Talking about self-harm

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Before we begin

Timings
The webinar will be approximately 90 minutes. We do not have any scheduled comfort breaks but please feel free to step away from your screen if needed.

Recording
Please note that this webinar will be recorded and published on our website for others to watch on-demand.

Sharing personal experience
Only if you're comfortable doing so, you may be asked to share your own personal experiences during the session to help with education and training.

Safety and openness
Sensitive topics may be discussed during this webinar, please feel free to step away if needed. We want to foster a sense of safety and openness during this webinar where everyone listens to one another and supports each other's perspectives. At the end of the session, we will sign post to organisations to access further support.

Keeping safe

Keep the conversation in the room

Non-judgmental approach: We will 'challenge the opinion, not the person'.

Right to pass: We have the right to pass on answering a question or participating in an activity and we will not put anyone 'on the spot'.

Asking questions: We are encouraged to ask questions…. However, we do not ask personal questions or anything intended to deliberately try to embarrass someone.

Seeking help and advice if needed

(PSHE Association, 2018)

We're talking mental health

Our vision

A world where people understand and talk openly about mental health, where people and those who support them are equipped to maintain and enhance their mental health and wellbeing, and have the confidence to seek help when they need it.

Evidence based training

Positive

We take a positive approach to mental health. We focus on prevention and early intervention, and recognise the importance of offering hope.

Proven

Our consultancy, training and resources are all based on sound clinical evidence.

Practical

We give people practical strategies and tools to care for their mental health, and to support others in doing so.

Evidence based training

What is self-harm?

Risk factors and vulnerabilities

Providing safe and appropriate support

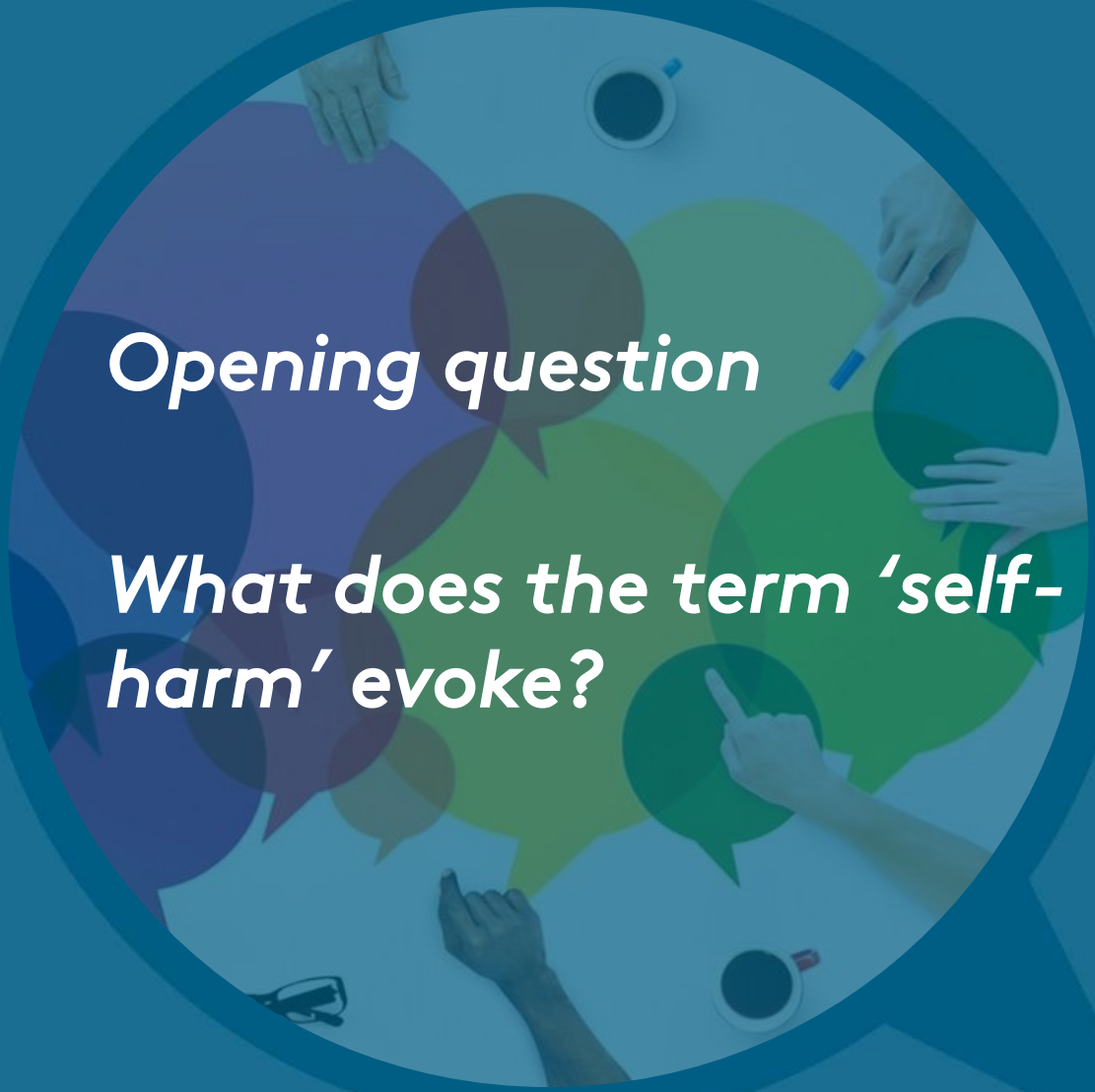
I'm like a balloon.

Every bad thought, feeling and experience makes the balloon blow up and up and up.

When I cut, it's like I release a valve on that balloon and it deflates a little.

If I didn't cut, the balloon would keep getting bigger and bigger until it was ready to burst.

Then I wouldn't hurt myself, I'd kill myself.



Opening question

What does the term ‘self-harm’ evoke?

Medical definition of self-harm

- Intentional self-poisoning or injury irrespective of the apparent purpose of the act.

- A recent national study reported that 7.3% of girls aged 11 to 16, and 3.6% of boys aged 11 to 16, had self-harmed or attempted suicide at some point. The figures for 17- to 19-year-olds were 21.5% for girls and 9.7% for boys.

(NICE, 2022)

NICE
National Institute for Health and Care Excellence

A broader definition

There are indirect ways of harming yourself. This could be using alcohol or drugs too much and having accidents as a result, having unsafe sex, or the physical harm involved in the bingeing or vomiting of someone with an eating disorder. These are not seen as self-harm in the same way.

(Royal College of Psychiatrists)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Why do people self-harm?

Intrapersonal and interpersonal

Girls tend to engage in self-harm for **intrapersonal reasons** more than boys: 'to communicate distress', 'to quell distressing thoughts' or to 'relieve tension'

(Miller et al., 2021)

Interpersonal reasons have been more closely associated with self-harm in young men and boys (eg, 'it helped me join a group', 'to show others how tough I am')

(Samaritans, 2021)

Self-harm and FEELings

FEEL OR FIND EMOTIONS

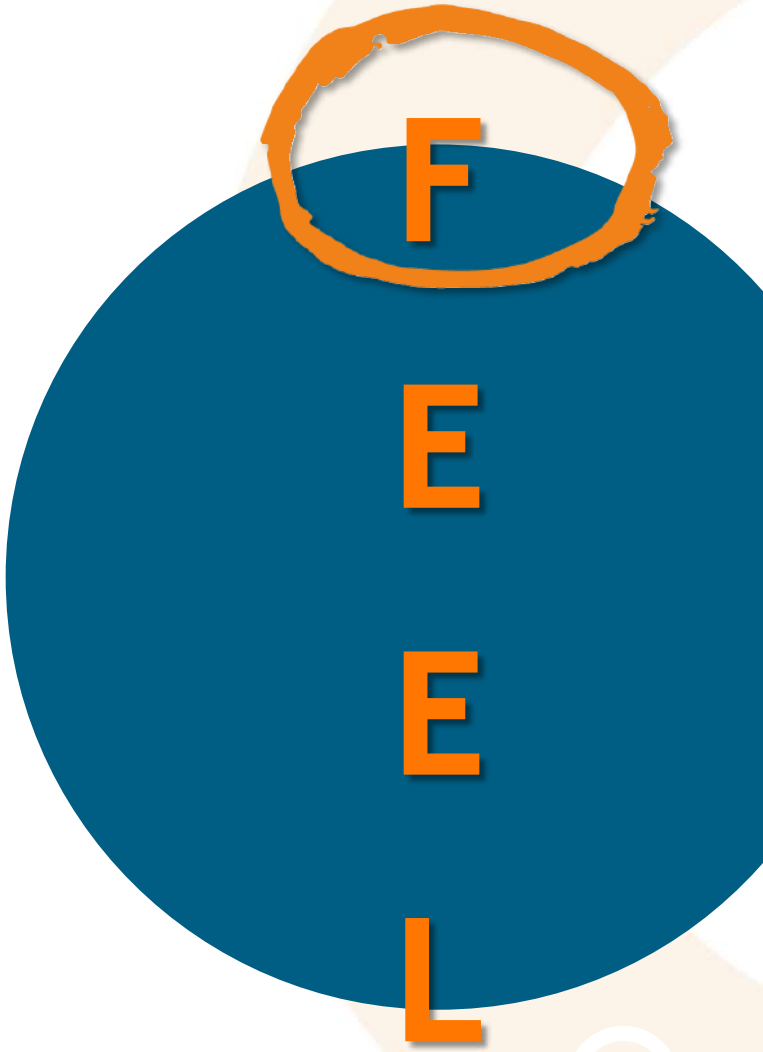
EXPRESS EMOTIONS

ESCAPE OR CONTROL EMOTIONS

LOATHE OR PUNISH SELF

FEEL OR FIND EMOTIONS

- When emotions are numb or blocked, pain can become a way to feel something and confirm aliveness.



Release

I just felt that by cutting myself I was getting a release from all the anger, the guilt, the stress of everything that was going on. (Zoe)

It's when it's first done and first watching it and watching everything happen and unfold, is where you get that sensory feeling, of release and relief. (Davina)

Relief. It's like a big weight has been lifted off my shoulders, I release today's pain and I am ready for tomorrow. (Isla)

(Miller et al., 2021)

To feel alive

And then there's other times when I want to feel something and I don't want to believe that I'm not feeling anything… so sometimes I want to know, I want to FEEL something. (Davina)

There used to be a point where I used to self-harm to see the blood and to see the blood was like, 'yea, you are still alive'. (Sophie)

(Miller et al., 2021)

An ‘irresistible’ urge

It’s addicting, so at first you do it because you are really sad and you do it because there is so much inside of you, and you need to let it go and each cut would let a bit of emotion go and it has become a part of my life. I guess I can’t go without it, like I crave it. (Sophie)

They (urges) just take over; you feel that you have no control left…It’s physical and mental, you feel that you have no control…progressively over the years it got worse and completely out of control. (Zoe)

(Miller et al., 2021)

EXPRESS EMOTIONS

- When emotions feel too big or bottled up, self-harm may offer release or expression of inner pain.

Interpersonal reasons

'to show how desperate I was feeling', to frighten someone'

'to get my own back on someone'

'to find out whether someone really loved me'

'to get some attention'

(Scoliers et al., 2009).

To feel cared for / to access help

I just remember I liked the feeling of my friends like taking care of me and like putting like band-aids on stuff like that

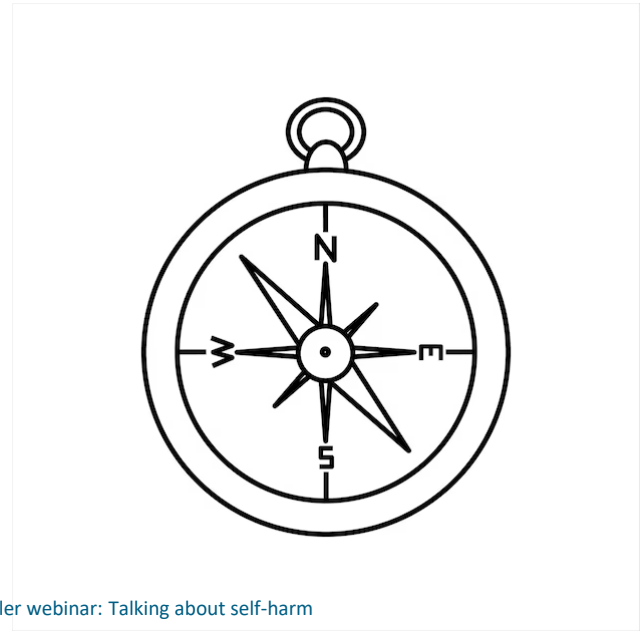
(Jackman et al., 2018)

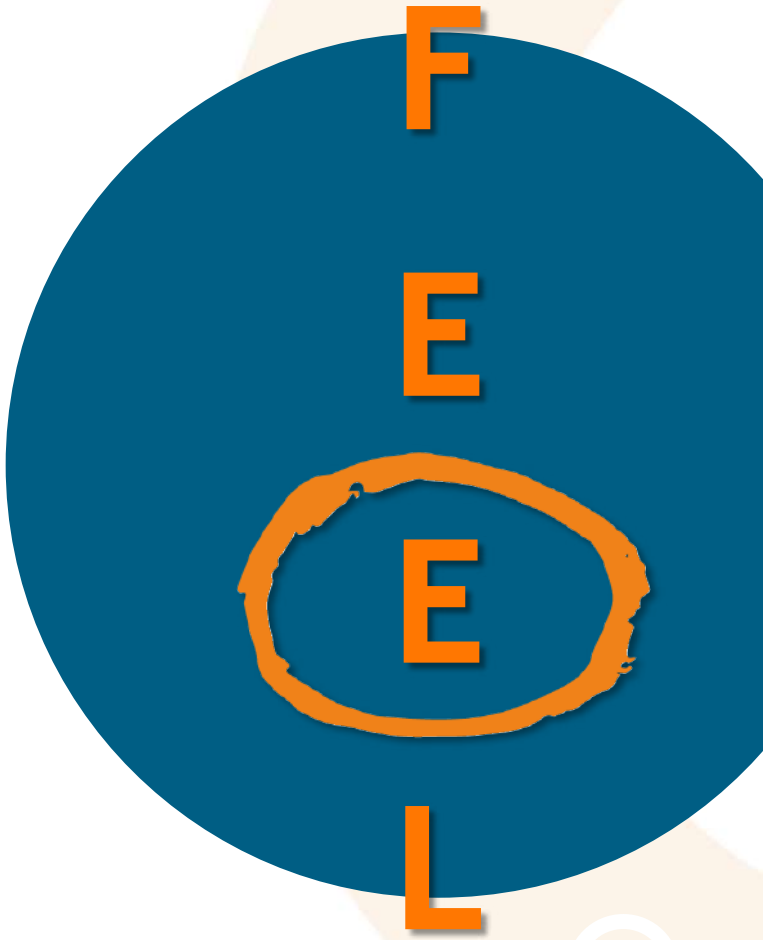
I asked for help a dozen times and nothing. I cut myself once and suddenly people were listening

(Knightsmith, 2022)

ESCAPE OR CONTROL EMOTIONS

- Pain can act as a distraction from overwhelming emotions, or a way to regain a sense of control when life feels chaotic.





Distraction

It takes my focus away from another kind of pain, like the pain inside, like the way I feel. So, it overtakes that so I kind of forget about the other sort of pain. (Lily)

You just feel relaxed, like all the feelings of pain, numbness, anger, they just go for a while—literally, they just go until my arm stops bleeding and then I feel like I need to do more. (Zoe)

(Miller et al., 2021)

Control

I was bullied - those day-to-day feelings about feeling different, and not understanding why other kids didn't like me. It gave me relief and empowerment. And this secret was mine. It gave me tranquillity and control in my life, and they couldn't hurt me

(Barton-Breck, A. & Heyman, B., 2012)

As suicide prevention

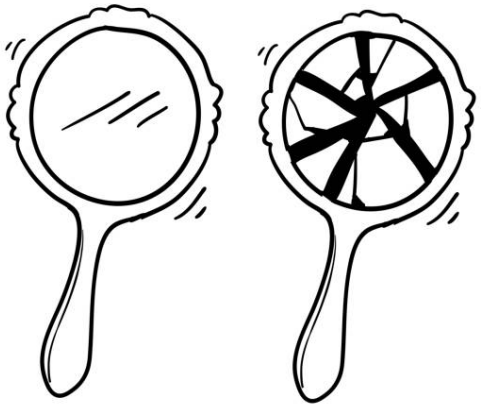
'When I self-harm it is me telling the outside world what I feel inside, which I can't express in words. Often it is an alternative to me attempting to kill myself, and all that I really want is someone to hug me and let me talk to them.'

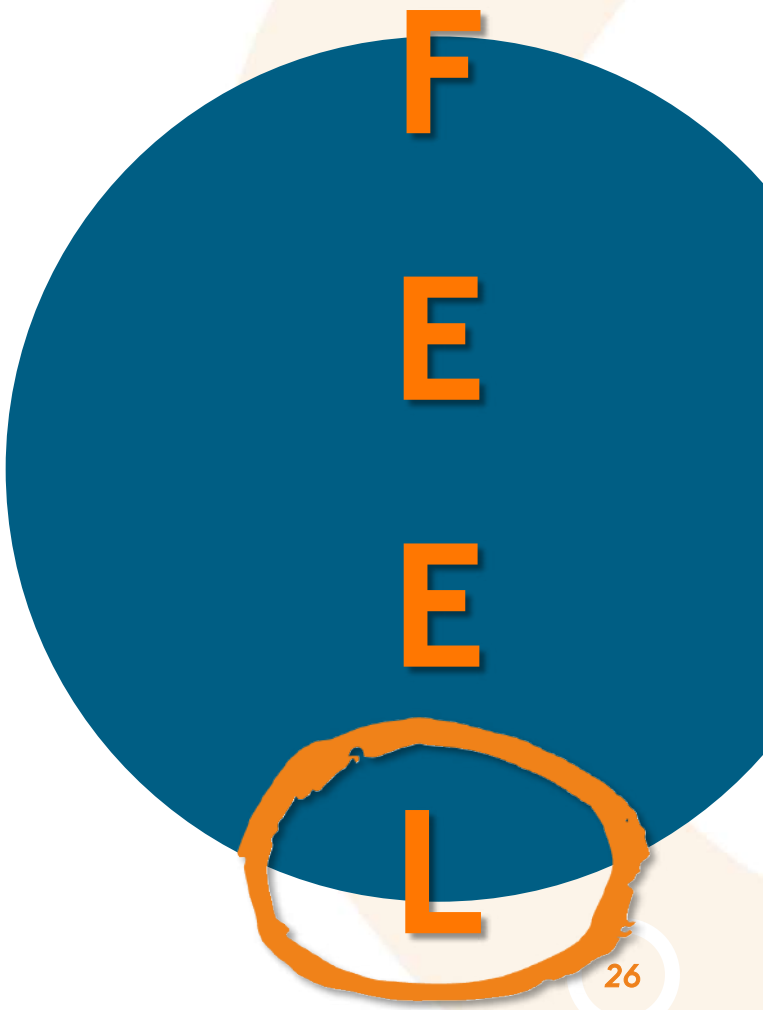
'Cutting is a release that has in the past saved my life, I do not feel guilty about it and I will not be made to feel guilty and like a timewaster by people who do not understand. All my childhood was full of guilt; I do not need any more.'

(Mental Health Foundation, 2022)

LOATHE OR PUNISH SELF

- Feelings of shame, guilt, or self-blame can lead someone to believe they deserve pain or punishment.



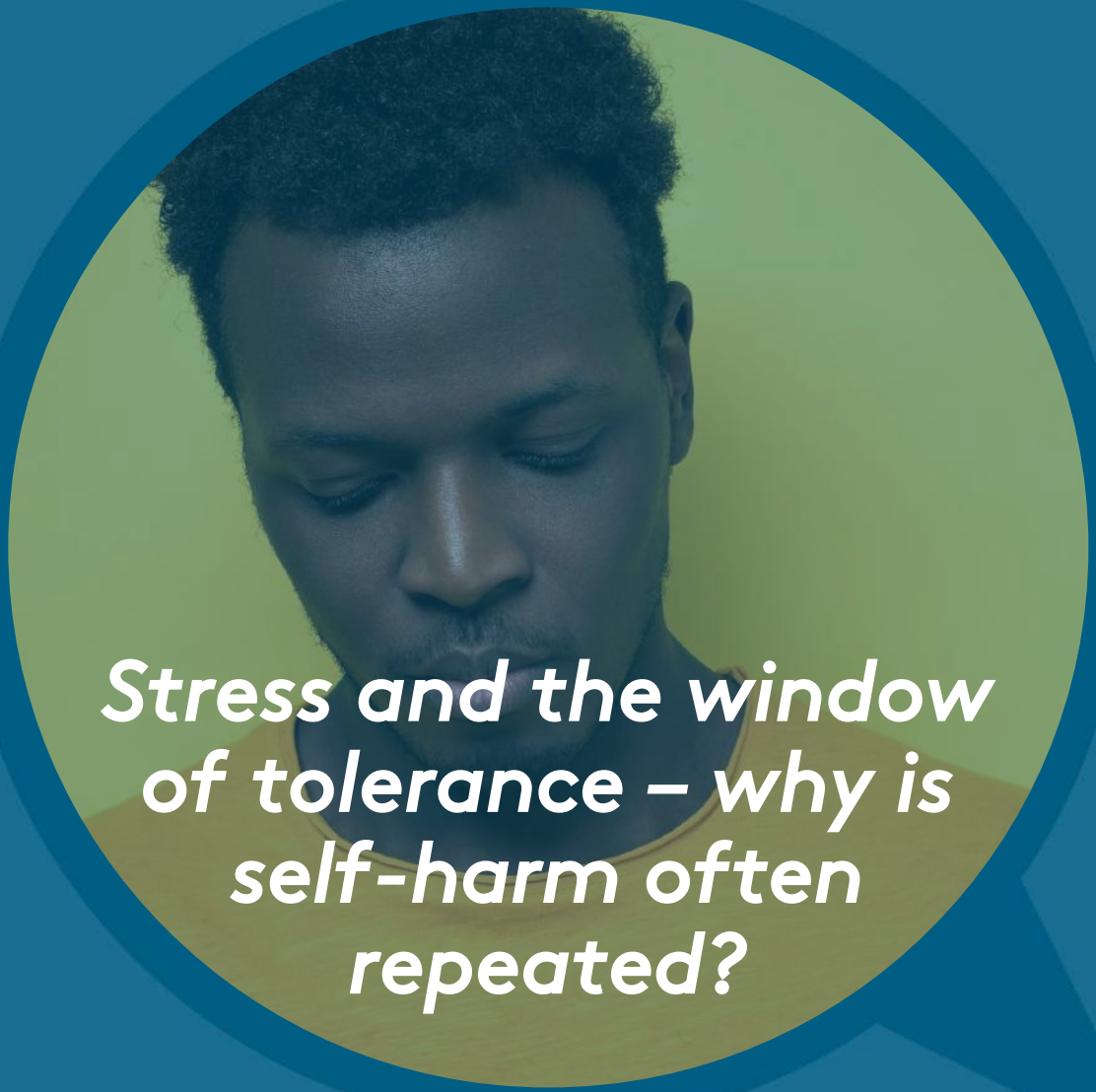


Self-punishment and low self-worth

"The badness I feel becomes unbearable. I can't take it any more so I cut. The relief is instant. It's like I've got what I deserve. The badness just drains away."

"Washing doesn't work, however much I do it. I cut myself where I was touched. It gets rid of the dirt."

(NHS Fife)

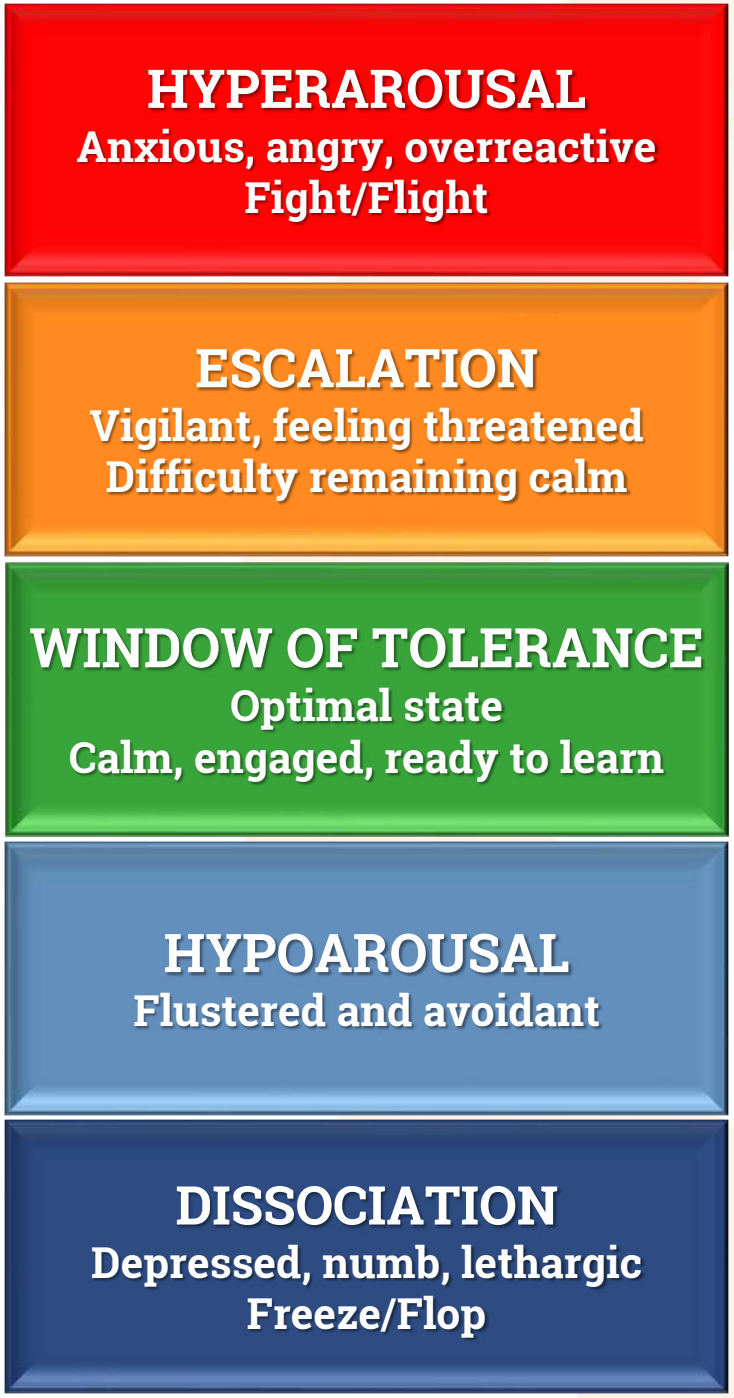


Stress and the window of tolerance – why is self-harm often repeated?

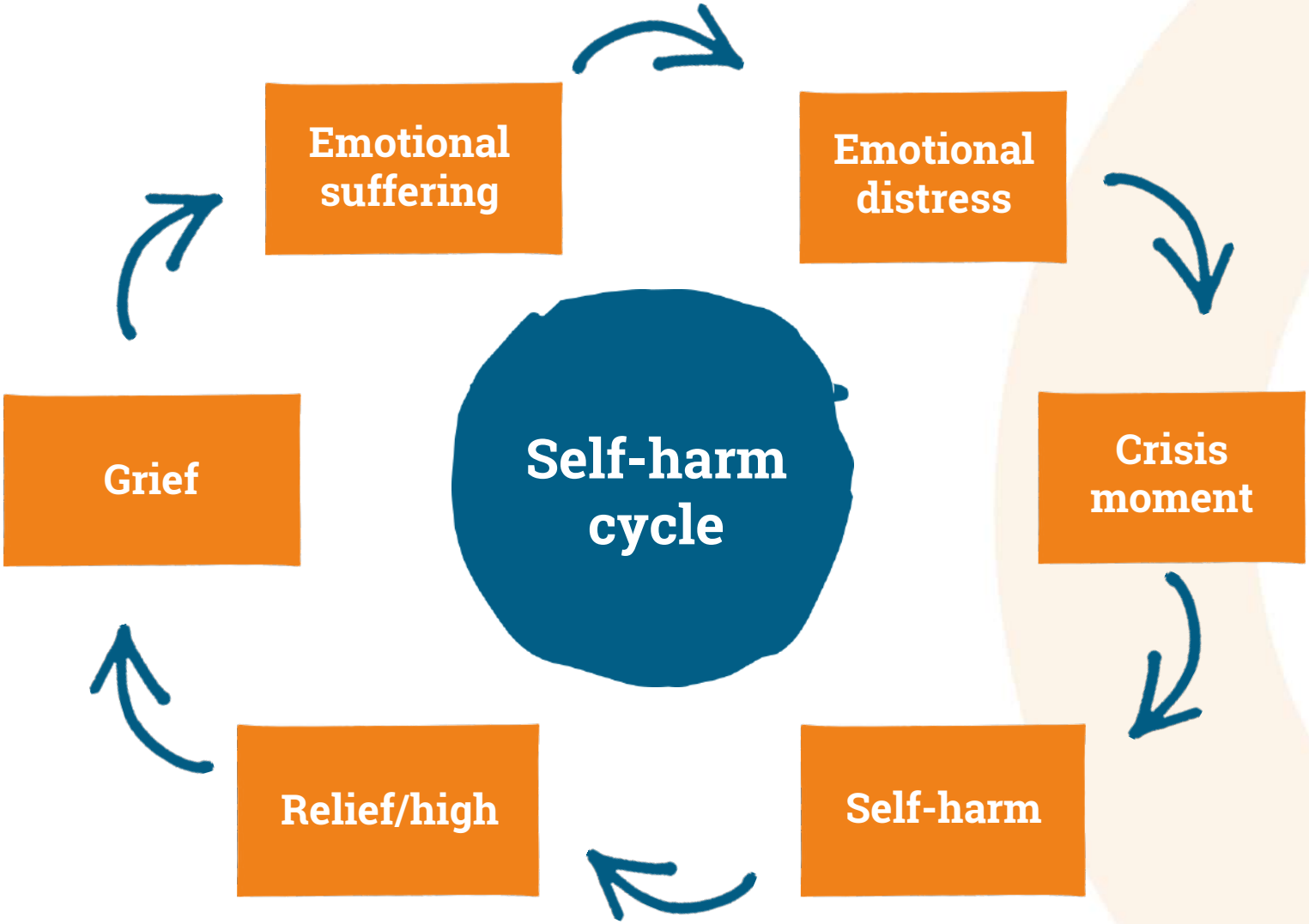
Window of Tolerance

- Window of tolerance describes the zone of arousal in which a person is able to function most effectively.
- When people are within this zone, they are able to readily receive, process, and integrate information and otherwise respond to the demands of everyday life without much difficulty.

(Siegel, 1999; Ogden, Minton & Pain, 2006)



- Siegel, D. (1999) The Developing Mind: Toward a neurobiology of interpersonal experience. Guilford Press.
- Ogden P, Minton K, Pain C. (2006) Trauma and the body: a sensorimotor approach to psychotherapy. New York: Norton.



(Cycle adapted from Sutton, J., 2007)

Understanding the 'high'

When people self-injure they are typically in a dissociated state, allowing them to feel little or no pain while they injure themselves.

Physiologically, endorphins are released when we are injured or stressed. Endorphins are neurotransmitters that act similarly to morphine and reduce the amount of pain we experience when we are hurt.

This "high" is the physiological reaction to the release of endorphins - the masking of pain by a substance that mimics morphine. When people self-injure, the same process takes place.

(Alderman, 2009)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Risk Factors for self-harm

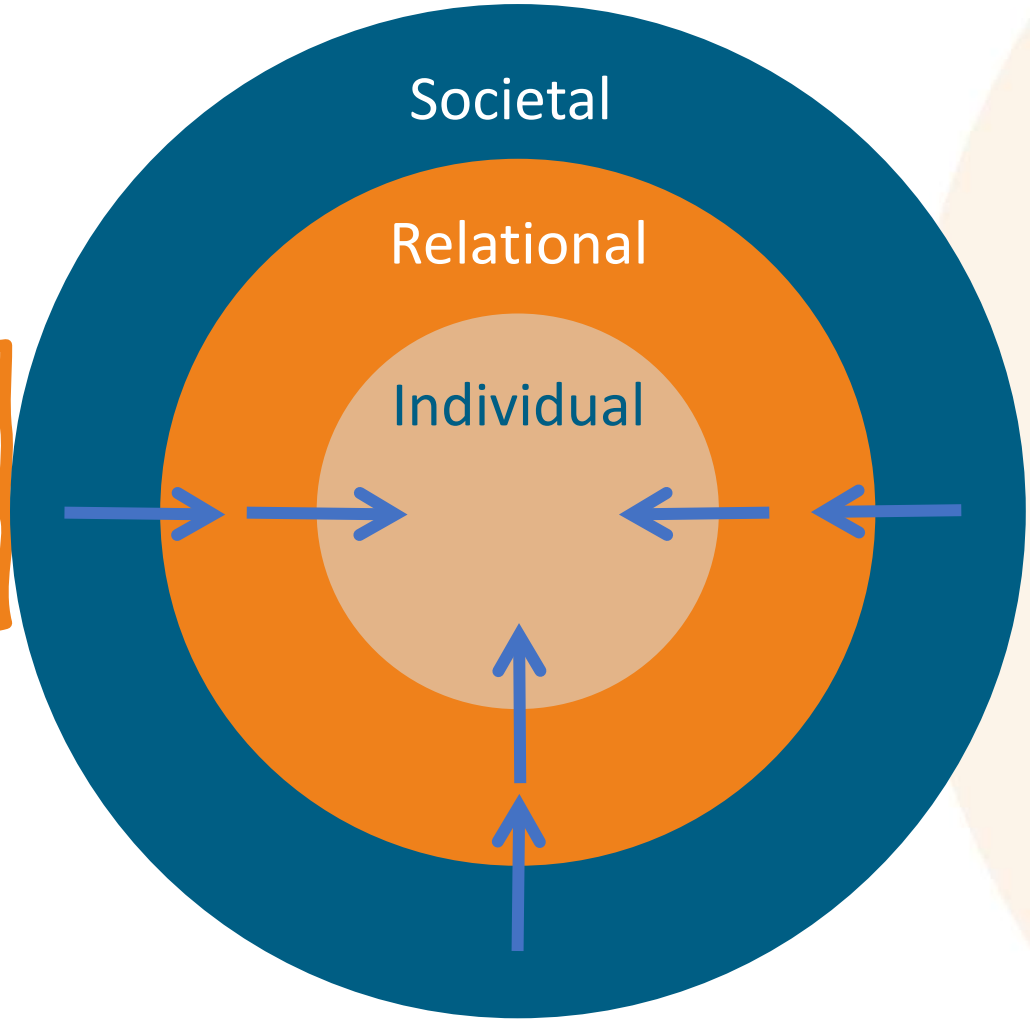
The iceberg model of self-harm

A team from the University of Oxford identified an 'iceberg model including: fatal self-harm i.e. suicide...; self-harm that results in presentation to clinical services... ; and self-harm that occurs in the community, which is common but largely hidden.

Estimated rates of fatal and non-fatal self-harm showed that for every adolescent who died by suicide, there were approximately 370 adolescents who presented to hospital for self-harm and 3,900 adolescents who reported self-harm in the community.

(University of Oxford, 2017)

Types of risk factors



Push people further from of their window of tolerance

Make other coping strategies harder to access

Societal

Pushing out of Window of Tolerance

- Discrimination
- Stigma
- Finacial insecurity
- Exam stress

Limiting coping skills

- In-access to mental health resources
- Stigma getting support
- Places (like school, work) limiting access to other coping strategies

(Mental Health Foundation 2022) (Prince's Trust 2023) (Young Minds 2025) (Ball et al., 2023)

Relational

Pushing out of Window of Tolerance

- Experiencing bullying
- Family difficulties
- Difficulties with friends or peers
- Academic pressure
- Previous or on-going abuse

Limiting coping skills

- Pressure to participate for belonging
- Seeing or being exposed to self-harm makes it a more accessible coping strategy
- Other ways of expressing distress have been ignored

(Camber Mental Health 2022 Myklestad and Straiton 2021, Casels 2023)

Individual

Pushing out of Window of Tolerance

- Pre-existing mental health difficulties like anxiety, depression, PTSD, schizophrenia etc.
- Low self-worth
- Struggling academically
- Autism

Limiting coping skills

- Impulsivity
- Lack of knowledge
- Lack of skills practice
- Access to means of self-harm

(Samaritans 2020,) (National Autistic Network 2022)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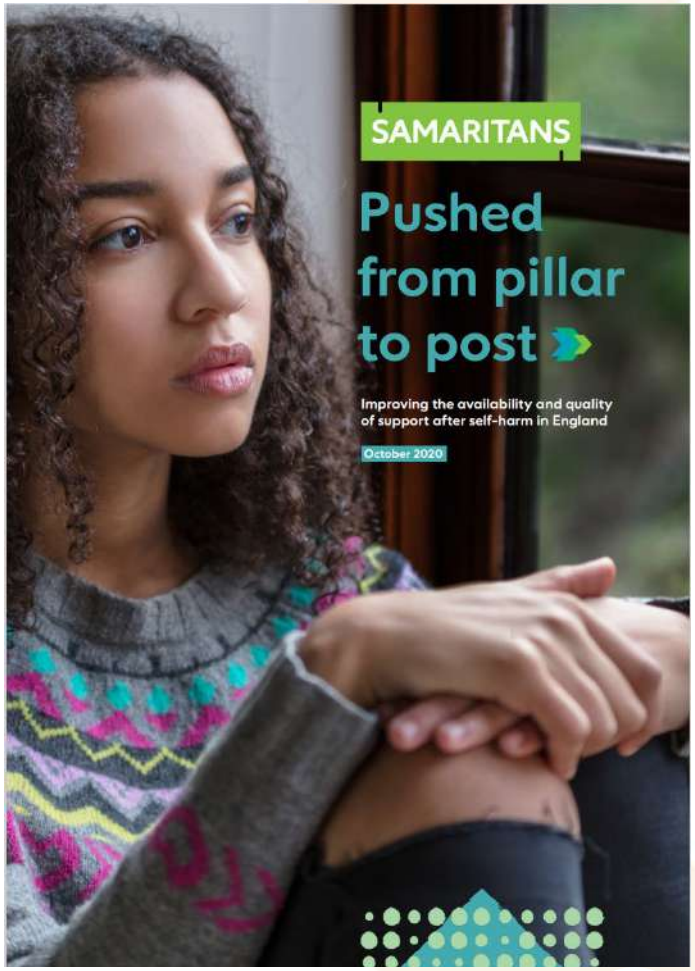
Practical support – providing safe and appropriate guidance

‘Pushed from pillar to post’

The least useful support was reported from family, and education or work. Over three-quarters (78%) had gone to their family for support at some point, while two-thirds (67%) had sought support from education or work.

Only around 1 in 4 people found these types of support moderately useful or higher, with around 3 in 5 not finding the support useful.

(Samaritans, 2020)



TALK

TAKE A BREATH, REMAIN CALM

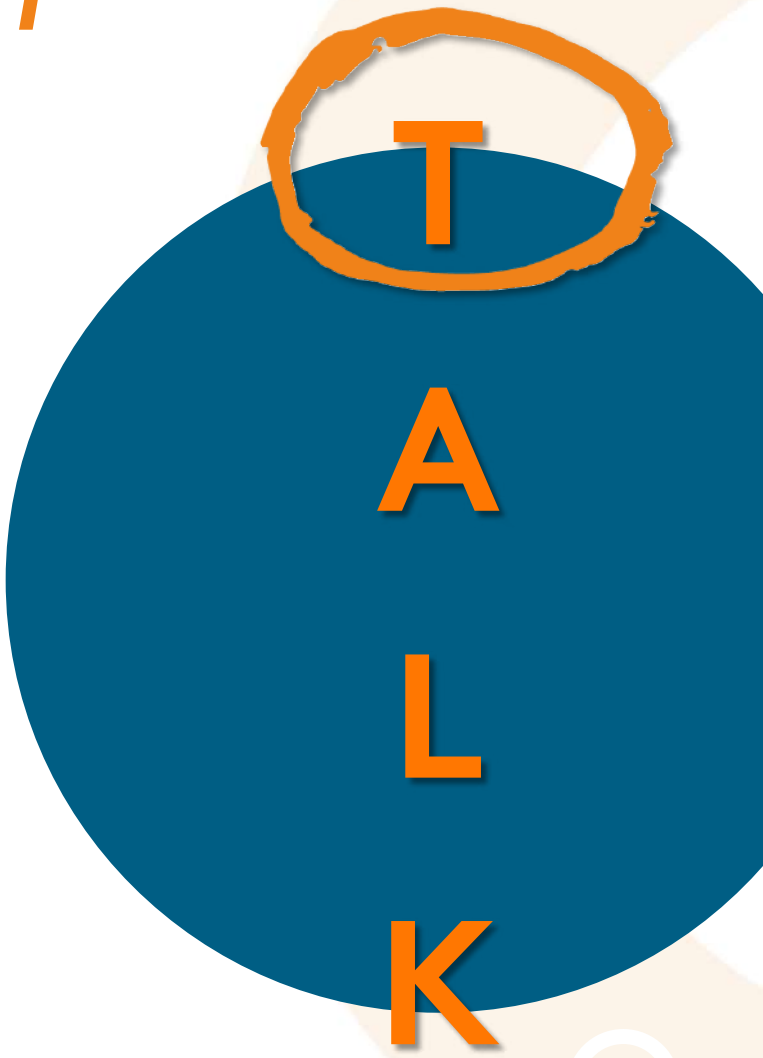
ACKNOWLEDGE FEELINGS, BUILD TRUST

LOOK FOR HEALTHY COPING STRATEGIES

KEEP THEM CONNECTED TO PROFESSIONAL HELP

TAKE A BREATH, STAY CALM

- Pause before responding. Your calmness helps regulate the young person's emotions.
- Avoid reacting with shock, anger, or panic.
- Speak gently and listen more than you talk.
- Example phrase: "Thank you for telling me. I'm glad you felt you could share this."



Co-regulation and 'lighthouse parenting'

When you are 'there' for your child, you make them feel safe.

When they are upset or frightened and you're there to comfort them; when they're confused and they can turn to you for help understanding something; when they're furious and wild and you remind them you're still there and still love them, you make them feel safe.

We think you are like a safe harbour for your child; you are like a safe beach that they can come home to anytime they need to relax or recover from something difficult, make sense of something confusing, and 're-fuel' on connection with you.

(Lighthouse Parenting)

ACKNOWLEDGE FEELINGS, BUILD TRUST

- Show empathy and non-judgement – you don't need to 'fix' it.
- Validate their feelings: "It sounds like things have been really painful for you."
- Be a trusted adult: keep confidentiality where safe but explain when you might need to share for their safety.

The importance of a non-judgmental approach

'However self-harm is tackled with schools or anywhere else, if they didn't make it such a dirty subject people would come forward a lot more quickly to get help.

I wanted to stop long before I did, but didn't feel I could because I was afraid of what people would say, I didn't have the will power to do it alone. The feeling of being alone is hard enough but reaching out is even harder.'

(Mental Health Foundation, 2022)

Involving young people in the process

Many children and young people speak about how they felt as though their voice was disregarded, and decisions were undertaken *for* them rather than *with* them, which felt like a betrayal.

"Information would usually be shared with parents/carers too, unless this would pose risk of greater harm coming to the child (e.g. where there is possible abuse at home).

Discuss the need to tell parents/carers with the young person and listen carefully to any fears they may have."

(Charlie Waller Trust, 2018)

The role of the 'trusted adult'

"A trusted adult is chosen by the young person as a safe figure that listens without judgment, agenda or expectation"

(Young Minds)

Remember that the apparent seriousness of any self-harm injury does not reflect the degree of emotional pain leading to it....

even if a wound seems minor, comments like 'it's not that bad' or 'it's only a scratch' may be perceived as dismissive and make the young person unwilling to engage further

(Welsh Government, 2019)

LOOK FOR HEALTHY COPING STRATEGIES

- Explore what helps the young person manage distress safely.
- Encourage positive coping (journaling, grounding, art, exercise, talking).
- Avoid punishing or removing coping without alternatives.
- Create a safety plan together if appropriate.


MAKE YOUR OWN SELF-SOOTHE BOX
Fill a box with relaxing and soothing items for when you are feeling anxious, angry or low.
Photos of favourite places and memories
Simple, calming activities for distraction
Things to touch and feel
Things you can spray or smell
Positive affirmations, notes and reminders that everything will be okay
YOU DESERVE ALL THE GOOD THINGS
@DORSETMHST

COPING STRATEGIES

TO REGAIN FEELING

- Eat something sour or bitter – try lemons, limes, or fizzy, sour sweets.
- Try the '5,4,3,2,1 technique' to regain some focus – think of five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste.
- Hold something cold or warm and focus on the feeling of the sensation on your skin.
- Focus on your breathing – think about the cool air entering your nostrils and the sensation of your chest rising and falling.
- Slap a hard surface.
- Play with putty, blue tack or modelling clay.
- Cover your hands in glue, wait for it to dry then peel it off.
- Give yourself a hand and foot massage.
- Spend time with your pet – stroke them or groom them.
- Give someone a compliment – see if you can make someone smile.

PAPYRUS
PREVENTION OF YOUNG SUICIDE

CALL HOPELINE247 ON **0800 068 4141**

DEALING WITH INTENSE EMOTION

T Tip the temperature of your body with cold/ice water

I Intense exercise for ~20 minutes

P Paced breathing (in for 4, hold for 4, out for 4, repeat)

P Progressive muscle relaxation

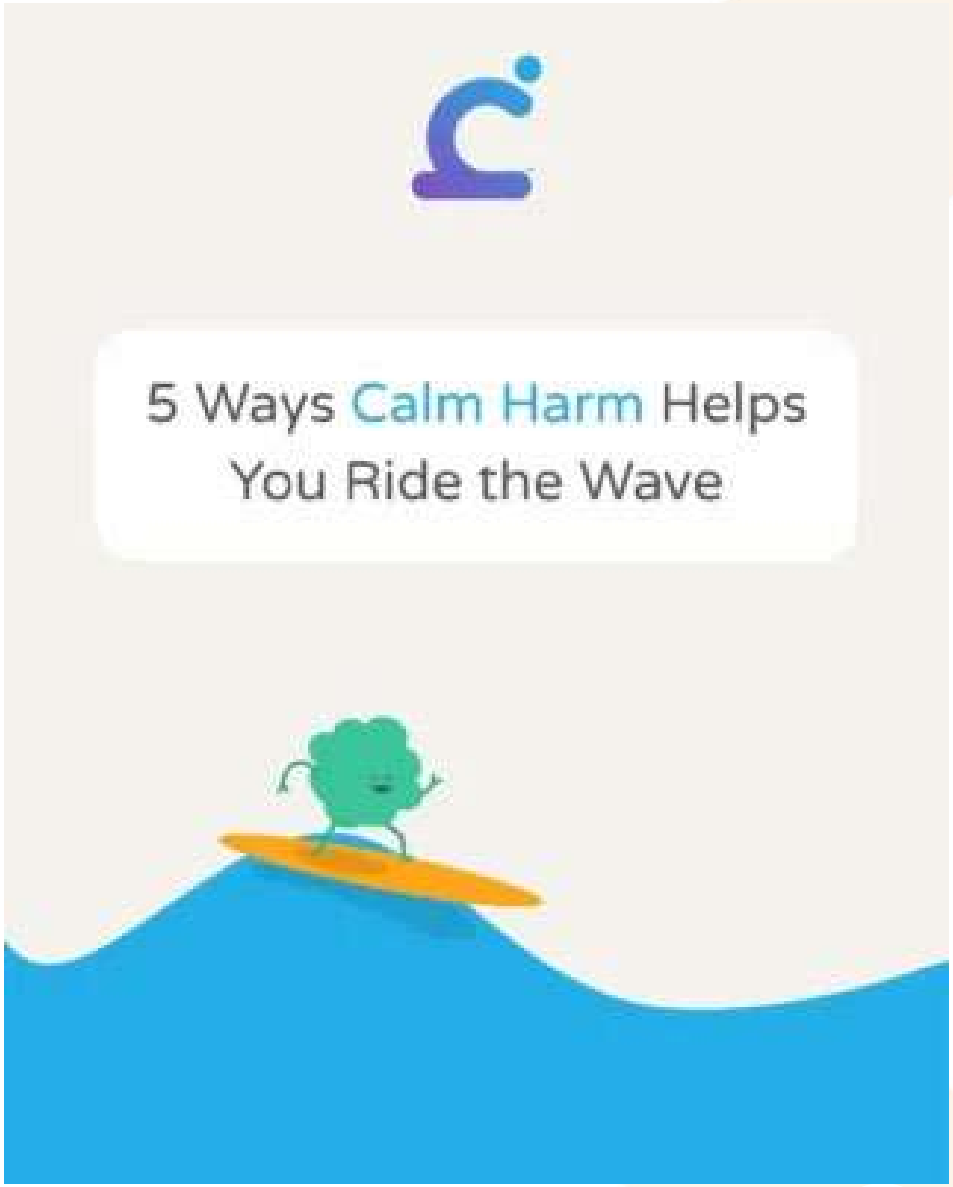
When our emotions are overwhelmingly intense, it's difficult for our brain to process info and calm ourselves down.

The TIPP skill comes from DBT and it uses your body chemistry to help slow your heart rate and regulate your breathing.

As the TIPP skills are a "quick fix," make sure you don't overdo it. Rather, use the skills in a pinch to help the negative emotion pass.

@POSITIVELYTHERAPY

(TIPP: DBT Skills)



(Calm Harm App)

Finding safe alternatives

- Talk to someone

Share how you feel with a trusted friend, adult, or helpline (Samaritans 116 123 / Shout text 85258).

- Use distraction

Watch a film, go for a walk, listen to music, or draw.

- Physical alternatives

Hold an ice cube, run cold water, or punch a pillow to release tension safely.

- Express emotions creatively

Write, draw, paint, or use journaling to externalise feelings.

- Delay the urge

Wait five minutes, then re-evaluate. The urge may pass or reduce

Finding safe alternatives

- Practice grounding or relaxation

Focus on your breathing, name five things you can see, or use mindfulness.

- Try sensory comfort

Wrap yourself in a blanket, hug a pet, or have a warm drink.

- Explore healthy coping strategies

Exercise, journal, spend time with nature, or talk to supportive people.

- Use supportive apps

Calm Harm (based on DBT) and BlueIce (NHS-approved mood tool) offer guided coping techniques

- Make a safety plan

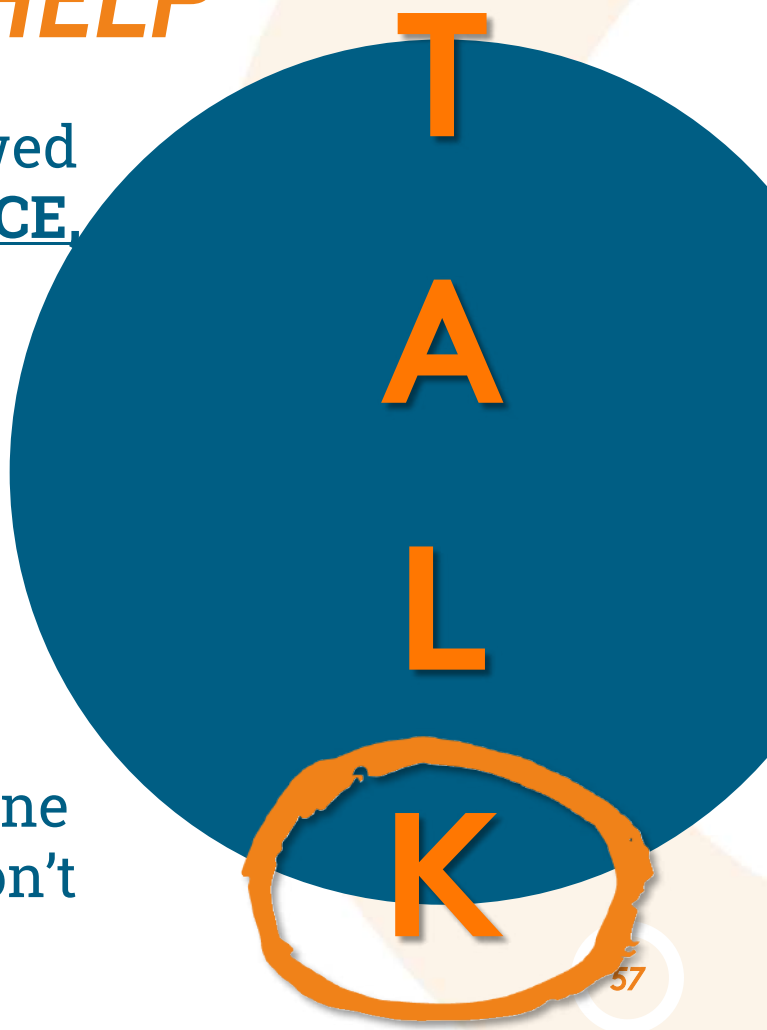
Write down warning signs, coping steps, safe people, and helplines.

Self-harm safety plan template

(Pooky Knightsmith)

KEEP THEM CONNECTED TO PROFESSIONAL HELP

- Self-harm should always be followed by a psychosocial assessment (**NICE, 2022**)
- Involve appropriate professionals: GP, school counsellor, CAMHS, or helplines.
- Stay connected – follow up and check in.
- Example phrase: "Let's find someone who can support you more; you don't have to face this alone."



Arranging a psychosocial assessment

1.5.1

At the earliest opportunity after an episode of self-harm, a mental health professional should carry out a psychosocial assessment….

1.5.11

For children and young people who have self-harmed, ensure that a mental health professional experienced in assessing children and young people who self-harm carries out the psychosocial assessment.

(NICE, 2022)

Self care for adults supporting young people who self-harm

- Young Minds parent helpline - Parents Helpline | Mental Health Help for Your Child | YoungMinds
- Family Lives - Parenting and Family Support | Family Lives
- Education Support - Education Support helpline - free and confidential emotional support for teachers and education staff
- MIND - Supporting someone who self-harms

Further reading

(Charlie Waller Trust, 2018)

(Charlie Waller Trust, 2017)

(Knightsmith, P., 2015)

(Mental Health Foundation, 2022)

Training and resources for school staff

(Charlie Waller Trust)