

SELF-HARM

Understanding and supporting someone who is self-harming



Introduction

This guide is designed to help you feel more confident in supporting people who self-harm. It raises awareness about the reasons why people self-harm, and suggests ways you can help.

Self-harm is when somebody intentionally damages or injures their body.

There are many different ways people can harm themselves, such as:

- cutting or burning their skin
- punching or hitting themselves or a hard object
- poisoning themselves with tablets or liquids, or something similar
- suffocating or strangling themselves
- hair-pulling
- interfering with wounds



Remember: Self-harm can also come in less obvious forms. For example, those with diabetes might induce hypoglycaemic episodes by taking too much of their medicine.

Understanding self-harm

Why do people self-harm?

There is no single reason why people harm themselves. Here are some possible reasons:

To bring them into the present when they feel lost in bad memories of the past	To make them feel alive when they feel 'numb' or 'dead'	To make other people concerned or seek help from others
To punish themselves or others	To help them feel in control if they are struggling with feeling trapped, desperate or powerless	To give a concrete form to emotional pain
To relieve the tension of lots of pent-up emotion, e.g. anger or hurt	To get bad feelings 'out' of the body, e.g. through bleeding or vomiting	They don't know what else to do and feel there are no other options

Sometimes when people self-harm, they do intend to die. For others self-harm is used as a coping mechanism for emotional distress, giving them a sense of control or a moment of release when things seem too much. It is important to recognise the difference between self-harm with suicidal intent and self-harm as a coping mechanism.



Remember: Both suicidal self-harm (suicide attempts) and self-harm without suicidal intent need to be taken seriously. Self-harm without suicidal intent is a strong risk factor for future suicide and a sign of serious emotional distress.

The self-harm cycle

Because it can provide some temporary relief from emotional pain, self-harm can become someone's usual way of dealing with life's difficulties. However, this relief is only temporary because the underlying issues remain. Feelings of guilt and shame might follow, continuing the cycle.



Signs of self-harm

It can be difficult to know when someone is self harming because they may want to hide it. Signs of concern may include:

- deterioration in self-care (lack of washing or room cleaning)
- a normally outgoing person becoming withdrawn
- spending more time alone or in their room, missing their usual activities
- depression, tearfulness and low motivation
- a change in routine, such as sleeping or eating more or less than normal
- angry, aggressive or defensive behaviour
- being unusually irritable, restless or agitated
- increased use of alcohol or drugs (including psychoactive substances) to cope with feelings
- low self-esteem and self-blame

Risks, triggers and protective factors

I was trying to find a job, somewhere to live, set up the dole, get myself a doctor – all in the first few days, is it any wonder I fell over?

There are some clear risk factors that make people more vulnerable to harming themselves, such as substance misuse. Some risk factors can change over time. For example, a person may stop or start using drugs.

> There may be a trigger that increases someone's risk temporarily. For example, if someone has had bad news about a family member, or they are being recalled. This may cause distress and increase their risk of harming themselves.

Often the more risk factors someone has, the greater their risk of suicide and self-harm will be. It is essential that you consider all the known risk factors as well as assessing the presentation and situation of the individual.

Risk factors

Some examples of common risk factors are:

- a history of self-harm
- past traumatic event
- childhood adversity
- history of mental illness
- learning difficulties, traumatic brain injury or autism
- knowing someone who has died by suicide
- being socially isolated
- being alcohol or drug dependent

Risk factors are pre-existing, internal characteristics about a person that may increase their risk of self-harm.

Triggers

Some examples of triggers commonly experienced are:

- arrival into custody, court appearance, trial, sentencing
- receiving news from family, friends or Offender Manager (positive or negative)
- facing recall or potential of recall
- change in drug or alcohol use
- being held under immigration powers or having immigration cases against them pending
- anniversaries or key dates
- losing someone they are close to
- relationship breakdown
- being intimidated or bullied
- Transitions e.g. released from prison or leaving Approved Premises
- feeling a loss of control
- exposure to others self-harming

A trigger is anything that gives someone the urge to harm themselves. It could be a situation, a person, a smell, a sight, an emotion. When people are able to recognise their triggers it can help them find other ways of coping.

Protective factors

Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) that help people deal more effectively with stressful events and lower the risk of self-harm.



cultural or religious beliefs (including access to place of worship, chaplaincy)

- exercise (e.g. walking, sports, yoga, gym, parkrun)
 - activities or hobbies that the person enjoys or finds meaningful
- problem-solving skills (e.g. being able to clearly identify the problem, considering multiple options or solutions, asking for help)
- mental health interventions (including talking therapies or medication)
 - good relationships with friends and family
 - peer support (including support groups).

Some of the strongest protective factors are things aimed at reducing hopelessness. For example:

- social connections with friends and family
- participation in support groups
- / therapeutic treatment that deals with trauma
- access to purposeful activity such as work or education.



Remember: Protective factors will be different for everyone so it's important to get to know the person you are supporting to understand what will help them.

What you can do to help

When people feel listened to, it can save a life



1. The importance of listening

Being there for people and listening to them, even if you only have a few minutes, can make a big difference to someone who is at risk of self-harming.

The Samaritans SHUSH tips on being a good listener can help:



Show you care – focus on the person, make eye contact and give them your full attention.



Have patience – it may take time or several attempts before a person is ready to open up.

- Use open questions ask questions that need more than a 'yes/no' answer, and follow up with questions like 'can you tell me more?'.
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Say it back – check you've understood by repeating back what they've said, but don't interrupt or offer a solution.



Have courage – don't be put off by a negative response and don't feel you have to fill a silence.



Remember: Being comfortable with silences is important – don't feel that you have to try to fill them.

2. Talking to someone who has just self-harmed



ask the person if they know what would be helpful to them at that moment



ask what areas of the body they have harmed

ask them to do things in a way that will distract them from the situation e.g. "let's go somewhere quieter together" rather than "hand me that razor blade"

- if there is a risk to life or limb and you need to touch the person, explain what you are doing and why. If time allows, ask "Will you let me remove that from your neck?" or "Could you please put down that blade?"
 - ask them why they did it. Try to understand what led them to harm themselves and their intent behind doing so
 - ask how they are feeling now (e.g. relieved, ashamed, soothed). Understanding this could help you establish what led the person to self-harm
 - If the person is disorientated, use questions to re-ground them back into the here and now (e.g. ask them to tell you where they are and who's around them)

People may not always be able or want to tell you the answers to these questions, either in the moment or later on. You should keep trying to encourage the person to engage, to try and understand what has led to the incident of self-harm and provide the appropriate support.



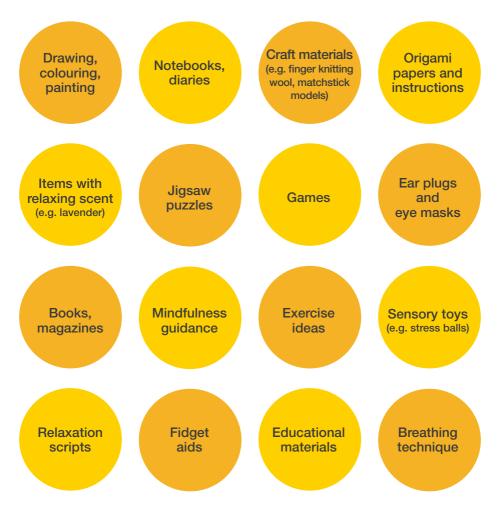
Remember: Meaningful

conversations are about building mutual trust. Make sure all information relating to an individual's risk is recorded in the appropriate place, but also that the person knows what information you have and how you will use it.

3. Distraction

The main way for people to help themselves when they want to self-harm is through distraction.

You can help them with this by giving them things to use or do when they are on their own. Here are some suggestions, but ask the person what they would find helpful:



Distraction techniques

The following are suggestions for distraction techniques. Encourage someone who self-harms to write their own table of distractions that they find helpful, or that they would like to try.

Feelings		Possible distractions	
Anger and frustration	<u>+ + + +</u>	Exercise Shout and dance Shake Count down slowly from 10 to 1	
Sadness and fear	<u>+ + + + + + + + + + + + + + + + + + + </u>	Wrap a blanket around you Walk outside in the fresh air Let yourself cry or sleep Listen to soothing music Tell someone how you feel Massage your hands Concentrate on something that makes you happy Do some breathing or relaxation techniques	
Need for control	† † †	Write some lists Tidy up or have a clear out Write a letter outlining everything you are feeling, then tear it up Exercise	
Shame	↑ ↑ ↑	Stop spending time with anyone that treats you unkindly Recognise when you are trying to be perfect, and accept that making mistakes is part of being human Remind yourself that there are reasons for the way you behave – it is not because you are 'bad'	
Self-hatred	→ →	Write a letter from the part of you that feels the self-hatred, then write back with as much compassion and acceptance as you can Find creative ways to express your feelings, such as through writing songs or poetry, drawing, movement or singing	

Different distractions work for different people and the same distraction won't always work for someone every time. For example, distracting yourself from anger feels very different from distracting yourself from fear.



Remember: Distraction is a helpful tool for preventing self-harming behaviour on a short-term basis but it is important to ensure that longer-term support is established to help the person as well.

4. Supporting recovery

Stopping self-harming entirely can take a long time, so it is important for individuals to regularly do things that support the recovery process. Below are some things you could encourage:



practising talking to a trusted person and opening up about feelings



keeping a diary of thoughts, feelings and experiences



noticing and keeping track of positive experiences, feelings and thoughts

- practising daily gratitude for the small and big changes and moments
- doing things that increase 'feel good' vibes,
 e.g. dancing, listening to music, reading, playing an instrument, being outside
- maintaining communication with supportive friends and family members
- writing down protective factors, coping strategies or distractions which can be used when needed

It is important to try to give hope to the individual. You can encourage them to think about their goals (short and long-term), identify their positive personal qualities, or develop a sense of purpose through engaging in employment and constructive activities.



Remember: Stress and slips are part of the recovery journey. A relapse doesn't mean that the person has failed. It can be an opportunity for growth: to explore new coping skills, examine possible triggers, or review and enhance their support networks.



The importance of trust

It is important that the person at risk has regular, meaningful contact with someone who can help and support them. It is essential that this contact and support is consistent, so a trusting relationship can be built. If you are not able to do this, it could be their keyworker or offender manager.

Recognise the impact you can have on an individual through your interactions. Sometimes the smallest of acts can make people feel that they matter, that they are cared for and that help is genuinely available. This can be really powerful for people in accepting help and learning how to cope differently and without self-harm.

5. Responding to concern

If you have concerns about an individual, it's essential that you tell someone. Don't assume that someone else will pick up on the same issues you have. You must speak to the person's Offender Manager, Approved Premises (AP) Manager (if appropriate) and update NDelius about your concerns and what action has been taken.

If you are concerned that someone poses a risk to themselves, you must follow the relevant EQUIP map on Risk to Self. This will include ensuring that the Risk to Self Risk Register is initiated in nDelius and any relevant incident forms are completed. OASys should also be updated to reflect risk concerns.

If the person is in prison, contact the prison immediately and report your concerns.

If the person is already known to be at-risk you should still share your concerns as things can change.

Remember: It's okay if you're not an expert – there is no right way to talk about mental health and just listening can often help someone work through what's on their mind.



6. Challenging stigma

Although as a society we are becoming more open about mental health difficulties, there are still misconceptions about self-harm. Stigma can have a very negative impact. It may:

- discourage people (or their family and friends) from seeking help and support
- make recovery a longer and harder process, increasing the person's distress
- make a person feel more isolated and unsafe
- increase self-stigma, making the person feel anxious, guilty or angry, which could result in more self-injury
- cause us to make assumptions, which can lead us to making harmful decisions about people

There is a common view that self-harm is used to 'seek attention' and 'manipulate' the system. The word 'manipulative' implies that this is bad, unreasonable behaviour that should be resisted.

Thinking of self-harm as 'attention seeking' can be used to minimise the individual's distress or prevent us from listening to them. Although self-harm may be a way to communicate, self-harm also often occurs in private.

Instead, however, we should try to understand the needs or fears that are driving the person's harmful behaviour and support them to address these.

> People think you are being manipulative when actually you just want some help

7. Dual harm

You will sometimes work with people who both self-harm and use violence. Many of the reasons why people self-harm also apply to why they use violence (e.g. to relieve pent-up anger or frustration, to feel more in control of a situation, to seek help from others or because they don't know what else to do).

Many of the risk factors, triggers and protective factors for self-harm outlined in this booklet also apply to violence, so they should not be considered in isolation.

If you are working with someone who is self-harming and using violence, the strategies outlined in this booklet can still be effective. For example:

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active listening when they are discussing why they are using violence



having patience

suggesting they use distraction techniques when they are angry



encouraging them to keep a diary of thoughts, feelings and experiences

encouraging them to maintain communication with helpful friends and family members.

It's important to use open questions and take the time to understand why the person is using violence and self-harm. This will help you and other staff to understand which strategies will work to reduce both types of harmful behaviour.

Looking after your own wellbeing

Supporting people who self-harm can be very challenging, so it's important to also think about your own support needs and protective factors, and build self-care into your everyday routine. Some of the wellbeing activities mentioned throughout this guide can also be used by staff when experiencing significant periods of stress.

As an organisation, the well-being of our staff is of paramount importance and a range of support services are available:

PAM Assist EAP (Employee Assistance Programme) Helpline:

24 Hour Helpline: 0800 019 8988

PAM Life app – accessible via the Apple store or Google Play

More details on myhub:

hmpps.myhub.sscl.com/hmpps-connect/i-aman-employee/Working-here/employee-assistanceprogramme-services

The Civil Service Charity

Website: www.foryoubyyou.org.uk/get-help

Occupational Health

Email: HMPPS@optimahealth.co.uk

More details on myhub:

hmpps.myhub.sscl.com/hmpps-connect/i-need-tomanage/staff-being-away-from-work/occupational-health The resources below will also help to equip you with the knowledge you need to effectively support individuals who self-harm:

EQUIP maps on Risk to Self and Working with suicide and intentional self-injury: Practitioner guide

https://equip-portal.rocstac.com/CtrlWeblsapi.dll/?___id= webDiagram.show&map=0%3AFF2D8D3F16B44268B 814F7F8177A16F7&dgm=25DFA0DC53BC4E75ADFF 68E819373799

AP Safer Working Practice

https://equip-portal.rocstac.com/CtrlWeblsapi.dll/?__id= docDetails.showDoc&doc=D1CFCFCBB5464E10A63E 553A0240B827&dpt=1&download=1

Samaritans

www.samaritans.org/

NHS guidance: Self-harm

www.nhs.uk/conditions/self-harm/

NICE quality standards: Self-harm

www.nice.org.uk/guidance/qs34

LifeSIGNS

www.lifeSIGNS.org.uk/

MIND

https://www.mind.org.uk/information-support/types-ofmental-health-problems/self-harm/about-self-harm/



Remember: Self-Injury Awareness Day is on 1 March every year: look out for communication and other resources on and around this date.







