




SAMARITANS
Scotland

Self-harm digital conference June 2021

Talking Openly
Challenge Group

Online whiteboard screens



Working first individually at home and then in pairs in breakout rooms, participants identified the benefits and risks of talking openly about self-harm.

"Talking openly" including

- awareness-raising campaigns,
- talking online,
- talking one-to-one in either private or therapeutic conversations,
- talking on the media

Pair 1

Benefits

You are not alone

Share stories of hope

Give people the tools to help others

Reduce stigma by talking openly

shows the scale of the numbers of people affected

How to maintain and look after your wounds

Educating yourself as well as others

Stepping stone to support in other aspects of life i.e mental health

Risks

Could give people ideas for how to self-harm

Increase fear among friends and family

if done badly could increase stigma

Too much support and advice can be overwhelming

Exposing yourself to individuals you may not be ready to just yet

Pair 2

Benefits

Reducing stigma around self-harm

Increasing knowledge around self-harm support

Increased understanding can lead to increased availability of and access to resources

More awareness leads to less people struggling alone with self-harm over time

Risks

Encouraging people to talk more openly about self-harm with no increase in support options can be dangerous

Talking about self-harm without acknowledging experiences of those who have self-harmed won't give the full and accurate picture

Pair 3

Benefits

give ppl who SH the help they need

Ease distress and sense of loneliness and isolation

help ppl who SH understand why they SH, and to then get help and support for that

Reduce stigma

reflects reality of SH - unhides it

Increase sense of hope that help is out there

Normalise conversations around difficult topics

help policy makers & service providers understand how to support ppl better

Risks

services need to be in place to respond to demand

Worries about Proper support being available

Ensuring that supply meets increasing levels of demand

People feeling isolated in their communities after they have opened up and shared their experiences

may lead to some people who self harm feeling exposed

Inappropriate support and poor sign posting

poss medicalises

ppl may expect a quick fix

Pair 4

Benefits

Reduce stigma

Help people access support

Client finding the language to explain their feelings in a safe space

Taken seriously

Acceptance

Risks

Stigma

could be a lack of trust

Give out the wrong information

Triggering for people

Speak openly but might not say the right thing

not including people who have experienced self-harm

People might get suicide and self-harm mixed up; the prelude to suicide

Spreading myths

Age and gender complicate things - you can't assume what someone is going through

People could fear that people won't understand - it needs to be a safe space

Pair 5

Benefits

Make a difference to someone's life

Assisting in supportive conversations

Normalising a conversation

Encourage help seeking

Risks

Introducing the 'idea' / behaviour

Not enough services / support

Pair 6

Benefits

self harm
on the
agenda

Show
recovery
is possible

Harm
reduction

Help with
confidence

Show that
help is
out there

Increased
awareness
of
intricacies

Reducing
stigma

Help people
to talk about
their own
experience

Risks

'promote'
or
'encourage'

Must be
a safe
space

Triggering

Online
risks/trolls

Peoples
experiences
being
invalidated

Pair 7

Benefits

makes help seeking easier

Easier to start conversations

Destigmatises/
normalises

reduces the fear around self harm

anonymity of online means easier to reach out

Risks

could backfire and drive those who self harm into hiding based on negative public response

could help or hinder an individual depending on where they're at - need for coproduction


risk of inciting/escalating / trading hints and tips

overdemand on services as a result of raising awareness

stigma prevents conversation

parents or carers - won't react helpfully?

what if I make it worse by engaging?

A decorative graphic on the left side of the slide. It features a large, dark blue triangle pointing to the left. Overlaid on this triangle is a grid of small, light green arrows pointing in various directions (up, down, left, right, and diagonally). The arrows are arranged in a pattern that seems to flow from the top right towards the bottom left, following the shape of the triangle.

Participants self-select into three different breakout rooms, to explore the top three themes emerging from the previous exercise

- Hope vs Fear: balancing the value of sharing positive information against the risk of 'copy-cattin'
- Stigma: does talking openly reduce stigma, or increase it?
- Support and Demand: what happens if raising awareness leads to demand for services which cannot be met?

Hope Vs Fear

Actually giving people help - active

hope: giving people somewhere to go and get help

we need to find the sweet spot on the continuum

Education vs fear

Responsibility for how this is discussed

educating people on the myths ie. self-harm leading to suicide risk

hope and tools and education

spread idea

increase fear

exposure

innaccurate picture

protection, estp from trolls, safe sapce

escalating "top tips"

sweeping something under the carpet doesn't mean it doesn't exist - need to discuss it

speaking about self-harm without educating can make things scarier

Risk and concern

Potentially causing more harm, 'encouraging' people

Not Chiming that Tools and Fear are in same theme

Tools = Help

Responsibility Plus Normalising

Reframing lanuage to manage fear

Support and Demand

stigma & framing of public discussion

Media need to be onboard - media guidelines

Need to not demonise (?) methods of self-harm when using support services.

Not one size fits all - still leave space for complexity

Definition key to support / service. Who are we targeting?

Person-centered / choice. What's on offer?

Don't lose sight of individual / complexity

pressure on services

false expectations of support

Stigma associated to certain support routes e.g. NHS (medical)

First step in reaching out must be positive

how public awareness can facilitate support-seeking

Highlight 'success' stories. Support can work.

Practical public awareness - how to ask for support.

Stigma

media/public

to avoid increasing stigma, use Sams suicide guidelines when talking to media, best practice

accept we can't control talk/media totally

inc avoid copy-cattng

put in scaffolding of support for LE story-sharing - safeguarding

transparency: it's not about the consent form, it's about deep understanding of the implications

careful decisions about speaking publicly

think through and resource properly

People have the right to back out of telling thier story

sometimes not right to share all elements of a story - implications on families

my "story" is MINE, it's personal I trust you with it

reduce stigma

increase stigma

normalising or reflecting

public consciousness and scale

when we look at scale of problem, we only see tip of the iceberg, as a means to cope with distress. Stigma stop ppl talking about self-harm 'they'll think I'm a loony'

risk of stigma outweighs the risk of not talking - I'm ok now because I can talk

building understanding, is the thing that combats stigma, normalises it

core issue is ppl in pain are thought of as "attention-seeking" and not worthy of attention, that increases shame. Harness power of stores of LE and journeys of recovery

1-2-1 talking

make talking genuine and non judgemental Eg I don't "understand" how another person feels! be mindful of language

don't make assumptions based on age, gender, etc

don't take it for granted, LISTEN, don't try to fix ppl, avoid coming across as parental

campaigns and all open talking

It's not whether we must talk openly - it's how!
Consult people with lived experience every step of the way - in campaigns and everything

Participants' closing thoughts at end of 1st Talking Openly Challenge workshop

thanks so much to everyone for sharing your insights and experience

Really thought provoking session and great compliment to the podcast series

we're trying to define some really big issues here, and I appreciate being able to think through the pro's and con's with others...

I think a definition of self harm (or self harm that we're shaping policy on) would be helpful

If we see selfharm as an expression of distress it might totally change how we go about having a conversation in the public domain

agree with this - it's a manifestation of a feeling, not the problem in and of itself. BUT it is a behaviour that isn't the healthiest or safest way of finding release and relief

is 'self harm' out of date, and is there another way we can talk about it that explains more about the 'why' and feelings behind it... e.g. I find 'false alarm' so helpful in place of anxiety or panic attack

Hearing from different people from different areas of the topic. Gives a more richer insight

what an important conversation to be having. Thanks for facilitating

Great insights into different perspectives on self-harm support and stigma

thanks for today, it was really great to hear different perspectives and got lots to go away and think about 👍

I do feel a huge responsibility, in sharing my lived experience as it's definitely not universal!

In the mood to eat teacakes now!

Really good to hear a range of perspectives 😊

is the term 'self harm' helpful if we really need to support ppl with trauma/ disteress 👍

Really good session, love Miro!

great contributions. thinking differently already ;-)



Issues raised in first session, summarised at beginning of second session

BENEFITS

We need to talk openly, because it can be healing and help people feel less alone

Power of personal stories of recovery

Spread the word about support & tools

Openness can reduce stigma

Campaign for more funds and political attention

RISKS

Safety issues, eg triggering, 'copy-cattin', 'moral panic', trolling

increase demand on inadequate underfunded services

openness can increase stigma and fear

DIFFERENT SPHERES

Do we need different recommendations for talking openly in:

1. Awareness-raising campaign

2. One-to-one conversations

4. Online/social media

3. Media

Small-group reflections at beginning of 2nd session

Reflections or thoughts since last session



Hopes for today's session



Participants select three of the emerging themes to explore further in the full group

SERVICES

there are services; but how do we give patients choice in getting trauma-informed or SH-informed conversations? Training and awareness. Compartmentalisation. Not just generalised distress. All Service-provision should recognise SH, Capacity building model. Safe appropriate response, whichever the service.



PERSONAL STORIES

how to harness expertise of LE, how to engage safely, safe for people, their capacity to share stories, scaffolding to support them



decoupling self-harm from suicide



TONE AND LANGUAGE:
what are the right words, the right language? Calmness



COMMUNITY AND NARRATIVE
shaping an narrative about what we want. Shifting community and public ideas re stigma. Stigma inc self-stigma Support at community level , before professionals



Community and narrative

Go to the places that people are. Literally - like pay for advertising for specific audiences on social media. Sounds obvious but I grew up in Scotland, lived most of my 20s here, worked for youth orgs, BPOC orgs, women's orgs, with Govt, and Children's Commissioner and have never seen or heard a single self harm campaign or conversation. The Samaritans report and Talking Openly is my first!

we have loads of policy and legislation which if put into to practice would address many of the issues tha main problem is a policy and practice gap

need to find ways of making this part of workplace conversation as increasing route to help seeking for many people

need to work on this from a lived experience perspective it needs to be at the root of change

Openness and honesty - but not enabling a behaviour that's not healthy? Fine balance

equipping people to have the conversations without fear

addressing the circumstances experienced by PWLE when accessing support

very clear and simple guidance:
1) it's OK to ask, you're not going to make things worse.
12) t's OK to reach out for help on what to do next for yourself or someone you know, and here's where to go.

Community based training for such issues for families, individuals etc.

consider stigma at all levels public , structural within families and communities and self stigma as it related to experiences of self harm

we have lots of experience of addressing stigma in broader MH terms some of this relates and include self harm we need to build on that

a storytelling approach has proven to be really effective in other mental health culture change approaches

Keep focus on storis of hope and recovery - papageno effect?

Without support in communities, the relationships we have and wider society supporting change is really difficult.

Giving communities the information and resources to deliver training/tool kit/awareness sessions

Self stigma can be reduced if lived exp case studies are shared, helps people to understand that they are not alone, or 'weird'

We all need, at a societal level to be able to have conversations around self harm - just as we've worked really hard to encourage people to have conversations around suicide.

Push for culturally competent, equalities driven community level work. Different communities need/deserve support tailored to their needs and context

In my experience, schools & social workers have relied upon community centres/third sectors for support. Communities are becoming a beacon of support but are often forgotten about.

Looking at address the taboos fear, shame guilt experienced and described

stigma and self stigma feeds back into this idea of decoupling from suicide.

recognition that those who are supporting others, may need support in their own right

Community and narrative.... continued

Communities linking with organisations would be beneficial

parallels with smoking cessation and harm reduction?

Having a non clinical element to building capacity approach in communities is important

Keep a focus on the societal issues than can lead to distress and to self-harm. Campaign for change in coalition with orgs outside the MH field.

It would be useful to talk about helpful and unhelpful tones, which leads into the territory of how do we make sure that being non-judgemental is factored into the approach

bystander intervention principle - you won't make things worse by reaching out

Back to concept of "othering" - people like you and me do this. People you know will already be doing this. How can you help? What can you do?

keeping it human - narrative designed to stimulate human conversations and interactions, not replace them. Friends, family, neighbours, colleagues.

one thing that strikes me is that what we are asking for in way of behavioural and cultural change is the same .

enabling

Need to go into communities and engage with people and professionals who live and work there

How do we begin to form a self harm informed community? We hear of being trauma informed but not self harm informed....difficult enough to find professionals who meet criteria. As stated previously this has a long tail to it and is all about societal change over years.....

Get clearer about the scale of the hidden issue and challenge assumptions about demography. Could be anyone -- we all have a part to play in making things better

developing narratives that mitigate self stigma is crucial, particularly within our more diverse communities where self stigma and community stigma create barriers to help seeking

Young people's voices can be harnessed in really powerful and different ways. Need to think about different methods of participation and engagement

Self harm is a lifespan issue so any narrative needs to reflect that otherwise we're contributing to stigma

Without cultural shifts any strategy will be really challenging to implement

we need influencers and those in power to have clam conversation in this areas

Let's stay local

go hyper local - find local champions armed with knowledge and tone to work with people, little by little, person by person

one of the most difficult things is challenging stigma in services. How do we bring our Asks in concert. We're all asking for person-centred compassionate response, can we bring that ask together?

Who are most likely to self harm? What do we know about why? Start with evidence base as well as lived experience to provide qualitative and quantitative information
eg https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr158.pdf?sfvrsn=fcf95b93_2

Decoupling Self-harm from suicide

Not a one size fits all. Without understanding the differences then you will not be able to develop appropriate responses

Person-centred approaches

Tailored flexible approach

We communicate from a position of both lived experience and also solid research - not sensationalised as is often in the media

We need to make sure that we include research investment to build our understanding around public language on self-harm - not just assume we can translate from suicide

Important to outline why self-harm and suicide are distinct and should be approached separately in strategic terms

Self-harm is used by many people to feel better rather than to end their life

the importance of viewing self harm as a positive behaviour in some instances and not necessarily leading to suicide

risk management

The methods of self-harm and their possible dangers (life threatening)

How do we do this work while also linking with suicide prevention work/strategies

how do we not lose the fact (and it is a fact) that there can be an increased suicide risk for some people who self-harm

valuable to discuss the overlaps between self harm and suicide and the relationships between the two

it's OK to tell people that you self harm and be greeted calmly and with compassion - not like you have two heads

Key to creating focus on decoupling is making the distinction and checking in re intention consistently

Tone and Language

Compassionate and empathetic language- what does this look like. Also what language is unhelpful and should be avoided

People need a human response that is accepting of where they're at, at this point in time. Our responses are key to future engagement and support

stay true to a common set of messages across the sectors. But do need to tailor for different spaces

Crucial to have a agreed standard tone and messages, whilst also being mindful that what is triggering for some would be fine for others, different people respond to different approaches etc. So perhaps the answer is almost like a flow chart of messaging - all with the same tone and starting point but different message journeys. And that LE voices must shape that.

(new) media guidelines - for news and also shows like recent BBC one - Time. Tone is often sensationalised / panic / fear / linked to suicide and not calm

needs to be transferable across different languages and cultures to ensure its inclusive

tailored messaging to meet cultural differences

Cultural factors

Individual needs and circumstances no one is the same

over-arching tone / messaging but with flex to target / tailor for specific demographics etc

Language Matters. It is about being trauma informed person centred recognising the person is more than a collection of their "symptoms"

respect

Person Centred, Genuine, non-judgemental and empathic as core ways of being.....

being human - listening understanding and accepting

tricky but crucial!

must not be stigmatising !

one tone across all comms channels - not just about a public awareness campaign - coherence! What you hear on a radio ad should match what you hear in A&E or a GP surgery

Use of existing resources that capture this ethos would be helpful - we have a richness of resources that can make a valuable contribution

frameworks institute have done brilliant work on creating a narrative around poverty which avoids triggering negativity - they are social anthropologists by trade who use masses of lived experience to shape their work

Need to recognise while calm tone is what we may aspire to won't be everyone's starting point - eg families may be quite alarmed, need to meet them where they are bring them to a place of calm?

How to create training on this

Training in tone and language for frontline staff, professionals, organisations

ask people with lived experience what tone is best

Agreed language that is decided by working with LE

How can we involve people with lived experience to sense check what id helpful/unhelpful language and tone

Tone and Language.... continued

so you're self harming? OK, thanks for telling me. Do you know why? Curiosity, compassion, calmness

love the idea of a calm narrative - but how to stay on side of not normalising? LE views to sense check??

be prepared to meet the public and professionals where they are - be kind if people get it "wrong"t - just as in work on EDI

I like the simplicity of the Ask. Tell. Save a life approach of current suicide prevention animations

How de we talk on Social media and what language should we use

Deciding what language is useful must come from LE. Also will differ person to person. Needs flexibility.

It's not uncommon but it;s maybe not the healthiest way you could cope with things? Let's find out more about why you do this.

How do we define self harm. Can families and communities that don't/can't talk about self harm co-create language with Samaritans/us/policy makers?

"police" this in the nicest way.... Challenge media outlets for xample (as Sams does through guidelines) - needs weight of voice to challenge

SH is ordinary, not necessarily ok for own wellbeing

not othering

Agreed language across sectors might be tricky - easier to define what's not acceptable?

Psychological studies into the use of langaueg

Ensuring individuals are comfortable with certain terminology

Ensuring the tone is not condescending or belittling

the use of 'questioning' when working with someone who presents with an issue of self harm.....

Need to get across that it is ok to talk about self harm in the same way that it is ok to talk about suicide. Undermining stigma in safe ways that promote good conversations

stay hopeful

Participants' closing thoughts at the end of 2nd Talking Openly workshop

For Scottish Govt: don't be frightened to take this on. It needs doing. Lots of brilliant people and organisations can help you.

Great to see the sense of urgency to take this agenda forward

What a stimulating, creative, compassionate group of people involved in this. A huge privilege to be part of this work.

Thankful to have been part of this process. There's been a desire for a national strategy for self harm for decades, that we're potentially on the cusp of this is fantastic.

Policy is great but we need greater accountability for some of the policy and legislation that exists Human rights is a good example

The importance of building confidence within communities is vital - those day-to-day conversations and perceptions are so important for creating change...

No matter how big the policy or campaign becomes. Never forget the individual

Be prepared to feel out of your comfort zone, that's okay, you have to center the voice of lived exp even if it doesn't match with your initial understanding of the issue

my mind is buzzing with ideas and insights - can thank you all enough for sharing your ideas and experiences. one of the best engagement sessions I've ever been in!

great session

my parting comment would be "people not processes"

Really looking forward to seeing the outcomes of such important work.

Big changes are coming!