

## The Talking Openly Challenge Group

### Our starting point

Over the course of our research and engagement to inform our Hidden Too Long report, stigma emerged as a significant barrier to understanding the true scale, impact and underlying causes of self-harm. It was also identified as a barrier to developing effective, person-centred responses. While this initial engagement suggested any future policy approach would need to consider the impact of stigma and the challenges and opportunities around increasing public awareness of self-harm, it also highlighted a number of risks. In this second phase of engagement, we wanted to explore these opportunities and risks in greater detail and identify principles for increasing public understanding, and supporting safe and open conversations around self-harm.

**\* 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 public awareness and open discussion of self-harm 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 Talking Openly Challenge Group, including representatives from national and local government, health and emergency 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 our first Talking Openly Challenge Group session we asked participants to reflect on their own comfort levels in talking about self-harm and explore the benefits and risks involved in open discussion of self-harm. We then loosely grouped these benefits and risks under the headings: 'stigma and un-hiding', 'tools vs fear', and 'support and demand' and explored each grouping in greater detail. In our second group session we built on this work by honing in on key issues around encouraging open conversations and public understanding of self-harm, and the challenges and opportunities associated with these. The key issues were: decoupling suicide and self-harm in public understanding & discussion; shifting public and community narratives / understanding of self-harm; and developing a safe and effective tone and language to inform and support discussion of self-harm.

Through this discussion we identified key challenges and opportunities for future national policy to inform and support safe and open discussion of self-harm and principles for future public awareness raising activity.

### **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 in 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 we heard 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 benefits of encouraging safe and open conversation around self-harm outweigh the potential risks.**

Across both sessions a clear consensus emerged that encouraging safe and open conversation of self-harm and working to increase public awareness and understanding of it was crucial to reducing stigma, encouraging help-seeking and improving support.

#### **However, it is important that any policy approach to increasing public awareness recognises and responds to risks.**

Some of the risks highlighted include: the potential for normalisation and contagion if self-harm is portrayed as a safe or effective response to distress, the potential to exacerbate stigma if self-harm is framed in a way that increases alarm, misconceptions or judgement, and the risks of already-strained support services not being able to respond to a potential rise in help-seeking.

#### **Policy should be shaped by people who have lived experience of self-harm, and informed by evidence and research.**

Engaging, co-produced awareness-raising campaigning with people who have lived experience of self-harm is crucial to ensure this approach is safe, effective and de-stigmatising. Policy and services must also be informed by the best possible evidence and research. This must include investing in new research to improve understanding of self-harm and the sorts of support, messaging and interventions that are effective.

#### **Public awareness campaigns should adopt story-telling and modelling approaches.**

A story-telling approach, with a focus on stories of hope and recovery, can reduce stigma and encourage help-seeking. Champions/influencers who can model tone, language and narrative within the context of their sector, service or community can act as key implementers to achieving shifts in attitude and encouraging open conversations.

**This approach should frame self-harm as a response to distress and ‘de-couple’ self-harm from suicide, while still recognising risks.**

While self-harm is a strong predictor of future suicide risk, it is important that they are not treated as interchangeable. Public awareness campaigns should recognise and respond to the distinct intentions and experiences that lead to self-harm. Policy-makers and services should not assume that the same approaches to encouraging open discussion of suicide will translate to self-harm.

**Consistent tone and language is key to supporting discussion and understanding of self-harm across sectors and at a societal level.**

Developing consistent language across policy, sectors and services is important to provide clarity and consistency. However, it was recognised that different groups respond to different approaches and not ‘one size fits all’. Therefore, it is key to also allow space and flexibility for more specific language to reach specific groups. A balance of consistent language and tone, but with room to target messaging, is required.

**Tone and language should be calm, kind and focus on facilitating open and honest conversations and help-seeking.**

Language should be person-centred rather than focussing on diagnosis, symptoms or specific behaviour. Public awareness campaigns should adopt a calm, non-judgmental and empathetic tone to facilitate open and honest conversations and ensure language is not stigmatising or othering.

**This approach should focus on developing a narrative that reduces stigma, supports conversation and develops capacity across sectors, services and communities.**

Increasing public awareness and encouraging open conversations around self-harm requires a new narrative. This narrative should centre self-harm as a response to distress, and focus on reducing stigma and encouraging help-seeking, while still recognising the potential risks associated with self-harm.

Policy and services should work with communities to develop and deliver this narrative, supporting capacity building and change across a wider range of settings including workplaces, schools, communities and peer groups.

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