

SAMARITANS
Ireland

An Open Secret

Self-Harm & Stigma in Ireland & Northern Ireland

Ireland Summary



2023

Overview

Samaritans Ireland research has found stigma has the power to silence, shame and push those who self-harm into secrecy. The study - ***An Open Secret: Self-Harm and Stigma in Ireland and Northern Ireland*** – revealed a disconnect between participants' willingness to help someone who self-harms and their actual behaviour towards them.

This pioneering research collected insights from a diverse group of sources within a single survey.

A total of 769 people from Ireland and Northern Ireland took part in this research, including 557 from Ireland. Participants ranged from 18 to 80 years, with every county in Ireland represented.

Through a mixture of qualitative and quantitative research, this project explores:

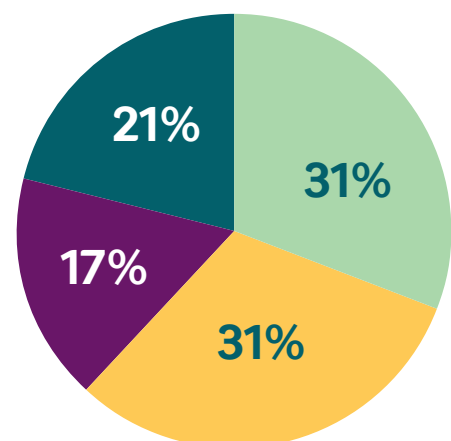
- Personal accounts from those with lived experience of self-harm.
- Insights from loved ones and those who have personally cared for people who self-harm.
- How service providers and/or mental health professionals approach the topic of stigma in both the treatment of self-harm and communications around self-harm.
- The general public's understanding of self-harm and stigma.



There were no substantial statistical differences found between jurisdictions within this research, but this document focuses specifically on the Ireland data. For purposes of deeper analysis, this summary must be considered in conjunction with the wider report.

Survey questions were adjusted based on participants' experiences, and they were asked to select an option they predominately identified with.

- As someone with lived experience of self-harm
- As someone who has personally supported someone who has lived experience of self-harm
- As someone who has professionally supported someone who has lived experience of self-harm
- As a member of the general public



Highlights from survey

- The duration of self-harming behaviours varied. Some reported self-harming for a year or less, while others struggled with it for a lifetime.
- The majority of those who self-harmed reported their self-harming behaviours lasted an average of 13 years.
- Family, friends and caregivers felt most impacted by their own thoughts and emotions related to someone who self-harms.
- Professionals strongly believe they provide warm and understanding care and listen to the problems and experiences of those they work with who self-harm, despite some individuals expressing opposing views.
- Nearly eight in ten indicated willingness to 'help' someone who self-harmed.
- Around 60% would not carpool or rent out an apartment to someone who self-harmed.

Of those who self-harmed:

- Nearly 90% reported sometimes, often, or always thinking that others will have a lower opinion of them if it is known that they self-harm.
- Five in ten felt the average person is often or always afraid of someone who self-harms.

Of those without first-hand lived experience of self-harm:

- Nine in ten recognised the difference between self-harm and suicide and see self-harm as a coping mechanism.
- Three in four felt unsure or knew they could not speak to their employer about self-harm without fear of judgment or stigma.
- Over 75% would feel comfortable if a close friend or family member confided in them that they self-harmed.
- Seven in ten had observed, in passing, someone they believed may self-harm.
- Over 50% agreed visible signs of self-harm would impact their willingness to enter a new relationship.
- Four in ten felt they would be judged or stigmatised by their GP or other healthcare providers.
- Three in ten agreed visible signs of self-harm would impact their willingness to hire someone.



Key Findings

Our research uncovered several significant findings that shed light on self-harm and stigma:

- Self-harm is not an issue which only affects young people, nor is it a passing phase that one can simply grow out of. Self-harm can manifest at any age and persist throughout someone's lifetime – our research showed some people identified instances of self-harming as young as four with others not starting until they were middle-aged. It is crucial to remain mindful of the whole-life impact when conducting research and developing policies.
- Theoretical willingness to support those who self-harm is high. However, when confronted with real-life scenarios, such as carpooling or renting out an apartment, roughly six out of ten respondents reported that they would not do these things. It raises important questions about the motivations and actions that contribute to this discrepancy, such as fear, stigma, or lack of understanding and warrants further exploration of these factors.
- Lack of awareness and knowledge of self-harm leads to the development of stigma.
- The prevalence of self-harm remains a challenge to determine due to limitations in reporting methods and available data. Statistics on self-harm only include those who present at a hospital. This research revealed around seven in ten individuals have encountered someone they suspect may be engaging in self-harm. This observation, while likely limited to physical self-harm that is visible on body areas, suggests that self-harm may be more prevalent than previously thought.
- The way in which self-harm is portrayed in the media (TV, films and drama) has a significant impact on how it is perceived and understood by the public. Our data revealed a high number of people base their understanding of self-harm solely on what they have seen depicted in movies or TV shows. This media portrayal can directly shape the stigmas and biases that individuals carry with them into the real world, which can have negative consequences for those who engage in self-harming behaviours.
- Participants clearly expressed their preference for targeted solutions to reduce the stigma surrounding self-harm, rather than broad, generalised approaches.

➤ The workplace is not viewed as a safe or accepting environment for individuals who engage in self-harm. The study revealed there is a significant amount of stigma and discrimination within the hiring process, as visible signs of self-harm could potentially impact an employer's willingness to hire. We found that there is a lack of support and acceptance within the workplace, with three in four respondents stating they did not feel they could discuss self-harm with their employer without fear of judgement or stigma. This included those working in professions offering support to those who self-harm.

➤ Self-harm is highly individualised, and so is the definition of it. 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 is 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.

"Stigma exists because it has been allowed to"

Person with lived experience



"[Self-harm] is a silent subject. People are uncomfortable talking about it. The stigma intensifies because people judge and then the person covers up"

Person from general public



Recommendations

➤ **Increase political and public awareness to reduce stigma:**

Led by the Department of Health, a whole-government approach should be taken to reduce stigma including Samaritans media training to all public officials to ensure appropriate language is always being used when speaking about self-harm or suicide. A cross-departmental responsibility should be adopted with a public education campaign to raise awareness to reduce the associated stigma of self-harm by promoting positive messages about mental health and providing accurate information about the causes and effects of self-harm as well as encouraging help-seeking behaviours.

➤ **Clear pathways to report stigma:**

Healthcare settings and workplaces should be stigma free areas. Anyone who reaches out for help or support should be met with compassion. There should be clear pathways to report feeling stigmatised or shamed when presenting for help at hospitals or GP offices. Workplaces should also develop clear policies outlining zero-tolerance for stigma and a process for employees to report any issues.

➤ **Mandatory workforce training:**

Health and social care professionals:

All health and social care professionals should undergo mandatory training focusing on stigma associated with mental health and self-harm. While training courses are currently available to frontline health and other key staff, there is a stark disconnect between how professionals think they are responding and the feelings/ experiences of those with lived experiences. These mandatory trainings should be developed with those with lived experience and involve mental health ambassadors and advocates.

General workforce:

Mental health and stigma training should be required by all employers during inductions and as part of ongoing training to ensure workplaces are safe and accepting places. It is important that staff at all levels – especially in human resources - understand the dangers of stigma and how best to have conversations around self-harm and mental health difficulties. Developed with those with lived experience, the training should empower staff to engage in supportive, non-judgemental conversations around self-harm and mental health difficulties and also ensure widespread education about where and how to seek help.

➤ **Compliance with Samaritans' Media Guidelines:**

All media, film and TV production companies should adhere to Samaritans' media guidelines when reporting on self-harm or developing plot lines related to self-harm. These guidelines provide valuable insight into how to approach the subject matter sensitively and accurately, without perpetuating harmful stereotypes or contributing to stigma. By following these guidelines, producers can help to ensure their depictions of self-harm are responsible and informed, and do not contribute to the misinformation that can lead to stigma and bias in the general population.

➤ **Collect timely and accurate data:**

Accurate and reliable data needs to be available in order to inform policy decisions and resource allocation. The National Suicide Research Foundation should be supported to ensure all hospitals are collecting and sharing data in a consistent and timely manner. All data should be standardised, validated and collected consistently to ensure transparency across regions.

➤ **Keep those with lived experience of self-harm, as well as their carers, family and friends at the core of all research:**

Engaging with individuals who self-harm and their broader support networks is a critical step in creating policies and services that are more responsive, effective, and inclusive. Research on self-harm and stigma within Ireland needs to continue as our understanding evolves and policies need to stay current. By prioritising the voices and experiences of those with lived experience of self-harm in research, policymakers and service providers can help to create a mental health system that is more supportive, empathetic, and effective for all.

➤ **It's never too early to start talking about mental health and wellbeing:**

Self-harm can begin at a very early age, so it is vital that education about mental health and wellbeing start as young as possible. Mandatory wellbeing programmes should be developed for pupils as young as junior infants, focusing on feelings, openness and inclusivity. Age-appropriate lessons should include healthy coping mechanisms and how to reach out for support. A strong foundational understanding of general mental wellbeing will the transition to programmes for older students which cover more in-depth topics like self-harm or suicide prevention, easier.

Conclusion

Our report, *An Open Secret*, emphasises the need for expanded research into self-harm and stigma, particularly from a qualitative perspective. It underscores the critical role of media and entertainment industries in shaping public perceptions and reducing stigma surrounding mental health and self-harm.

The recommendation to follow Samaritans' media guidelines when developing plotlines related to self-harm is a crucial step in this direction.

Most importantly, the report calls upon each of us to acknowledge our own responsibility to combat stigma and support those who are struggling with self-harm.

By sharing our personal experiences and advocating for greater acceptance and support, we can help build a more compassionate and understanding society.

It is only through collective action and a deep commitment to understanding and acceptance that we can hope to address the complex issues surrounding self-harm.

If you're affected by anything in this report, please call Samaritans on **freephone 116 123** or email **jo@samaritans.ie**



Louise Hamra

Policy Officer

Samaritans Ireland

4-5 Usher's Quay

Usher's Court

Dublin 8, D08 Y2234

✉ l.hamra@samaritans.org

🌐 www.samaritans.ie

f /SamaritansIrl

🐦 @SamaritansIrl

in /Samaritans-ireland

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