



Children and Young People's Emotional Health and wellbeing – self harm
February 2019
Devon County Council Scrutiny Committee

1. Purpose

This paper has been produced by the CAMHS commissioner for NEW Devon and SDT CCG in to support the focus of Devon County Council Scrutiny Committee on self harm. The paper provides an update with regard to the current position of self-harm rates within children and young people in Devon; and the planned next steps of the CCG.

It is important to note that self harm is a specific issue which is being held within the broader context of supporting children's emotional health and wellbeing.

2. National and International Context

- 2.1. Self-harm refers to an act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning by medication or self-injury by cutting. Rates of self-harm have increased over the past decade in the UK and are amongst the highest in Europe (NICE, 2013).
- 2.2. Self-harm may be an indicator of a range of serious problems that includes mental health, dysfunctional family relationships, substance misuse, bullying and physical and sexual abuse. It is an expression of underlying emotional distress.
- 2.3. A wide range of mental health problems are associated with self harm, including borderline personality disorder, depression, bipolar disorder, schizophrenia, and drug and alcohol use disorders.
- 2.4. It is the second most common cause of death for young people ¹, but globally the most common cause of death for female adolescents aged 15-19²,
- 2.5. A survey of young people aged 15-16 years estimated that more than 10% of girls and more than 30% of boys had self-harmed in the previous year³.
- 2.6. Results from the Good Childhood Report (2018) who surveyed 11-15 years olds; indicated that girls (22%) were more than twice as likely as boys (9%) to self-harm.
- 2.7. The Good Childhood Report (2018) identified that children and young people who were attracted to children and young people of the same gender or both

NHS organisations involved:

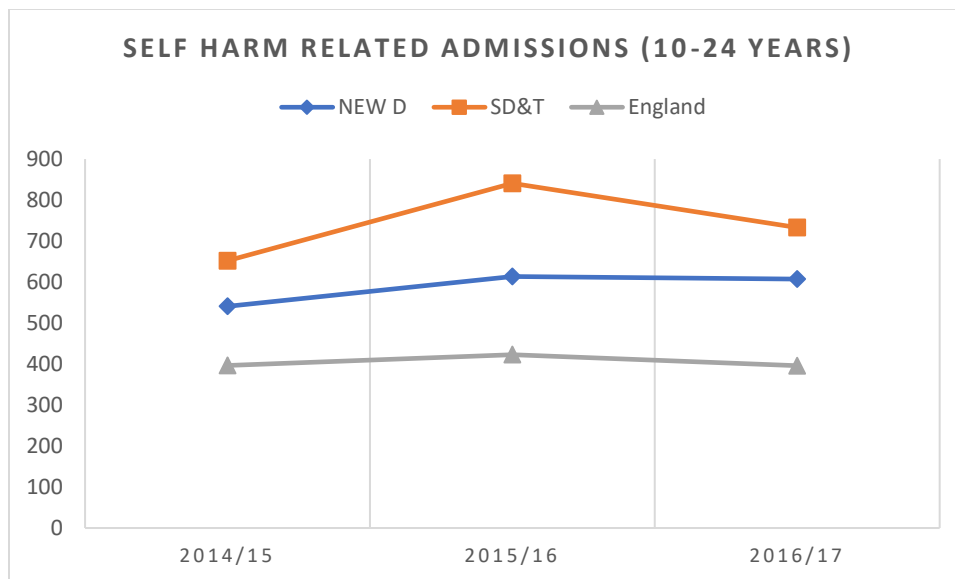
Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

genders were much more likely to self-harm; almost half (46%) of these children involved having done so.

- 2.8. The UK has one of the highest rates of self-harm in Europe (at 400 episodes per 100 000 population) (Hawton et al, 2012a).
- 2.9. People who self-harm have a 50 to 100-fold higher likelihood of dying from suicide in the 12 month period after an episode than people who do not self-harm (NICE, 2013).
- 2.10. In the Child and Adolescent Self-harm in Europe (CASE) study, 87.4% of young people did not seek help from an acute hospital ⁴.
- 2.11. A national review of evidence around the impact of social media on children and young people's mental health is being conducted.
- 2.12. Measures of subjective wellbeing are a stronger predictor of self harm, than a 20 item measure of emotional and behavioural difficulties (Good Childhood report 2018).

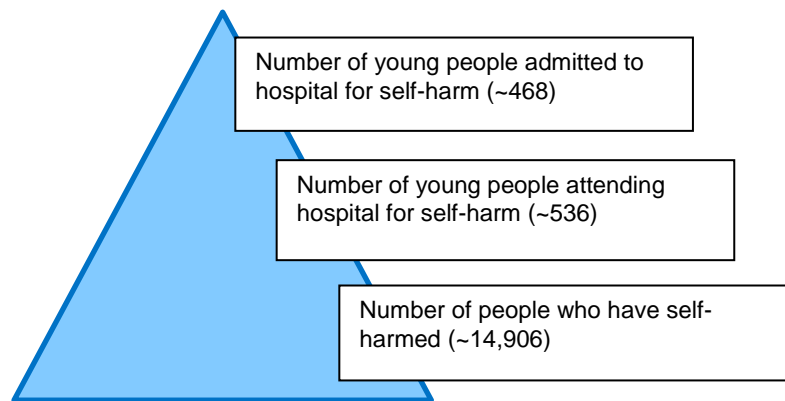
3. Local data

Please note: when reading the data, different age ranges are referenced.



PHE Fingertips tool

Estimated numbers of young people aged 10-19 years who self-harm in Devon:



Source: Public Health, Devon County Council 2015

- 3.1. Self harm admission rates across the Devon STP footprint are higher than the England average.
- 3.2 Torbay has the highest rates in the South West.
- 3.3. Rates are higher in children and young people and those living in the most deprived areas.
- 3.4 Hospital admissions underestimate presentations by around 60% meaning that need is likely to be even greater locally.
- 3.5. Numbers of children and young people who are self-harming by poisoning seems to be increasing. Paracetamol was the main source of poisoning.
- 3.6. Admission to the local acute hospital would be expected, as medical treatment would likely be needed; as well as NICE guidance which states that under 16s who present with self harm should be admitted to a paediatric ward.

4. Recommendations and Next steps

- 4.1. Self harm should continue to be viewed as part of the wider programme of supporting children and young people's emotional health and wellbeing needs.
- 4.2. Self harm must be supported and understood in the context of being an outward expression of an underlying emotional health and wellbeing need or distress.



- 4.3. Whilst admissions to hospital are a key indicator of the prevalence of self harm, it must be recognised that there are a number of children and young people who may be self harming that may not present to Emergency Departments and/or be known to services.
- 4.4. Given this, it is critical that we enable those who do not want to present to services to be able to access support, through a variety of channels. In terms of i-THRIVE, this would be focusing on ensuring support that would sit more within 'Getting Advice' and 'Getting Help' and ensuring that this support is not just available through usual service pathways.
- 4.5. Ensure support can be accessed and is available to the whole family; especially important given the numerous underlying challenges to a child or young person's emotional health and wellbeing.
- 4.6. Ensure that children and young people and their families are involved in the design and implementation of support.
- 4.7. Continue to review national and international best practice (currently underway); as well as key triggers to inform preventative and early intervention approaches.
- 4.8. Currently, the CCG is awaiting the outcome of national bids to implement and evaluate support based on the evidence and recommendations made within this paper.
- 4.9. Continue with the collaborative approach that is currently being undertaken with key partners to ensure a joined up, whole system response.
- 4.10. A high level action plan is detailed below. Behind each action is a detailed delivery plan which can be expanded upon at the scrutiny panel.

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Funding plans finalised against Early Help 4 Mental Health for 19/20 delivery													
Outcome of VCSE bids known													
Outcome of self harm bid connected to NHS E suicide prevention monies													
Agreed draft of Joint Commissioning Strategy with a priority connected to CYPs who self harm													
Complete needs analysis in partnership with public health colleagues focusing on 3 levels of self harm: admitted to hospital; presenting at A&E; and those that do not present													
Mapping completed against THRIVE framework of known support available													
Work with new provider of children's community health and wellbeing services to confirm timeline and model of delivery of support													
Based on outcomes of above, joint plans to be finalised for any additional support targeted													
Planned updates to Scrutiny panel	TBC by Scrutiny panel												

References

- 1- <http://prp.jasonfoundation.com/facts/youth-suicide-statistics/>
- 2- <https://www.who.int/news-room/fact-sheets/detail/women-s-health>
- 3- http://www.proceduresonline.com/kentandmedway/pdfs/manage_self_harm_yp.pdf
- 4- http://www.proceduresonline.com/kentandmedway/pdfs/manage_self_harm_yp.pdf
- 5- Good Childhood report (2018): https://www.childrenssociety.org.uk/sites/default/files/the_good_childhood_summary_2018.pdf