**Podcast 6 Transcript: What makes the difference?**

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|  | 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 |
| Liam | This isn't a problem that exists for no reason it exists because people are dealing with something and that something is not being resolved. |
| Claire | Hello and welcome to the final podcast in our series on self-harm. In this episode, our three contributors share their own experiences of self-harm, what helped them and what didn’t, and what they think needs to be done to help others now and in the future.I began by asking Liam when he started self-harming. |
| Liam | So, I was in my early teens, 13 I think, when I started, what I would call traditional self-harming. And that was largely due to body issues and social anxiety and obviously, at that age, kind of puberty years, so everything is more intense. So initially, it was a purely coping mechanism that I just sort of accidentally stumbled upon. I think, once I'd reached 15/16, I would call it an addiction, in the sense that I had become incredibly reliant on it, to cope with emotions. |
| Claire | Research shows there’s a strong link between trauma and self-harm. Stephanie suffered trauma throughout her childhood. |
| Stephanie | I kind of started when I was about twelve. That's when my first suicide attempt was. But I couldn't do it too much because I was being abused at home. I was quite badly sexually abused so he would have seen it if I'd done it too much, so it was just little bits. And then when I was fourteen life just spiraled. Everything got worse. The abuse came out. And that's when I just started. For me it was suicide - that was my goal and for six years I actively was suicidal and I have had what?...over twenty attempts in those six years. I think it was always just a relief. Always just that I can't get this anger out. How do I get this anger out? And it was cutting myself. And that's at the time what helped. |
| Claire | Evidence suggests self-harm is more common among young people and that self-harm often starts in adolescence. But Steven didn’t start self-harming until he was in his mid-twenties. |
| Steven | There was a kind of load of build-up of different things. My best friend took his own life. I had an illness that resulted in me using a wheelchair, so I went from playing football to needing a wheelchair in the space of about nine months. It was a release. I was feeling a lot of emotion that I didn't really know even what the emotion was. Whether it was anger, whether it was sadness, frustration, whatever. There was all this emotion that was flowing about, and I just didn't know what to do with it. But then also I'm going, "I'm a guy. I'm a guy", you know, one, I shouldn't really be feeling that way and two, I should know what to do if I am and I didn't. I hadnae a scooby. So I started cutting. I would punch walls and things like that and the...the aim of hurting myself which I did and I also reduced my eating so I starved myself.  |
| Claire | For Stephen, the fact that he didn’t fit the often-perceived stereotype of an adolescent girl self-harming proved a barrier to him asking for help. |
| Steven | I never actively went out and sought help for it because it was something that I was desperately trying to hide from everybody. Because again that kinda idea of it being teenage girls thing. So, there was a lot of self-stigma. But there was times that I required some assistance, whether it be medical from family if I had cut too deep or hurt myself too badly then I had to present at A&E in order to get stitches or something. I don't know again whether it was the self-stigma in going in with tinted lenses that made it or whether it was the opinion of "well, you've done this to yourself", you know, "and you're a bit of a waste...a waste of time".  |
| Claire | When Stephanie was placed in care, staff were alerted to her self-harm and would carry out regular searches of her room.  |
| Stephanie | No one sat down and said anything about self-harm, and it was made to feel very kind of wrong and you were embarrassed by it and you were hiding it. Because you'd think that people were going to start saying that you were doing it for attention, when, in fact, it was a cry for help, and it was a release, but it was never in the way that they make it out and that negative kinda, you're attention seeking. I think that's such a horrible thing to say.  |
| Claire | Liam also kept his self-harming hidden and wasn’t looking for help. |

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| Liam | I did not seek support for a long time, because I didn't really want it. So, for me, my self-harm was not actually a problem, at the time it was a solution, albeit a temporary one and I didn't want to stop self-harming.  |
| Claire | When people who self-harm do reach out to family, friends, health professionals and online forums, their experiences are very mixed. |
| Stephanie | I've had a paramedic tell me that he was in Iraq and he'd seen people with their limbs blown off so why the hell am I sitting here self-harming and saying that I shouldn't have PTSD or depression? And that was a paramedic but my experiences in A & E are ten times worse than that. They just look down on you from the minute you walk in. |
| Steven | Once people do start to find out and they care for you so they want to try and keep you safe and with that lack of understanding of it they would start to take things away from you. It actually made it more dangerous because then you would look for other ways.  |

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| Liam | I did use sort of online forum, which was a self-harm support website. That initially was kind of good, because it was the only place where I could discuss it. But I think on the flip side, it also kind of reinforced for me that this was a good way to deal with things. It's a very fine line between support and yeah encouragement, I think.  |

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| Claire | With the right help, people do recover. When Liam was in hospital, he was assigned a support worker from the mental health charity, Penumbra. |
| Liam | Penumbra was completely game changing. And that revolved around building a toolbox of kind of alternatives to self-harm, because a lot of the kind of default response you often get is people say, just don't do it and it's not helping, both of which are not helpful: a) because it is helping actually, and b) because if I could stop I would have already. So yeah, we developed alternatives and that was 11 years ago I guess, apart from a few months in 2019, I've been self-harm free.  |
| Stephanie | When everything changed it was when someone gave me the chance to share my story and it was the first time I'd ever felt listened to. Despite having been through police interviews and going to court and telling my side of things there it never felt like I was believed or that anyone was on my side. So, when the opportunities came about to just share my story and everything changed because in the seven months before that things were really, really bad. If there was a month later, I probably wouldn't be sitting here today. But just someone giving me the chance to feel believed and validated and listened to, saved my life.  |
| Steven | I was in hospital for seven months and one of the auxiliary nurses was the game changer for me. It was sheer determination and perseverance from her to get me to say hello to her in the morning. It was the sheer fact that she thought I was worth making that effort and coming back every day despite I growled at her and grunted at her and you know, it built my self worth so much. That was the first real instance that I felt as if I was worth saying hello to, or worth somebody waiting for me to say hello back.  |

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| Claire | Stephanie and Liam think campaigns encouraging people to talk openly about self-harm can debunk some of the myths and encourage people to get help.  |
| Stephanie | I want to see people on the telly, on social media actually talking about it because the girl I was years ago never had that and, if I did, would things be a lot different? Probably. If someone had just said that you're not alone in this and that it's also not a thing to be shameful of because shame is one of the most toxic emotions that there is.  |
| Liam | I think the only way that people's perception will change is if it is discussed, but it has to be done properly. And things like social media can help in certain ways, but they can also be incredibly dangerous in that regard, because you have to walk the line between raising awareness and glorifying or at least normalizing something as good. Self-harm isn't good. It serves a purpose for a lot of people, but it's not good. I don't want people to think of it as the next option. I want people to try almost anything else first. |

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| Claire | Many people with lived experience point to harm reduction as the road to recovery. |
| Steven | Managing that risk is far more powerful than trying to prevent it from happening in the first place, especially when you're working with somebody closely, it actually helps build a bit of trust in a relationship. Loads of events had happened to me or to people round about me but they were all out with my control. And these emotions had flooded in to me. The only actual thing that I had that I was in control of was that self-harm. Then when somebody takes that away you... just spiral again.  |
| Stephanie | I think harm reduction will lead to prevention though. Because I've seen it with people that I know personally and that I've worked with in my job. They're stunned cos they do expect you to tell them off and they're expecting you to take it away from them and when you don't, it gets them thinking. And it gets the cogs turning and they're like, "Hold on. What's going on?" And it opens up the doors to have these conversations. It helps so much I think.  |

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| Claire | Stephanie and Steven believe education and training for both professionals and the public must be a priority. |
| Stephanie | I'm so big on training because there's not enough of it. I am in a social work course and I have had one day mental health training. And I've got people that are nurses that are friends of mine who have had one or two lectures most. Like the training is just not there. They don't even think about getting lived experience in which is so invaluable.  |
| Steven | Moving forward I think there needs to be a three-pronged attack to this. One is general awareness raising, having some sort of campaign be informed by lived experience would be awesome because what that starts to do is chip away at stigma. Then there's education, even at nursery level where we start to recognise emotions, and then as that grows you know, you're starting to recognise emotions so what can we do, help people realise that they've got a lot of the answers to the questions that their mind's asking them. So, some sort of embedded within the curriculum. And the third one. Training. I wouldn't say that there's any of the frontline services there that don't require some sort of basic training and understanding of self-harm. First responders. That kind of thing. But also I think first aiders within educational establishments and workplaces.  |

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| Claire | While Liam believes it’s important to address self-harm, he’s calling for a focus on the root causes of self-harm. |
| Liam | This isn't a problem that exists for no reason it exists because people are dealing with something and that something is not being resolved. So, we can campaign as much as we like, we can provide alternatives as much as we like. But if the underlying issues that cause people to engage in self harm are not resolved, then it doesn't matter, because people will do it anyway. People have to cope somehow and if you put them in a corner, then they will cope in whatever way they can. I can understand why the drive is directed at self harm rather than the underlying issues, but that won’t fix it. |

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| Claire | To make a real impact on the level of self-harm in Scotland, all three are calling for those with lived experience to be at the centre of any new strategy. |
| Stephanie | I mean I know with mental health and with suicide there's different panels of people, of lived experience or people that work in it. Like, we need something like that. We need a mixture so you've got all these people that have the ability to make these decisions and policies and procedures but also people that can tell you if that's a lot of rubbish. You can study self-harm until the day you die but you won't know what it's like unless you've actually done it.  |
| Steven | And it's making it that priority but again, no rushing it. Like this doesnae need to come out in a month. You know, take the time to properly research what is needed. And get it right. So yeah, definitely a commitment long-term and not trying quick fixes. I suppose for the decision makers is look beyond possibly beyond your own term. Make this a legacy.  |
| Liam | If new policies are going to be made, if new programmes are going to be created, it has to include the lived experience of people who have actually experienced self-harm, because they are the best textbooks that you can find. Nothing will tell you more about how a policy will affect people self-harming more than the people who are self-harming. Obviously, other abilities and professions are equally valuable, but if you don't start with understanding what people are actually experiencing in the first place, then you're not going to get anywhere. |
| End Thanks | *Samaritans Scotland would like to thank the Scottish Government for supporting our work on self-harm.* |