

TITLE OF REPORT: **Performance Improvement Update 2017**
Hospital admissions as a result of self-harm
Children and young people (age 10 to 24 years)

REPORT OF: **Alice Wiseman, Director of Public Health**

SUMMARY

The purpose of this report is to provide the Committee with an overview of hospital admissions as a result of self-harm children and young people (age 10 to 24 years) in Gateshead, and an update on the work that has taken place over the last twelve months.

1. Background

1.1 The Committee has received reports on hospital admissions as a result of self-harm since 2014. Reports have included definitions of self-harm, why people engage in self-harm, national context, local context, service information and actions taken to address self-harm.

2. Key findings in Gateshead, North East and statistical neighbours

Child Health Profile

- 2.1 The child health profile produced annually by Public Health England presents a picture of child health and wellbeing for each Local Authority area. The profile (published in March 2017) shows that 189 children and young people age 10 to 24 years were admitted to hospital as a result of self-harm in 2015/16 (544.9 per 100,000 population). This is a slight increase from 2014/15 which was 179 (531.3 per 100,000).
- 2.2 In the North East Gateshead has the second highest rate of hospital admissions for self-harm for children and young people (age 10 to 24) with Stockton-on-Tees being the highest at 577.6. Newcastle has the lowest rate at 369.9. The England average rate is 430.5 and the North East average is 442.9 (all per 100,000 population).
- 2.3 When compared with our statistical neighbours Gateshead has the fifth highest rate out of 11 areas in total. St Helens has the worst rate at 958.9 and Halton has 836.1 (both per 100,000 population).

- 2.4 It should be noted that the data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. Public Health England has advised that there are some concerns regarding the quality of the data for this indicator.
- 2.6 Information from North East Commissioning support confirms that in Gateshead frequently admitted patients continue to impact on the figures and this would suggest that some children and young people are not having their needs met and as a result they repeatedly self harm.
- 2.6 There are a number of areas that require further exploration in relation to the data submissions. We will work with our research and intelligence team in the council, Gateshead and Newcastle CCG and Newcastle public health team to investigate this data and potential differences in coding and data collection.

3. Actions to address self-harm

- 3.1 Newcastle/Gateshead Clinical Commissioning Group provided funding in late 2016 to facilitate self-harm training in schools as part of the wider strategic transformation plan for children and young people's mental health. The training was delivered to a total of 60 staff across 13 schools in Gateshead. The training was delivered via two 3 hour training sessions. Schools were asked to identify key members of staff who would benefit from training in this area which included roles such as senior leadership staff, designated safeguarding leads, inclusion support staff and learning outcomes.
- 3.2 The training aimed to increase participant's knowledge about self-harming behaviour and increase skills in communicating with students regarding these issues. The training covered attitudes to self-harm and emotional impact, risk factors and warning signs, why do young people do it, how to help young people, prevention and building resilience, assessing levels of crisis and signposting accordingly. Schools were also introduced to the mental health toolkit for schools and looked at a number of case studies from practice.
- 3.3 Data was gathered regarding the impact of the training and 85% of the staff who completed ratings at both sessions reported improvements in confidence in dealing with self-harm issues in schools and 85% also reported improvements in their knowledge regarding the risk factors for self-harm.
- 3.4 Gateshead Local Safeguarding Children Board continue to provide level 3 training sessions for people working with children and/or their families and people in adult care services who work with young people who are self harming or likely to self-harm.
- 3.5 Committee members received an update at the July 2017 meeting on the progress of the transformation work for children and young people's mental health services. The update gave an overview of the proposed model and the next steps to

implement the model. The new model will utilise the principles of the Thrive model which advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person centred approach to child and adolescent mental health.

- 3.6 Two service specifications are currently being developed. The first “Getting Help” will deliver the single point of access and access to early help which may include providing advice and signposting to self-help, community resources or other mental health service providers, brief interventions, work to become “therapy ready”, The single point of access will be the first point of contact for all requests for advice and referrals for emotional health and wellbeing and mental health treatment.
- 3.7 The second specification “Getting More Help” requires the provider to deliver a range of evidence based therapeutic services to children and young people which may include, but not be limited to a combination of a number of interventions such as pharmacological, psychosocial support, behavioural therapy, cognitive behavioural therapy, self-help support (including the use of online and technology based support materials especially whilst waiting for therapy to commence.
- 3.8 The contract for public health 0-19 services (health visiting, school nursing and family nurse partnership) has been awarded to Harrogate and District Foundation Trust and delivery of this service will commence on 1 July 2018. The service will have a dedicated emotional resilience nurse (ERN) to work specifically with the 11-19 population including parents and school staff and ensure a seamless step up and step down into CAMHs. The ERN will promote resilience, raise awareness of mental health in young people and co-ordinate and deliver the Youth Awareness in Mental Health (YAM) programme.
- 3.9 Following an expression of interest Gateshead and Newcastle have been chosen to take part in the Mental Health Services and Schools Link Programme run by the Anna Freud National Centre for Children and Families. This is an exciting opportunity to support the mental health and wellbeing of children and young people in Gateshead by improving the way that mental health services and schools work together.
- 3.10 Two workshops will be facilitated by Anna Freud clinicians. The aim of the programme is for schools and mental health professionals to make changes in the way they support children and young people with their mental health and for this reason it is very important that workshops are attended by senior members of staff from schools who going forward could act as a mental health lead within their setting and make changes in accordance with what is learnt during the two workshops. To date 40 schools in Gateshead have expressed an interest in taking part.

4. Recommendations

- 4.1 The committee is asked to note the content of the report and to provide comments on the information provided.
- 4.2 The committee is asked to agree the following:

- a) Work to be undertaken with Gateshead Council Research and Intelligence team, Newcastle and Gateshead CCG and Newcastle Public Health Team to investigate the self-harm data and potential differences in coding and data collection.
- b) Future updates on hospital admissions as a result of self-harm children and young people (age 10-24 years) should be included as part of the Council Plan – Six Month Assessment of Performance and Delivery 2017/18 report that is submitted to this committee.

Contact: Moira Richardson

Ext: 3034
