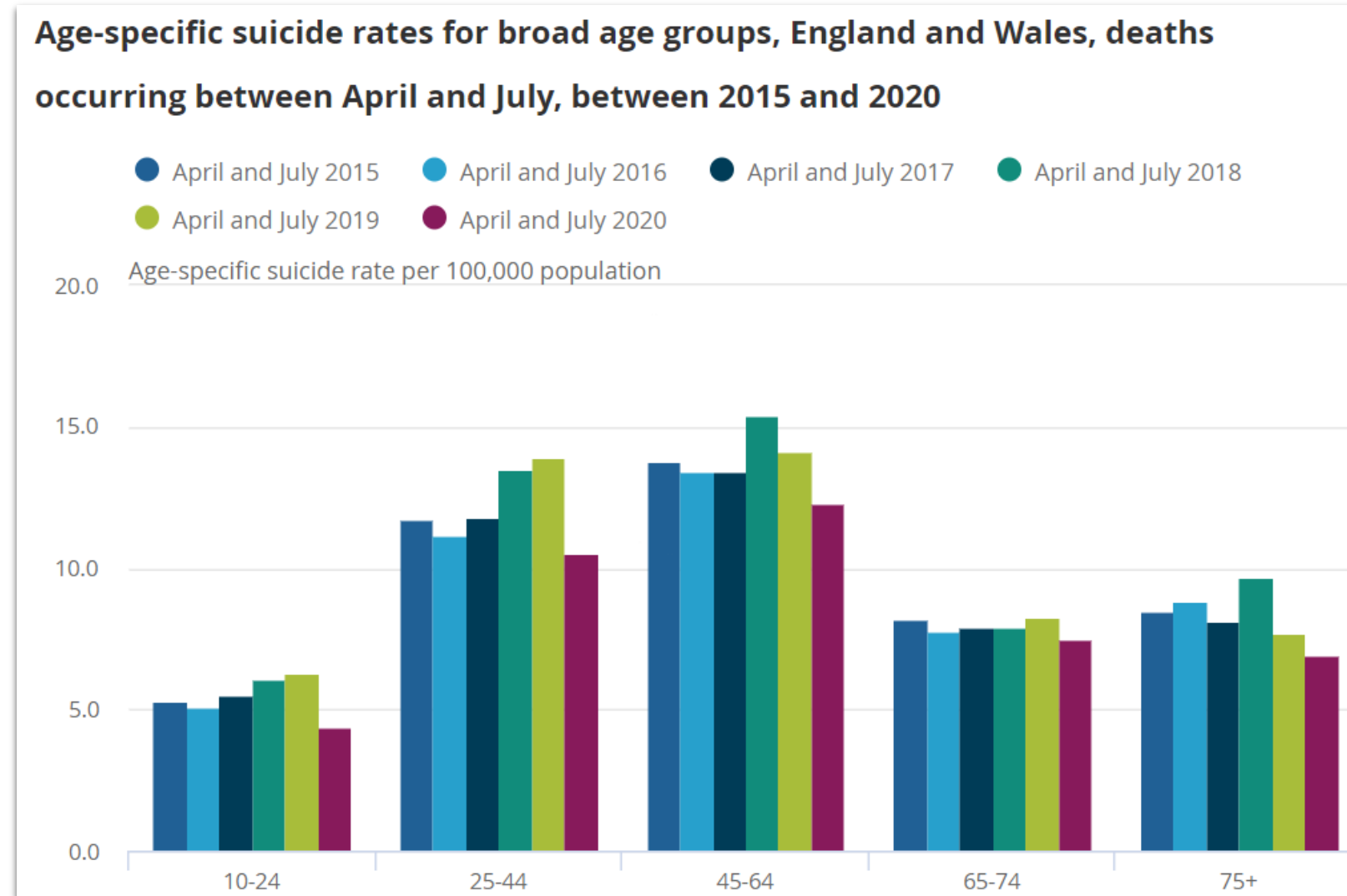


Self Harm in Children and Young People

Nicola Glassbrook

Louise Cox

What do we know? – National Data



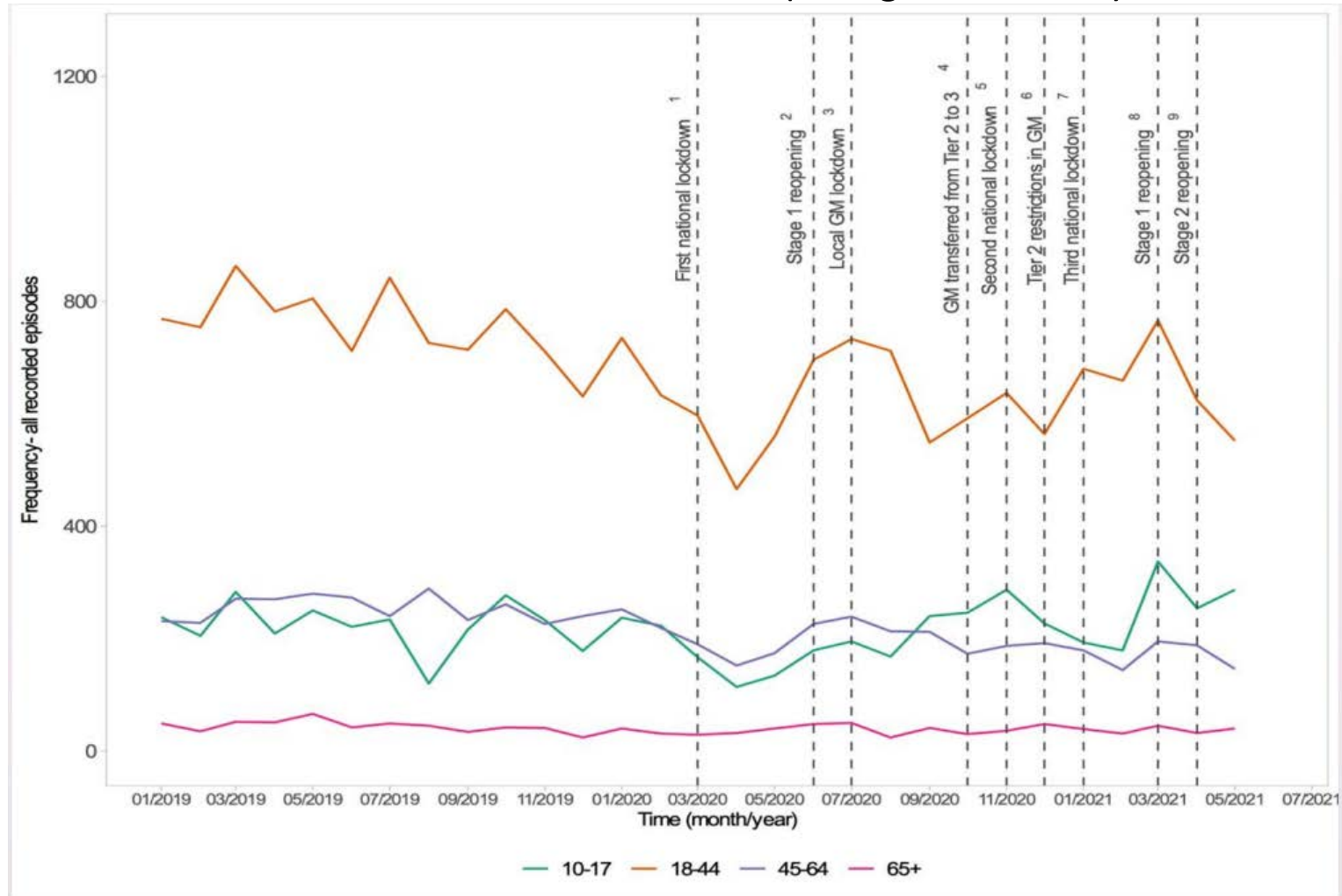
- There is a statistically significant decrease in the age-specific suicide rate for persons aged 10-24 years in Apr-Jul 2020
- Late registrations are unlikely to impact the interpretation of these results, even when allowing for the disruption to coroners' inquests caused by the Covid-19 pandemic.

Source: ONS

What do we know? – National Data

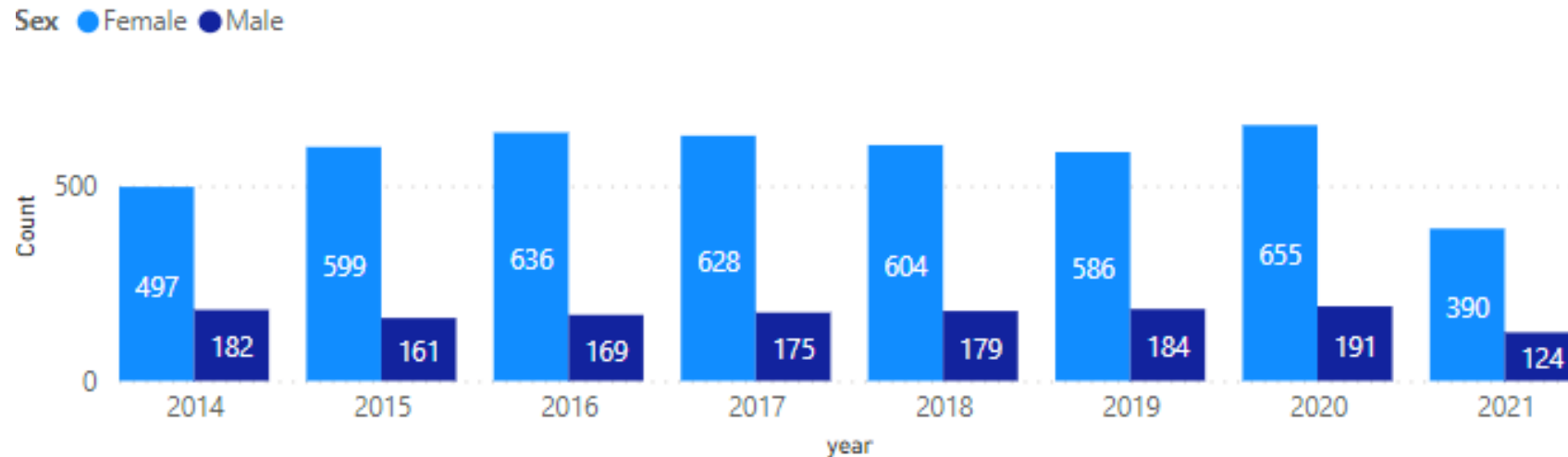
Self harm presentations to Primary Care (includes some hospital presentations) Jan 2019 to May 2021

Source: Greater Manchester electronic healthcare records, (Steeg et al, 2021)



What do we know? Local data

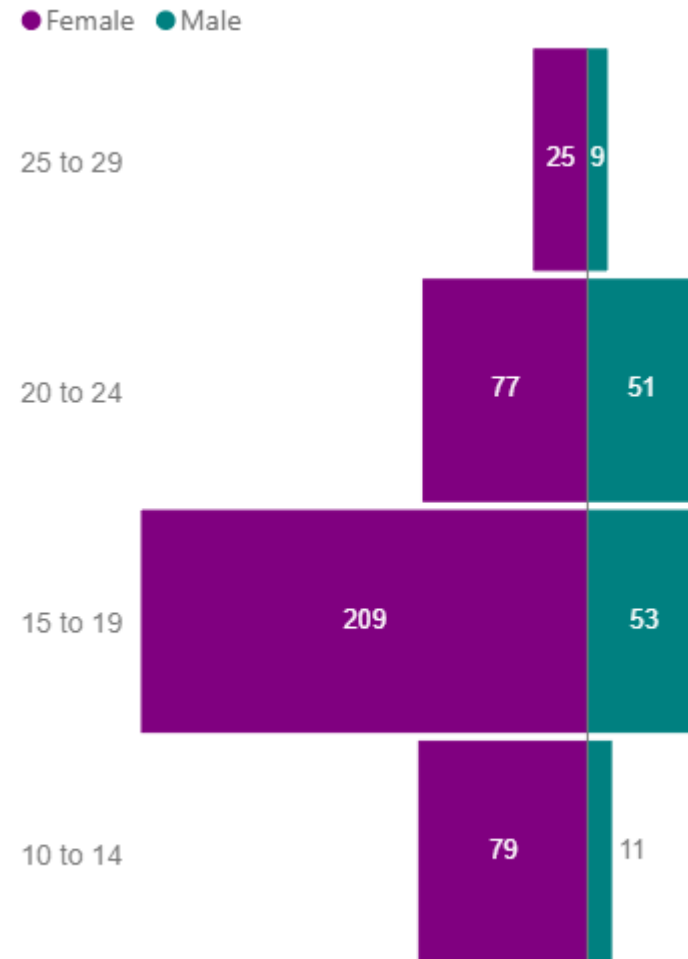
Trend in Number of Emergency admissions to hospital for self-harm by financial year Ages 0-25, Devon



- The majority of those presenting at hospital are female
- Most admissions relate to self-poisoning
- The number of admissions in 2020/21 (2021 on chart) have fallen in comparison to previous years, this could mean that people aren't accessing services in the same way due to the pandemic

What do we know? Local data

2020/21 No. Emergency admissions to hospital for self-harm by age and sex
Ages 0-25, Devon

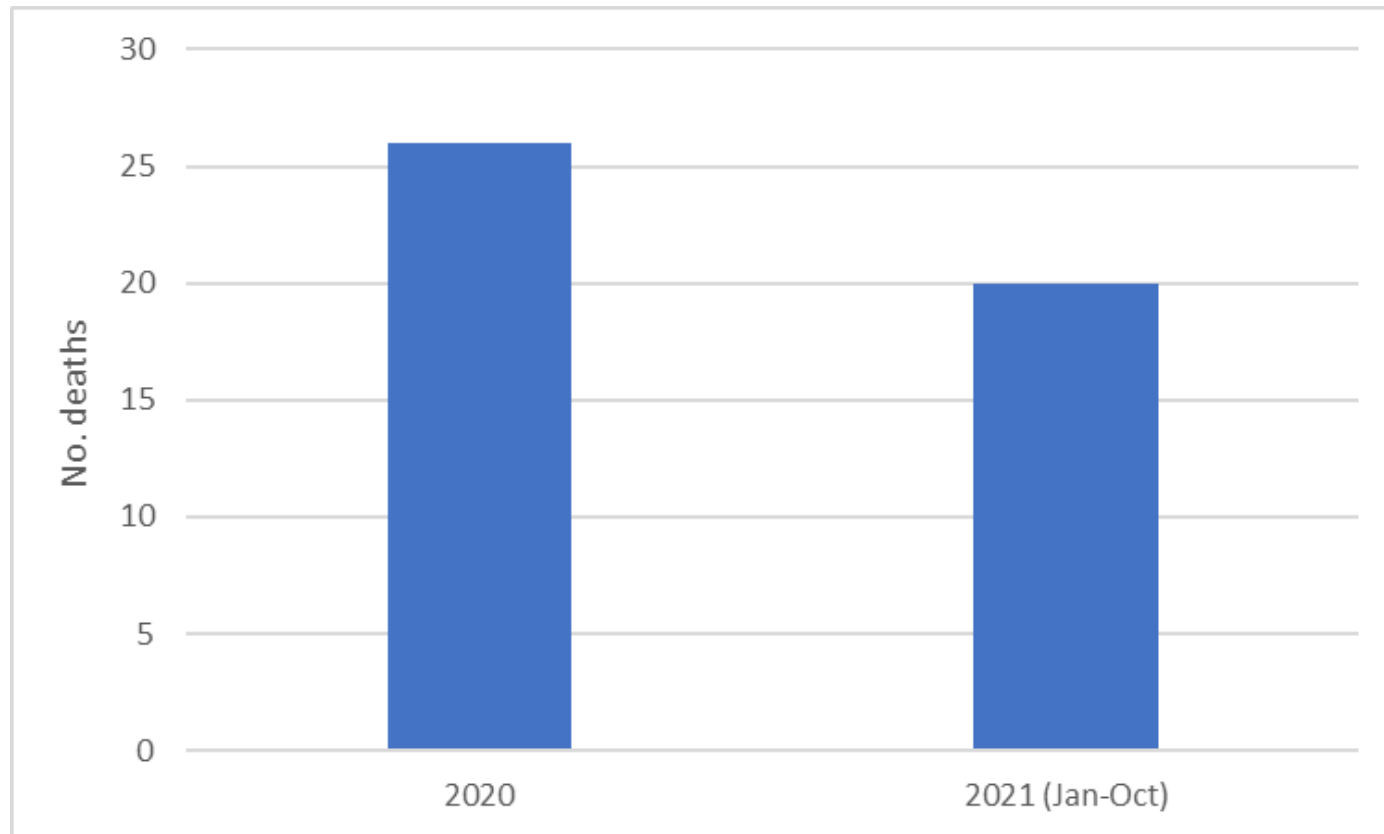


- Age and sex profile for 2020/21 are similar to previous years for those aged 0-25

What do we know? Local data

Sudden Self Inflicted Deaths in under 25's, in Devon Plymouth and Torbay

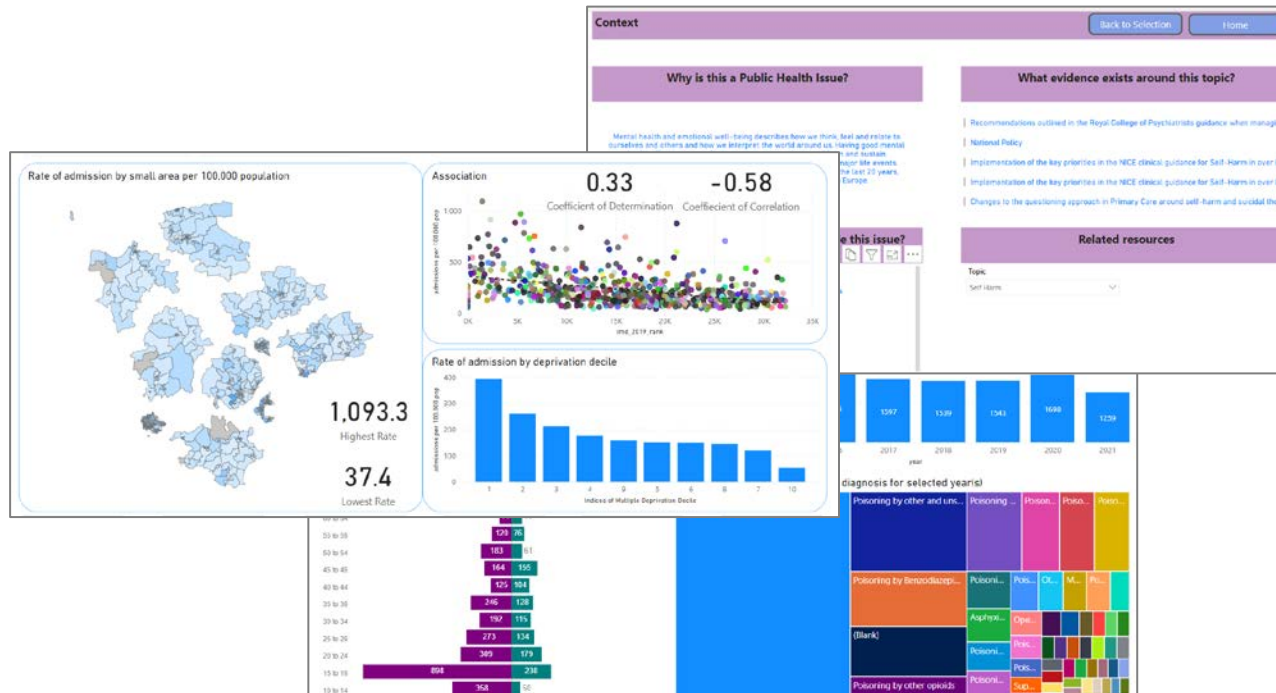
Source: Devon Real Time Surveillance System



- These are pre-inquest and not coroner confirmed suicide deaths; likely to include some drug related deaths
- Deaths are higher in males as is seen nationally

Local Intelligence Developments

Currently developing an exploratory tool, initially focussed on self harm and suicide



Wider determinants and Risk factors



- Age - self harm rates peak in 16 to 24 year old woman and 25 to 34 year old men
- Socio-economic disadvantage
- Social Isolation
- Stressful life events such as relationship difficulties, previous experience in the armed forces, child maltreatment, or domestic violence
- Bereavement by suicide
- Mental health problems, such as depression, psychosis or schizophrenia, bipolar disorder, post-traumatic stress disorder, or a personality disorder
- Chronic physical health problems
- Alcohol and/or drug misuse
- Involvement with the criminal justice system (with people in prison being at particular risk)
- People who are lesbian, gay, bisexual or gender reassigned
- Woman of South-Asian ethnicity
- Factors such as education, housing and wider macro-socioeconomic trends such as unemployment rates may also contribute directly, or by influencing a person's susceptibility to mental health problems

What are we doing?

- Support for carers :
School based initiatives including School Nurses
Family Intervention Approach Pilot in Torbay
VCSE organisations – Parent Plus, Youth Arts Health Trust
Other community initiatives including Social Prescribing
- Connect 5 training:
Roll out across DCC including Primary Care Networks, VCSE and Social Care
- Suicide prevention strategy:
CYP priority focus, Real time surveillance - timely bereavement support and monitoring for any clusters
- Improves communication between different CYP groups.

Areas for Development

- . Ensuring equitable provision across Devon Schools
 - Specific training for Primary Care Staff; Project Hope
 - Develop support for wider system/carers
 - Further join up of various Forums that meet to discuss CYP issues and the recovery work of DCC