Scotland's Self-Harm Strategy and Action Plan

Equality Impact Assessment – Results

November 2023

Scottish Government
Riaghaltas na h-Alba

EQUALITY IMPACT ASSESSMENT – RESULTS

Title of Policy

Scotland's Self-Harm Strategy and Action Plan

Summary of aims and desired outcomes of Policy

This Strategy and Action plan's vision is for people who have self-harmed or are thinking of self-harming, to receive compassionate, recovery-focused support, without fear of stigma or discrimination.

Over the next three years, we will take forward actions in three areas:

Continue to expand and deepen knowledge and embed compassionate understanding of self-harm, tackling stigma and discrimination.

Continue to build person-centred, support and services across Scotland to meet the needs of people affected by self-harm.

Review, improve, and share data and evidence to drive improvements in support and service responses for people who self-harm, or who are at increased risk of doing so.

Directorate: Division: team
Mental Health Directorate,
Improving Wellbeing Division,
Distress Interventions and Suicide Prevention Unit

Executive summary

Self-Harm is a complex and sensitive issue. It is not a mental health condition or illness but a range of behaviours that can be an indicator of poorer mental health and wellbeing. Self-harm can affect anyone but the evidence suggests it is more prevalent in young people, women and some marginalised communities. Self-harm has many functions and varies widely from individual to individual, but it is recognised as often being a response to trauma or distress.

Our vision is for people who have self-harmed or who are thinking of self-harming, to receive compassionate, recovery-focused support, without fear of stigma or discrimination.

In order to achieve this, our action plan focuses on three priority areas:

1. Continue to expand and deepen knowledge and embed compassionate understanding of self-harm, tackling stigma and discrimination.

2. Continue to build person-centred support and services across Scotland, to meet the needs of people affected by self-harm.

3. Review, improve and share data and evidence to drive improvements in support and service responses for people who self-harm, or who are at increased risk of doing so.

Background

Until now, our self-harm policy work has been embedded in suicide prevention work. However, while we recognise that self-harm is a risk factor for suicide, most people who self-harm are not suicidal. Our engagement has shown that responding to self-harm only as a suicide prevention activity can mean people may not get the most helpful response. In some cases, it may prevent them from seeking help. While we are now publishing a dedicated self-harm strategy and action plan, it is important to note that it retains important connections to our work on suicide prevention.

In recent years, there have been calls for more focused work on self-harm, not least because figures suggest that rates of self-harm may be increasing.

The Scottish Health Survey reported that in 2021, 10% of adult respondents who were asked if that they had ever self-harmed said they had, increasing from 2-3% in 2008/2009.

In 2020, the Samaritans published, 'Hidden too Long', a report on people's experience of self-harm and accessing support in Scotland. They called on Scottish Government to develop a dedicated self-harm strategy.

We recognise that there is still a lot we do not know about self-harm. It is often hidden and there are gaps in data that continue to limit our current understanding. However, the learning from people with lived experience, those supporting them, previous reports on self-harm in Scotland and the extensive engagement for this Strategy's development, puts us in a strong position to make real improvements, and to continue to learn and adjust our approach as we go.

The Scope of the EQIA

In the drafting of this EQIA, due regard has been given to the three requirements of the equality duty: to eliminate unlawful discrimination; to advance equality of opportunity between people who share a protected characteristic, and those who don't; and to encourage or foster good relations between people who share a protected characteristic, and those who don't. The EQIA gathered a range of data and information to inform the analysis of the likely impact of the self-harm strategy and action plan, including through the following methods:

- Creation of a Self-Harm Strategy Design Group, made up of people with diverse lived and living experience of self-harm, alongside services that support them, ensuring that lived experience is at the heart of our work to create the strategy and action plan.

- Ensuring that the Self-Harm Strategy Design Group included representation from groups with higher risk of self-harm, namely organisations representing LGBT communities and neurodiverse people.

- Creation of a new Self-Harm Data and Evidence Group, to help inform and advise on the development of the strategy, ensuring it is built on the best available data and evidence.

- Drawing on the learning from the new direct self-harm support services funded by Scottish Government, which have inbuilt monitoring and evaluation as part of their delivery.

Within the Self-Harm Data and Evidence Group, the following work was carried out which has also informed this EQIA:

- A review of the social determinants of self-harm, carried out by academic members of the Data and Evidence Group.

- A meta-ethnographic review of qualitative evidence of self-harm, commissioned by the Scottish Government and carried out by academic members of the Data and Evidence Group.

- A review of research related to the risk and protective factors for self-harm in children and young people, conducted by Public Health Scotland (PHS).

We have also carried out several rounds of careful engagement at different stages of strategy development, which we have used to develop our EQIA, including:

- Engagement with people with lived and living experience of self-harm and organisations that support them.

- A series of 'roundtables' with a range of support services, including some focusing on supporting marginalised communities.

- Several 'conversation cafes' hosted on our behalf by the Scottish Recovery Network, with people with lived experience of self-harm, and those who care for them.

- Engagement with peer workers at the Scottish Government-funded self-harm service pilots run by Penumbra, and learning from the impact reports the service produced.

- Engagement, on several occasions, with the Mental Health Equality and Human Rights Forum as a collective, and with individual members.

We also reviewed evidence gathered in the development of the Suicide Prevention Strategy, where relevant, as well as the Scottish Government's Equality Evidence Finder.

Key Findings

A full EQIA has been carried out. It has shaped the development of the strategy and will inform delivery of the action plan.

In summary, some of key findings gathered from the evidence, against each protected characteristic, include:

Age

- Scottish Health Survey (2021) revealed that 16% of those aged 16-24 had ever self-harmed, when compared with 0% of those aged 75 and over.

- PHS DBI Datasets (2020) similarly revealed that self-harm was most common in the two younger age groups of under 18 and 18-25.

- In a British Journal of Psychiatry systematic review of self-harm in older adults (60+) (2019), it was found that socio-demographic elements such as relationship status, living alone and being a younger older adult (aged 60-74), were all significant risk factors for self-harm repetition.

- An Alzheimer's Association Study (2023) revealed that there were strong links between self-harm and dementia diagnoses, especially among men.

Disability

- An increased risk was also reflected in a cross-sectional study by Emerson, E. et al, which showed that adolescents with a disability were 50% more likely to self-harm than their non-disabled peers.

- A Journal of Autism and Developmental Disorders publication (2020) revealed that autistic adults are significantly more likely to experience non-suicidal self-injury (NSSI) compare to the general population.

Sex

- The Scottish Health Survey (2019) revealed that 18% of women aged 25-34 had ever self-harmed, compared with 5% of men of the same age.

- This was also reflected in a British Journal of Psychiatry publication, which suggested that girls were approximately 3.4 times more likely to report self-harm than boys.

- This same publication outlines bullying, worries about sexual orientation and anxiety as some of the reasons given for self-harm in both girls and boys.

Pregnancy and Maternity

- The University of Manchester conducted the largest ever UK study to examine self-harm risk around pregnancy. This showed that in 1000 women, 4 were likely to self-harm over a year and this risk halved in pregnancy to 2.

- This study also revealed that mothers aged 15-19 were 66% more likely, 20-24 40% more likely and 25-29 15% more likely to self-harm between 3-6 months after giving birth, when compared with women of the same age who were not pregnant.

Gender Reassignment

- The 2017 LGBT Youth Scotland survey reported that 59% of transgender young people said they had ever self-harmed, with 11% currently self-harming.

- The Scottish Trans Mental Health Study (2012) specifically discussed the impact of transitioning on self-harm prevalence, with 63% of respondents saying they had self-harmed before transitioning and only 3% harming themselves afterwards.

- This same study indicated that trans people experienced much higher rates of self-harm and suicide both in comparison to the general population and to the rest of the LGB+ community.

- A 2018 NHS Greater Glasgow and Clyde Health Needs Assessment of LGBT and non-binary people revealed that 35% of non-binary people and 31% of trans people in Scotland had deliberately harmed themselves in the previous year.

Sexual Orientation

- The 2018 LGBT Youth Scotland Survey and the 2019 Scottish LGBT Rural Equality Report both suggested that that 43% of LGBT young people had self-harmed.

- The 2018 Health Needs Assessment, mentioned above, also indicated that the prevalence of self-harm varied considerably across LGBT+ groups, with more than 4 in 5 trans masculine and non-binary people saying they had self-harmed, compared to 3 in 10 gay men. Bisexual women had a particularly high rate of self-harm (70%).

Race

- Hate Crime Scotland Report (2020) states that post-migration stress and experiences of hate crimes are key triggers of self-harm in racialised groups.

- A UK Primary Care Study (2021) revealed that the concept of izzat (tr. honour/ respect) is a major influence in Asian families on negative attitudes towards self-harm.

- A 2018 study on the racialised impact of self-harm across three English cities, revealed that young Black females were at an increased risk of self-harm and were less likely to receive specialist psychiatric assessment and follow-up services than the White population.

- A 2015 study on self-harm and ethnicity, revealed that Asian males were least likely to self-harm and Black females were most likely to self-harm. There were differences in repeated self-harm, with Black and South Asian individuals being less likely to repeat self-harm. Religion and coping styles were identified as potential protective and predisposing factors.

Religion or Belief

- An Orthopsychiatry study (2020) revealed that some, but not all aspects of religiosity/ spirituality (RS) were associated with lowered risk of self-harm.

- A 2021 study into Clinicians' Perspectives on Self-Harm in Pakistan, revealed that stigma, financial constraint and religion were perceived as barriers that prevented people from accessing help after self-harm.

Recommendations and Conclusion

The evidence gathered for this EQIA highlighted key groups of people who are at a higher risk of self-harm, particulary young people, women, LGBT+ people and neurodiverse people. It was therefore crucial that the voice of these communities was at the centre of development of the Self-Harm Strategy and Action Plan.

In order to achieve this, we created the Design Group, with membership from representatives from some of the communities identified as being at higher risk of self-harm, and individuals with a diverse range of lived experience. The Design Group was heavily involved in the creation and development of the initial draft of the Strategy and Action Plan and consultation on subsequent drafts, as well as ensuring that equality and inclusion is baked into our approach.

With the active involvement of equality organisations, the action plan has also been designed in a way to help us address the differential impact of self-harm across these communities. For example, we are working closely with trusted partners within these groups to help ensure that the actions will reach and meet the needs of people with different protected characteristics, and to identify and reduce barriers to accessing support, wherever possible. We will also continue to work with a range of partners, informed by this EQIA, to develop tailored and accessible resources to support this further.

Although there is evidence of differential prevalence and impacts in some communities, we know that there are significant gaps in the data and evidence about self-harm, which were identified through work for this EQIA. There are several factors that contribute to this, including stigma and discrimination that surrounds self-harm, which may be exacerbated in some communities. We know there are many people who do not seek support and therefore there is a hidden group of people for whom we are unable to collect data.

Additionally, the evidence gathered highlighted data gaps for racialised and other marginalised communities around self-harm, and we have plans in place to explore this more fully with partners going forward, so that we can be sure that our actions are reaching and meeting the needs of minority ethnic communities.

Through our Action Plan, we have committed to working with partners to look at ways of improving data gathering both for new data and for improving existing data. This includes an explicit commitment to improve data and evidence to inform our understanding of differential impact of self-harm in different communities and settings, including by protected characteristic, and to tailor our actions to address these differential impacts.

This will involve working across Government and with external partners, such as PHS, academics and professionals in the area, and with people with diverse lived experience.

Evaluation and monitoring will be embedded into our delivery, allowing us to assess the progress and effectiveness of our actions. We will review the actions at a mid-point after 18 months and again after 3 years. As part of this process, the Scottish Government will review this EQIA. If necessary, following the review, the EQIA will be updated to reflect shifts in data and if new or previously unknown gaps present.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

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