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| Themes | Subtheme | Exemplar quotations |
| “Too little too, too late” | Failed promises and uncertainty | I had to wait quite a long time between asking for help and getting it. That is a sort of exclusion from therapy, even if only temporary. (R136, female, patient, aged 36-39)  I felt like the wait had a negative impact on my mental health. I understand that there is a lot of people waiting for appointments and not enough staff, so I am not criticizing. But for me personally it had a very negative impact, as I wanted to get better and I wanted to start feeling better and do something in a step to the right direction and I felt as though it was put on hold. And (although I wouldn't magically get better because I was having counselling, for me it was the start). I was very much feeling like nobody cared (also because of how little interest my GP paid), and this did not help with my emotional mental state. (R100, Female, patient, aged 26-35)  Awful [impact of waiting times]. The biggest problem is getting her to acknowledge she needs help - at that point it needs to be given immediately, otherwise the window for that opportunity will close. She shunned a number of offers of help because she couldn't face it after the event itself. She has got worse and she has now got lots of anger toward the clinicians as well, as she doesn't think they care (R132, female, patient, aged 40-59) |
|  | Limited availability of tailored interventions for self-harm | Chronic underfunded and overstretched services (R104, female, patient, aged 40-59)  Most therapies are inappropriate, targeting the wrong thing. (R106,female, patient, aged 40-59)  I waited about 6 weeks and didn't find it helpful at the time, not for any fault of the treatment but that it was not suitable for my presenting issues at the time. (R44, female, patient, aged 26-35) |
|  | Marked deterioration, psychological pain, and self-harm | Badly I felt abandoned, scared (R45, female, patient, aged 40-59)  Extremely poorly [impact of waiting times], they were growing progressively worse partially as they felt helpless as when they did take the first steps towards asking for help it was months before they received any professionally. (R85, male, age 18-25, carer)  A marked deterioration occurred whilst he was waiting. (R57, female, carer, 60+)  Felt like I was worthless, more so than I already felt (R118, male, patient, aged 40-59)  Long wait in that time people can deteriorate getting time off work (R87, patient, female, age 18-25)  Still waiting. Mental health has got worse and they have self-harmed whilst waiting (R77, female, patient, 18-25)  My mental health continued to decrease. I initially got refereed due to my depression, anxiety and self-harming and this got worse before my talking therapy appointment. (R84, female, patient, aged 18-25)  She had almost dropped out of attending school, failed to manage college admission, stayed in her room at her parents all the time, not studying, not working, not on benefits, not entitled to help they said, as should either be at work or college! (R131, female, carer, aged 60+)  It wasted years of my life and resulted in more pointless inpatient stays on general psychiatric wards. (R68, female, patient, aged 26-35). |
| Feeling like a non-person | Stigmatising responses and misunderstanding from services | Feeling judged for doing something that is often seen as a "teenage angst" way of dealing with problems and feeling as though you are being looked down (R47, female, patient, aged 26-35)  Too much judgement from clinicians who don't have specialised training and knowledge (R94, female, patient, aged 26-35)  Professionals do not understand self-harm as a coping mechanism. They seek only to eradicate it immediately. They do not take non-suicidal self-harm seriously as a measure of distress. Conversely, they think suicidal self-harm is attention seeking & that you don't actually mean to kill yourself (R64, female, patient, 40-59)  Stigma around it - people don't understand why you do it, so it's easier to not tell anyone, rather than seek appropriate help. I had a good life, so those I did console in told me I was being silly or attention-seeking, which couldn't have been further from the truth. I needed a release, and it provided that. It was a different pain to focus on, to distract from the pain I was feeling emotionally. (R89, female, patient, aged 26-35)  The judgement and fear of not being helped. Different doctors react in different ways. (R43, female, patient, aged 18-25)  Previous treatment, the CPN nurses in my area were unkind, impatient and rude. I felt like a burden. Always uncomfortable and often made me worse. I was allocated a CPN nurse for the duration of my wait on the list to receive psychological help but after a few visits I decided I didn’t want to see any of them, they made me worse. (R20, female, aged 26-35). |
|  | Internalised stigma and shame | People are ashamed or scared to ask for help (R52, female, patient, aged 26-35)  Embarrassment, shame, guilt, fear, dread, depression, phobias, general anxiety about situation (R02, female, patient, aged 36-39)  Guilt and embarrassment makes me avoid further help as 'I don't deserve it' (R63, female, patient, 60+)  Obtaining said therapies seemed a difficult process/I felt my situation wasn't bad enough to 'deserve' the help (R108, female, patient, aged 18-25) |
| Challenging to access psychological therapies | Difficult and confusing to navigate access to psychological therapies | I think it is generally the paperwork, booking appointments and general admin. In my experience those with self-harm struggling with mental health issues struggle to validate their suffering and struggle to motivate themselves to seek help because they are exhausted by their situation and no longer value their own well-being. (R43, Carer, Male, 18-25)  Received counselling through college and then University. No NHS help whatsoever. She was given a leaflet about what she could access on the last occasion we attended. People with mental health problems cannot do this for themselves, so she wouldn't approach anyone on the list - even with my help and support. (R132, female, carer, aged 40-59) |
|  | Limited information on psychological therapies | Getting help and support I find is very very difficult, even knowing what support and help is out there. Apart from charity's what is there? (R144, patient, male, aged 40-59)  Understanding and awareness of support available and how to access them is a barrier, but also if you're struggling with mental health issues you often won't have the confidence or even ability to be proactive or persevere in the face of waiting lists and organisations with limited resources (R141, male, patient, 40-59)  Education - I'm not sure that people know what help is available and often Dr's and Nurses are too busy to explain this (R59, female, patient, aged 36-35) |
| Exclusion, rejection, and closed doors. | Thresholds, risk, and complexity | Being told that you are not critical enough to access the crisis team but might be too complex for IAPT. Then having to wait months to access IAPT and only being permitted a quantified amount of sessions. Then no support following this. (R96, female, patient, aged 18-25)  After waiting nearly three years to see a therapist I was told by the clinician that I was too vulnerable (R101, female, patient, aged 40-59)  Needing to be stable to access. Then when stable, not seen as in need. (R08, Female, patient, aged 36-39)  I used to go to IAPT/ well-being centre then I was coerced into a psychiatric hospital stay and they would no longer help me.... The secondary services had refused to help me prior 'we don't treat people like you' I was told. Sadly, after hospital and IAPT referral they had to 'help' me they decline access to therapy though for another two years so I am still waiting with new trust now to try access therapy (R25, female, patient, aged 26-35)  I was frustrated and at one point discharged myself but had to re-engage with Secondary MH as Primary refused to accept me as I was classed as high risk. (R24, female, patient, aged 40-59)  My local psychological therapies service had refused to see me as I was deemed too severe. At the same time, I wasn't deemed severe enough for alternative services so I was left to cope alone. Things escalated over time and I didn't refer myself as I was struggling more than when they had said I was too severe. Ironically when I attempted suicide roughly two years later I was referred to the same service by the community mental health team. It was the only treatment available where I didn't wish to take medication and I was pressured into having to take it. I was told I couldn't engage in or mention self-harm or suicide. (R105, female, patient, aged 26-35) |
|  | No place for self-harm | You can't be actively self-harming and access IAPT here (R25, female, patient, aged 26-35)  Told they [IAPT] couldn't work with people who were suicidal/had self-harmed due to the risk. (R67, female, patient, aged 36-39)  Self-refer to local therapies service and be turned down due to self-harm or being suicidal.  I couldn't continue at eating disorder clinic till sorted out self-harm (R78, patient, female, aged 40-59)  I was allowed therapy but they were unable to address the self-harm or suicidal thoughts and was told I need to receive help for this from somewhere else. (R142, female, patient, aged 18-25)  It's [waiting times] made my anxiety get out of control. But my fear of relapsing and being put under the CRISIS team helps me to pull myself together sometimes. I'm told if I relapse and end up under CRISIS again I will be kicked off the psychological waiting list (R20, female, patient, aged 26-35)  I was refused Psychological input for a long time. To begin with, this was because no department seemed to think I met their criteria: the Psychotherapy Department assessed me and decided I didn't have "any significant trauma or a diagnosable personality disorder" and therefore didn't meet their criteria; and the Eating Disorder Psychology service assessed me and decided they weren't the best people to provide treatment as my problems weren't solely eating-based. This pass-the-parcel scenario went on for a period of many months, at which point I ended up having a lengthy inpatient admission, which again excluded me from treatment as we have no inpatient psychology services. I eventually was discharged, put on an outpatient waiting list and have now been seeing a Clinical Psychologist for over a year (R46, female, patient, aged 26-35) |
| Self-harm awareness and compassionate response | Clinical response: informed, compassionate, and reassuring | I would have professionals better trained to understand the multi-faceted nature of self-harm - that it doesn't mean the same or serve the same purpose for everyone. I would encourage professionals to work collaboratively with patients to develop strategies for managing risk rather than ruling them out of treatment entirely (R46, female, patient, aged 26-35)  Genuine kindness and compassion. If someone in a vulnerable state feels better around you or can see kindness, I feel vulnerable people will instantly see that. (R20, female, patient, aged 26-35)  Less stigma, greater empathy and understanding (R68, female, patient, aged 26-35)  Having well-informed staff who believe in recovery and who aren't afraid of 'making it worse'. (R44, female, patient, aged 26-35)  I think that more emphasis was put on the psychological side of recovery and it was more widely excepted that this was just as important as medication then you would be more likely to be able to access help further to self-harm. (R122, female, patient, aged 26-35) |
|  | Continuity of care, ongoing support, and supportive clinicians | Approximately 10 months after I became unwell I began meeting with a specialist psychotherapy service on a one-to-one basis and have been seeing the same person for the last year. This continuity has been very helpful and has certainly contributed to my recovery. (R122, female, patient, aged 26-35)  Health care professionals pushing people to access mental health services e.g. in a&e emphasising the importance of a mental health referral (R02, female, patient, aged 36-39)  my community nurse has seen me which helped with waiting (R116, female, patient, and 40-59)  Just anxious about what it entailed however very supportive gp (R95, female, patient, aged 26-35) |
| Widening access to appropriate and timely aftercare | Timely access from well-funded and resourced teams | More Government funding! My experience is that people are desperate to access therapies, but that they are not widely available. (R75, female, patient, aged 26-35)  More money, better trained staff, care tailored to individuals needs rather than trying to fit people into boxes (R70, female, aged 26-35)  Actually having the resources to offer it to people. I'd jump at the chance (R39, female, patient, aged 26-35)  Quicker turn around, you want the therapy then not 6 months later (R123, Male, aged 45-59)  Make sure they are immediately available. Early intervention. Services led by practitioners trained to specifically treat self-harm, especially if only brief intervention available. Signposting to psychological therapy best suited to the individual, taking account of any diagnosed mental health conditions (R16, female, carer, aged 40-59)  Stop the waiting times, it is far too long (R09, female, patient, aged 40-59) |
|  | Information, accessibility, and flexibility | More local group meetings would help. Being able to talk to people who are going through the same kind of thing and interact. I tried looking but for people who live in [geo location] like me is non-existent! (R51, female, patient, aged 40-59)  For it to be faster to access and be referred directly from the hospital instead of going through GPs. (R100, female, patient, aged 26-35)   * Good information, informed GPs, better services, give mental health places more funding and time (R05, female, patient, aged 26-35)   More information,& understanding, more money spent on the nhs (R45, female, patient, aged 40-59)  More available, faster response, easier to access, in more varied locations so that I don't have to travel so far and take half a day off work to go to one session. (R136, female, aged 36-39)  I would encourage more support groups that had short waiting lists, with easy accessibility. (R122, female, patient, aged 26-35) |
|  | Tailored interventions and choice | More availability of services, the right therapy to suit needs. Better understanding of the distress people feel which is why they self-harm (R24, female, patient, aged 40-59)  More specified services for self-harmers, better (more specified) training for mental health professionals (R146, genderqueer, patient, 18-25)  Self-referral. Prompt availability. Choice of care pathways for diverse need. (R21, female, carer, 60+)  Care tailored to needs rather than trying to fit people into boxes (R70, female, patient, aged 26-35)  More options regarding type of therapy offered. (R102, female, carer, 60+)  I think that possibly including experts by experience/lived experience practitioners more in recovery will be helpful because people can look to others as an example of how they can get better they can also find hope in other people. (R122, female, patient, aged 26-35)  One to one contact - group sessions aren't as good for self-harm (I went to both types of session), as it's too generalised. Individuals need to be listened to individually to know their root-cause of harming (R89, female, patient, aged 26-35)  More local group meetings would help. Being able to talk to people who are going through the same kind of thing and interact. I tried looking but for people who live in [geo location] like me is non-existent! (R51, female, patient, aged 40-59)  More services, in terms of availability and variety. Psychological interventions that help people to "stabilise" to the point where more intensive therapy is manageable. The availability of inpatient therapy when absolutely necessary, so people have the opportunity to work through the process from a safe place. (R46, female patient, aged 26-35)  I would recommend that more services recommend social prescribing/community-based support services while waiting for therapy, rather than the emphasis being placed on psychological treatment. DBT helped me immensely but a lot of the work around stabilising my risk was done before I started. (R44, female, patient, aged 26-35) |