

The Definition Challenge Group

Our starting point

In our previous engagement, definition emerged as a crucial question for any future national policy approach with some stakeholders advocating for broader or narrower definitions. In the second phase of Samaritans' engagement work on self-harm we wanted to explore the opportunities and challenges posed by adopting either a broad or narrow definition and the implications for development, implementation and evaluation of future policy.

*** This summary reflects the insights and views we heard over the course of this process, and is not necessarily the views of Samaritans.**

Our process

We explored the question of definition through Samaritans Scotland's Digital Gathering on self-harm which consisted of a short series of podcasts followed by two 90-minute workshops facilitated by Media Co-op using the online whiteboard platform Miro. We invited a range of stakeholders to participate in the Definition Challenge Group including representatives from government, health services and the third sector. No comments have been attributed to an individual participant or organisation as we wanted to encourage open and honest discussion.

In designing our Definition Challenge Group sessions, we initially framed the question of definition as a spectrum between the binary options: a broad definition and narrow definition. Our first step was to ask participants to place themselves on this spectrum between broad and narrow. We then created space for participants to explore what they felt should and shouldn't be included within a definition of self-harm and to discuss their reflections with the wider group. We progressed to exploring the arguments for and against a broad or narrow definition and the potential implications for policy, services, and public understanding.

We had initially expected to arrive at a consensus between a broad or narrow definition and develop collective recommendations accordingly. However, it emerged over the course of our engagement that a majority of stakeholders favoured working towards a definition that went beyond the binary framing of broad vs narrow. Such a definition would encompass the complexity not just of self-harming behaviours but of the underlying intentions and causes.

Our key themes and conclusions

It is challenging to summarise the incredibly rich and nuanced discussion that came out of both challenge group sessions. The conclusions below should therefore be viewed with the context of the full Miro boards. These boards illustrate the process by which participants arrived at the conclusions below and capture the full range of insights and reflections shared along the way.

Over the course of both sessions there was a consensus that urgent action is needed, and there was agreement around the following issues and principles:

The function of a definition.

Any definition adopted by a future policy approach should reflect the scale of the challenge, as well as the ambition across sectors and services to respond. This definition should also facilitate tangible and measurable action.

Definition needs to go beyond the binary of broad vs narrow.

The broad vs narrow binary lens does not effectively capture the complexity and nuance of self-harming behaviour or the underlying intentions and causes behind it. A future policy approach needs to go beyond this binary understanding of definition.

Definition should start with people.

The starting point for definition should be how the people who are self-harming understand their self-harm and the individual intentions and experiences behind this. This will help to ensure that any definition recognises the complexity of self-harm and supports inclusive, person-centred approaches.

For the purposes of a holistic policy approach, self-harm should be defined as a response to distress rather than a set of behaviours.

Taking a person-centred approach to self-harm encourages policy makers and services to recognise and define self-harm not as a set of specific behaviours, but as a response to distress, though, as some participants noted, often not a safe or effective response. Rooting the definition of self-harm in distress ensures that self-harm isn't viewed in isolation from the underlying causes and intentions and supports a coherent and collaborative approach across services and sectors, where distress may be central to a range of behaviours including self-harm, drug and alcohol misuse and suicidal behaviour.

Policy should translate a distress-based definition into focused work streams.

This stratified approach creates space for specific work-streams to address different aspects of policy and services including public awareness and understanding, workforce training, access to support, specialist services and inter-agency working. Each of these work-streams may focus on a different aspect of self-harm, while sitting within a broad distressed-based definition. For example, specialist services may target specific self-harming behaviours or

specific at-risk groups. Public awareness campaigns may include universal and targeted messaging.

The definition should allow space and flexibility to hold these different work-streams within a single, ambitious and holistic policy approach. It should also facilitate a joined-up approach across agencies, sectors and services, recognising that self-harm cannot be viewed in isolation from the causes of distress.

Definition should support ‘a wide open door’ approach to accessing services with tailored pathways thereafter.

Definition should not become a barrier to anyone seeking support. A person-centred, distress-based definition should instead facilitate a ‘wide open door’ approach. This would allow anyone seeking support in connection with self-harm to receive an effective and compassionate response, and then be connected to tailored support thereafter. This also recognises that people may self-harm in more than one way and supports a holistic approach with multiple services working in tandem.

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