

# Why do people self-harm?

It is important to remember that self-harm is different for each person. The best way to understand the 'whats' and 'whys' for someone is to ask them.

Self-harm thoughts and behaviours are usually the result of a complex combination of biological, situational, social and psychological factors. They may arise in response to a specific major life event (e.g., a relationship breakdown) or an accumulation of smaller, day-to-day stressors.

Repetition of self-harm is common and is associated with escalated risk.

Talking - and getting help - can help to break the cycle of self-harm, but people can find it hard to trust and talk about their feelings.

# Common factors associated with self-harm include:

Someone may be experiencing many of these factors and not self-harm. Equally, someone might self-harm for other reasons.

Experiencing adversity

Being unemployed/losing work

Feeling hopeless

Feeling trapped

Depression

Experiencing trauma

Anxiety

Work or school pressures

Feeling overwhelmed

Acting impulsively

Relationship difficulties

Anger

Feeling isolated

Difficulties with substance (mis)use

Knowing other people who self-harm

Feeling a lack of 'belonging'

Someone who is self-harming may have unexplained marks or injuries or avoid exposing their skin. If you have any concerns, it is always best to ask.



# Help is available

All those who self-harm are in need of support. Psychological (talking) therapies can help.

Be aware that people might want to speak to a professional (e.g. GP; counsellor), or to someone who isn't close to them (e.g. Samaritans), rather than a friend or family member.

**This isn't rejection** - remember that it is most important that the person is able to access the support that is right for them, at that time.

Be honest about what you can and can't keep confidential.

Offer people choice about how and where to access support.

In a crisis, it is important that support is accessed immediately. This may involve contacting someone's mental health team - if they have one - or accessing A&E. In a crisis, people can still be supported to make choices (e.g., do they want you to be with them in an assessment or would they prefer to speak alone?)

Supporting someone in distress can be difficult. Remember to look after your own wellbeing too. If you need support, it is okay to ask for it.

# Sources of support:

In addition to accessing help via your GP, there are a range of confidential sources of support available, including:

Samaritans: ☎ 116 123 (24/7; free) or ✉ jo@samaritans.org; www.samaritans.org

PAPYRUS [HOPELINEUK, for under 35s]: ☎ 0800 068 41 41 (Mon-Fri, 10am-10pm; weekends 2pm-10pm); ☎ 0786 003 9967; ☎ 0778 620 9697; ✉ pat@papyrus-uk.org; www.papyrus-uk.org

CALM: ☎ 0800 58 58 58 (5pm-midnight); ☐ webchat; www.thecalmzone.net

Shout: ☎ 85258 (24/7 text support)

It's okay to talk about self-harm

This information is for anyone who wants to know more about self-harm, particularly anyone who is concerned that someone may be harming themselves

The material in this leaflet will help you have a safe conversation about self-harm if you are worried about someone



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## What is self-harm?

Self-injury or self-poisoning irrespective of the apparent purpose of the act (NICE, 2004)

People often self-harm as a way to manage difficult emotions. However, over time this may become less effective or lead to more difficult feelings.

While many people who self-harm do not intend to die, a history of self-harm is the best predictor of dying by suicide and intent changes over time.

Take all self-harm seriously.

The reason(s) behind self-harm often change, both within episodes as well as over time. Often people are unsure why they self-harm.  
It is always better to ask than to assume.

## Who does self-harm affect?

Self-harm does not discriminate: anyone can be affected.

While self-harm is more commonly reported by young people in the mid teenage years to early adulthood, suicide is the leading cause of death for men under 50.

MYTH: Self-harm is "attention seeking".

TRUTH: Self-harm is attention *needing*; people need support. Despite this, self-harm is often kept a private or secret act.

MYTH: Talking about self-harm will put the idea in someone's head.

TRUTH: Research suggests talking can be really helpful. Silence and stigma can stop people from accessing support.

## Having conversations about self-harm

I've noticed you seem really down at the moment. How are things?

Is everything okay at the moment?

Reaching out when you are struggling can be hard. It is important that we can 'reach in' to people in distress and sensitively start safe conversations. They may not be ready to talk, but knowing that you are ready to listen may be the hope they need to hold onto.

Some top-tips to consider when starting a conversation are:

- ✓ Focus on how the person is thinking and feeling and what is happening in their life at the moment. The CoTS is a helpful resource to help start a conversation and explore what is happening for that person at the moment [<https://tinyurl.com/SHRGCoTS>]
- ✓ It might be helpful to try and think through problems with someone. However, this might feel too much for some people. Be led by the person you are speaking to.
- ✓ Remember that you aren't trying to 'fix' things.
- ✓ Try to ask open questions that invite conversation (e.g., How did that make you feel? How long have you been feeling this way? How bad have things got?)
- ✓ Feeling heard is important; giving time and space and listening non-judgementally is really valuable.
- ✓ If you are worried about someone, ask directly whether they are suicidal and whether they feel able to keep themselves safe. Is there anything you could do to help?
- ✗ Avoid ultimatums.
- ✓ It is appropriate to ask whether any injury requires medical intervention. There is no safe overdose. In all cases of overdose, medical intervention should be sought as soon as possible.
- ✓ Remember: medical severity does not indicate the level of distress a person is experiencing.
- ✓ Supporting someone to distract themselves, self-soothe or reduce access to means (e.g., going to a public place, removing 'sharps') might be also helpful. If in doubt, ask the person you are worried about.

## Harm minimisation

I don't think harm minimisation ever dealt with the core problem which is why I'm still self-harming

I've tried so many times, harm minimisation doesn't work

Harm minimisation strategies (e.g., snapping elastic bands or marking the skin with red ink) are ineffective. Most people find them unhelpful. When they are seen as helpful, this tends to be short-lived or situation-specific.  
Harm minimisation strategies should not be recommended in isolation.

## Language matters

We can't always anticipate what language people will be most comfortable with, but we can ensure that our words are considered and sensitive.

✓ People who self-harm

✗ "self-harmers"; "cutters"

Self-harm may be how someone copes, at the moment. It is not **who** they are and may not always be a part of their lives.

✓ Self-harm

✗ "Deliberate self-harm"

The term "deliberate" is unnecessary. It is often seen as pejorative and conveys unhelpful and naive messages about the controllability of self-harm.

✗ "superficial"

✗ "failed suicide attempt"

"Superficial" is often seen as a judgemental term. It may be more helpful to ask about whether any injury requires medical intervention. To "fail" is to be alive. This is not a failure.

... I just wanted people to talk to, and then people would think I was being like attention-seeking, and I was like, no, I just want someone to talk to