

## Understanding self-harm and suicidal ideation and behaviour

This section describes our current understanding of factors that can lead to self-harm and suicidal ideation and behaviour.

Interventions to help people who self-harm or are suicidal are based on the principles set out in this section; as such, these guide the practice set out in other areas of this framework.

### Understanding self-harm

An ability to draw on knowledge that while there are many motivations for self-harm, the goal is not usually death (and it is this that distinguishes it from suicidal behaviour)

An ability to draw on knowledge that (whatever the motivation) self-harm is associated with a greater probability of suicide

An ability to draw on knowledge that it is unhelpful to view self-harm as 'attention-seeking' or manipulative, and so dismiss its potential significance and its meaning to a person

An ability to draw on knowledge that the function of self-harm is best determined by looking at specific incidents that led up to and followed the self-harm

An ability to draw on knowledge that people who self-harm may:

- experience high levels of negative emotions (e.g. depression, anxiety, hostility, anger, negative self-esteem)

- experience emotions strongly

An ability to draw on knowledge that self-harm is thought to develop through the interaction of both long-term (predisposing) and more immediate factors

An ability to draw on knowledge of factors that may predispose a person to self-harm, for example:

- a tendency towards being emotionally reactive

- high levels of criticism and hostility from family members

- experiencing abuse or maltreatment during childhood

- social factors, such as acute relationship crises and loss

- difficulty tolerating high levels of distress

- difficulty expressing feelings verbally

- poor social problem-solving skills

An ability to draw on knowledge that before self-harm, a person commonly experiences:

- feelings of rejection

- overwhelming negative feelings directed to the self (such as anger, shame, disgust or guilt)

- feeling numb

- strong negative feelings directed toward others

An ability to draw on knowledge of the ways that self-harm can function to help manage intense emotional states, for example:

- releasing a sense of unbearable tension

- stopping bad feelings

- reducing the experience of emotional pain

- communicating the level of distress being experienced (and so drawing attention to its presence)

- relieving a sense of frustration

- relieving the experience of emotional numbness (e.g. feeling something, even if it is pain)

An ability to draw on knowledge that while immediately after self-harm there can be a sense of relief, this is often followed by negative feelings, such as guilt and shame

An ability to draw on knowledge that self-harm may become a habitual response to feeling overwhelmed or stressed, reinforced by the experience of:

increased positive feeling (immediate but short-lived)

decreased negative emotions (immediate, but short-lived)

increased attention to distress from others

## Understanding suicide

An ability to draw on knowledge that research has led to models that help identify factors that:

are often associated with the development of suicidal ideation and intent

that lead from a preoccupation with suicide to a decision to act

An ability to draw on knowledge that psychological models emphasise the impact of feeling overwhelmed by feelings of hopelessness about oneself, the future and one's capacity to change one's circumstances for the better. This state of mind arises from:

long-standing factors that become worse in the presence of stress, such as:

a restricted ability to apply problem-solving strategies that might resolve difficulties

a tendency to employ unhelpful ways of thinking (such as jumping to conclusions or 'all-or-nothing' thinking) that in turn worsen distress

impulsivity, particularly when combined with a tendency to respond to difficulties with aggression

mental health problems

a long-standing sense of hopelessness about the future (a sense that the current situation cannot be changed and is intolerable), leading in turn to:

impaired decision-making

a narrow focus on the present difficulties

a downward spiral which further promotes suicidal intent

a focus on suicide as the only option, which in turn reinforces a sense of hopelessness

a downward spiral which further promotes suicidal intent

An ability to draw on knowledge that suicidal behaviour emerges from an interaction between thoughts about suicide and factors that make it more likely that a person will act on their suicidal thoughts, in particular:

a sense of being trapped by problems

the absence of positive expectations for the future

a sense of loneliness and of being denied a caring relationship

experiencing oneself as a burden on all significant others, combined with a sense of hopelessness that this is an unchanging state of affairs, made worse by factors such as:

difficult childhood experiences, family conflict, unemployment or physical illness

feelings of self-hatred, low self-esteem, self-blame and shame

factors that make suicide seem more of a possibility, such as:

a history of impulsive and aggressive behaviour

having access to the means for suicide and plans for acting

imagining oneself as dying or dead

judging that the pain involved in the chosen method of suicide is tolerable

a diminished fear of pain and death as a consequence of previous self-harm and suicide attempts

An ability to draw on knowledge of the link between 'emotional dysregulation' and suicide, which is a state of mind characterised by:

experiencing intense unbearable negative emotions

a history of responding impulsively to negative emotions (because it is hard for a person to develop more constructive strategies to manage feelings)

hopelessness about being able to effect a change in circumstances

a perception that relief will only come through self-injury or suicide