Increasing our understanding of self-harm helps to provide supportive responses

To mark Self-Injury Awareness Day on 1 March 2020, St Patrick's Mental Health Services (SPMHS) is hosting the fifth annual Self-Harm Awareness Conference on 28 February, in partnership with Pieta. Ahead of the event, we look at the importance of understanding self-harm and providing supportive, non-judgemental responses.

What does 'self-harm' mean?

Self-harm is an action a person takes to cause themselves deliberate harm or injury, and, most often, is an attempt to cope with feelings of overwhelming emotional pain or distress. Self-harm can take different forms.

It is not a mental health condition but may sometimes be linked with other mental health difficulties, such as depression or eating disorders.

Why do people self-harm?

We know from research that certain groups of people are 'higher-risk' when it comes to self-harm. For example, research indicates higher rates of self-harm among diverse groups, including adolescent girls, young people who are attracted to the same sex, middle-aged men experiencing economic stressors, and members of the Traveller community.iii

There may be different underlying reasons related to the distress behind self-harm; for example, struggles with body image pressures or sexual identity, dealing with unemployment, or responses to experiencing trauma or adverse life circumstances. However, what's often a key commonality is that self-harm is an attempt to cope with a very painful emotional state.^{iv}

Getting support to deal with self-harm may then involve trying to make sense of the reasons behind it, and, importantly, finding new ways to manage emotions and cope with difficulties.

Psychological support, whether on an individual or group basis, can be extremely helpful, and can include learning new coping strategies and ways to 'self-regulate' our emotional state. Evidence-based approaches include dialectical behaviour therapy, compassion focused therapy and forms of cognitive behavioural therapy. If self-harm is linked to another mental health difficulty, such as an eating disorder, support to work on this will be necessary also.

People do not necessarily self-harm because they are having suicidal thoughts, but there is a strong association nonetheless between suicidal risk and self-harm, and self-harm should always be taken seriously.vi

How do we strengthen responses to self-harm?

For the past five years, SPMHS has organised an annual <u>Self-Harm Awareness</u> <u>Conference</u> in partnership with <u>Pieta</u>, aiming to provide a platform to raise awareness of self-harm, share learning and increase knowledge.

As the 2020 conference approaches, we're reminded that statistics show us that self-harm is not abating, and, in fact, is increasing among certain groups and especially young people. It is therefore vitally important that initiatives such as the Health Service Executive (HSE) <u>National Clinical Programme for Presentations of Self-Harm at Emergency Departments</u> continue to be developed, and that accessibility to services is improved overall for people who may be in crisis.

The conference also gives an opportunity to embed greater understanding among health professionals, education providers, parents and others who work directly with or support people who are self-harming. This is not only essential to improve responses, but also to decrease the potential distress a person may experience when they do not feel equipped to deal with the situation they are in.^{vii}

Increased understanding and supportive, non-judgemental approaches are also key if we are to develop trauma-informed health services. VIII While not all people who self-harm have experienced trauma, it can be a risk factor. IX Trauma-informed care means an approach to services that is strengths-based; it is "grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment". X Recognising the meaning and function behind self-harming behaviours, and acknowledging that actions such as self-harm are often an attempt to deal with experiences and feelings that may feel unbearable, is all central to a trauma-informed approach and to supporting meaningful recovery.

How can I get support for self-harm?

Asking for help is a sign of strength. The sooner we get help and support, the better it is for our mental health. If you are worried about self-harm, talking to someone you trust and feel comfortable with is important. Most often, visiting your GP will be the best first step you can take.

There are also lots of helplines available for more help and support, which you'll find below.

Find more information

Follow the links below for more information about self-harm:

HSE information on self-harm

Royal College of Psychiatrists self-harm information

Get help and support

Below, you'll find a number of different helplines and support services if you need help to respond to self-harm.

1. SPMHS Support and Information Line

To speak to an experienced mental health nurse, you can call our <u>helpline</u>. Local phonecall costs apply. Call 01 249 3222 from Monday to Friday, 9am to 5pm: a call-back facility is in operation outside of these hours. You can also visit the <u>Getting Help</u> section of our website for more information about mental health issues and support.

2. Pieta Helpline

If you or a family member are self-harming or having suicidal thoughts, or if you've been bereaved by suicide, you can contact Pieta's 24-hour helpline for support. Call 1890 130 022 or 1800 247 247.

3. HSE Your Mental Health Infoline

Freephone the Your Mental Health Infoline at any time to find supports and services near you: this is available on 1800 111 888.

4. Samaritans

The <u>Samaritans</u>' helpline aims to provide emotional support at any time when you may need it. Call 116 123, 24 hours a day.

Knowing what to do when information online is harmful

Self-harm is a serious topic and, as with other mental health topics, it's important to know if information you are getting online is from a reliable and evidence-based source. Sometimes, harmful information about self-harm and suicide is available online or shared via social media. The HSE has recently launched a helpful guide about what to do if you see such information.

¹ National Office for Suicide Prevention, <u>Self-harm and young people – An information booklet for parents and concerned adults.</u>

- National Self-Harm Registry Ireland (2019), National Self-Harm Registry Ireland Annual Report 2018; Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F., Smyth, S. (2016), The LGBTIreland Report; Clements, C., et al (2019), Self-harm in midlife: analysis using data from the Multicentre Study of Self-harm in England, British Journal of Psychiatry; and Houses of the Oireachtas (2020), Seanad Public Consultation Committee Report on Travellers Towards a More Equitable Ireland Post-Recognition.
- iv Borschmann, R., Kinner, S. (2019), <u>Responding to the rising prevalence of self-harm</u>, The Lancet Psychiatry 6, pages 548-549.
- v Arensman, E., <u>An understanding of suicide and self-harm</u>; and Cleare, S., Gumley. A., O'Connor, R. (2019), <u>Self-compassion</u>, <u>self-forgiveness</u>, <u>suicidal ideation</u>, <u>and self-harm</u>: <u>A systematic review</u>, <u>Clinical Psychology and Psychotherapy 26</u> (1), pages 511-530
- vi Townsend, E. (2014), Self-harm in young people. Evidence-Based Mental Health 17 (4), pages 97-98.
- vii Mughal, F. et al (2020), Role of the GP in the management of patients with self-harm behaviour: a systematic review, British Journal of General Practice.
- viii Sweeney, A. et al (2018), <u>A paradigm shift: relationships in trauma-informed mental health services</u>. *BJPsych Advances* 24 (5), pages 319-333.
- ix Fliege. H. et al (2009), <u>Risk factors and correlates of deliberate self-harm behavior: A systematic review</u>. Journal of Psychosomatic Research <u>66 (6)</u>, pages 477-493
- × SAMHSA (2014), Trauma-informed Care in Behavioural Health Services.

[&]quot; HSE, <u>Self-harm</u>.