

Welcome

Supporting with suicide and self harm

Conversations that matter

platformwellbeing.com



PLATF_{FORM}



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OUR GUEST SPEAKER WITH
LIVED EXPERIENCE



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Who are Plattform Wellbeing?



Workplace Wellbeing



Talking Therapies



Education Wellbeing



Supervision

Supporting with suicide and self harm

Conversations that matter

Tia Smith and Kiran Sidhu

Definitions

“Self-harm refers to an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act, and is an expression of emotional distress. Self-harm can include suicide attempts as well as acts where little or no suicidal intent is involved”

[\[NICE, 2004\]](#); [\[Royal College of Psychiatrists, 2010\]](#); [\[NICE, 2011\]](#); [\[ONS, 2019\]](#)

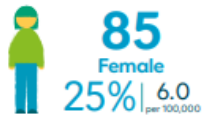
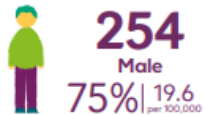
“Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions”

Crosby A, Ortega L, Melanson C, 2011

Prevalence rates- Suicide in Wales

SAMARITANS

Suicides in Wales



The overall and male suicide rates in Wales decreased slightly in 2022, and the female suicide rate remained the same. Rates in 2022 are similar to those seen in 2021 and 2019.

Males are 3 times more likely to die by suicide in Wales than females.

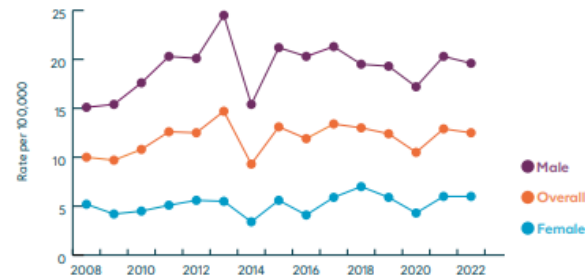
Age group with highest suicide rate per 100,000



Male 35-39 years

Many age-specific suicide rates are considered unreliable by the Office for National Statistics (ONS) when they are based on fewer than 20 deaths in an age group. Female age-specific rates are not included here for this reason.

Suicide rate per 100,000 in Wales 2008-2022



Notes about data: Data source – Office for National Statistics (ONS). Suicide refers to deaths where the underlying cause is intentional self-harm and events of undetermined intent. Data represents suicide registrations. Increases/decreases are based on one year of data. These may not indicate longer term trends and may not be statistically significant. Overall rates for male, female and all persons are age standardised. Rates broken down by age group are crude. Note about fluctuations shown in graph: Smaller populations often produce rates that are less reliable, therefore differences in the number of suicides may have a bigger impact on the rate than in larger populations. The male and female suicide rates for Wales show a volatile pattern due to the relatively smaller number of deaths.

Prevalence rates- Suicide in England

SAMARITANS

Suicides in England



The overall, male, and female suicide rates in England have remained similar to 2021.

Males are 3 times more likely to die by suicide in England than females.

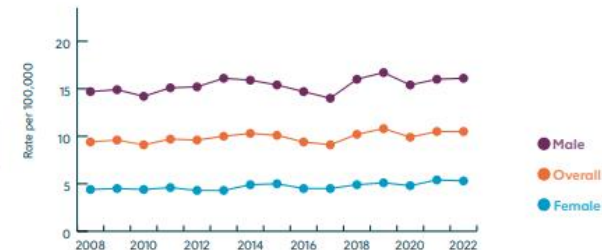
Age groups with highest suicide rate per 100,000



Males aged 90 years or over had the highest suicide rate, at 30.4 deaths per 100,000. However, we have to be cautious in interpreting this, as it is based on a relatively low number of actual deaths (52) which fluctuate year on year.

The second highest rate for males was in those aged 50 to 54, which has remained consistently high for decades.

Suicide rate per 100,000 in England 2008-2022



Notes about data: Data source – Office for National Statistics (ONS). Suicide refers to deaths where the underlying cause is intentional self-harm and events of undetermined intent. Data represents suicide registrations. Increases/decreases are based on one year of data. These may not indicate longer term trends and may not be statistically significant. Overall rates for male, female and all persons are age standardised. Rates broken down by age group are crude.

Prevalence rates- Suicide in Scotland

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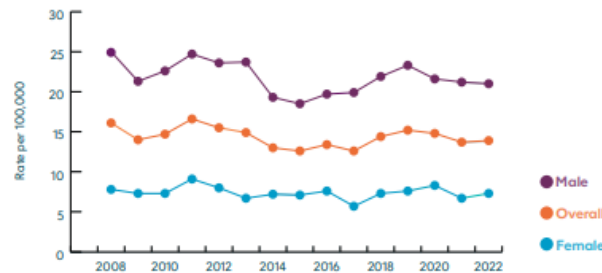
Suicides in Scotland



Age groups with highest suicide rate per 100,000



Suicide rate per 100,000 in Scotland 2008-2022



The overall and male suicide rate for Scotland is similar to 2021, however there was a slight increase in the female suicide rate.

Males are 3 times more likely to die by suicide in Scotland than females.

Notes about data: Data source – National Records of Scotland (NRS). Suicide refers to deaths where the underlying cause is intentional self-harm and events of undetermined intent. Data reflects suicide registrations in Scotland. Increases/decreases are based on one year of data. These may not indicate longer term trends and may not be statistically significant. Overall rates for males, females and all persons are age standardised. Rates broken down by age group are crude. Find out more about the journey to suicide statistics on our website.

Prevalence rates: self harm

- Self-harm is much more common among young people than other age groups, and particularly young women. More than a quarter of women aged 16-24 have self-harmed at some point.(S. McManus et al.,2014).
- The rate of self-harm among young children in the UK has doubled over the last six years, according to a new analysis. The number of children aged 9 to 12 admitted to hospital having hurt themselves intentionally rose from 221 in 2013-14 to 508 in 2019-20, data analysed for BBC Radio 4's File on 4 programme has found.
- Self-harm is a sign of serious emotional distress and while most people who self-harm will not go on to take their own life, longer term self-harm is associated with developing thoughts of suicide.



Words we might use to describe

Risky
behaviours

Behaviours
that challenge

Self harm

Self Injury

Suicidal

Behaviours of distress

What are the behaviours we are referring to?

- Cutting / burns
- Stabbing
- Head-banging
- Swallowing objects
- Tying ligatures – hanging
- Self-poisoning- Drinking substances such as, bleach or cleaning products
- Overdosing on medications – over the counter/ illicit drugs
- Jumping from heights or in front of vehicles

Causes and risk factors

Underlying causes such as, trauma, mental health difficulties, societal pressures.

Risk factors- age, gender, socioeconomic status, social isolation, bullying.

Common signs of self-harm/suicidal behaviours (people feeling increasingly hopeless/ worthless)

Hopelessness: A Warning Sign

- An expression of hopelessness in conjunction with low mood represents a very dangerous warning sign and always needs to be taken seriously
- What is hopelessness?
- It is a feeling that circumstances or conditions will never improve. That there is no solution to the problem, and for many a feeling of dying by suicide would be better than living.
- The literature and evidence base suggests that most people who feel hopeless have depression/ and or untreated depression and is the number one cause of suicide
- People often express hopelessness in statements they make for example, “Things will never get better”; “I will never be happy again”.

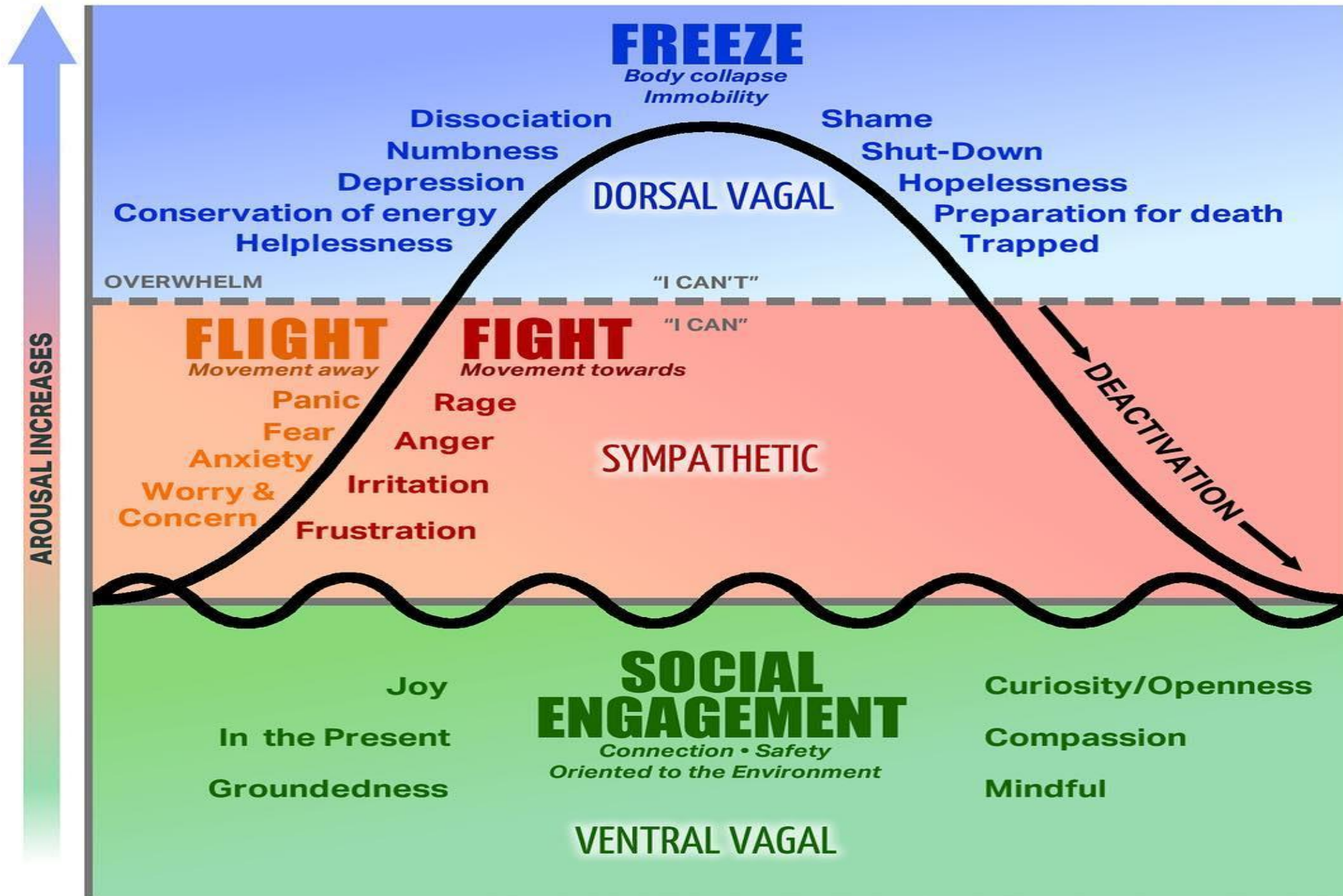
Why do people start self harming?

- The trigger that leads to an individual beginning to self harm will be different for each person
- There are no fixed rules- some people experience difficult situations and not begin to self harm whilst others can be triggered by anger, rejection or shame.
- Where people have experienced an early loss or trauma they may feel less able to cope with difficult situations
- Self harm can therefore be understood as a coping strategy that enables the individual to manage their emotions



What is the unmet need behind the distress? What is the function or purpose?

- Nervous system overwhelm -to feel something and achieve a physiological sensation (Self soothing / links to cutting/ a release)
- To attempt to escape from feelings of low mood, pain, fear or shame
- Feeling the physical pain rather than the emotional pain is easier
- To express something that is too hard to put into words
- To express anger towards others and yourself but on your own body
- To maintain negative beliefs “I am stupid, unlovable, worthless, weird”
- A way to feel in control for young people whose experiences have made them feel powerless, unsafe. Using behaviours of distress to access feelings of being powerful, in control and feel safe.
- Self harm as a way to mask internal world



Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

Importance of relationship and connection with a safe, trusted person

- The people we support are more likely to open up about their experiences to someone who is non-judgmental & compassionate
- Someone who has a calm presence and can hold space and regulate feelings
- Someone who is able to regulate their own emotions and not mirror the distress



Safe, secure, relationships

- Lots of people live in isolation and live in a context with complicated circumstances around them
- To be out of fight/flight/freeze mode you need relationships, emotional safety and trust
- Sense of connection and stability
- Enabling the person to get more help and less harm from being in relationships



RSA



Shorts

How to respond – the basics

- Don't be judgemental
- Don't shame their actions
- Be supportive, show you care
- Acknowledge the difficulties they are facing
- Be available to speak
- Don't discourage self harming behaviours, this is their way of coping at the moment
- Ensure they are protecting themselves- not harming too severely and using clean objects to harm etc

How to ask and talk about self harm?

Ways to ask:

- How do you cope with your difficult feelings?
- Some people who have similar difficulties to you may use self harm as a way of dealing with what's going on. Is this something you do?
- What do you use? How frequent? How did you feel before and after? What did you do after? Did you care for the wound?

Ways to respond:

- Do you tell anyone?
- Offer a first aid kit with plasters, bandages, wipes
- Normalising the use of the strategy, self harm as a survival strategy but not helping in the long term



Short term alternatives to self harm

- Distraction e.g. chatting to someone, listening to music, drawing, singing, writing, dancing, splashing cold water on your face, rubbing an ice cube against your skin, having a hot bath, cold showers
- Survival Kit/ soothing box- positive self statement, photos, comforting object, playlist, chocolate bar, smells, cuddly toy or fluffy blanket
- Physical exercise and movement – running, skipping, walking, punching a pillow
- Grounding object- pebble from your favourite beach focusing on its shape, colour, texture etc
- Breathing exercises

Long term 'solutions'

- Identify triggers that increase the likelihood of self harm / suicidal thoughts
- Explore other means of expressing or communicating distress
- Explore the pros and cons to stopping/ continuing self harm – can we reduce the frequency/ delay it/ do it safely?
- Peer support groups and Apps (Calm Harm App/ I am sober app)



Other things to consider

- Please see below for some possible questions to consider.
- Are the self harming or suicidal thoughts fleeting or fixed?
- How serious is the risk? Does the person have a plan?
Means? Intent?
- How immediate is the risk?
- Are there any circumstances likely to arise that will increase the risk?
- What keeping safe plan can best reduce the risk?

NICE Guidance on suicide and reducing access to methods

- In custodial settings, for example, provide safer cells.
- In the local community, for example, restrict access to painkillers
- Reduce the opportunity for suicide in locations where suicide is more likely, for example by erecting physical barriers
- Providing information about how and where people can get help when they feel unable to cope
- Working with planners who have responsibility for designing bridges, multi-storey car parks and other structures that could potentially pose a suicide risk.

Tia's story and experiences

Places to get help now

[Samaritans](#): available by phone 24 hours a day, 365 days a year. Call them on 116 123 for free.

[C.A.L.L Helpline](#): emotional support and info on mental health and related matters (Wales)

[Young Minds](#): If you need urgent help text YM to 85258. All texts are answered by trained volunteers, with support from experienced clinical supervisors. Young Minds also offer a helpline for parents and guardians: 0808 802 5544.

[Papyrus](#): for people under 35 and for those supporting them Papyrus offer a Hopeline: 0800 068 4141.

[Childline](#): a free, private and confidential service for anyone under 19 in the UK to help with any issue you're going through. Call 0800 1111.

[Staying Safe](https://www.stayingsafe.net/home): <https://www.stayingsafe.net/home>

Any questions??

Counselling

We have a large team of friendly and experienced counsellors who work with people facing a wide range of different challenges.

E: hello@plattformwellbeing.com

T: 02920 440191



Tracey Booth



Katherine Potter

Lunch and Learn: saying the 'right' thing

Conversations that matter

At Platfform, we understand that not knowing what to say during certain areas of conversation is a common experience.

This series aims to create a safe space to explore these topics, helping you move past the worry of saying the wrong thing - and start having confidence that the words we use will reflect the intent we have at heart.

[Book now](#)



Led by Dr Sian Edwards

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survey following this link:

<https://forms.office.com/e/pEkXRCJ5EB>

Thank you for joining us.

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