear or not to the person doing the self-harm

"BEYOND BINARY" ROOM

We should start with a simple and narrow definition, with a clear plan to progress towards a broader definition over time, as community work and campaigning have an impact. One does not preclude the other in the long-term.

have a long-term plan. With balance. Be practical

A definition that is very broad/ simple/ non jargon and then individuals deciding themselves if they fit

I've changed from starting with narrow definition. Narrow within specific solutions and strategies.

appreciative inquiry approach

A long-term strategy starts with principles

Definition should be about 'intent' rather than a list of behaviours

my thinking changed a lot. I started with narrow, Definition should be about INTENT not behaviours. Broad definition should not include non-self-conscious self-harm

will get better responses to ppl's needs, regardless of definition

A broad definition based in response to distress at SG level - then actions specific to types of self-harm beneath that are more specific. Also allow to work across departments and try to bring coherence in approach across all the areas we've touched on / principles rooted in what people with LE want

Have a broad 'self-defined' definition for the overall policy - however, in terms of solutions/strategies/actions for those affected - have narrower definitions and solutions tailored to their individual needs. 'Capturing the narrow and the broad'!

We get things wrong by starting from services 'boxes'. People should be our starting point!

my thinking changed too
We can contribute to eg drugs policy.
Core principles

Mirror versions - start broad OR narrow and then open up or focus down. If definition is about intent, has to start with people. Workstream approach starts broad; public perception approach starts narrow. The person is the starting point. The person turning up at services AND the organised lived experience voice. Most people do not turn up at services at all! "People" includes the person self-harming AND their families/friends.

Discussion after each breakout room shared their thoughts

Broad or narrow depends on context - both have a place, can move from one to another - eg wide door to number of corridors - BUT DON'T USE BOTH AT THE SAME TIME, too confusing - definition of SH is not ambitious enough - we need to think about wider response to distress.

Self-harm strategy based on only narrow definition is not ambitious enough

definition based on distress and personal experience includes more people, esp those who are not reached by services

Definition needs to provide a framework for action - and that action needs to be measurable, subject to review

Lived Experience needs to be front and centre in this work

keep the person at the centre of the proposal, looking towards holistic and person-centred approaches.

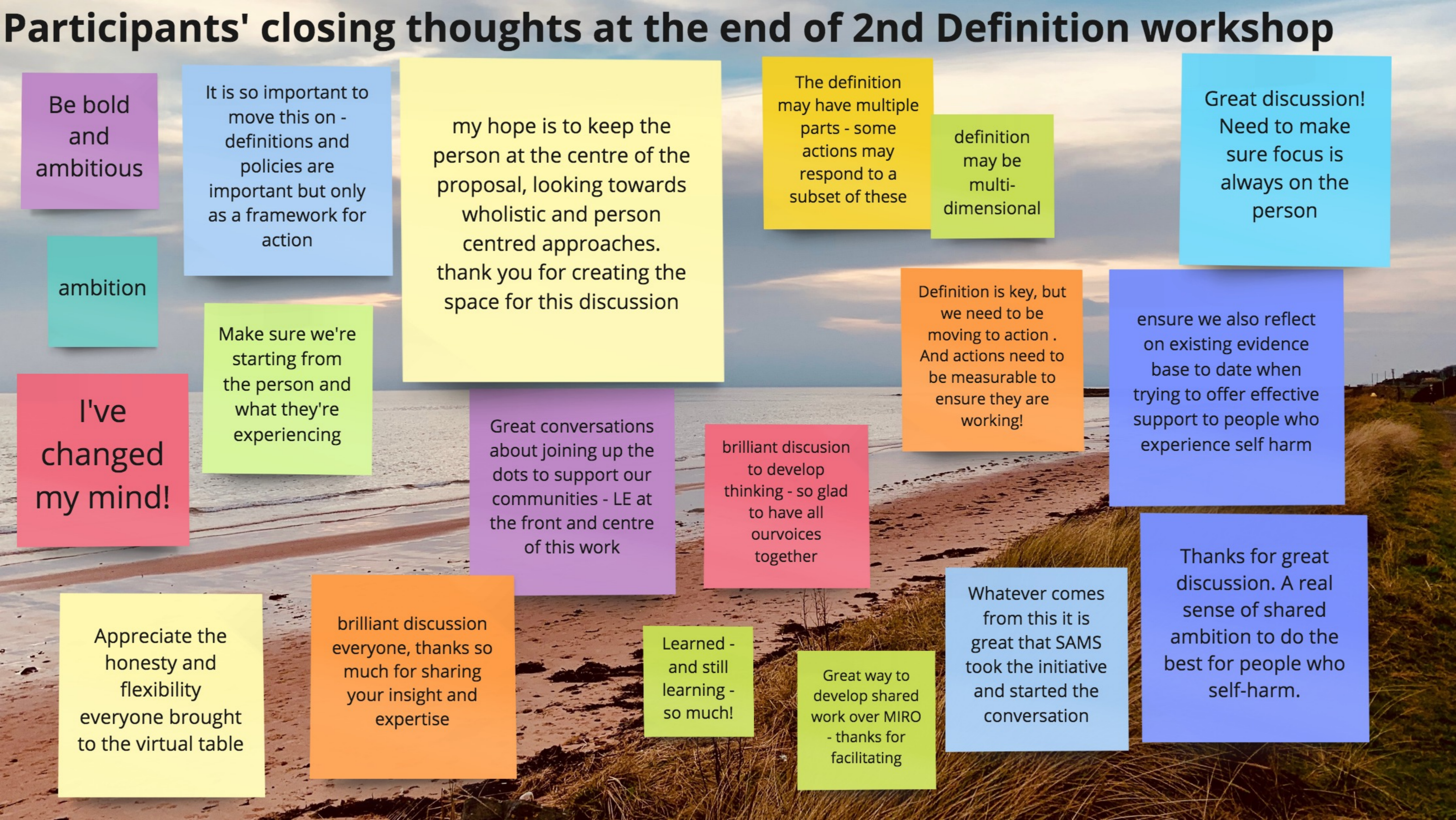
there is a place for targeted support on the 'nuts and bolts' self-harm, which could be a wide variety of behaviours, some specialised self-harm services eg harm minimisation

though some people will be excluded from this service - hold the broad definition and stay person-centred

we already have strategies on trauma etc but the training is about managing distress inc SH

we do NOT want a "self-harm service". Don't want people bouncing between services

Coming together of some services, supporting a holistic approach looking at medical needs of some self harm, along with the psychological and trauma work



Participants' closing thoughts at the end of 2nd Definition workshop

Be bold and ambitious

It is so important to move this on - definitions and policies are important but only as a framework for action

my hope is to keep the person at the centre of the proposal, looking towards wholistic and person centred approaches. thank you for creating the space for this discussion

The definition may have multiple parts - some actions may respond to a subset of these

definition may be multi-dimensional

Great discussion! Need to make sure focus is always on the person

ambition

Make sure we're starting from the person and what they're experiencing

Definition is key, but we need to be moving to action . And actions need to be measurable to ensure they are working!

ensure we also reflect on existing evidence base to date when trying to offer effective support to people who experience self harm

I've changed my mind!

Great conversations about joining up the dots to support our communities - LE at the front and centre of this work

brilliant discusion to develop thinking - so glad to have all ourvoices together

Appreciate the honesty and flexibility everyone brought to the virtual table

brilliant discussion everyone, thanks so much for sharing your insight and expertise

Learned - and still learning - so much!

Great way to develop shared work over MIRO - thanks for facilitating

Whatever comes from this it is great that SAMS took the initiative and started the conversation

Thanks for great discussion. A real sense of shared ambition to do the best for people who self-harm.