

BRITISH BROADCASTING CORPORATION

RADIO 4

TRANSCRIPT OF “FILE ON 4” – “SURVIVING SELF-HARM”

CURRENT AFFAIRS GROUP

TRANSMISSION: Tuesday 16<sup>th</sup> February 2021 2000 - 2040  
REPEAT: Sunday 21<sup>st</sup> February 2021 1700 - 1740

REPORTER: Dan Whitworth  
PRODUCER: Simon Maybin  
EDITOR: Maggie Latham

PROGRAMME NUMBER: 20VQ6343LH0

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“FILE ON 4”

Transmission: Tuesday 16<sup>th</sup> February 2021

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Producer: Simon Maybin

Reporter: Dan Whitworth

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WHITWORTH: This is File on 4: Surviving Self-Harm. Just a quick warning that if you carry on listening, you’ll hear some graphic descriptions of self-harm and a lot of discussion about children self-harming, as well as mention of attempted suicide.

SARAH: I’m speaking to you from my university dorm room, and it is a small, box-like room, but I’ve personalised it with pictures from happy times and motivation to keep on my journey of recovery.

WHITWORTH: This is Sarah - well, that’s what we’re calling her. We’ve agreed not to use her real name, because she’s sharing some very personal details about herself with us. She’s recovering from self-harm. I’m Dan Whitworth. I’m a reporter on Radio 4 but this is an issue I first covered seven years ago when I was working on Radio 1 Newsbeat. It’s a problem that – sadly – only seems to be getting worse. Now, more people are doing it, and they’re starting even younger. That’s true of Sarah, who turned 18 last summer and is studying business and marketing at university in the north-west of England. We’re speaking remotely and I ask her to tell me more about the motivational posters on her wall.

SARAH: Okay, I need to wiggle my chair to that corner.

WHITWORTH: Wiggle, wiggle.

SARAH: I have a 'You're Boss' poster, which was through a local mental health charity, which is a cat wearing a cape, which always makes me smile when I'm down.

WHITWORTH: [LAUGHS]

SARAH: A Warhammer 40K poster, because I'm a big player in Warhammer, which is one of my big hobbies. I play Space Marines, Ultramarines and Orks, because I'm a massive nerd at heart, and my fake plants obviously, but very 2021. On my windowsill, I have a bottle of hand sanitiser, which just stands out.

WHITWORTH: Very 2021.

We'll be hearing about Sarah's seven-year journey, from when she started to self-harm to her lowest point, to how she describes herself now - in recovery. She's speaking to us because she wants to help other people going through what she's been through. We'll be talking to people with professional or personal experience of self-harm - sometimes both - and about the impact of the Covid-19 pandemic. And we'll also reveal a File on 4 analysis of NHS hospital figures from across the UK, which shows a worrying increase in the rate of admissions for self-injury among nine to twelve year olds, [MUSIC – METALLICA 'FADE TO BLACK'] which is around the age Sarah started. As we hear Sarah's story - how it began, when her family found out, support that did and didn't work - we're also going to hear the music that's been important to her.

WHITWORTH: It's been a big part in my whole journey. My music tastes have changed a lot based on my journey, because to start with, it was very depressing. I was listening to a lot of hard music, like Metallica played a big part, because I got to the point where I hated myself.

MUSIC – METALLICA 'FADE TO BLACK'

There is nothing more for me,  
Need the end to set me free.

WHITWORTH: Sarah, when did you first deliberately hurt yourself?

SARAH: I was aged eleven. I'd come home from high school. One of my closest friends introduced me to the concept, because they were going through a very tough time personally, told me about it, and I was suffering with bullying and home issues, so I was like, I'll give it a go. And so I'd gone home into my early teenage bedroom, which had a wooden brown oak door. I remember opening it, slamming it closed because I was that struggling, and then sitting by the door in tears, going at my left arm till it started to bleed, but then it was the immediate guilt and like, oh, what do I do? How do I hide it from my parents? And it took so long because every so often I would just stop and think and cry and be like, oh, shit, why am I doing this to myself? Oh no.

WHITWORTH: Did you understand, Sarah, why you were doing it?

SARAH: I think it started with peer pressure and then I'd use it as a coping strategy, because the way I always explain it is, it helped me to release the issues and badness I felt about myself and the struggles I had.

WHITWORTH: That's hard to hear, especially when you think Sarah was just eleven years old at the time she first self-injured. Now before we carry on, that term, self-injury, means things like cutting. Self-harm, when doctors say it, covers both self-injury and self-poisoning – now that's things like overdosing on pills. It's easy to say all those words, but Sarah wasn't saying them - she was actually living with them, and the evidence of that was right there on her arm from day one.

SARAH: I'd had PE the next day and I was obviously embarrassed, so I'd thought it was cool because we had school sweatshirts for PE. This was like early summer, but my teacher didn't question me, but if the PE teacher had asked or spoken to pastoral, I may have stopped a lot earlier, and nobody noticed my self-harm for some time after the first episode. It started weekly/fortnightly and became more and more frequent over time.

MUSIC

WHITWORTH: That was seven years ago. Now, in some parts of the UK, thankfully, it's more common to find help and support available in secondary schools. Some teachers are more aware, and the earlier problems can be identified, the earlier help can be given and the less damage is done. But there's still a long way to go.

RUFUS: I went and met with 37 heads of secondary and middle schools across Somerset. The most common question I got was, why do they do it?

WHITWORTH: Kate Rufus trains teachers in Somerset as part of what's called the Self Injury Pathway Project, which is funded by the NHS.

RUFUS: With staff, most are so willing to help, but they are genuinely terrified and there is so little knowledge and understanding of self-injury as a symptom, that this is a behaviour that the majority of young people turning to it are doing so for myriad reasons. And if staff understand some of those reasons which, you know, it seems so counterintuitive and so alien as a behaviour, if you can get across to them, look, this is from the mouths of kids, why they do this, what they get out of it, they come out of it feeling much more equipped to support them.

WHITWORTH: And what would be the sort of key bullet points that you give to teachers to help people who are self-harming?

RUFUS: I would say absolute crucial, number one, listen to them. Don't try and fix them, they're not asking you to fix them. They need to be heard and they need to be validated. So, it's about the teacher or the staff member saying to that young person, I can see you are really suffering, I can see you are really unhappy. They don't need to understand why. They might think that young person's got an absolute charmed life. They could be the prom queen, they could be the sport hero, they could be the smartest kid in the school. It doesn't matter. You don't know what's happening for them, you don't know, you're not in their head, so it's about accepting that they are feeling this level of distress and you need to support them to find other ways to cope with it.

WHITWORTH: How common is it for teachers that you speak to, for those teachers to have witnessed, been told about someone who's self-harming in their class, in their year group, in their school?

RUFUS: Very common, very common. I've been in schools where I've gone in to talk to staff, and the day before they've pulled up a young person's trouser leg and their shoes are filled with blood because they've cut to the bone. The difficulty is, there are certain - and this like most things, goes in waves. Schools are very worried about contagion, but most staff are aware of a student who's either used injury in the past or is currently. I have not been into a school that hasn't had an issue with kids self-injuring.

WHITWORTH: Hang on, hang on. Sorry, Kate. You've never visited a school where self-harm has not been an issue?

RUFUS: No, not one. They are secondary and middle schools, but I am getting emails and phone calls from primary school teachers saying that they're desperate for help, because they've got young people who are injuring at very young ages, and at the moment, our remit is not to go into primary schools. So, you know, obviously I give the support and help and direction I can, and I've made some resources for primary schools because I cannot find any. There is a huge dearth of support for primary educators.

WHITWORTH: Kate's local NHS Trust told us it does have plans to expand the scheme to make it available to all school age children - including primaries. But at the moment, Kate can't even do her secondary school training in person because of the pandemic.

What are the challenges as well for teachers who are not seeing students in person? For example, is it much harder to spot self-harm?

RUFUS: Much, much harder, it's so much harder when you're teaching virtually or maybe only seeing a number of students for a very short time in the week. Most school staff that I know are aware of the children that are struggling and they make it their business to check in with them through the school week. That's gone.

MUSIC – TAYLOR SWIFT ‘CHAMPAGNE PROBLEMS’

WHITWORTH: As for Sarah, it wasn't until she'd been harming for more than a year that someone spotted something was wrong. They were doing painting in an art class and Sarah's teacher told her to take off her jumper.

SARAH: So, she noticed my cuts and my scars and obviously safeguarding-wise informed the head of pastoral care, who had spoken to me and was like, so are you deliberately hurting yourself? I was like, yeah, quite naive. She was like, go back to class. Then I got home that evening, threw down my High School Musical bag at the time, and then my mother, I remember quite bluntly, came to the door and was like, we need to speak. We went into the living room and she was like, why are you hurting yourself?

WHITWORTH: But Sarah's difficult relationship with her parents only got worse, because by trying to help stop the self-harm - doing things like taking Sarah's bedroom door off its hinges - they inadvertently made things even harder for her. She carried on self-harming but just did it somewhere else. Some parents, though, take a different approach.

LOUISE: She left, obviously left primary school at eleven and went off to high school, and I think that's where it really sort of kicked in.

WHITWORTH: We're calling this woman Louise and her daughter Eve - again, we're not using their real names.

LOUISE: She was really quite vulnerable at high school and sadly was targeted by a group of girls who kind of tapped into her vulnerability and bullied her, which then in turn meant that she started with self-harm.

WHITWORTH: Eve is now 17 and her teenage years so far have been traumatic. She's ended up in hospital because of self-harm on multiple occasions. It's not just adolescent girls who self-harm, but it is much more common among girls than boys. Now Louise says she's done everything she can to support her daughter - in some ways that many will find shocking.

LOUISE: I have in her room, in one of her drawers, she has a whole array of first aid equipment, from steri-strips to alco wipes, bandages, dressings. They're all there for her, available, and I always have clean blades available for her, so that I've said to her, you know, I would rather you change the blade every day than risk using the same one and risk getting infections.

WHITWORTH: Giving anyone, let alone your daughter, clean blades with which to cut themselves is incredibly hard to imagine, but Louise has dedicated her career to helping people get better from illness and injuries. She's worked for the NHS for 25 years and is a specialist nurse in the A&E department at her local hospital.

LOUISE: It is, you know, hugely controversial with other parents and I am on some parent forums myself. My decision to provide her with clean blades is not something that any mum wants to do, but I chose to do that because she was going to do it anyway. She would have used anything she could have got her hands on, so I chose to make sure that she did it in the cleanest way possible.

WHITWORTH: That's quite incredible to hear that you provide these things for Eve. But, for example, we've been speaking to another teenager who's self-harmed. She says her parents did everything they could do to try to stop her from self-harming, including even taking the bedroom door off. So, can you see how other parents, other people would think what you do is not only shocking, but irresponsible in providing these things for Eve to harm herself with?

LOUISE: Yes, 100%. And I have, I've had to defend my corner, if you like, a few times with, with other parents, friends, so I know a lot of parents do take doors off, hide things away, strip their rooms to barely nothing. And you become trapped by self-harm and I can't do that. And not only that, she also deserves some privacy and she also deserves to be able to shut her bedroom door and be a teenager. And it's very difficult to get that balance as well, because I know a lot of parents are afraid to challenge their teenagers or shout at them, tell them off. But I should still be able to say to her, do you know what, I don't want you to talk to me like that today, go away, without fear of her going upstairs and cutting herself in almost, you know, in punishment to me for being a parent. And I know a lot of children and parents get locked in that that battle.

WHITWORTH: Eve is now no longer hurting herself.

LOUISE: She's nearly five months clean. Considering she's been doing this since she was eleven, that is, you know, absolutely amazing. I see a young girl who will probably always have her struggles, and I think it will always be easy for her to go back to using that as her coping mechanism. But I also see a young lady who'll be eighteen this year, who actually wants to move forward and have a life.

MUSIC – TAYLOR SWIFT 'WILLOW'

WHITWORTH: Louise is very grateful for what she calls the amazing support from Child and Adolescent Mental Health Services - or CAMHS - in her area. She also says they're severely underfunded and that demand is growing - something we heard from pretty much everyone we spoke to for this programme, including Sarah.

SARAH: I got referred to CAMHS and there was a long wait, which is quite typical, and then I spiralled. And the moment I saw CAMHS for the first time, I got discharged because I wasn't severe enough at the time. I know they can be amazing, but I believe they're significantly underfunded, because you have to reach such a high criteria. That was my personal experience. And it felt like you had to be the sickest of sick to get help, which then made the whole wanting to be iller to fight for the competition and led to the competition that I felt from social media.

WHITWORTH: So, because the threshold for getting help from CAMHS is so high and people have to be so ill or have hurt themselves so badly, you're saying what, that almost pushed you to hurt yourself more severely?

SARAH: More, because you want the help so badly, because it's like, with that and the mix of the social media community, it's like a competition, like I wanted to be the sickest.

WHITWORTH: That you had to hurt yourself more.

SARAH: Yeah, which then led down to a downward spiral.

## MUSIC – TAYLOR SWIFT ‘CHAMPAGNE PROBLEMS’

WHITWORTH: It’s heartbreaking hearing Sarah’s story. She ended up in hospital after trying to take her own life. There’s evidence it’s becoming more and more common for people like Sarah to hurt themselves so badly they’re given a hospital bed - and at younger ages.

HAWTON: My name is Professor Keith Hawton, I’m Professor of Psychiatry at the University of Oxford and a consultant psychiatrist with Oxford Health NHS Foundation Trust.

WHITWORTH: Professor Hawton is one of the UK’s top experts on self-harm, who has more than forty years’ experience studying it as well as working directly with patients.

HAWTON: I think that hospital services, for example, for people presenting with self-harm have greatly improved. Over the years, more and more hospitals have had dedicated self-harm services or liaison psychiatry services with a greater and greater focus on self-harm.

WHITWORTH: But there’s more and more demand for those services. We’ve analysed hospital admissions for self-harm, combining NHS data with population figures by age from the Office for National Statistics, and shared our findings with Professor Hawton. Our analysis shows a sharp rise in the rate of admissions of young children for self-injury - things like cutting. In 2013/14 there were eight admissions per 100,000 nine to twelve year olds. Six years later, that had doubled to sixteen per 100,000. To put that another way, last year, across the UK, there were an average of ten hospital admissions of nine to twelve year olds because of self-injury every week. Now, we have to be careful with hospital admissions data, because it doesn’t necessarily always reflect what’s going on in wider society. But Professor Hawton says the trend we’ve spotted is backed up by other evidence.

HAWTON: I think the increase in the data that you've looked at is in keeping with what we're finding from our research databases. It's almost as though the problem is sort of spreading down the age range somewhat, and I do think it is a concerning problem, and I do think it's important that it's recognised that self-harm can occur in relatively young children, which many people are surprised by. I think it indicates that mental health issues are perhaps increasing in this, you know, very young age range.

WHITWORTH: The admissions for self-injury for thirteen to seventeen year olds are also rising - doubling in seven years - and there are lots more of them. Last year there were more than 4,500. That's more than a dozen every day. There's a danger you might glaze over when you hear numbers like that. But behind each one of those admissions is a person with a story. And, of course, many more people are hurting themselves who never end up in hospital. So, why are more and more young people doing it?

HAWTON: We don't know precisely why this is. Social media tends to be, you know, the first focus of people's attention when thinking about this issue, and of course, social media can be a very important source of support for individuals, particularly young people. But we do know that also self-harm is often discussed in social media, images of self-harm are quite common. This may have a what we call a modelling effect, in other words, it may lead to contagion, and it can also lead to, if you like, what we call a normalisation of self-harm, so that it may become a more accepted way of dealing with problems. We also know that there's been an increase in mental health problems in young people, and there's been a particular increase in anxiety disorders, particularly in females, and also eating disorders, which are quite closely associated with self-harm, including self-injury.

WHITWORTH: As if all of that isn't all tough enough, each and every one of us is now having to deal with living through a pandemic, the likes of which none of us have ever seen before. So, what impact has that had on people living with self-harm at the same time? Provisional NHS data seen by File on 4 for April to July last year shows hospital admissions for all self-harm for thirteen to seventeen year olds in England fell by more than a fifth compared with the same period the year before, although provisional data for Wales, Scotland, and Northern Ireland shows admissions for last spring were similar to previous years. So, is the fall in admissions in England down to fewer people self-harming or fewer people going to hospital because of fears over Covid?

HAWTON: My interpretation of this is that it's probably a mixed situation, in that there probably was decreased levels of self-harm and probably this was reflecting the relatively protective effect of families being close together, which clearly could be beneficial for many young people. Obviously, for some people living in highly dysfunctional and possibly abusive families, it might have increased problems, but I think overall it may have contributed to an actual decline in self-harm at the community level.

WHITWORTH: It's early days though when it comes to understanding the mental health impact of the pandemic and what have now been multiple lockdowns.

#### MUSIC – RACHEL PLATTEN 'FIGHT SONG'

I've still got a lot of fight left in me  
Losing friends and I'm chasing sleep  
Everybody's worried about me  
In too deep  
Say I'm in too deep (in too deep)  
And it's been two years I miss my home.

WHITWORTH: After Sarah ended up in hospital, she still wasn't getting the support she needed. Her self-harm continued and, a few years later, came to a head again. A big family argument led to her leaving home, aged 16, on Christmas Eve. The trauma of that, and pressure she felt from her GCSEs, were too much for her to take.

SARAH: It was around mocks time of year 11, where I had a second suicide attempt. I'd walked myself to a risky place – luckily, because if not, I wouldn't have been found, wouldn't be alive today. I was found by a member of the public who alerted the emergency services, and this time the police came and it was an immediate police section for 72 hours in General Hospital.

WHITWORTH: It's important to say the vast majority of people who self-harm don't go on to try to kill themselves, like Sarah did.

MUSIC – RACHEL PLATTEN ‘FIGHT SONG’

And all those things I didn't say  
Wrecking balls inside my brain  
I will scream them loud tonight  
Can you hear my voice this time?  
This is my fight song  
Take back my life song

SARAH: I was listening to the Fight Song by Rachel Platten, because it came onto the hospital speaker when I was really struggling after a ward round. That was very different, because it was adult care, which is a lot more, you're an adult, you should be able to look after yourself, even though I was so young. And it's very clinical, I didn't feel like loved and supported, because it was like all in white gowns - very much, this is like the damage you could have done to yourself.

WHITWORTH: For a lot of under eighteens, the sometimes cold formality of the medical world can feel like the last thing they need. A growing charity set up a few years ago in the south-east of England is trying to address that problem.

WRIGHT: We're there to give time, and time is at such a premium. My name's Joy Wright. I'm the CEO and founder of Emerge Advocacy.

WHITWORTH: Joy and her staff and volunteers go into hospitals to be a friendly face to young people who've self-harmed - just someone to talk to. They are also seeing younger and younger patients who've hurt themselves. Lockdowns have been another challenge and they've had to adapt, but are still offering support in person.

WRIGHT: The nurses and other professionals I know would love to be able to sit and give lots of time to these young people, but they can't, because they have so much that they need to be doing. But we can just sit and spend two, three, four hours, sometimes even more with one young person. Right from kind of like when they first come into A&E through to, you know, if they end up going up to the ward or if they end up going home, we can be with them through that whole journey and just be, you know, somebody that

WRIGHT cont: can just chat with them and make sure that they're not alone, because actually a number of young people do come in alone or in a situation where they don't feel able to accept support from their family.

WHITWORTH: What kind of state are the people in that you speak to, and more importantly, I suppose, listen to when they arrive at hospital?

WRIGHT: Well, the first thing I'd say is that they're often quite anxious. Many of them didn't want to be in hospital - they were brought in either by ambulance or by their parents or by school, you know, they were made to come basically, and they don't necessarily want to talk about what's going on for them, and they feel like it's a really big deal. The number of young people that I personally have spoken to that are worried that they're going to be sectioned, that they're going to be put in a straitjacket even. And we, you know, we'll say to them, you know, you do not need to worry about that, you know, somebody is just going to come and talk to you, just like I'm talking to you now. And even just being able to explain the process to them really helps to calm them down and helps to just bring them back into a more of a normal emotional space for them.

WHITWORTH: Is it difficult to establish trust with these people, because obviously, as you say, they're very anxious. You're not a formal member of staff. You don't work for the NHS, you're not paid by the hospital. You're there as volunteers. How does that part of the relationship work?

WRIGHT: We find that that actually works really, really well, because the young people have a choice about whether they speak to one of our team or not. We say to them, you know, we're not CAMHS, we're not assessing you, we're not going to make decisions about what happens to you, you know, or what your care should be. We're literally just here to try and make your evening a little bit brighter, just to try and help you through. And you can see people visibly relax when they realise that they're not being assessed and that this is really just about helping them through their evening and nothing more.

MUSIC – MOTHER MOTHER 'FAMILY'

They got my blood up in their veins  
I get a cut, they feel my pain  
They got my heart, they got my soul  
They know the stuff nobody knows.

SARAH: I listen to 'Family' by Mother Mother, because it's something that I listened to in my music therapy, when I'd started to seek family support after my second suicide attempt. I started to seek the correct therapies such as music therapy. I did a course of CBT, I did some art therapy and some dog therapy. And overall, that was when the next two years I started to turn my life around.

And if you're standing on the ledge  
I'll pull you down, put you to bed  
And if you're bleeding from the heart  
I'll come around, and clean it up.

WHITWORTH: For Sarah, there was no magic bullet. Rather a slow, gradual improvement with the help of friends and professionals. Then, just about a year ago, a new kind of support. Support she found herself after searching online and coming across a free online course called Alumina for fourteen to nineteen year olds dealing with self-harm.

SARAH: We can see and hear the leaders, but they only know our first names, the other peers in the group, and we communicate by text, and it was still continuing in March during the lockdown. Then once my eight weeks finished, the team at Alumina ran drop-ins, and I'd regularly attended my drop-ins, started to reduce my self-harm throughout the first lockdown, managed to attend my NHS therapies online, be consistently taking my anti-depressants, started to make a change, knowing that I was so close to getting to university, and I had the goal for myself that I wanted to be self-harm free by the day I started university, which I managed to succeed. The last ever time I took part in self-injury was in June of 2020 and I've been in recovery since then.

WHITWORTH: So, what kind of impact did lockdown have on your self-harm?

SARAH: I didn't have to face the concept of seeing my biological family out on the street, which benefited me surprisingly, and also having no college, because I had the long summer, because I'm part of the first year that Covid affected our exams. So, I managed to be able to focus on my recovery and myself before coming to university.

WHITWORTH: Sarah's story exposes the cracks in the system when it comes to children self-harming. She was hurting herself for over a year before any adult - teacher or parent - noticed. To start with, she couldn't get the professional help she so desperately needed because the system - already under pressure and stretched by growing demand - didn't see her as a priority case. We've heard that it's becoming more and more common for children to be self-harming at eleven - when Sarah started - and even younger. It's a worrying trend. As a direct result of our investigation, the Royal Colleges for GPs and A&E doctors are now calling for primary school teachers to be given training to help spot the signs of self-harm and identify young children affected by it. The Westminster Government and devolved administrations all say that the mental health and wellbeing of children is a priority and that they're working towards improving self-harm support for children of all ages. As Sarah became a teenager, her self-harm got a lot worse before it started to get better, but now she is moving on with her life.

#### MUSIC – S CLUB 7 'REACH'

I've got you and you've got me, so  
Reach for the stars  
Climb every mountain higher  
Reach for the stars  
Follow your heart's desire.

SARAH: 'Reach' was very important because I knew I'd reached for my dream of being able to do a business degree and being able to move away from where I'm from and being able to meet a new group of friends and start my adult life by being able to do all the exciting things, like getting a TV licence, contents insurance and being able to start my journey to adulthood.

WHITWORTH: I've not often heard of people talking about getting a TV licence as exciting, but that works for you Sarah, it sounds, right?

SARAH: Yeah, I know [LAUGHS].

WHITWORTH: But because it's a sign of you, what, growing up getting better, getting recovered, taking more responsibility - what?

SARAH: Yeah, it's all of that. It's because it's the start of adulthood and leaving my past behind.

WHITWORTH: And she's come a long way.

SARAH: I'll give this analogy, because I saw it as my version of having a cigarette. It would keep me going, like, it was like, when I woke up to feel right before school or college, then when I got home to recover and then so I could sleep.

WHITWORTH: Now, Sarah has been clean for eight months and counting. Her scars are literally healing, allowing her to take another step away from the past.

SARAH: I'm thinking of getting a tattoo on my left arm to cover the majority of my worst scarring, because I want to turn something so negative into a piece of art. I'm currently thinking of getting some gems at the bottom, which a baby Yoda sits on. He'll be holding a semicolon, because it's a symbol to say that you struggle with mental health. But one of the gems I want in my tattoo design is the Alumina logo, because they've had such a significant part in my journey. And by being able to cover my scars, I know that that part of my journey, my life, my journey is over and I'd be able to look to more positive things.

WHITWORTH: Where do you go from here? Where do you hope to be in a few years?

SARAH: I hope to have graduated uni and to start running my business and to be still in recovery and to hopefully be volunteering to help other people with their mental health and being able to reduce their self-harm.

WHITWORTH: That's quite an incredible turnaround, Sarah, from just a few years ago.

SARAH: Thank you.

MUSIC – TAYLOR SWIFT 'WILLOW'

Wait for the signal and I'll meet you after dark  
Show me the places where the others gave you scars  
Now this is an open-shut case  
Guess I should've known from the look on your face  
Every bait and switch was a work of art

WHITWORTH: For details of organisations providing support with self-harm and emotional distress, go online to [bbc.co.uk/actionline](http://bbc.co.uk/actionline)  
This edition of File on 4 was presented by me, Dan Whitworth. It was produced by Simon Maybin, mixed by James Beard, and edited by Maggie Latham. The production coordinator was Janet Staples. As well as the support at [bbc.co.uk/actionline](http://bbc.co.uk/actionline), we've also linked to some more help suggested by the people you just heard from - just search for File on 4: Surviving Self-Harm. We want to thank everyone we interviewed for this programme for agreeing to take part – but in particular our special thanks to Sarah, Louise and her daughter Eve for allowing us to share their stories.