REDUCING SELF-HARM IN OXFORDSHIRE

Deliberate self-harm is an important public health concern and has been identified as an area for attention by the Children and Young People’s Board and the Oxfordshire Safeguarding Children’s Board.

Definition of Self-Harm

Self-harm is defined “intentional of self-poisoning or self-injury, irrespective of type of motivation including degree of suicidal intent (Hawton et al 2012). The definition includes acts such as intentional overdoses of medication, self-cutting and attempted hanging but does not risky behaviours, eating disorders or hair pulling.

Prevalence of Self-Harm

Prevalence of self-harm is difficult to quantify due to the nature of the problem. The majority of self-harm occurs amongst CYP in the community and does not present to health services, only around 1 in 8 cases present at hospital.

However it is estimated that around 7% of 15/16 year olds will have self-harmed in the previous year and around 10% will have a history of having self-harmed at any time. Self-harm is 3 times higher amongst girls than boys (10% girls compared to 3% boys), it can start as young as 12 years but prevalence increases with age.

What does this mean for Oxfordshire?

The estimated number of 15 and 16 year olds in Oxfordshire is 15,682 if the prevalence of self-harm in the county is similar to the rates found in research studies this means that around 1100 15 and 16 years olds will have self-harmed on at least one occasion in the last year, and around 1560 will have self-harmed ever. In other words the average estimated prevalence of self-harm in years 10 & 11 in an Oxfordshire secondary school could be around 23 cases per year group at any time.

Children and Young People’s Board Indicator

The Children and Young People’s Board has set a target for 2012/13 to:

“Reduce emergency admissions to hospital for episodes of self-harm by 5% year on year. This means reducing admissions by 8 young people in 2012/13 against the 2011/12 baseline of 156”
The Board is asked to note that NICE Guidance recommends that all young people <16 years who present with self-harm should be admitted to hospital. Where the young person is aged 16/17 the decision to admit is made following clinical assessment. In addition, the number of admissions for self-harm is small, together these factors will affect the ability to influence this indicator at the point of presentation. Therefore the target should act as a driver for action in the community for prevention and early identification to reduce prevalence and prevent cases from becoming more serious.

Recommendations from research on good practice to reduce self-harm

Prevention:

- A whole school approach to reduce stigma and create an environment which recognises that everyone has problems and where seeking help is “normal”
- Increase help seeking behaviours
- Tackle bullying including homophobic bullying
- Prevent social transmission

Early Intervention:

- Promote access to web based resources and telephone help lines
- Gate keeper training, to improve knowledge and attitudes to self-harm and to ensure professionals are able to Recognise the risk factors and signs and symptoms
- Understand the cultural context around self-harm, help seeking behaviours including cultural specific risk factors such as forced marriage
- Identify and assess CYP who are self-harming
- Provide psychosocial support to young people to deal with difficulties

Treatment:

- Improve access to CAMHS and psychological therapies for YP with serious repeated self-harm.

Current Provision in Oxfordshire

Oxfordshire has a number of assets and services to support young people with mental health needs and/or self-harm:
• The Centre for Suicide Research, University of Oxford undertakes programmes of work to increase knowledge of preventing suicide and deliberate self-harm

• Oxfordshire Adolescent Self harm Forum led by Oxford Health NHS trust brings local experts working in frontline services to develop best practice guidance, share examples of good practice, discuss emerging issues and can provide training for staff working with high risk young people. The Self Harm Forum has produced guidance for staff working in residential settings and has recently updated the its guidance for schools

• The Oxfordshire Primary Child and Adolescent Mental Health Service (PCAMHS) provides a single point of referral for young people and provides expert advice and support for staff to enable them to support young people with mental health needs

• The Barnes Unit is based at the Oxford Radcliffe Hospital and provides psychosocial assessment and support for young people presenting with self-harm

• A robust care pathway is in place for young people who are present at hospital following an episode of self-harm which is delivered in line with NICE guidelines and includes psychosocial assessment, 24/7 CAMHS Outreach and joint discharge planning

Gaps and Issues

• The work of Adolescent Self-harm Forum is not widely known across the broader children’s workforce and there is scope to widen the membership to include early intervention services such as the EIS hubs

• Frontline staff report that they feel anxious and lack confidence in identifying and dealing with young people who are self-harming

• There is a lack of training for frontline staff that specifically focuses on identification, risk assessment and management of self-harm

• PSHE Programmes need to:
  o Raise awareness of mental health and tackle stigma and
Promote self-help, and help seeking behaviours including alternative coping strategies and a range of ways to access support and information e.g. quality assured web based resources

- Ensure that young people understand the importance of talking to a trusted adult and where and when to seek advice and help for themselves or others

**Recommendations and Next Steps**

1. Benchmark our local delivery against the recommendations on best practice in the research

2. Analysis of research data on ED presentations to identify any trends e.g. seasonal

3. Develop a set of universal self-harm guidelines for use in children services building on current guidance for schools and residential settings to promote identification and ensure timely support in the community for young people who have self-harmed

4. Alongside the universal guidelines develop a universal training programme for frontline staff working with young people integrated with risky behaviours training to support and ensure a skilled workforce that feels confident to support young people who self-harm.

   The aim of the training: To ensure early identification and appropriate interventions for YP through:

   - Raising awareness of risk factors and prevalence
   - Equipping staff to identify YP who are self-harming
   - Increasing staff confidence, skills and knowledge to address the needs of young people who are self-harming

5. Ensure that needs of YP who repeatedly self-harm are included in work to develop CAMHS transition services

6. Build on existing relationships between health services and schools and develop new relationships with Academies to ensure the delivery of high PSHE which includes programmes to educate and raise awareness of mental health issues, to reduce stigma and promote help seeking behaviours
REFERENCES:
