|  |  |
| --- | --- |
|  | **PODCAST 1 – INTRODUCTION**  |
|  | This audio bulletin features views and insights from a range of contributors - which are not necessarily representing the views of Samaritans or those who’ve supported Samaritans’ work.Please be aware this bulletin includes discussion of self-harm and suicide and that some of this content may be triggering. You can contact Samaritans for free, 24/7, by calling 116 123 or emailing jo@samaritans.org |
| Prof. Rory O’Connor | If you ask people who self-harm about the reasons, you'll rarely get a single answer. Now, from research that we've done over many years, I would say that the dominant answer is some way of managing unbearable pain or to escape unbearable pain.  |
| Claire Dean (Narrator)  | Hello and welcome to the first in our series of podcasts on self-harm. Last year Samaritans’ 24-hour helpline discussed self-harm with callers more than 272,000 times – that’s once every two minutes. Samaritans Scotland commissioned research and their Hidden Too Long report shows the proportion of adults in Scotland who say they have ever self-harmed had more than doubled from 3% to 7% in 10 years. And for 16 to 24-year-olds, the number is even higher – 1 in 6 say they’ve self-harmed at some point.Professor of Health Psychology and Director of the Suicidal Behaviour Research Lab at the University of Glasgow, Professor Rory O’Connor says he was not surprised at the findings. |
| Rory O’Connor | That's probably an underestimate because many of the people who are probably most vulnerable, most likely to self-harm or engage in suicidal behaviour perhaps don't take part in such studies. So, what I think it highlights is sorta my sense of the tip of the iceberg of the hidden scale of self-harm. And it's such an important issue that we...we tackle.  |
| Claire Dean (Narrator) | Sam Harrison manages the self-harm project for the mental health charity Penumbra. She says self-harm can affect people of all ages. |
| Sam Harrison | It can be anybody. I think that's the one thing that I've definitely learned in my time here, you see people who come who are 16, you see people who come who are in their 70s, it can be anybody at any, any point in their life. Some people will have been self-harming for years and years and years. Others will have just found it after a bereavement or massive life change or whether it be a divorce or retirement or anything like that.  |
| Claire Dean (Narrator) | Executive Director for Samaritans in Scotland, Rachel Cackett says she was very moved by the testimonials from the volunteers who man the helpline.  |
| Rachel Cackett | There are some quotes in the Hidden Too Long report which really spoke to me about our volunteers really feeling the pain and the lack of recognition for many people who ring us who are self-harming. About one in ten calls to us mention self-harm and about one in seven of those calls are people calling us as a means of resisting self-harm at the time.  |
| Claire Dean (Narrator) | Callers to Samaritans’ helpline who mention self-harm are 1.6 times more likely to discuss mental health, 1.5 times more likely to discuss drug or alcohol abuse and 2.1 times more likely to discuss concern about violence and abuse than callers who do not mention self-harm. Here’s Professor Rory O’Connor again. |
| Rory O’Connor | If you ask people who self-harm about the reasons, you'll rarely get a single answer. Now, from research that we've done over many years, I would say that the dominant answer is some way of managing unbearable pain or to escape unbearable pain. It's a way of sort of lancing this ever-growing pain which becomes so unbearable and that's the only way the individual can manage that. And these sorts of emotions can be driven by a whole range of factors. We know that people who experience trauma or adverse childhood experiences, and that's associated with a whole range of mental health challenges including self-harm and suicidal behaviour and so in a way self-harm is a manifestation of, for some, many years of ...of challenges in dealing with loss or dealing with rejection. And during adolescence this sense of social rejection is really heightened say for example somebody experiences bullying or..or more broadly rejection that's internalised and felt really, really keenly by adolescents. So, as you can start to see then this early life experiences it's not an inevitability that somebody becomes suicidal or thinks of self-harm. But it's a vulnerability. And that's part of this ...importance of trauma informed care and trauma informed services for anyone who's seeking help for mental or physical health problems. |

|  |  |
| --- | --- |
| Claire Dean (Narrator) | The Hidden Too Long report found that the stigma surrounding self-harm often prevents people seeking support. Sam Harrison from mental health charity Penumbra agrees. |
| Sam Harrison | I think people can feel as though they can't really talk about it to many people because they're not so sure that people will understand where they're coming from or they'll feel an element of judgement. I think it can be quite useful within a service to have a space where they are sitting in a non-judgmental space to be able to explore all these really difficult pieces of subject matter without having the fear of being stigmatized and being judged.  |
| Claire Dean (Narrator)  | GP Carey Lunan who works in the Craigmillar area of Edinburgh says being more open can help tackle the stigma. |
| Carey Lunan | I think when we are speaking to people about significant levels of anxiety or low mood, it's important to ask if those thoughts have ever been there, if people have self-harmed in the past and what format that has taken, whether it's been overdosing or whether it's been cutting, or whether it's been other things, and I don't know if we're always as good at doing that as we could be or should be. I think often just asking the question is reassuring to the person on the other end of the phone, that you are prepared to go to some of the more difficult places and address maybe some of the stigma around it.  |

|  |  |
| --- | --- |
| Claire Dean (Narrator) | Samaritans’ lived experience survey found that while 77% of people had sought help from healthcare services, only a third found this support moderately useful. Chief Executive of youth health and wellbeing charity Fast Forward, Allie Cherry-Byrnes, says services for young people in particular must be a priority. |
| Allie Cherry-Byrnes | At last count I think the waiting list to see Children's Mental Health Services was around a year. That is a very long time to wait when you are experiencing poor mental health which is unlikely to improve without some kind of support. So, then you have the knock-on effect of that national crisis in young people's mental health and the fact that this would then possibly result in young people engaging in risk-taking behaviours which result in a negative impact on their mental and physical health through self-harming activities including engaging in a range of risk-taking behaviours.  |

|  |  |
| --- | --- |
| Claire Dean (Narrator) | GP Carey Lunan says health professionals are often frustrated by the limits of the system. |
| Carey Lunan | I think the system can feel quite broken for young people and for their families. And I think also for the clinicians working within the system as well. I think it takes a lot of courage, often for young people to come forward with their difficulties. And if they are assessed in general practice and felt to be unwell enough to need a CAMHS referral, it can be quite difficult, I think when that referral is then a long time in coming or referral isn't accepted by the service. And I think there's lots of ways that we can improve that by bolstering the community and third-sector agencies available. But I'm also conscious that for the vast majority of GPs, our appointment times are very limited, because they're usually 10 minutes, and you need longer than that to be able to listen fully. |

|  |  |
| --- | --- |
| Claire Dean (Narrator) | The Hidden Too Long report showed more people who self-harm are likely to turn to friends, family or online forums for support. But 40% of adults said they would not know how to support someone close to them who was self-harming. Lorna Fraser from Samaritan’s Media Advisory Service, stresses more support for this hidden frontline is vital. |
| Lorna Fraser | We know that people can feel reluctant to talk about these things people can often feel that they wouldn't know necessarily the right thing to say if they start a conversation with somebody that they may be concerned about. They might be worried about opening up a can of worms or not knowing where to go with it if they start that conversation. |
| Claire Dean (Narrator) | Community Psychiatric Nurse, Kat Paterson is embedded in Carey Lunan’s GP surgery in Craigmillar. She believes supporting the hidden frontline can make a big difference. |
| Kat Paterson | The other important thing that we have done here is make links with our local high schools. So, for me, it's also been about supporting teachers to help identify self-harm, the mechanisms that we can have to support these pupils, how we link them into the practice in a timely way, and how we can safety net.  |

|  |  |
| --- | --- |
| Claire Dean (Narrator)  | Lawrence Brodie from Electrify Marketing and Communications works with many public and third sector clients. He’s calling for a more joined up approach to tackling self-harm. |
| Lawrence Broadie | I think the problem is that we have seen services develop, services operate in their own space, so you have service A designed to solve problem A, service B to do the same with problem B. And we need to stop thinking about things in terms of services and we need to start thinking about things in terms of solutions so that we're looking at that whole person and seeing what they need. Not what we can offer, not because we have service A or service B, but what does that individual person need in order for them to move forward with their life in a way in which they would like to do so. |

|  |  |
| --- | --- |
| Claire Dean (Narrator)  | There are many difficult issues for the Challenge Groups to address, such as the link between self-harm and suicide. Here’s Professor Rory O’Connor. |
| Rory O’Connor | For some people there is a link between self-harm and suicide prevention. Statistically there is definitely a link. But we need to be really, really cautious on how we deal with this because for some people I know, speaking to people who self-harm and they're absolutely certain that their self-harm is not in any way linked to suicide risk, is that they do not like the idea of linking self-harm to suicide. Because actually for many people their self-harm is quite the opposite. It's way of staying alive. It's a way of managing their emotions so they don't become suicidal. So, when we think of the policy response then we need to think about those nuances and those sensitivities. Now, I know as a researcher, without doubt if somebody engages in self-harm the risk of suicide is statistically increased. That's just a statistical fact. But I think we need to be careful how we integrate that into a policy response. So, my sense is yes, self-harm has to be managed in some way linked to suicide prevention but also, I think it needs to be treated and responded to as an index of distress in its own right and therefore as an index of the distress in its own right it needs its own unique policy response.  |

|  |  |
| --- | --- |
| Claire Dean (Narrator)  | Over the course of this series of podcasts we’ll be looking at some of the challenges that lie ahead. Samaritans Scotland’s Executive Director Rachel Cackett, believes a national strategy is the first step to reducing self-harm. |
| Rachel Cackett | Well, we've obviously called for a national strategy, not because we think it's the great magic wand cos it clearly isn't. But it is a way of bringing national attention to an issue, allowing us to understand what values we're bringing to something, what approach that we want to take and what really matters. And sometimes getting that first question. Like, “what are we trying to change?” is the most difficult question but the one you have to get right before you take action.  |
| End Thanks | *Samaritans Scotland would like to thank the Scottish Government for supporting our work on self-harm.* |