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| **Podcast 5 Transcript: The Harm Prevention and Harm Reduction Challenge** | |
| Intro | *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*](mailto:jo@samaritans.org) |
| Kat Paterson | I had a patient who unfortunately had to be attended in A&E after quite a significant overdose and although she was medically fit to be discharged, there really wasn't any follow up care. |
| Claire Dean (Narrator) | Hello and Welcome again to our series on self-harm. Today we’re considering how services respond to self-harm and support people effectively – and the risks involved in doing so.  Community Psychiatric Nurse, Kat Paterson is embedded in a Deep End GP surgery in Craigmillar in Edinburgh. Working in an area of multiple deprivation, she believes building a relationship of trust with a person who’s self-harming is key. |
| Kat Paterson | It's about how you ask the question as well and the opportunity, right at the start of asking the question, to reduce the stigma and come over as an interested and caring professional. So certainly, one of the ways I frame is that when we're distressed, and we're struggling, we have various coping mechanisms in our life, and for some people that is self-harm, and actually, that's not anything that should be embarrassing, but it's difficult and often private.  I sometimes use just basic statistics, like we know on the average full London bus in the middle of rush hour, at least a third of those people will have experienced either self-harm or thoughts of suicide. So, I think it’s really important that right at the start of these conversations that you say to the patient, this is an absolutely okay conversation to have. |
| Claire Dean (Narrator) | Sam Harrison is the Manager of mental health charity Penumbra’s Self-Harm support service. She shares Kat’s belief that an empathic approach in the community is vital. |
| Sam Harrison | It's got to be person-centred. The first thing that I would ask somebody is what do they want to get out of support? Do they want to stop self-harming? And if they do want to stop or if they want to reduce it, what is it that self-harm does for them so that you can start looking at potentially similar coping strategies that could start building up replacements to self-harm. |
| Claire Dean (Narrator) | Helping young people to understand their own risks, Fast Forward specialises in risk-taking behaviours, prevention and early-intervention. Chief Executive, Allie Cherry-Byrnes says it’s all about empowering young people. |
| Allie Cherry-Byrnes | We have known for a very long time that telling young people not to do something is not an effective model. So that's why at Fast Forward we take a harm reduction approach. We do some prevention work as well in the hope that young people will not engage in a particular risk-taking behaviour. But our message is always make an informed choice. So, if you are considering a behaviour that might potentially have a harmful impact, be aware of what those impacts might be, understand the decisions and make the decision that is right for you. So that may well be with the tobacco analogy, that a young person chooses to smoke five cigarettes a day rather than ten. That's the harm reduction approach, rather than just don't smoke because we know that that is not an effective way to engage with young people. |
| Claire Dean (Narrator) | Both Allie and Sam Harrison from Penumbra agree that professionals have to be mindful of the implications of taking control. |
| Allie Cherry-Byrnes | I think the model of working with a young person to understand the impacts of that risk taking behaviour and to support them perhaps to reduce or limit the particular activity still enables them that sense of control which I would suggest is a more positive way forward and would be I guess part of an ongoing conversation with that young person towards hopefully preventing the risk taking behaviour but working with them in a way that enables them to do that in a way that is meaningful to them and does not take that sense of control away from them. |
| Sam Harrison | From my personal experience, people who are using self-harm, they're using self-harm to stay alive. It's a coping strategy. It's a way in which to stay here. So, my concern as well, if you're going to take self-harm away from somebody that may increase the risk of suicide. |
| Claire Dean (Narrator) | CPN Kat Paterson encourages parents of young people who are self-harming to support the harm reduction approach. |
| Kat Paterson | What's really important when you're working with the parents often is actually not to necessarily condone or discourage the behaviour, but actually together, look at mechanisms to reduce the harm. Distraction techniques, something called a 15-minute rule, which is where you ask a young person to clock in for 15 minutes when the urge is high. Now, if you can share those techniques with the parents, that's great, and sometimes you have to be very clear with parents please don't tell your child that this is wrong.  This is a mechanism that they are managing to cope with their emotions at the moment. If they are forced into trying not to do this, their risk actually becomes higher. I suppose that's the stance that I tend to take when working with self-harm and employing a harm reduction model in a sensitive way. |
| Claire Dean (Narrator) | GP Carey Lunan works with Kat in the Craigmillar surgery. She says after just six months of having an in-house CPN, referrals to specialist mental health services were down by more than 50%. She says GPs also need more training and more time to ensure a harm reduction approach. |
| Carey Lunan | There's possibly also something about building confidence within the GP community about how do we how do we deal with this? How do we advise on this so that we don't kind of reinforce sort of negative emotions around it by saying, you know, that you must stop that. And our aim must be to stop that and we'll use medicines to stop that. 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 to what someone is saying and to be able to go through these those types of techniques. So I think there are a number of challenges and barriers within our current systems as they are as they currently run that would make it difficult for GPs to upskill in this to that level. But that's not to say that there wouldn't be some desire to have more understanding and more confidence around those simple techniques. |
| Claire Dean | Kat and Carey in Craigmillar also know only too well the risks when people don’t get an appropriate response. |
| Kat Paterson | I had a patient who unfortunately had to be attended in A&E after quite a significant overdose and although she was medically fit to be discharged, there really wasn't any follow up care, And the sorts of things that patients express is, it's often retraumatising, they feel abandoned, they feel rejected, it reinforces that perhaps the underlying issues, services are not ready to address or they should remain unspoken that perhaps the best possible thing would be just the patch you up and hope that you go on your way. And so often, when patients have these experiences, it takes them several steps back in their recovery journey. In terms of disclosure, they shut down, they feel exposed. And certainly from a mental health perspective, it can take quite a lot of rebuilding of trust, as mental health clinicians, to actually say to somebody and you know, this is something I will do all day every day is, whatever the symptom might be, whatever the behaviour is, let's just rewind the tape and look at what's going on behind that. Because the feelings and the thoughts that you're experiencing and the behaviours you won't be willingly want to feel like this forever. So, let's look behind this, I'm very open to hear what you've got to say. |
| Carey Lunan | I think one of the biggest issues around that is that mental health services have consistently been underfunded forever. We just don't value mental health services, in the same way that we value physical health services, and yet, without mental health, there is no health. So I think until we see, genuine, you know, what policymakers called parity between mental health and physical health in terms of how we fund it, how we value it , we're going to continue to see, I think mental health as a bit of an orphan service where the resources just simply aren't there to be able to work with people to help them to manage and understand the trauma that they've experienced that is driving this in in in the first place. |
| Claire Dean | And as Allie Cherry-Byrnes explains, if no appropriate support is available after the immediate response, there can be serious consequences for services too. |
| Allie Cherry-Byrnes | The risk to the young person is that they end up in a potentially very dangerous situation depending on what activity they are engaging in, potentially overdosing, getting themselves into difficult situations if they've been drinking. And then I suppose the impact for service is the knock-on effect if it is known that a young person was accessing support and then the potential fallout from that where the support hasn't resulted in positive choices. |
| Claire Dean | Carey Lunan and Kat Paterson say local community projects run by peers or people with lived experience can make a huge impact when they’re properly resourced. |
| Carey Lunan | During the pandemic Kat’s team did some great videos, on mental health techniques, just breathing techniques, basic CBT techniques, so that when people were feeling anxious, they could log on to our website onto the wellbeing section and watch a video. And I think that one of the really powerful things about that was that they were watching videos of people who, whose faces, they knew who they'd maybe met before, whose voices they recognised. And in the first, I think, 24 to 48 hours of the first one going up more than two and a half thousand people had watched it, so it just showed that there was a huge need and desire out there to be able to get support from a trusted service. |
| Kat Paterson | I feel when people present with self-harm, and certainly young people, it's practical, it's emotional support, it's not about waiting on a list, getting a diagnosis, and then waiting around on a list for psychotherapy. Often what people need now is a safe space, somewhere that feels familiar, where they can bottom out just the anxieties and distress that is going on for them at the moment. And when we have had some of these services running, one that we had for quite a long time was the Hot House down in Craigmillar, you know, the response and the improvement in our young people's well-being was very quickly seen. But your funding changes, and we've lost a lot of those services. |
| Claire Dean | Ultimately the reasons behind self-harm are complicated and those on the frontline say we must look at the bigger picture. Here’s a final word from Kat, Sam and Carey. |
| Kat Paterson | Self-harm is so intertwined with so many other physical, psychological, socio and economic issues, that if we address it, in isolation, we are only as I say, putting a sticky plaster over a gaping wound. |
| Sam Harrison | Self-harm is very much the symptom, it's not the cause. So, it's looking at what it is that's going on for that person and finding out why then why self-harm has become something that they've used. |
| Carey Lunan | Any policy that is developed, needs to consider have we got the appropriate resources in place to be able to support people as and when they need support? So, do we have enough resources within education? Do we have enough resources within the voluntary and third sector? Do we have enough resources within health? If I take health as an example, because that's, I guess, the one I'm most familiar with, do we have adequate levels of training within the clinicians they're likely to speak to? Do we have long enough appointments to be able to meaningfully have those conversations? Are we committed enough to having models where mental health is accessible much, much further upstream, for example, within practices, like we've been talking about today, because I think it's really important to match kind of expectations and promises with what can actually be delivered on the ground. |
| End Thanks | *Samaritans Scotland would like to thank the Scottish Government for supporting our work on self-harm.* |