

Harm-Minimisation for Self-Harm

Suitable for:

All health or social care workers who work with people who self-harm and who wish to learn more about this very current issue.

Aims of the course:

- To offer participants the opportunity to focus on the issue of harm-minimisation
- To explore the practical, legal, ethical and emotional implications of harm-minimisation practice.

Objectives of the course:

- To draw from research and experience to establish that self-harm is a coping strategy which people use in order to cope with difficult feelings and situations
- To arrive at a definition of harm-minimisation by referring to research and practice
- To refer to research and experience to examine the ethical and practical rationale behind harm-minimisation practice, from staff and client perspectives.
- To establish a legal and practical framework for harm-minimisation practice
- To identify and evaluate recent developments and examples of practice around harm-minimisation
- To identify which resources are available to support harm-minimisation practice
- To identify how we might create and disseminate accessible safer-self-injury information appropriate to client groups
- To offer participants the opportunity to reflect on this current issue, and to share and develop their knowledge and experience
- To offer participants the opportunity to consider how they might apply harm-minimisation practice within their own service, and to raise and consider any specific concerns they may have.
- To identify the emotional impact of harm-minimisation practice upon staff and carers, and their consequent supervision, support and self-care needs

"I am now aware of possibilities of making use of "harm minimisation"" (Secure unit staff member, Ayrshire, 29th-30th January 2007).

Service responses to people who self-harm have traditionally focussed on stopping self-harm, sometimes involving extreme responses such as force or withdrawal of support. Health workers are increasingly recognising that such interventions are often ineffective and can be counter-productive. Growing numbers of professionals - along with service users - are now advocating the practice of harm-minimisation: accepting that service users need to self-harm and therefore not working to prevent their self-harm but rather, to enable service users to limit the physical damage of self-harm.

The harm-minimisation approach brings together some of the most current theory and practice around self-harm. Recent developments include: the NICE guidelines for responding to self-harm which state (2004) "consider giving advice and instructions on harm minimisation issues and techniques", whilst the Women into the Mainstream Implementation Guidance (Department of Health 2003) advises services providers to "consider a 'harm minimisation' approach rather than an exclusive 'prevention' model'. The Royal College of Nursing debated the issue of 'safer self harm' at the 2006 congress; and the Department of Health is currently funding a "harm-minimisation" pilot project in the Staffordshire NHS Trust. The first national harm-minimisation conference took place in London in 2006, with Clare Shaw as a key speaker, speaking about the harm-ed harm-minimisation package.

harm-ed are the first and only training providers to offer a training package which focuses specifically on harm-minimisation practice, drawing from their extensive specialist knowledge of this issue.

