Scottish Government
Riaghaltas na h-Alba

COSLA

Scotland's Self-Harm Strategy and Action Plan (2023-27)

Supporting with Compassion

Contents

Sources of Support

We recognise that self-harm can be a difficult issue – to experience and to think about. If you have been affected by self-harm, we have provided details of organisations who can offer listening support as well as provide you with further information.

Self-harm Network Scotland – a website that offers support and information to people considering self-harm. An immediate chat service operates 7 days a week from 6pm–10pm or you can leave a message and someone will get back to you. The site also provides support and information for loved ones and professionals.

Breathing Space – a free, confidential listening service that provides a safe space for anyone aged 16 and over in Scotland to open up when they're feeling down. Breathing Space services are available weekday evenings between 6pm and 2am and over weekends, from 6pm on Friday until 6am Monday morning. Call 0800 83 85 87

The 111 Mental Health Hub – a free, confidential, NHS service available 24 hours a day. The Hub is for anyone in Scotland who needs urgent support for mental health concerns including thoughts of self-harm and suicide. There is no age limit. Call 111

Samaritans – a free, 24/7 listening service that offers confidential, non-judgemental emotional support for people experiencing feelings of distress or despair. Call 116 123

Childline – a free, 24/7 listening service for children and young people, for whenever they need support or advice. Call 0800 1111

Children 1st – Parentline website and webchat is available for advice and support. If you live in Scotland you can call seven days a week Mon-Fri, 9am to 9pm and Sat-Sun 9am to noon call 08000 28 22 33

Shout – a free and confidential 24/7 UK text messaging support service for anyone, including children and young people, who is struggling to cope. Text 85258

LGBT Health and Wellbeing – provides emotional support and information to the entire diversity of the lesbian, gay, bisexual and transgender (LGBT) community across Scotland. Available Tuesday, Wednesday and Thursday 12-9pm and Sundays 1-6pm. Call 0800 464 7000 or email helpline@lgbthealth.org.uk

Scottish Autism Advice Line – provides emotional support and guidance when autistic people, their parents and carers, and professionals need it most. The advice line is open Tuesday–Friday, 10am–4pm (both phone line and LiveChat), and is closed at weekends. Call 01259 222022 or e-mail advice@scottishautism.org

Further information about self-harm can be found in the following places

The SAMH Information Service provides information and support on mental health. Whether you're seeking support or looking for more information for you or someone else.

YoungMinds helps young people to get the mental health support they need, when they need it. There are a range of supports on their website for professionals working with children and young people, and parents and carers.

NHS Inform provides health information that anyone living or visiting Scotland can trust.

Aye Mind provides a range of digital tools that can be used to support children and young people's mental health and wellbeing.

A Message from People with Lived and Living Experience of Self-Harm

You can't change the journey we have experienced up until the point you meet us, but in that moment, you can offer kindness, understanding, and connection, in a way we might not have experienced before. It's indescribable, being able to break, openly, vulnerably, in a situation where you believed you absolutely could not let anyone know you were struggling, where you couldn't imagine being able to tolerate the distress. But with the right support, you can.

Everyone has a different journey, a different understanding of self-harm and what self-harm is to them. So this strategy will mean something different for all of us. For some, it's about being supported to stay safe, or to find other ways to cope when we feel like we're out of options. It's about being heard and understood. Finding community, and feeling less alone; knowing that help is there whatever we're going through, and that our pain doesn't have to be physical to be real or important.

However, when we are met with compassion and care, in a safe space, without stigma or judgement; when we are offered support, enabling us to make changes for ourselves, knowing that support isn't too hard to access and we won't be sent away, then everyone has the same chance to discover a new journey and learn a way forward that works for them.

We need you to be open, to be dynamic, to offer diversity in the types of support available to match our diversity of needs and make sure no one gets left behind.

We need high quality professional help, alongside peer support and understanding. We need you to listen to us, the way you have done in creating this strategy. We need your dedication to translating these words into meaningful actions.

It won't be easy. You will have to work at it, with a combination of kindness and stubbornness. We are complex and you will have to battle again and again, against all odds, to understand things you can't understand, to resource things that can't be resourced, to change opinions, reactions, to sit with us as we work through it all. It will take strong, committed leadership, and a willingness to stay on this path.

It will be worth it though, to create a legacy, and not leave so many people hidden for so long.

From people lived and living experience of self-harm who participated in the Strategy Design Group.

Ministerial and Spokesperson Foreword

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

This is Scotland's first ever self-harm strategy, and we believe the first in the world. As such we have approached this work carefully and sensitively, building our understanding every step of the way.

The Scottish Government first issued dedicated guidance on responding to self-harm in 2011,[1] but following the publication of the Samaritans' Hidden too Long Report in 2020[2] which called for a new strategy, the then Minister for Mental Health and Wellbeing announced that the Scottish Government would develop this strategy and action plan.

Over the last 18 months, we have engaged extensively with people with lived and living experience of self-harm, and with families, and professionals. They have told us that support around self-harm needs to improve, and that there are still significant barriers that stop people from accessing support, including a level of stigma that is attached to self-harm that can both prevent people from seeking help and have an impact on the quality of the support they receive.

Over this time, our understanding of self-harm has also developed; self-harm takes many forms, it can be experienced across the life course, but it is currently understood to be more prevalent in some groups, for example: young women, LGBT+ people, and neurodiverse people. Self-harm is now more widely recognised as a response to distress or trauma, and while self-harm can indicate a greater risk of suicide, it is understood that many people who self-harm are not suicidal.

It is for these reasons that the Scottish Government and COSLA have worked together to create a dedicated self-harm strategy. However, our approach retains an important connection to our joint work on suicide prevention through our Suicide Prevention Strategy, and to improving population level mental health and prevention through our Mental Health and Wellbeing Strategy. Within the Mental Health and Wellbeing Delivery Plan there is a set of actions in Priority 4 on improving our response to people in distress. All of this work aims to embed a person-centred approach to mental health, which recognises and responds to the needs of people and communities, whilst tackling population-level issues such as stigma, and access to information and support.

1 Responding to Self-Harm in Scotland Final Report

2 Hidden Too Long: uncovering Self-Harm in Scotland | Samaritans Scotland

We also want to ensure that commitments across this suite of strategies are aligned with the National Trauma Transformation Programme and underpinned by a diverse, skilled, supported and sustainable mental health and wellbeing workforce. Our new Mental Health and Wellbeing Workforce Action Plan sets out the steps we will take to strengthen our workforce.

While we have been developing this strategy and action plan, we have also begun to strengthen the provision of compassionate support for people who self-harm. The Scottish Government has funded new pilot self-harm services, delivered in three local areas and an online portal, which hosts support, resources and information for people who self-harm, their families, and other professionals. These services are already supporting many people and early evaluations show they are having a positive impact. This work is also helping to build our understanding about self-harm and the interventions that are most helpful. Local supports and services also continue to give consideration to how they can provide support around self-harm.

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 limit our current understanding. However, the learning from the pilots, as well as from previous reports on self-harm in Scotland, along with our engagement for this strategy puts us in a strong position to make real improvements. This is reflected in our decision for this strategy and action plan to run for three years, which will allow us to both act now on what we know, and take an approach which embraces continuous learning. We will review progress after 18 months to take stock, working in partnership as we move forward.

We also acknowledge that the way people seek support and discuss self-harm is changing. Many now turn online for help but this can present additional risks, especially for young and vulnerable people. We have worked with stakeholders to develop a balanced approach to make the internet a safer place where people can share their experiences and seek support for self-harm, while also taking steps to protect people from serious harm. The Scottish Government has worked with UK Government to extend provisions in the Online Safety Act 2023 to Scotland that will make it a crime to communicate encouragement or assistance to someone else to self-harm. It is believed this new law will act as a strong deterrent to anyone who sets out to deliberately cause others to self-harm.

Collaboration is key to improving outcomes for people who self-harm, or who are at risk of doing so. We are publishing this strategy jointly, reflecting our commitment across national and local government to support and strengthen the mental health and wellbeing of our communities. This joint approach is also in the spirit of the recent Verity House Agreement. It recognises the importance of both national and local leadership, and the role of local services and communities in delivering the best outcomes for people. However, we know that this work must extend beyond government, and we are grateful for the contribution of people with lived experience and the many stakeholders who have helped us to reach this point: it has been a truly collective effort. The successful delivery of the strategy will continue to be dependent on working together with wider partners and our communities. We fully commit to continuing to work in this collaborative way, taking forward the programme of work set out in the action plan, together.

Maree Todd MSP

Minister for Social Care,
Mental Wellbeing and Sport

Cllr Paul Kelly

COSLA Health and Social Care
Spokesperson

Vision and Priorities

Scotland's Self-Harm strategy and Action Plan sits within a broader context where we seek promote positive mental health and wellbeing for all. We will take action to prevent the escalation of poor mental health and wellbeing that can increase the risk of self-harm.

Mental Health and Wellbeing Strategy Vision

Our vision is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

To achieve this vision we will:

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **Prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

Self-Harm Strategy Vision

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

To achieve this vision, we have identified the following priority areas we will work towards through the delivery of the action plan.

Priority 1: Continue to expand and deepen knowledge and embed **compassionate understanding** of self-harm and tackle stigma and discrimination.

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

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

Guiding Principles

We have been guided by these principles while developing the strategy and will continue to ensure they are embedded in our way of working as we deliver the action plan.

1. Acknowledge and incorporate the diverse expertise of people with lived experience of self-harm and those who develop and deliver services, to create opportunities for meaningful ways to co-produce work.
2. Be informed by data and evidence, including good practice insights. We acknowledge there are currently significant evidence gaps and will strive to improve the evidence base in order inform further developments.
3. Weave the principles of Time, Space, Compassion and trauma-informed practice through all our work to ensure people are supported in a sensitive and non-judgemental way.
4. Recognise that while self-harm can affect people at any age, prevalence is particularly high in young people. We will take care to ensure that the needs of children and young people are addressed and that their voices are central to all our work.
5. Ensure that all of our work is inclusive - including how we design, deliver, and monitor the actions. This is particularly important as people who are at a higher risk of self-harm may face additional barriers to accessing the right support, including experiencing stigma and discrimination.
6. Measure and report in a way that is proportionate and transparent, and ensure there is clear accountability and oversight for all our actions.

Our Understanding of Self-Harm

Definition and Interpretation

Self-harm is defined by the National Institute for Health and Care Excellence (NICE) in their most recent guidelines (2022) as **intentional self-poisoning or injury, irrespective of the apparent purpose.** This definition which is widely accepted, both clinically and academically, is what we are using as our working definition.

Our interpretation is that injury includes both physical and psychological injury and would include any behaviour that serves a function of self-harm and adversely affects a person's psychological or physical health. Our starting point for this strategy is that compassionate support should be available to anyone affected by self-harm, **however they themselves define it**.

It is also important that this strategy links to other policies that work to address obvious health harming behaviours such as eating disorders, smoking, alcohol use, substance use, risky sexual behaviours, violence and gambling. While many may not consider these forms of self-harm, they often have similar drivers and functions for people, and we will work collaboratively to share learning and good and emerging practice that supports recovery.

Functions of Self-Harm

Self-harm is not a mental health condition or illness but a range of behaviours that can be an indicator of poorer mental health and wellbeing or can sometimes occur as a result of mental illness or learning disability. Self-harm is complex and varies widely from individual to individual. It can serve a variety of functions, including but not limited to:

- Coping with or distracting from distressing emotions or circumstances, including traumatic or adverse experiences
- Regulating emotions, providing release, comfort or restoring calm. For some people providing care to oneself following self-harm can be helpful (and can be a way to protect against suicide)
- Communicating feelings that are difficult to articulate or have not been listened to
- Gaining control or agency over one's body, feelings or circumstances
- A compulsion or habitual behaviour
- A form of self–punishment or cleansing, sometimes linked to feelings of shame, guilt or low self-esteem
- A way to feel real, present, alive or escape dissociation

> **"When I was 16 my relationship at the time broke down... It was after this that I started to self-harm due to the immediate relief it gave me from the overwhelming emotions I was feeling. It became my coping strategy"**
>
> **Supported Person, Self-Harm Network Scotland**

> **"For some people, it is about coping and not necessarily about wanting to kill themselves"**
>
> **Youth Advisory Group Member**

Prevalence and Risk Factors

We know that self-harm can affect anyone, from any background, any gender and at any age. The most recent Scottish Health Survey reported that 25% of 16-24 year olds and 10% of adults said they had ever self-harmed. Data also suggests self-harm rates are rising.[3] However, the evidence also suggests that with the right care and support most people can and do stop self-harming[4].

The available evidence, including robust qualitative evidence, also highlights further important aspects of prevalence. For example, self-harm appears to be most prevalent among young women,[5] with girls over 3 times more likely to report self-harm than boys.[6] Marginalised people are also at increased risk, this includes neurodiverse people[7], LGBT+ people[8], people who are care experienced[9], those involved in the justice system[10], and people experiencing severe and enduring mental illness.[11]

In addition, we understand that there can be higher rates of self-harm among people who have experienced childhood adversity or trauma.[12] Furthermore, people who are affected by a range of 'social determinants' for poorer mental health also have a higher prevalence of self-harm. Evidence shows that socioeconomic status can be a factor.[13] For example, people living in the most deprived areas have a higher prevalence of self-harm (17%) compared to those living in the least deprived areas (4%).[14] Additionally, life events particularly those that can lead to stress and worry can increase the risk of self-harm, for example relationship breakdown, having a baby or bereavement.

3 The Scottish Health Survey 2021 - volume 1: main report - gov.scot (www.gov.scot)

4 The truth about self-harm | Mental Health Foundation

5 The Scottish Health Survey 2021 - volume 1: main report - gov.scot (www.gov.scot)

6 Self-harm in adolescents: self-report survey in schools in Scotland | The British Journal of Psychiatry | Cambridge Core

7 Sarah. A, Cassidy et al, Advancing Our Understanding of Self-harm, Suicidal Thoughts and Behaviours in Autism, Journal of Autism and Developmental Disorders (2020)

8 Stonewall Report on LGBT in Britain

9 Care experienced children and young people's mental health | Iriss

10 Understanding the scale of mental health needs in Scotland's prison population - Prison population: mental health needs - gov.scot (www.gov.scot)

11 Living with Borderline Personality Disorder - New Report | Mental Welfare Commission for Scotland (mwcscot.org.uk)

12 What factors are associated with self-harm in childhood? (publichealthscotland.scot)

13 What factors are associated with self-harm in childhood? (publichealthscotland.scot)

14 The Scottish Health Survey 2021 - volume 1: main report - gov.scot (www.gov.scot)

Within each of these higher risk groups there will be people who experience stigma or discrimination and many who face additional barriers to accessing support. For example, language barriers, fear of re-traumatisation or structural barriers such as lack of access to health care or financial resources. In light of this, we will take steps to ensure that our approach focuses on reaching and meeting the needs of groups that evidence identifies as being at higher risk and we will always look for opportunities to address inequalities.

Finally, we recognise that if we only focus on groups with highest prevalence, or who engage in the most common self-harming behaviours, we may miss other people who need help. This could have implications for people who feel they do not 'fit' society's expectations of someone who self-harms in terms of them being understood, accessing support, and navigating services. Therefore, this strategy and action plan is for anyone affected by self-harm.

Prevention of Self-Harm

As already highlighted, this strategy sits alongside The Mental Health and Wellbeing Strategy and Delivery Plan which has a strong focus on preventing the underlying drivers of poor mental health and wellbeing that can increase the risk of self-harm. However, our engagement has shown that the word 'prevention' in relation to self-harm can inhibit people from seeking help, especially if they fear they will be told to immediately stop self-harming.

This is because many people use self-harm as a way to cope. Taking away the means to cope without first offering support to develop other ways to manage, can be detrimental. We will take a careful, evidence-based, person-centred and trauma-informed approach within our actions, which will focus on helping people to find safer ways to manage their distress, over time, and with the right support.

> **"It's not a helpful response to be told, "Just stop!"**
>
> **Youth Advisory Group Member**

> **"Before I reached out I was quite nervous and anxious. I didn't know what to expect... I thought that I would be told that I have to stop self-harming, that I'd have to throw away my materials and I didn't want that"**
>
> **Supported Person at Self-Harm Network Scotland**

We acknowledge there could be a concern that describing self-harm as 'a way to manage distress' could inadvertently encourage or normalise the use of self-harm, especially among children and young people. We will continue to support children and young people to develop good mental health and learn healthy ways to manage difficult emotions. We will also continue to be guided by evidence about prevention and early intervention as it evolves, seeking to support everyone to achieve the highest level of mental health and wellbeing possible.

We also recognise that the data and evidence around prevalence and incidents of self-harm is complex and evolving. More behaviours being recognised as self-harm and work to encourage help-seeking could result in an increase in disclosure of self-harm in the short-term. However, as work progresses we would hope to see a reduction in self-harm over time.

Self-Harm and Suicide

We know self-harm can be a risk factor for suicide and this is why this strategy and action plan is aligned with our work on suicide prevention[15]. For some people the line between a suicide attempt and an act of self-harm is blurred. Some people may not be sure of the outcome they intend, have resigned themselves to 'what will be will be', or their desired outcome may change either over time or even within a single episode. However, for many people, self-harm is a way to manage difficult emotions and circumstances and they do not have suicidal intent. This strategy will maintain strong links with suicide prevention policy and practice, through the implementation of joint work where that benefits those who self-harm as well as people who are affected by suicidality. Our joined up approach will ensure that where someone's self-harm indicates they may be at elevated risk of suicide, the right support is available to keep people safe.

Stigma and Discrimination

The engagement around this strategy suggests that self-harm is highly stigmatised and people who self-harm may face discrimination. Many people report being aware of stigmatising narratives around self-harm such as it being 'manipulative', or 'attention seeking.' This can lead to self-stigma and feelings of isolation and shame, which can limit attempts to seek support. People who have self-harmed have told us that they hid their self-harm because they felt shame and feared what others might say or do.

> **"Having short sleeves with exposed self-harm scars on my arm, means the whole train carriage will be looking at me and whispering to who they're with."** [16]

While we have heard examples of empathetic and compassionate responses, we have also heard responses can be unhelpful, judgemental or even punitive, which can often lead to people not reaching out in future. Stigma can also have an increased impact on those who are marginalised, have experienced trauma and those living in small or rural communities, all of which can increase barriers to accessing support.[17]

Furthermore, our understanding is that the higher prevalence of self-harm in

15 Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot (www.gov.scot)

16 The Scottish Mental Illness Stigma Study: Final Report: September 2022 (seemescotland.org)

17 The Scottish Mental Illness Stigma Study: Final Report: September 2022 (seemescotland.org)

marginalised communities (such as LGBT+ or neurodiverse communities) is usually not related to specific characteristics but is a response to the misunderstanding, stigma, prejudice, discrimination and abuse marginalised people experience within society.[18] This is known as 'Minority Stress[19]'. This nuance can sometimes be missed when people are seeking support and can then exacerbate that person's feelings of isolation and stigmatisation. We also recognise that data and evidence is limited about people who are marginalised in a number of ways, or who are coping with a range of difficult circumstances. We will therefore continue to build our understanding of self-harm in different communities, particularly when people are experiencing multiple inequalities.

Embedding Equality and Inclusion in our Approach

We are determined that this programme of work properly reaches and meets the needs of marginalised groups and adopts an inclusive approach for everyone affected by self-harm, focusing on groups we know are at higher risk. This approach has been informed by working closely with people with lived experience who have helped us to understand the barriers they face in accessing help and with partners who advocate for marginalised communities, as well as reviewing evidence (which is set out in our Equality Impact Assessment). We are aware of a significant gap in data and evidence regarding people from racialised communities and we will work to address this as part of our action plan.

As we implement the action plan, supported by the continued involvement of people with lived experience from diverse and varied backgrounds, we will embed equality, diversity and inclusion across our approach. We will work with partners to ensure that people and services who are supporting someone who has self-harmed can do so compassionately and in a way that is inclusive, accessible, and rooted in good and emerging practice and evidence.

18 What factors are associated with self-harm in childhood? (publichealthscotland.scot)

19 Suicide Prevention - FNL FILE (lgbthealth.org.uk)

Self-Harm Support and Services

We recognise that the complex nature of self-harm and the varied reasons someone might self-harm means that there should be a range of support and services available to meet diverse needs. The majority (77%) of people who self-harm in Scotland will seek support from healthcare services in connection with self-harm over their lifetime. This can include GPs, unscheduled care (for example A&E) or mental health services. However, only 1 in 4 people sought healthcare support following their most recent experience of self-harm, and for young people aged 18-24, the number seeking support from a healthcare professional was significantly lower than the adult average[20].

It is therefore important that this programme of work also seeks to improve responses, by embedding both trauma-informed and Time, Space, Compassion approaches, across a varied range of supports and services. For example, healthcare services as well as community-based support and informal care and support provided by parents, carers, partners, and friends.

Informal Support

Many people with lived experience have told us that when they do seek help for self-harm, they want to be supported by someone they know and trust, who can listen to them, validate their feelings, and work alongside them to find ways to improve their wellbeing – all at their own pace. For many people this valuable support would be given by a family member, partner, friend, or other trusted person.

> **"Sometimes you don't want a solution you just want someone to listen."**
>
> **Youth Advisor Group Member**

We know that it can be incredibly difficult to support someone who is self-harming, it can be distressing and affect one's own wellbeing. We have heard that people can be worried about not having the right knowledge or understanding about self-harm, not knowing how to help and fearing that an uninformed response could make the situation worse. We also recognise that many people in a supportive role may also have their own experience of self-harm and may find the topic area difficult to talk about, and potentially triggering.

We will work to increase knowledge and understanding of self-harm within these vital informal support networks so that they are able to respond more confidently and in a supportive, non-stigmatising way, whilst also ensuring that their own wellbeing is supported.

20 Hidden Too Long: uncovering Self-Harm in Scotland | Samaritans Scotland

Community-Based Support

Community-based support is also important and can include responses and support given by staff in education, youth work, housing, criminal justice, social work or third sector organisations. Developing communities', and services' knowledge and confidence in responding to self-harm will be set within the broader context of the Time, Space, Compassion approach and supporting people experiencing poorer mental health, trauma or distress.

Our engagement in the development of this strategy, and ongoing learning from our pilot services have also shown that peer practitioner support can be incredibly beneficial in helping people to improve their wellbeing and take steps towards reducing or stopping self-harm. We will continue to learn from these projects and wider provision about the best ways to support peer workers and how peer support can be used.

"The fact that B (peer worker) was able to open up and share that she had been in a similar situation to me, and came out the other side, was huge! I actually looked forward to our sessions and felt like I wasn't alone in what I was experiencing. The tools and techniques that B gave me, I still use to this day... I haven't self-harmed in two and a half months and have seen a massive improvement with my moods and confidence."

Supported Person, Self-Harm Network Scotland

Many people now turn to the internet and social media for support with self-harm. This includes accessing helpful, reliable information and tools from websites such as Self-Harm Network Scotland, NHS Inform and Aye Mind, as well as getting online support from peer practitioners, webchat services or finding informal community support in forums and chatrooms. Online support can be especially vital for those in rural communities, marginalised groups and young people. Current funding for pilot self-harm services, includes an online portal which gives access to an immediate webchat service and to support provided by peer practitioners. This service has been very popular and is already proving to be beneficial for people who self-harm, their friends and families and professionals.

"When I found out about the live chat launching, this filled me with confidence. I knew that the chat was there if I was ever struggling and needed to talk to someone quickly."

Supported Person, Self-Harm Network Scotland

However, we also acknowledge that there can be unhelpful and even harmful self-harm content and bullying in online spaces. Scottish Government has taken action to make the internet safer for people who may be at risk of self-harm through the creation of a new offence in Scotland that will make it a crime to communicate encouragement or assistance to someone else to self-harm. This will act as a deterrent while we will also continue to explore ways people can safely access helpful advice and support online.

> **"It's part and parcel of going online that you're going to encounter trolls. You can take it on the chin, but it's very difficult when you're holding a device in your hand and there are strangers saying the most horrific things about you"** [21]

Healthcare Support

For those looking for healthcare support for self-harm, their GP should be the first point of contact. However, the principle of 'no wrong door' means that irrespective of the service, a person seeking support should be guided to the right place. When care is needed out of hours or in a medical emergency, support should be sought from NHS 24 by calling 111 or 999. People receiving self-harm treatment in emergency departments should receive a mental health assessment and support.

Our action plan aims to support compassionate responses, including within clinical settings, ensuring that people get access to the right ongoing support, which could range from social prescribing, psychological therapies (in line with the Psychological Therapies Matrix), referral to Distress Brief Intervention (DBI), local community based appointments or in-patient care. For people who self-harm frequently or have multiple hospital admissions appropriate support and follow-on care plans should be put in place. We will continue to work with services and health boards to strengthen cross-sector communication and collaboration between support organisations and healthcare professionals and to ensure that care for people who have self-harmed follows the principles of Time, Space, Compassion and is trauma-informed. We will continue to support workforce wellbeing by connecting to the Mental Health and Wellbeing Workforce Action Plan to ensure that people who may be affected by self-harm through the course of their work are supported.

21 see-me-scottish-mental-illness-stigma-study-final-report-sep-2022.pdf (seemescotland.org)

Action Plan

Priority 1: Continue to expand and deepen knowledge and embed compassionate understanding of self-harm and tackle stigma and discrimination.

1. Provide learning for people, communities, services and healthcare settings using existing networks and building upon the bespoke self-harm resources[22] already created which align with Trauma Informed and Time, Space, Compassion approaches. Our learning priorities will:
   a. Provide information and increase compassionate understanding about self-harm
   b. Dispel myths about self-harm
   c. Challenge stigma and discriminatory practices
   d. Increase compassion and confidence in responding and supporting someone who has self-harmed in a non-judgemental way
   e. Share information about online aspects of self-harm including the role and influence of online platforms in the lives of those who self-harm, supports available, unique risks posed, and ways to manage risk
   f. Promote the uptake of wellbeing support for people who care for someone who has self-harmed.
2. Explore further opportunities to include safe and evidence-based self-harm learning content and materials in:
   a. Core training and continuous professional development for key professional groups
   b. Schools and further and higher education
   c. Parenting and family support programmes and resources.

22 Self-Harm Network Scotland training and NES resources

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

1. Work with key partners, including with people with diverse lived experience, to tailor and disseminate national resources and support to ensure they effectively reach communities who are at higher risk of self-harm. This work will support local approaches and seek to tackle stigma and discriminatory practices. There will be an initial focus on:
    a. Children, young people and families, including care experienced children and young people.
    b. Marginalised groups where self-harm may be more prevalent, initially LGBT+ and neurodiverse people.
    c. People who may face additional barriers to getting the help they need. For example, people experiencing trauma and those with severe and enduring mental illness.
    d. People in higher risk settings, (such as, care experienced children and young people, people in prisons, or those experiencing homelessness.)
2. Share and encourage uptake of self-harm resources and support, including online and peer support. We will give specific consideration to people who support someone who self-harms, in whatever their role, with an initial focus on:
    a. Informal support networks including friends and family members such as, parents and carers, and partners
    b. Staff and volunteers who are likely to provide self-harm support to someone though the course of their work.
3. Continue to build compassionate responses for people accessing clinical services (including as part of assessment and treatment).

This will include:

    a. Working with first responders, for example emergency services and unscheduled care, and staff working in other healthcare settings such as, primary care, mental health services, liaison psychiatry, and the Child and Adolescent Mental Health Service (CAMHS).
    b. Providing evidence and support to services to embed the NICE/NCISH self-harm guidelines and recommendations, relevant to the Scottish context. This could include psychosocial assessments, safety planning, provision of psychosocial interventions and psychological therapies in line with the Psychological Therapies Matrix. **This will ensure that people in suicidal crisis are identified early and provided with appropriate support.**
    c. Providing specialist support and interventions for those with severe and enduring mental illness and more complex needs, through interface services such as liaison psychiatry.
    d. Investigating opportunities to improve post self-harm care to address medical and broader health and wellbeing needs resulting from self-harm.

4. Encouraging all partners including people with lived experience, to work together to provide person-centred and compassionate care with a focus on recovery. To achieve this we will:
    a. Develop a professional 'self-harm community of support' that provides opportunities to make connections, share good practice and learning between communities, various settings and healthcare services. This will include hosting a self-harm conference and taking action to grow the existing self-harm network.
    b. Encourage cross-sector communication and collaboration between support organisations and service partners. This includes with services and settings that support people who engage in other forms of health-harming behaviours (that might be considered self-harm) for example, eating disorders, substance use, alcohol use and gambling.
    c. Use GIRFEC and GIRFE tools to support multi-agency approaches, where relevant.
    d. Identify and open up opportunities for practitioners to inform relevant national and local policies to strengthen links and share learning and good practice.

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

1. Identify what data (including equalities data) is routinely collected on self-harm across a range of settings (e.g. primary care, secondary care, unscheduled care, social care, justice and education) and identify what is missing and seek ways to improve this: This could include:
    a. Scrutinising the quality and relevance of the data collected.
    b. Establishing how this data is currently being used and whether there is transferable learning that can be used for other settings.
    c. Identifying what data and evidence is missing about self-harm and seek ways to improve.
2. Take steps to gather existing and new data and evidence on self-harm to improve support and service responses for people. This could include:
    a. Identifying existing and new research and learning on self-harm, ensuring this is shared and incorporated into support and service practice, where relevant.
    b. Exploring early intervention approaches and investigating what support would be beneficial to people considering self-harm, (i.e., to prevent first episode of self-harm or reduce repetition of self-harm).
    c. Continuing to identify what factors put people at increased risk of self-harm and what can be done to mitigate risks and increase help-seeking with a specific focus on racialised and other marginalised communities.
    d. Continuing to improve understanding of self-harm within the digital landscape including how online platforms are accessed as a means of support and their role in the lives of those who self-harm. Build awareness of their potential to increase risk, and the mechanisms driving harmful impacts. Monitor the use and impact of the Online Safety Act 2023 self-harm offence as a means to keep people safe from harm.
    e. Using learning from the Self-Harm Network Scotland to inform developments in peer and online support.
    f. Investigating if self-harm can be a barrier to accessing support and services and what measures can be taken to overcome these barriers.

Our Approach to Delivering this Action Plan

Guiding Principles

We have been guided by the principles on page 8 while developing this strategy, and we will continue to ensure they are embedded in our ways of working as we work to implement the action plan. Taking these principles into account, this section outlines how we will approach delivery, evaluation and governance of the plan.

Supporting Delivery

Recognising the significant value that **lived and living experience** of self-harm, and insights from a range of services bring to our work, this will remain at the heart of our work and will guide delivery of the plan.

We also know that to achieve our self-harm strategy vision, we will need to **realise connections between the self-harm action plan and a wide range of other national and local policy priorities,** such as the Mental Health and Wellbeing Strategy and Delivery Plan, Suicide Prevention Strategy, The National Trauma Transformation Programme, GIRFE, GIRFEC, and The Promise, adopting an approach that recognises the flexibility required to meet local need. This will require active and ongoing engagement and collaboration with policy makers and delivery partners.

We will take an approach to delivery which will have two key functions:

- Drive delivery of the national action plan with clear accountability for each of the actions.
- Support local partners to progress actions on self-harm, including in the context of existing priorities.

To support these two functions there will be continuous feedback and learning between national and local partners. By using evidence and insights from practitioners working across a range of settings, we will ensure that all relevant programmes of work continue to be impactful in achieving change.

Our approach to delivery will also:

- ensure continued focus on reaching and supporting higher risk and marginalised groups
- act as a self-harm community for Scotland by creating a space for collaboration and shared learning
- bring together our growing data and evidence, alongside qualitative research, to deepen our understanding about self-harm and use that to improve responses for people who have self-harmed and those at risk of doing so.

- provide visible leadership on self-harm, which we recognise is also needed to achieve positive change in our communities (of place and interest) right across Scotland.

Our approach to delivery will include the following elements:

- We will ensure that key **public sector partners**, including NHS Boards (territorial and special boards), education and criminal justice partners, are supported to deliver actions - so that they make a measurable difference on the ground. This will be in line with their organisational remits.
- We recognise **third sector partners** have been progressive and compassionate in their approach to supporting people who self-harm in Scotland for many years, and with Scottish Government funding, have delivered a new level of bespoke support over the last few years. The sector has also played an instrumental role in shaping this strategy; and we look forward to continued working with the sector as we implement this action plan.
- We will also continue to work closely with **data and evidence experts** such as, leading academics, analysts and researchers to underpin our work and lead on the delivery of the data and evidence actions.

By Spring 2024 we will have co-designed a partnership-based approach for this action plan, which will specifically include consideration of how to build-in regular advice and guidance from **people with lived experience**.

Governance

Governance of the strategy will be provided by the new Mental Health and Wellbeing Leadership Board which will be put in place to oversee the implementation of the wider Mental Health and Wellbeing Strategy. This will ensure policy alignment and maximise learning between the Self-Harm Action Plan and the overarching Mental Health and Wellbeing Delivery Plan, as well as the, connected, suicide prevention action plan (Creating Hope Together).

Membership of the Leadership Board will include representation from a range of Scottish Government portfolio areas, Local Government, NHS Boards, Integrated Joint Boards (IJBs) and the Third Sector. The Board will have direct access to advice from key groups, including the Equality and Human Rights Forum and the Diverse Experiences Advisory Panel. This Board will:

- provide national leadership and strategic oversight of priorities
- ensure activity delivers clear benefits, aligned with this strategy's vision, outcomes and principles
- provide constructive support and challenge to ensure progress against actions set out in this action plan.
- play a key role in evaluating the impact of interventions and sharing learning.

Evaluation and Monitoring

Evaluation and monitoring will be embedded in our delivery, allowing us to assess the progress and effectiveness of our actions. Our approach will align with the Verity House Agreement and wider work on data and monitoring, for example through the wider Mental Health and Wellbeing Strategy and the Health and Social Care Data Strategy.

We will seek to ensure our monitoring and evaluation approach is fit for purpose, transparent and proportionate. We have included an illustrative set of draft outcomes which we expect our actions to achieve, and will work with partners to refine these and consider options for measurement by Spring 2024. We then intend to use the agreed outcomes to understand the difference and impacts our actions are making to achieving the strategy's vision.

We recognise there will be ongoing data challenges which will affect the monitoring of this action plan. These include:

- The limitations of existing data means a baseline assessment will be challenging to establish for mainstream support, and in turn it will be difficult to measure the specific contribution this strategy is making at a population level.
- This strategy has a clear aim to improve support for people who self-harm and to tackle stigma and discrimination, which we hope will lead to an increase in help seeking. However, the way data is currently collected will mean it is challenging to differentiate increases in the level of help seeking from trends on prevalence of self-harm; in fact an increase in help seeking is likely to show up as an increase in prevalence.

We recognise these challenges and in the initial stages of our work, we will seek to better understand and develop available data sources so that the prevalence and trends in self-harm can be better understood. We will also seek creative ways to evaluate our actions to overcome these challenges.

Reviewing this plan

This action plan will be reviewed at 18 months, drawing on early learning, monitoring and evaluation data, as well as qualitative feedback and delivery insights. We will consider the need for any redirection or reprioritisation as part of that exercise. The impact and learning from the delivery of this action plan will be used to inform future policy development.

Resources

We recognise that adequate funding will be required to support effective delivery. The Scottish Government will continue to invest in the provision of self-harm support and learning, which has been in place over the last two years and has informed the development of this strategy. This provision includes nationally available online support and peer support for individuals affected by self-harm, and learning for professionals and families. We will continue to review the effectiveness of this provision to ensure it meets the needs of people affected by self-harm.

This strategy also sets out the significant contribution that existing services, such as education and criminal justice, already play in supporting people who self-harm, and how this action plan will complement and strengthen this. To help achieve this ongoing improvement, we will play an enabling role by developing tangible resources and creating a platform for shared learning and expertise.

We recognise that the publication of this strategy coincides with significant financial challenges across the system which are likely to continue over the next few years and that, by nature, this first strategy is exploratory in nature. Where additional funding is needed to support delivery we will work across local and national government, and with relevant partners, to determine costings and funding options. This will be grounded in evidence and learning obtained through the delivery of this action plan.

Glossary

Term	Definition
ACEs (Adverse Childhood Experiences)	These are defined as highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.
CAMHS (Child and Adolescent Mental Health Services)	NHS Scotland Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.
Care Experienced	Anyone who has been or is currently in care or from a looked-after background at any stage of their life, no matter how short, including adopted children who were previously looked-after.
COSLA (Convention of Scottish Local Authorities)	A councillor-led, cross-party organisation who champions councils' vital work to secure the resources and powers they need. They work on councils' behalf to focus on the challenges and opportunities they face, and to engage positively with governments and others on policy, funding and legislation.
Creating Hope Together	Scotland's Suicide Prevention Strategy and Action Plan.
DBI (Distress Brief Intervention)	A non-clinical, intervention which provides timely, one to one emotional and practical support to people who present in distress to frontline services.
Delivery Partner	An organisation working to deliver something.
Discrimination	An action, system or process that creates barriers and inequality for some people because of a particular characteristic.

Term	Definition
Dissociation	Dissociation is one way the mind copes with too much stress, such as during a traumatic event. If you dissociate, you may feel disconnected from yourself and the world around you. For example, you may feel detached from your body or feel as though the world around you is unreal.
GIRFE (Getting It Right for Everyone)	A proposed multi-agency approach to health and social care support and services from young adulthood to end of life care.
GIRFEC (Getting it Right for Every Child)	Supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.
Incidence	The number of episodes of self-harm among a certain group of people during a specific period of time. It is different from prevalence.
Intersectionality	The relationship between social categorisations and/or protected characteristics such as race, class, and gender.
LGBT+	Includes Lesbian, Gay, Bisexual and Transgender people. While the acronym can vary, the general aim is to inclusively group together marginalised groups of sexual and gender identities.
Lived Experience	People who have a personal knowledge of something which has been gained through first hand experience. Their experience may be in the past or present, and is sometimes referred to as lived, or living.
Local Authority	A local council in Scotland. These councils provide public services such as education, social care and planning.
Marginalised groups	A group of people that may not enjoy the same privileges as the rest of the society. Some examples of marginalised groups include, disabled people, people of colour, LGBT+ people and people of a lower socio-economic status.

Term	Definition
Mental Health	Mental Health is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.
Mental Illness	Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.
Mental Wellbeing	Mental wellbeing is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose.
NCISH (National Confidential Inquiry into Suicide and Safety in Mental Health)	A project based within the University of Manchester which has collected in-depth information on all suicides in the UK since 1996 and uses this information to make recommendations which aim to improve the safety of patients who may be at risk of suicide in mental health settings.
NES (NHS Education Scotland)	An education and training body and a national health board within NHS Scotland responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies.
Neurodiverse	People whose brain differences affect how their brain works. The possible differences include medical disorders, learning disabilities and other conditions such as dyslexia, attention deficit hyperactivity disorder and autism spectrum disorders.
NICE (National Institute for Health and Care Excellence	NICE helps practitioners and commissioners, mainly in England and Wales, get the best care to patients, fast, while ensuring value for the taxpayer.
Outcomes	The changes we want to see as a result of taking action.
Peer Practitioner	A person with personal experience who is trained and employed to work in a formalised role in support of others experiencing similar issues, to assist their recovery.

Term	Definition
Person-centred approach	An approach that acknowledges that people are experts in their own care and want to be treated as a whole person by professionals, be involved in decisions about their health and care; and be supported to actively manage their own health and wellbeing.
PHS (Public Health Scotland)	Scotland's lead national agency for improving and protecting the health and wellbeing of all of Scotland's people.
Poverty	A household is considered to be in poverty if their income if less than 60% of the average income for that household type
Prevalence	How common a given issue or experience is within a population, either at a point in time or over a given period of time (it includes new and existing cases). It is different from incidence.
Prevention	The action of stopping something from happening or arising.
Psychosocial Assessment	A comprehensive assessment including an evaluation of the person's needs, safety considerations and vulnerabilities that is designed to identify those personal psychological, social and environmental factors that might affect someone's mental health and risk of crisis (including self-harm.)
Psychological Self-Harm	Also known as emotional self-harm, it can include blaming oneself for any problems, thinking you are not good enough or engaging in negative self-talk.
Recovery	Being able to live a good life, as defined by you, with or without symptoms.
Risk and Protective Factors	Individual, social and structural characteristics, circumstances and factors that make it more or less likely that people will self-harm.
Safety Plan	A written, prioritised list of coping strategies and/or sources of support that the person who has self-harmed can use to help alleviate a crisis. Components can include recognising warning signs, listing coping strategies, involving friends and family members and contacting mental health services.
Self-harm	Intentional self-poisoning or injury, irrespective of the apparent purpose. See page 9.

Term	Definition
Severe and enduring mental illness	Includes conditions such as schizophrenia, bipolar affective disorder, other psychosis, personality disorders and any other mental health disorder (like severe depression, OCD and neurodiverse conditions) of a severe and enduring nature.
Socio-economic	Relates to the differences between groups of people caused by their social and/or financial situation.
Stakeholder	People, groups or organisations that are affected by, or hold an interest in, the work or activity of an organisation or service.
Stigma	A set of negative beliefs or attitudes that a society or group of people have based on a preconception, misunderstanding or fear.
The Promise	The Promise is the programme of change demanded by the findings of the Independent Care Review, to ensure that every child in Scotland grows up loved, safe and respected, able to realise their full potential.
Time Space Compassion	A set of principles to deliver better responses to people in suicidal crisis.
Trauma-Informed Practice	Being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account, responding in a way that does no harm and recognises and supports people's resilience and recovery.
Verity House Agreement	A partnership agreement between the Scottish Government and Local Government. The agreement signifies a shared vision for a more collaborative approach to delivering shared priorities for the people of Scotland. It includes commitments to empower local communities, tackle poverty, transform the economy and provide high-quality public services.

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