An Open Secret: Self-Harm and Stigma in Ireland & NI

Webinar Launch Q&A

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Dr. Dean McDonnell (Psychology Lecturer, SETU), & Dr. Lauren Harper (Clinical Psychologist, HCSNI)

What is the definition of external and internal stigma?

- *Internalised stigma is that self-perception, when we begin to believe any form of negative behaviour. The externalised stigma is the attitudes directed towards us.* - **Dean McDonnell**

- *An example if it's helpful - I self-stigmatised myself - internal - when I felt I was incapable /not good enough to do something or go somewhere because of my mental health challenges, while external - was when I was told by others what I was capable of doing or what therapy I could do because of their impression of my mental health condition and my experience with self-harm* – **Sheila Naughton***

- *Just to build on this, external stigma is something that comes from another person or belief system whereas internal stigma is the beliefs or attitudes we hold about ourselves - the stigma aspect of this really comes from the resulting consequence of these attitudes and beliefs on our behaviours, e.g., not seeking help when in distress for fear of how we might be treated. As identified in the research we got the sense that the relationship between internal and external stigma is a cyclical one - external can lead to internal and vice versa.* – **Lauren Harper**

Do you think it is important to have lived experience voices at the table especially when developing policy?

- *If my voice isn't at the table, or you know, the voice of the lived experience isn't at the table, and you haven't experienced it, how do you create around it to develop inclusive policy? I don't think it's possible. t's like the person who told me that I shouldn't do the outpatient care for my treatment, that I did do, and it has changed my life. I was told eating disorder patients don't usually do that, and I said, 'will you put me into it, and we'll test it out.' It changed everything, changed the whole course of what I was doing. So, I think without my inclusion and my push for that, the decision would have been different, because the person with the lived experience wasn't included.* – **Sheila Naughton***

- *It's not just important - it is non-negotiable. People with lived experience, as well as their broader support networks, have first-hand knowledge and expertise of the issues that policymakers are trying to address. Their experiences and insights can provide valuable input that can inform and improve policies, making them more effective in addressing the need. Having them at the table ensures policy is inclusive and representative of the population and also empowers them to have a say in decisions that affect their lives. Overall, including people with lived experience can lead to more effective, inclusive and equitable policies and ensures that the voices of those marginalised and underrepresented groups are heard.* – **Louise Hamra**

* Sheila Naughten (See Change Ambassador), was unable to stay for the full Q&A portion due to other commitments. Prior to leaving, she spoke strongly of her experience of self-harm and did answer a few questions.

How can we destigmatise different methods of self-harm in the media, whilst being considerate of the risk of raising awareness of different methods?

- *It's certainly a complex issue, it's so important to be thoughtful and considerate when addressing it. That is why we advocate for the use of our media guidelines in our recommendations as they are based on evidence. Those guidelines include not featuring* ***any*** *methods of suicide/self-harm, so no methods would be highlighted/stigmatising. Our research showed that by showing any methods, it made those who weren't self-harming in that specific way feel further 'different' or stigmatised. One of our focus group participants said, "...[in] any movie – self-harm is always people cutting themselves...I haven't seen anything else other than that... if you do anything else then you think you're odd, and other people will too..."*

  Unfortunately, many subscription/streaming channels which are making their own programmes do not typically adhere to any specific guidelines/regulations, and these were raised as having a negative effect by people in our study.

  We do want to stress that mainstream media in Ireland – i.e. print, online and broadcast – are regulated and do, largely, adhere to Samaritans' media guidelines. Our survey did not include this type of reporting/coverage. Our guidelines are also for TV production companies and filmmakers and TV production companies (as well as radio docs/podcast producers) based in Ireland do often contact us and colleagues in Headline for support.

  However, we feel our guidelines could also be used by those in public facing roles, like politicians or celebrities, as our media guidelines provide valuable insight into how to approach subject matter like self-harm or suicide sensitively and accurately, without perpetuating harmful stereotypes or contributing to misinformation that can lead to stigma and bias in the general population. So perhaps we have a little more work to do to ensure we get our guidelines to the right people. – **Louise Hamra**

How can we increase public awareness and reduce this harmful stigma view of self-harm?

- *More education, more training, more research, and ultimately more open discussions are all solid steps to helping combat stigma. We all have a part to play in increasing public awareness of this issue. One of the recommendations is also about asking the Department of Health both in Northern Ireland and Ireland to undertake a public education campaign. Of course, we hope this report also helps raise awareness, as we are now talking about this issue. Participants did provide feedback that they really welcomed being part of this research and being able to talk about their experiences.* – **Ellen Finlay**

What kind of information do you recommend including in stigma reduction training?

- *There are a number of training initiatives that exist to reduce various forms of stigma, discrimination, and prejudice. One of the best things that could happen is a pooling of resources, focusing on specific approaches that would best fit. The problem, though, is that there is never going to be a one-size-fits all - engaging with local community and voluntary organisations could be a great first step in trying to identify what needs are most prominent in what areas.* – **Dean McDonnell**

What, for you, was the most surprising finding from the research?

- *I think we all might answer this a bit differently - for me, it was how the participants felt thankful that we were doing the research in the first place. That they felt listened to. This came up quite a bit in the focus groups especially* - **Dean McDonnell**

- *For me, it was probably the contrast in the responses from participants who really seemed to want to support friends and families who self-harmed, but when put into real-life scenarios there were stark contrasts in how the same participants responded (the questions Lauren and I referred to about likelihood to employee someone, carpool, rent an apartment, etc.). I'm intrigued whether they were aware of these contrasts while answering the questions!* - **Jayne Hamilton**[†]

- *It's not a finding per se that's surprising for me but I was genuinely surprised by people's honesty, across all of the groups. What was being communicated to us consistently was how surprised people were to be asked about these experiences, which just further highlights the need for it. People wanted to be heard and were prepared to be honest in their responses, so we need to keep asking questions and having conversations.* - **Lauren Harper**

- *The age range, both of onset and duration of self-harm, really caused me to readjust my own preconceived notions of who self-harms and when. The fact that participants recognised examples of self-harming behaviour they engaged in, some as young as 4, with others telling us they did not begin until they were in their 50s. While the dialogue is slowly shifting within the mental health sector, self-harm is still often depicted as something only teenagers or young people engage in, especially within fictional media like TV shows or movies, and this just is not the reality and clinging to this narrative can isolate, or even stigmatise, other cohorts who need help. We must work to make sure everyone is represented to ensure appropriate supports are available.* - **Louise Hamra**

Did the research determine any correlation between people living with disabilities and self-harm? if this was not explored, are there plans to do so in the future?

- *An open-ended question on stigma was added to the survey and participants frequently identified particular groups that are impacted by stigma. People with disabilities were mentioned quite a number of times, as were individuals with addiction difficulties, minority ethnic populations, and people experiencing homelessness. Intersectionality of stigmas, dual-diagnosis, and co-morbidities all need to be explored in greater detail. Samaritans Ireland would like to build on this research and recognises the need for further research to engage with these communities and explore the correlation between overall stigma many cohorts face, and stigma specific to self-harm/mental health difficulties.* – **Louise Hamra**

[†] Jayne Hamilton (Director, Studyseed CIC) was unable to take part in the full Q&A but did submit an answer via the Q&A chat function during the webinar

With respect to the piece on media, was there any distinction made in the survey between fictional media (Hollywood, Netflix, etc.), factual media (news, documentary, etc.), and social media (user-generated on TikTok, Instagram, etc.)?

- *User-generated media was not examined, however fictional media and factual media was. Survey A (pg.29) was used to gauge participants' overall familiarity with self-harm and asked two questions related to 'media'. Question 1 asked about movies or TV and question 10 asked about a documentary. Around 80% said they had seen a character depict someone who self-harms in a movie or TV show, and around 60% stated they had watched a documentary which discussed self-harm.*

  Individuals gave examples of drama type shows on Netflix and similar cable channels as having a negative impact. References to celebrities' self-harm were also made.

  Samaritans Ireland would like to stress that mainstream media in Ireland – i.e., print, online and broadcast news – are regulated and do, largely, adhere to media guidelines. TV/radio/podcast production companies based in Ireland do often contact us and colleagues in Headline for support, and this is definitely happening more regularly.

  In relation to user-generated media, Samaritans Ireland will be meeting with the new Online Safety Commissioner as part of the new Coimisiún na Meán, to discuss how our online safety guidelines, both for platforms and for users, can be instilled much in the way our media guidelines have, to insure harmful or stigmatising content is managed appropriately in the online world. – **Louise Hamra**

Looking at what you are calling for, what importance would you attach to setting targets, outcomes and tracking progress on same?

- *Targets, outcomes and tracking progress are so important. The draft Programme for Government in NI moved away from outputs to outcomes which is welcomed. However, how do we know if we are on target to meet those outcomes? That's where outcomes-based accountability comes in. It provides a framework for measuring impact, but we must recognize it takes time to improve outcomes. It also needs data. Which is why one of our recommendations is about asking for the government to collect accurate and timely data. We do have data from the Self Harm Registry in Northern Ireland but it's not as timely as is needed. –* **Ellen Finlay**

- *One of the most important aspects of this research, showcasing that stigma associated with self-harm is still very much present - but we also know that there is a stigma that may impede someone from seeking help. From this understanding, we need to be very careful about how we measure, and set goals and aims moving forward. The Psychological Society of Ireland have been very vocal regarding what we need to support the broad mental health services in Ireland (and the BPS have shared similar) and they have also made some recommendations. Hopefully, this research will be used as an evidence piece that will further support arguments being made for more resources and, ultimately, enable organisations to effectively identify what works or what doesn't. –* **Dean McDonnell**

In my work I'm hearing about a worrying increase in self-harm in young children, with primary teachers being very concerned. I think they are also afraid of opening the 'Pandora's Box'! Would love to have more research on self-harm at this early age!

- *One of our recommendations relates to fostering a positive school and university environment where staff are equipped with age-appropriate resources and knowledge to identify these issues. Samaritans Ireland will be looking to engage with other organisations and groups who would work more frequently with children and young people as well as schools and teachers to best discuss how this can be achieved.* – **Ellen Finlay**

- *This is something that I would have faced in my own work, and something that Jayne, Lauren, and I would have spoken about (even before our role in this research project). On one hand, we definitely need to support educators in navigating these issues, this calls for curriculum change and supporting the process of initial teacher training and CPD. At the same time, and we need to put in place a mechanism for educators so they are supported (and not left with) tackling this issue - this is a societal issue, in both Ireland and Northern Ireland, so we do need to work on ways to find societal solutions.*

  Research does indicate that talking about self-harm and opening up about feelings and emotions does not lead to higher incidents - trying to find a safe place to discuss these things is essential.

  We definitely need more research into this, and one step would be to try and organise a forum and, hopefully, a table big enough. – **Dean McDonnell**

- *There is no doubt this is a worry for all professionals engaging with young people in society today. As a Clinical Psychologist working in children's mental health services it is a worry I encounter on a daily basis and we definitely need more research to understand the factors involved. However, what I would say is that we are a generation who are increasingly recognising the need to talk and when we don't ask our children and young people about what might be going on for them we are continuing to contribute to the silencing effect that we spoke of in our research.*

  I understand there might be a fear around what might come out of asking the question but the wellbeing of children and young people is everyone's responsibility and as professionals we must recognise the need to upskill ourselves in having these conversations.

  Further to this we really need to start paying more attention to the social factors having a direct impact on the wellbeing of children and young people - the cost of living, poverty and deprivation, access to timely healthcare, the influence of social media, and more specifically within NI the generational impact of living in a post-conflict society and the impact this has on family attitudes and belief systems. There are lots of layered considerations in thinking about this but opening up conversation is always a good place to start - **Lauren Harper**

The average age of participants is really interesting. Has anything been flagged about linking in with organisations working with under 18s?

- *Samaritans research from 2020, conducted across Ireland and the UK, included participants over the age of 16. For this project, we were restricted by our ethical approval - but this is something that we need to explore much more. It's incredibly important to include individuals under the age of 18, and collaboration with other organisations to help gather this information is essential. Samaritans Ireland has good relationships across the third sector and will be meeting with other organisations, who would have greater focus and access to those under 18 to discuss evidence sharing and ways in which this could be progressed. –* **Louise Hamra**

Is there a breakdown of gender who self-harm? Any understanding of why there is a difference?

- *Of the 226 participants who predominantly identified as having a lived experience of self-harm, around 21% identified as male, 73% identified as female, 5% identified as either transgender, questioning, or non-binary, and 1% did not disclose their gender. At this time, we have not done deeper cross-analysis on gender or other demographics. The National Suicide Research Foundation (NSRF) and the Northern Ireland Registry of Self-Harm would both provide a breakdown of self-harm statistics by gender. –* **Louise Hamra**

- *When thinking about gender differences in self-harm it is important to consider the impact of gender roles and social norms. Females are typically socialised to 'feel' their emotions but are also shamed when their emotions are considered 'too much' which can often result in those emotions being directed inwards towards themselves, resulting in self-harming behaviour. It is less socially acceptable for males to feel emotions and to engage in self-harm in the way it is traditionally defined; we are more likely to see men expressing anger outwardly towards others or using alcohol and drugs - behaviours that do not fall under the typical definition of self-harm. Thinking about gender differences is a really complex and multifaceted issue that extends far beyond this conversation about self-harm and stigma -* **Lauren Harper**

Should your brilliant media guidance be more widely promoted - beyond the media and into organisations in the field who may be putting together promotional material. The media guidance should really be promoted to apply to the Comms work of all organisations.

- *Absolutely agree and we rely on everyone to do their part in sharing Samaritans' media guidelines (and those from Headline, which examines mental health in the media). For us it's about working together with our volunteers, staff, lived experience panel, others within the mental health field to work together in cooperation and collaboration to promote awareness, to educate others and advocate for change. –* **Louise Hamra**

Does an eating disorder fall within the definition of self-harm?

- *Samaritans define self-harm as: any deliberate act of self-poisoning or self-injury carried out without suicidal intent.*

  While Samaritans' definition does not explicitly include eating disorders, how self-harm or self-injury is defined across academia, clinically, and societally was challenged both within our literature review and in responses from participants.

  One of our key findings was that self-harm is a highly individualised experience, and so is the definition of it. There is no universally accepted definition of self-harm and there was a significant degree of dissonance amongst participants when defining or describing self-harm. Given the highly personal nature of self-harm, it is important to recognise that the definition can vary significantly from person to person. Ultimately, it should be up to individuals with lived experience to define self-harm with as many or few specificities as they need to fully capture their own experiences.

  Consideration should also be given to the way hospitals/A&Es/EDs and wider systems collect and classify cases of self-harm. More work should be done to make the recording more inclusive and representative so the full picture of what is happening in society is captured. If the parameters of recording presentations of self-harm are too 'tight,' there will be people who need help, who fall through the cracks. – **Louise Hamra**

How can this help Listening Volunteers when they are talking with callers who open up about self-harm?

- *Samaritans volunteers listen and support their callers and this research has shown that what people who self-harm need is to be heard – volunteers are already giving individuals a safe place to talk about their feelings and why they may feel the need to self-harm.*

  But our research also found that over seven out of 10 people said they would feel comfortable if a close friend or family member confided they self-harmed – so volunteers could explore if the caller had a loved one or friend they may feel comfortable disclosing to.

  With regards to stigma, the research shows that self-harm can start at any age and continue for many years, so it's important for volunteers to be open minded and be aware of the stigmas the person may face at different points throughout their life. – ***Ellen Finlay***

- *While we didn't delve too much initially into how the findings could be used to support volunteers, we would be very much interested in this. From the focus groups, we did find that some participants did highlight the role of the volunteers and how invaluable they are. Even through some of the interactions we had with getting feedback from some questions in the early stages, and from externals looking in, the passion and determination to support others very much shone through with the volunteers. From our findings, doing what you are doing is very much working - being there for people when they feel the most vulnerable.* – **Dean McDonnell**

One of your recommendations is on the need to collect timely and accurate data on self-harm. A highly critical review of mental health data in NI. by the Office for Statistics Regulation (OSR) found that mental health statistics in NI were not serving the public good, by not enabling a range of statistics users to answer key important questions on a particular topic. This review highlighted a scarcity of robust mental health data, no single point of access to statistics on mental health, no accurate regional data picture and a fragmented IT infrastructure. Can the researchers give their assessment of current picture in relation to data on self-harm and what needs to happen to address the issues identified?

- *This is such an important question. One of our recommendations is around collecting accurate, reliable and timely data. If we don't have this, then we could be developing policies and services that won't meet. If we want to provide the right support at the right time then yes, collecting accurate, reliable and timely data is so important and it's something we will be pushing for.* – **Ellen Finlay**

- *The National data that we have access to is a fantastic resources in a number of ways - but we need to remember that it refers to hospital admissions. We are very much reliant on individuals to come forward to fully understand, not just self-harm, but all forms of mental health. For this current research, we carried out a systematic review; while we sourced over 1,900 articles surrounding self-harm, less than 10 were addressing stigma. We did have a number of variables that we were specifically looking for, but what this highlights is that we need to do more. Usually, research is carried out on specific groups, with specific age ranges, from a specific location, with a specific education level, etc - and this is one of the reasons why we (the researchers) and Samaritans made the methodological decision to focus broadly. As mentioned in several answers above, I highlighted a need for collaboration and a unified process to address these issues.* – **Dean McDonnell**

- *Data collection and measurement is always going to a challenge, depending on how we define the concepts we're measuring, e.g., as a Clinical Psychologist I might formulate someone's distress from a psychological or social perspective, whereas a medical professional may be more inclined to describe someone's distress using a diagnosis based model. This has obvious implications when it comes to how we measure what we mean by mental health and mental distress. I agree that we need a much more robust picture of the mental health landscape across Ireland and NI; there is a new regional IT infrastructure being rolled out across the healthcare trusts in NI over the next few years which will centralise our healthcare data with the hope being that this will move us towards better quality data and recording of such. Data on self-harm is collated through the Self-harm Registry but of course given the identified role of stigma in help-seeking we know that this is not going to be an accurate picture; some people who self-harm may never come to the attention of any services or any friends/family. Our role in relation to this moving forward is two-fold: target the stigma, and collect better quality data.* - **Lauren Harper**