

The Harm Prevention & Harm Reduction Challenge Group

Our starting point

Our *Hidden Too Long* report, published October 2020, identified a range of reasons why people may not seek support in connection with self-harm - many of which appeared to be rooted in concerns around how professionals and services would perceive and respond to self-harm. Our research found that where people did seek support - often from a range of sources and services - many did not find this support effective. We also heard from a wide range of stakeholders about the challenges and barriers they faced in recognising, responding and reducing self-harm - and in managing the risks associated with this. In the second phase of our engagement, we were keen to explore the opportunities and risks associated with harm prevention and harm reduction approaches and how a new, national policy approach on self-harm could support a range of services to effectively respond to and support people in connection with 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 harm prevention and harm reduction, 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. A range of stakeholders were invited to participate in the Harm Prevention and Harm Reduction Challenge group. Participants included representatives from national and local government, health and emergency services, criminal justice and the third sector, as well as people with lived experience of self-harm. No comments have been attributed to an individual participant or organisation as we wanted to encourage open and honest discussion.

In our first session participants shared their views on the opportunities and risks for services in responding to and supporting people in connection with self-harm through harm reduction and harm prevention approaches – and how these two approaches do and can interact. We then grouped these into broad themes that emerged - stigma and risk, choice and control, and overloaded services - and explored the opportunities, challenges and risks associated with each of these themes in greater detail.

In our second session, we further developed these themes and their implications for future policy and service approaches. In some ways this rich and challenging discussion raised

more questions than answers, however we did see an emerging consensus around key issues and principles for a future policy approach to consider.

Our key themes and conclusions

It is challenging to summarise the incredibly rich and nuanced discussion that came out of both challenge groups. The conclusions below should therefore be viewed along with 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:

Stigma affects both help-seeking and how services respond.

One theme emerging strongly in each session was the stigma around self-harm. Stigma is multifaceted and affects services and support at every level. While stigma was discussed as a significant barrier to people seeking help, it could also inform how services and practitioners respond. Stigma can create a 'fear factor' that discourages effective, compassionate and person-centred approaches.

Risk aversion can discourage person-centred approaches.

At an institutional and service level, stigma can propagate a culture of risk aversion. Again, risk aversion is complex, influenced by a range of internal and external factors including practitioners' own understanding of their roles and responsibilities as care providers, as well as risks around reputational damage and legal / regulatory consequences. Policy and services that were focused primarily on risk management were seen to favour institutional interests rather than the interests of people seeking support.

Development of understanding and attitudes among services.

A future policy approach can play a crucial role in supporting shifts in understanding and attitudes towards self-harm across sectors and services. This can be achieved through high-quality training and by creating structures and systems that reduce stigma, prioritising person-centred approaches to supporting individuals affected by self-harm. Policy should also recognise examples of existing good practice and innovation, nationally and locally, and support knowledge-sharing.

Services must recognise the function and intentions behind self-harm, rather than a sole focus on the behaviour itself.

There should be an emphasis on understanding the often complex intentions and experiences behind self-harm, not just focusing on the act of self-harm itself. Self-harm should be understood as a response to distress - although one which may not be safe or

effective - and support must recognise the function of self-harm, not just the risks associated with it.

Recognising and respecting individual choice is key to a person-centred approach.

Developing a relational approach that recognises and values individual choice and agency is crucial to effective support. For many people self-harm is a response to and a means of coping with distress. It is important that services acknowledge this function, while also recognising that self-harm can create and exacerbate risks to the individual. A purely prevention-based approach that ignores individual choice can be alienating and counter-productive.

Service needs to facilitate informed, positive choice, whilst also being sensitive to where context may constrain choice.

While choice and agency are important facets to support, there are also limitations to these, which may vary with the capacity of the individual or the regulatory and safe-guarding context of a particular setting. Rather than framing self-harm as a positive choice, policy and services should recognise that for many people, self-harming may feel like their only option, or their least bad option at a point of emotional distress or crisis. Policy and services should consider how a person-centred approach can help people to develop a range of positive, informed choices.

Policy should support a joined-up 'no wrong door' approach, facilitated by national leadership.

A joined up, 'no wrong door' approach is crucial to ensuring that everyone can access appropriate and effective support when they need it. Too often people are turned away or passed to different services. Realising this aspiration will require national leadership to facilitate cross-department and cross-sector working, and to build capacity across sectors and services.

Prevention should focus on reaching people before crisis point.

Rather than applying at the point of crisis, harm prevention should be more embedded in services. There should be a focus on reaching and supporting people at earlier stages, and across their lifespan, through initiatives to embed emotional wellbeing, mental health literacy and positive coping mechanisms.

Policy and services should engage and collaborate with communities to achieve a societal shift.

Both harm reduction and harm prevention approaches require a whole-system approach that engages a range of sectors and services - including national and local government, health and social care, emergency services, criminal justice, education, workplaces, and community and third sector services. There was a particular emphasis on how policy can un-tap the potential of informal, community-based and peer support networks - both on and

offline, to reach at-risk groups, and how it can engage people and communities in developing and delivering support.

We would like to thank the Scottish Government for funding our engagement work on self-harm.