



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland

Self-harm and Help Seeking: Service User and Practitioner Perspectives

Presented by
Dr Maggie Long
Institute for Research in Social Sciences (IRiSS)
Ulster University

Research Supervisors
Dr Roger Manktelow and Dr Anne Tracey
Ulster University

Overview

1. Introduction to the issue of Self-harm
2. Context of Self-harm in Northern Ireland
3. Research Findings
 - Barriers to Help Seeking*
 - Experiences of Help Seeking*
4. Conclusions and Recommendations



Introduction to Self-harm

- Self-harm is a significant public health issue regionally, nationally and internationally.
- Self-harm is a major risk factor for suicide:
 - Between 40% and 60% of people who die by suicide have a history of self-harm (Hawton et al., 2006).
- Reported incidents far under-estimate the extent of self-harm.
- The majority of people who self-harm do not come to the attention of formal statutory services (Ystegaard et al., 2009).



Knowledge Exchange Seminar Series (KESS)

The “Iceberg” of Suicide and Self-harm

- The **Tip**: Relatively rare incidents of suicide
- Just **beneath the surface**: More commonly occurring reported self-harm
- The **Base**: Most common of all – “hidden” self-harm in the community (McMahon et al., 2014)
- Most self-harm is hidden, occurring in the community, among non-clinical populations (Gratz et al., 2002).



Knowledge Exchange Seminar Series (KESS)

Context of Self-harm in Northern Ireland

- 8,279 ED presentations involving 5,970 people in 2012/13 (DHSSPSNI, 2013).
- Higher incidence of self-harm by intentional drug overdose is reported in NI than in the ROI (Griffin et al., 2014).
- In schools-based surveys with 15-16 year olds, 1 in 10 young people reported self-harming on at least one occasion during their lifetime (O' Connor, Rasmussen & Hawton, 2014; Schubotz, 2009).
- Research on hidden self-harm in the community is limited.



Knowledge Exchange Seminar Series (KESS)

Self-harm and Help Seeking Project

- Qualitative research to provide narrative rich data about people's subjective experiences, providing understanding about key issues.

The research explored:

- Experiences of self-harm, help seeking and counselling from the perspectives of service users (counselling clients) and practitioners

One-to-one interviews were carried out with:

- Counselling clients who had a history of self-harm ($n = 10$)
- Community level gatekeepers in a range of roles, experienced in responding to self-harm disclosures and presentations ($n = 10$)
- Counsellors with extensive experience of working with self-harm ($n = 10$)



Knowledge Exchange Seminar Series (KESS)

Barriers to Help Seeking

Stigma and Misunderstanding

“People don’t understand what self-harm is, they just think it’s either a cry for help or just some kind of psychiatric disorder; they don’t see it as a manifestation, I suppose, of other things that are going on really. I think really there is an ignorance around it, and that would stop people going for help.” (Service User)

“When they go for help they’re spoken to like they’ve done the stupidest, strangest, weirdest thing in the world, as opposed to trying to understand why they’ve done it and getting them help . . . and if you have had any encounters with maybe the medical professions and it has been negative, then that could put you off cos you think everybody’s gonna judge you the same way.” (Gatekeeper)



Knowledge Exchange Seminar Series (KESS)

Social Stigma leading to **Confusion** and **Self-doubt**

“Feeling like you’re the only person in the world who [self-harms] . . . there is a sort of like a spiral . . . like an involution of feeling, where you know that you’re not attention-seeking because you would go to great lengths to hide it, but at the same time you’re thinking, “am I attention-seeking by doing this and hoping that someone will see it?” But, so you know you have a lot of arguments with yourself . . . it’s confusing.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Functions of Self-harm

- Self-harm as **cop**ing mechanism and means of gaining **control** in debilitating life circumstances:

“I know for myself there was definitely large periods of time where I didn't want help because I didn't want to stop cutting because it, it made things feel better, so why would I stop doing the one thing that made me feel better, and I really resented attempts to get me to stop cutting because I felt like they were taking away the one thing that was a release, an outlet for me and I had no other way. So I think you know patient compliance that is the person who really wants that change whereas if they don't want it I don't think they have any reason to ask for help.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Not about **Suicide**

“Em I didn't want anyone to think I was going nuts or I was suicidal or anything like that there, I was just for a long time trying to, it was a coping mechanism.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Communicating Emotional Pain

“Well I would say the groups that I would work with would be a lot of men, old and young, that I would deal with who have self-harmed. And I think a lot of that comes from “big boys don’t cry”. They don’t know how to express their emotions, they don’t know how to talk through things, it’s almost like they’re imploding on themselves with this self-harming.” (Counsellor)

“There is a group of young people . . . who will easily put their fist through a wall, but they can’t tell you why they did that or can’t tell you how it felt afterwards, and they avoid wanting to tell you that cos telling you is the difficult bit, the harming is the easier bit, the talking about it would be the more difficult, intimate thing to do.” (Gatekeeper)



Knowledge Exchange Seminar Series (KESS)

Experiences of Help Seeking

- Increase in intensity of self-harm combined with no significant resolution of distress and lack of appropriate support led to suicidal crisis

Suicidal Crisis

“I’m still not sure myself in my head whether it was a suicide attempt or whether it was self-harm . . . and I went out to the kitchen and I slit my wrist, and em, was taken to hospital . . . eh because at that point I did want to die, I wasn’t thinking about anything else and I couldn’t even feel myself, I couldn’t even, it wasn’t sore.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Loss of **Control**

“Once it stopped being something I could control I didn’t want it . . . So I wanted someone to get the control back, and I knew then I needed help.” (Service User)

“Somebody put it to me one time that, your life’s hanging by a string, type thing, you’re just searching for things to get you out of it but the final thing is down to you, it’s your responsibility to get yourself out of it. But if you’re looking for help and you’re not really getting it, it makes it harder.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Feeling **Dehumanised** in Treatment Services

“I’ve been to A&E a few times myself, with things directly related to self-injury and . . . It’s sorta like, “aw never mind the underlying problems, stitch you up and you’re on your way, see ya later” . . . you get let out into the nowhere . . . and I think that’s how a lot of people get into a very bad way, where suicide becomes a very big thing.” (Service User)

“I didn’t even want help; I just wanted somebody just to treat me as a person.” (Service User)

“It gave me the impression of sort of being . . . a case, not a person but a case.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Lack of **Autonomy** in **Disclosure** and **Help Seeking**

“Whenever the school became aware when I was maybe 14 or 15, and since they found out, for confidentiality and that kinda thing, they had to let my parents know . . . That was horrific, absolutely horrific. (Pauses). Em, horrendous. (Pauses) I don’t think I’ll ever forget it.” (Service User)

“I think for young people that are harming because of ongoing experiences, if you draw attention to yourself through your self-harm, people are gonna want to know why you’re self-harming and they’re gonna want to talk to other people in your life probably, like your parents. And if your parents are people who are frightening or who are harmful to you and this is your way of expressing it, do you really want that.” (Gatekeeper)



Knowledge Exchange Seminar Series (KESS)

Positive Help Seeking Experiences

“And the amount of help and support that I was, by nurses now, in [psychiatric hospital], was brilliant, the building was clean, just everything was geared up there for people to get well.” (Service User)

“But I think too with the self-harm, because if I did go in and I was asked about self-harm and I’d said I’d cut or done whatever, they listened to me and they talked about it and they just, they weren’t shocked by it, I think that helped, cos I wasn’t talking about it to glorify it or, you know, I just, I mean it was part of me, so for them to normalise it too, was a great help.” (Service User)



Knowledge Exchange Seminar Series (KESS)

“I went to my GP . . . I was really scared about going because I was like, “oh what if she tells my mum and dad” . . . and then she suggested to me, “look, you need to go to a counsellor” and I was like, “I can’t do this, I don’t want to” and it did take me a few weeks, and then I went to my doctor once a week and just talked to her and then she talked to me, just saying you know, “it will get better, if you can do this with a professional that is there to help you then you will feel better and you won’t feel like this.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Psychiatric Services, **Stigma** and **Labelling**

“Even at the time where I did end up at the Accident and Emergency, they scheduled an appointment for me the next day to see the psychiatric nurse, and of course the word psychiatric has all sorts of negative connotations . . . and I just, ‘no’, I just said to my fiancé, ‘can you phone up and cancel that, just tell them I’m not well enough to go in’, and I never went back . . . I was thinking about my career as well . . . and I thought any, if I blot my copy book with this mental illness, I’ll never be for anything, I’ll never . . . achieve my goal, my dream. ” (Service User)



Knowledge Exchange Seminar Series (KESS)

Finding the **Courage** to **Seek Help**

“We are a walk-in crisis centre as well so people do literally walk in off the street, you know sometimes people drive up and down the street a few times, that’s what they tell us, you would notice them if you’re down in the reception area and the next thing you know they come walking in, they’re just building up the courage to walk in through the door for the first time.” (Gatekeeper)



Knowledge Exchange Seminar Series (KESS)

Resilience: Overcoming Self-harm

“It’s something that helped make me stronger, if it never happened I probably wouldn’t be the person I am today therefore I think I’m happy that it happened because I like who I am today, so I want to keep it that way, so that’s probably the way I look at it.” (Service User)

“I can recognise myself as a normal human being, who went through a terrible time. I can recognise myself as a human being who, was needing help but didn’t know how to go about it . . . So I don’t hate myself for it anymore, I know my reasons as to why I did it, I can think clearly about it, and I can understand it, and I can, look at my scar and say that I’m proud that I got through it, that I survived, and that I’m still surviving in every single day that I go along, that I’m still surviving, that it didn’t get the better of me.” (Service User)



Knowledge Exchange Seminar Series (KESS)

Being Treated with Compassion

“She seemed like she cared, so that’s, I think it’s nice to know that somebody cares about you, you know some stranger actually does care about how you’re feeling and wants to help you, and that’s kinda what I think helped me talk a bit more after I got to know her a bit and that just made me open up a lot more . . . she [counsellor] was actually being really nice and even the whole wanting to help me thing, helped.” (Service User)

“But then I think somehow providing reassurance that wherever it is you go for help there will be a non-judgmental atmosphere . . . compassion and treating the person like they’re a person, cos it’s not like you can ever go wrong with that, you know, I’ve never heard anyone say ‘you’re treating her too much like a person!’ ” (Service User)



Knowledge Exchange Seminar Series (KESS)

Conclusion and Recommendations

- There is a need to develop understanding of self-harm and interventions for self-harm in NI.
- Dedicated self-harm awareness training for staff and practitioners who respond to self-harm presentations.
- Emotional support for practitioners working with self-harm on a repeated basis.
- Pastoral care or emotional support in EDs when a person presents with self-harm or attempted suicide.
- Cross-sector, interdisciplinary approach to follow-up care.
- Quantitative study to provide a more accurate estimate of the population prevalence of self-harm in NI to more appropriately inform policy.



Knowledge Exchange Seminar Series (KESS)



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland