

Your Experience Counts

Improving self-harm support in Scotland

Full report



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Introduction

Scottish Recovery Network promotes and supports mental health recovery. Our vision is: **Together we can make Scotland a place where people expect mental health recovery and are supported at all stages of their recovery journey.**

Our mission is to bring people, services, and organisations across sectors together to create a mental health system powered by lived experience which supports everyone's recovery journey. Collaboration and lived experience are central to our work.

Scottish Recovery Network were commissioned by mental health organisation [Penumbra](#) to hold a series of engagement events to listen to the experiences of those affected by self-harm. The events brought together people with lived experience, others affected such as family, friends and carers, and organisations that provide support.

[Self-Harm Network Scotland](#) is funded by the Scottish Government and delivered by Penumbra. It provides peer support, resources and information and will contribute to the future strategic planning for self-harm support. This includes an online portal where people experiencing self-harm and those supporting them can access information, guidance, and help.

Self-Harm Network Scotland is also delivering three pilot services in Dundee, the Highlands and Islands, and Glasgow. In addition to learning from the delivery of the portal and pilot services, Penumbra will continue to reach out to people with lived experience and those supporting them to learn from their experiences to shape services and supports. Alongside this the Scottish Government has made a commitment that lived experience will be at the heart of the new Self-Harm Strategy and Action Plan due out later this year.

This report outlines the key findings of the engagement events including the approach and key actions that people identified were needed to improve self-harm services and support in Scotland. It also explores in more detail what people told us:

- **enables them to live well**
- **would make services and support better in the future**
- **their priorities were for a new Self-Harm Strategy for Scotland**

This report also includes next steps. A summary version of this report is also available.

Get in touch

If you have any questions about this work or need this information in a different format, please contact us:

- 0300 323 9956. British Sign Language (BSL) users can contact us directly using [Contact Scotland BSL](#)
- info@scottishrecovery.net
- www.scottishrecovery.net

There's also loads of opportunities, learning, free resources and more on our social media channels or by [signing up to our newsletter](#)



The approach

We facilitated four engagement events in February 2023. They consisted of one national online discussion followed by three in-person events. These took place in Glasgow, Dundee, and Inverness - to align with the pilot self-harm services being run by Penumbra - and brought together people and communities affected by self-harm, along with the organisations that support them.

Recovery Conversation Cafés

Taking a [Recovery Conversation Café](#) approach the aim was to listen to the experiences and ideas of people to better understand what was helping, what needs to improve and what are the priorities moving forward.



Using this more relaxed and inclusive format, and with less focus on presentations or hierarchical status, the cafés provide a safe space for people to come together to discuss sensitive topics. Numbers for each conversation café were limited to small numbers to ensure a welcoming and non-intimidating space, whether in person or online, where people could feel open to sharing and to feel heard. Penumbra's Self-Harm Network team participated in the planning and delivery of the conversation cafés. In addition to supporting the conversations, this meant, that further support was available for those attending, should they need it.

Who took part

A total of 89 people participated in the 4 conversation cafés. From information gathered when registering participants, we know that:

- 29 were people with lived experience of self-harm
- 33 were from third sector organisations supporting people who self-harm
- 18 were from public sector services
- 3 were a relative or carer of someone who experiences self-harm
- 6 did not indicate why they were participating

To ensure that those with lived experience as well as people and organisations providing support to those who self-harm had the opportunity to participate, we used a variety of methods to reach out:

- Existing relationships and networks nationally and in the three areas including Third Sector Interfaces (TSIs) and organisations, community and peer groups, NHS services and Health and Social Care Partnerships (HSCPs)
- Building on Penumbra's relationships with individuals and organisations through their existing and new self-harm services
- The Scottish Government's own networks
- Developing new relationships with organisations and groups providing support to those experiencing self-harm or affected by it
- Through the Scottish Recovery Network newsletter and social media
- Creation of postcards advertising the conversation cafés
- By securing local press coverage

Key actions needed

The discussions at all events were structured around three broad topics:

1. What enables you to live well?
2. What would make services and support better in the future?
3. Your priorities for a new Self-Harm Strategy for Scotland?

People told us that the following key actions are needed:

- Support needs to be consistent and quicker to access.
- Overall understanding and learning around self-harm need to improve. This would lead to early intervention and prevention. One of the ways to do this is widespread training across services, support, and education.
- Sharing lived experience is a vital support to those who self-harm and is often the most consistent support available.
- Carers need to be able to easily access emotional and practical support.
- Awareness raising amongst wider society to encourage more open dialogue around self-harm would help reduce stigma.
- More compassion from services. People spoke about experiencing a lack of compassion in mainstream services, often feeling blamed because their injuries were self-inflicted.
- Collaboration should happen to deliver a whole person approach. Experience of most is that this is not happening at the moment.

What enables you to live well?

During the conversation cafés people shared what enables them to stay well. From the many and rich conversations, some key themes emerged.

Relationships

People placed a high value on strong, supportive relationships where they can have open and honest conversations about how they are feeling, particularly at moments of distress. People highlighted the need for supportive relationships from family, peers, NHS practitioners and the community.

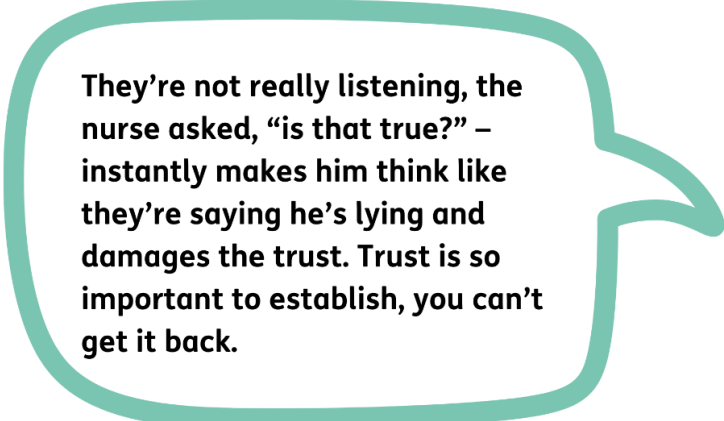
- **Family** – these are not always easy, particularly around self-harm, but people valued the support they received from relationships and acknowledged that they develop over time.
- **Peers** – sharing your experience with someone that understands because they have been there was given real value.
- **NHS Practitioners** – a real comfort to people was where consistent and compassionate support was given by medical staff. Although much of the feedback was not so complimentary, where support was good it does demonstrate the value of ‘getting it right.’
- **Community** – feeling part of the local community and wider society was highlighted to reduce isolation.

Accessible, compassionate support

There was a strong consensus that being able to access support at an early stage and for that support to be non-judgmental and compassionate can make a significant difference to people's outcomes and wellbeing. People said that the key components of good services and support are that they:

- Are easy and quick to access
- Provide a secure and confidential safe space to talk
- Are compassionate and show empathy and understanding
- Offer options of different types of supports to choose from
- Share power with the person and help them maintain their control over decisions affecting them

Feelings of compassion, empathy and understanding were the key for individuals to 'live well.' When they felt that they had this it provided comfort and reassurance in how they lived. People shared many examples of experiencing understanding, empathy and compassion from family and peers. Faith was mentioned by a number of people as a source of support and compassion. When people do not feel they will experience understanding, empathy, and compassion they can avoid seeking help. Not being able, or the feeling of not being able, to access appropriate and safe support can make people feel increasingly isolated. This then drives the behaviours which may lead to them self-harming.

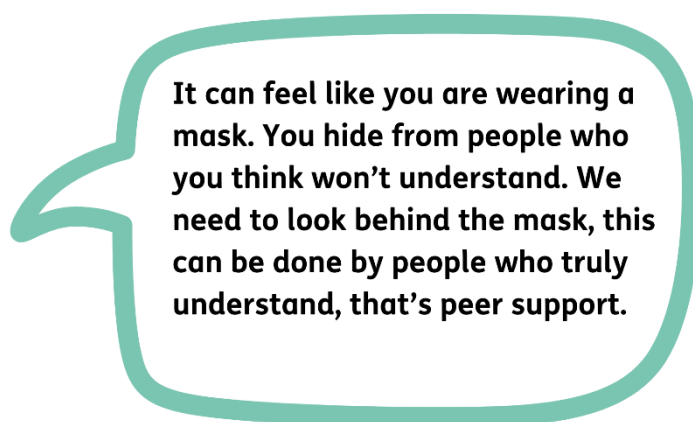


They're not really listening, the nurse asked, "is that true?" – instantly makes him think like they're saying he's lying and damages the trust. Trust is so important to establish, you can't get it back.

Participants at the conversation cafés also highlighted the importance of feeling secure from a practical perspective as this is an important determinant of feeling emotionally stable. Being able to access support to help them manage any issues around e.g., housing and household bills is particularly pertinent now with significant rises in the cost of living.

Peer support

Support from peers is highly valued. The shared experiences with others and the mutuality of the relationship gives people great comfort. Indeed, people with lived experience talked about their desire to use their experiences to help others. However, it is clear that while they had the willingness to use their lived experiences to support others in their recovery journey it is not always clear how and where they could do this and also, for some, if it would be valued.



Purpose

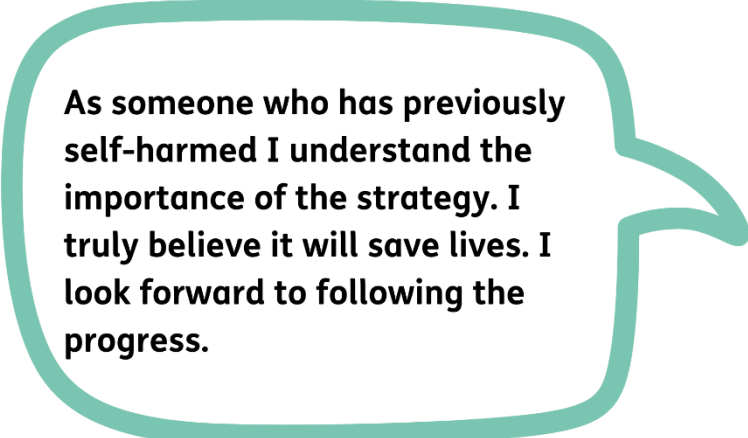
Having purpose and routine within daily lives was highlighted as an incredibly positive method and 'distraction' from negative feelings, which could lead to the act of self-harm. During the conversation cafés a wide variety of activities were discussed including sports, meditation, getting out in nature, employment opportunities, and volunteering. Having a regular routine was highly valued and participants told us that the absence of this can adversely affect their wellbeing and result in feelings of worthlessness.

What would make support better in the future?

Those participating in the conversation cafés had a wide range and depth of experience of accessing support and services and as a result many ideas as to how we can ensure that people get better support and services in future.

A better understanding of self-harm

Self-harm is still a very much misunderstood and taboo topic and people shared how this had affected them and their ability to access the support they need. There was widespread agreement that creating a new standalone Self-Harm Strategy was a positive step and having lived experience shaping this strategy was vital.



As someone who has previously self-harmed I understand the importance of the strategy. I truly believe it will save lives. I look forward to following the progress.

People were also agreed that there was a need for a comprehensive approach to awareness raising, education and training to improve understanding of self-harm and to address the stigma and judgement that many people experience.

A number of key areas were identified:

NHS primary and secondary care services – there is a need for training on self-harm which will improve the knowledge and understanding of practitioners in a range of services.

Participants felt that involving people with lived experience in this training would be powerful and impactful. The training would cover a range of areas including the use of language and the range of supports available across the NHS, third sector and communities.

Schools, colleges, local clubs etc – training to help workers identify warning signs in children and young people to help prevent self-harm becoming a coping strategy. Awareness raising and education around self-harm as part of the wider development of mental health education in schools, colleges, and other youth settings.

Police – training for Police Officers in understanding and managing incidents involving self-harm. People recognised that the police often got involved in the absence of other appropriate supports and that training along with the involvement of mental health practitioners would help improve experiences.

Wider society – self-harm is a growing and widespread issue so increasing acknowledgement and understanding will help people feel more comfortable discussing it. Suggestions included having a national campaign to open up a conversation but that this would need to be done sensitively and with a positive approach highlighting a willingness to listen and support.

Accessible services

A common topic of discussion at the cafés was challenges in accessing services. This results in people not being able to access the support they need when they need it, sometimes leading people to ‘self-medicate.’ Participants felt that for people to get the help they need when they need it there needs to be more support options available within local communities. There is also a need for services to be easy to access and for there to be no barriers such as bureaucracy and complex forms.

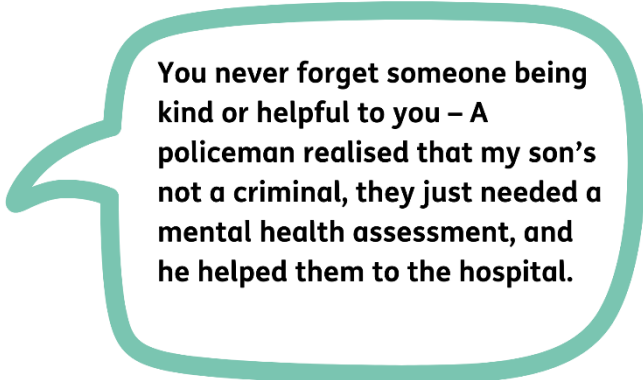


A focus on early intervention would help more people get the support they need when seek it. The consistently high waiting lists for services were discussed by many, with people particularly highlighting issues with Child and Adolescent Mental Health Services (CAMHS). There was a strong feeling that better early intervention would reduce demand on secondary mental health services.


Compassionate services and support

People need to be listened to, treated with kindness and with understanding and for any support to be with them not to them.

Support should also be trauma-informed acknowledging that requiring people to tell their story repeatedly can be damaging. The language used and approach by practitioners can make a significant difference to people and is the basis for developing a good support relationship.



You never forget someone being kind or helpful to you – A policeman realised that my son's not a criminal, they just needed a mental health assessment, and he helped them to the hospital.



GP is your first contact - it's important to have a good GP. We have a GP who brings himself down to son's level, and it makes a world of difference. Others have talked down to him and that just makes everything worse.

Many people felt that having a single point of contact would help build trust and confidence and result in more consistency of support.

Recognising the importance of families and carers to people experiencing self-harm there should also be support for carers including opportunities to talk and share their experiences and the provision of respite care.

A whole system approach to support

With so much support coming from community groups and the voluntary sector, a greater emphasis on long term and increased funding would allow support to develop and more importantly remain consistent.

Participants also wanted to see greater emphasis on support being delivered '24 hours a day, 7 days a week, 365 days a year' as they believed that this would meet people's need and would actually reduce pressure on existing services. Examples of a triage type service were given which would ensure that people are listened to early and appropriate signposting to the relevant service could be made. It was pointed out this may not always be clinical support with examples of peer support groups, community groups and leisure activities given.

At all four conversation cafés participants spoke of a need for better collaboration between sectors and for this to be seen as a priority. This was mostly spoken about in the context of statutory services, the voluntary sector, and the wider community. People spoke about an unfortunate divide between clinical services and the available community support which was causing widespread frustration when everyone should be pushing for the same thing. The examples of greatest collaboration provided were between voluntary sector organisations, with participants feeling that this may be because they are less restricted in how they provide services.

A wider community-based approach involving community partners, third sector, representatives from clinical teams, education, police etc would allow everybody to better understand what each can do, the challenges in place and offer opportunities to work together. Discussions around 'hubs' based within the community that offered non-appointment-based support for individuals struggling with their mental health was suggested. It was felt that these could be delivered and set up by the third sector and community-based groups with NHS support.

Putting lived experience at the heart of support

Participants were clear that lived experience of self-harm needs to be central to and underpin any steps to improve support and services.

They felt that lived experience remains underused and under valued at this point. Working with lived experience would bring a number of benefits including:

Improving understanding – sharing experiences from a non-clinical perspective around what led them to self-harm and what support worked would improve understanding among all services as well as wider society.

Reducing stigma – talking more openly about experiences and debusting myths such as talking about self-harm will trigger. It is important if practitioners and people are to be able to put better understanding into practice.

Peer support – having more people with lived experience in roles will complement any existing clinical interventions and could provide quicker access to support. If you have self-harmed sharing your experiences intentionally can help your own recovery as well as that of others and helps to create purpose and meaning in life.



Your priorities for a new Self-Harm Strategy

All participants at the four conversation cafés were asked what they wanted to see in the Scottish Government's new Self-Harm Strategy. Their responses were wide ranging and focused on:

- Action to combat stigma at all levels and in all parts of the system
- Better education and training on self-harm in schools, for professionals and wider society
- Priority for early intervention and better awareness of and investment in the range of supports available
- Honest, transparent, and immediate access to support
- People to have choices in the support they access recognising that this is both empowering and more likely to succeed
- A trauma-informed and holistic approach to self-harm
- Services where people feel listened to and not judged and where any diagnosis does not increase feelings of being judged unfairly
- Services and support that are consistent and compassionate with compassion shown by all practitioners
- More focus on connecting people with lived experience and on recovery
- 24-hour access to specific mental health support in A&E

Next steps

This report will be shared with everyone who attended the recovery conversation cafés. The Penumbra Self-Harm Network Scotland team will use the learning to inform the further development and delivery of peer-led support in Glasgow, Dundee, and Highlands, as well as through the recently launched online portal which is available nationwide.

We will also share the report with the Scottish Government's Distress Interventions and Suicide Prevention team to be used as a resource to help shape the new Self-Harm Strategy and Action Plan which is due for release in summer 2023.

The conversations and calls to action around this important area of work will continue. This will provide opportunities for more referral pathways to and from Penumbra's self-harm services and signposting to different mental health support across the country.

The engagement process has also resulted in many new connections between organisations, for example, Battle Scars, a self-harm charity delivering peer support and training in schools, and other youth focused projects like Feeling Strong in Dundee and Inspiring Young Voices in The Highlands. The appetite for collaboration, sharing learning and developing routes to support is exciting and at the heart of this is a commitment to making sure the ideas and experiences of people affected by self-harm are front and centre.

