FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
20 October 2016

TITLE OF REPORT: **Performance Improvement Update – Children Presenting at Hospital as a result of Self Harm- Children and Young People Update 2016**

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

SUMMARY

The purpose of this report is to provide the committee with an overview of self –harm hospital admissions in Gateshead and an update of the work that has taken place over the last 12 months.

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1. Defining Self-Harm and background

1.1 Self-harm can be defined in a number of ways:

"Intentional self-poisoning or injury, irrespective of the apparent purpose of the act" (National Institute for Clinical Excellence - NICE – 2004).

"The act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect" (National Self-harm network)

1.2 Self- harm can occur in many forms including, but not limited to, cutting, burning, punching, inserting or swallowing objects, self-poisoning, head banging, eating disorders, attempted hanging or strangulation.

1.3 The reasons why people engage in self-harm are often a symptom of underlying emotional problems, and self- harm is used as a way of coping. Self-harm is not usually triggered as a result of one isolated event but rather as a set of circumstances leaving young people overwhelmed and unable to manage their emotions

1.4 Why….???
"Pain works, Pain heals. If I had never cut myself I probably wouldn't still be around today. My parents didn't help me, school didn't help me but self-harm did and I'm doing pretty well for myself these days. Not in a heartbeat do I think that it is a good or positive thing, or anything besides a heart-breaking desperate act that saddens me every time I hear about it. But there is a reason people do it. My emotions can vary rapidly, in an emotionally charged situation I will either during or shortly after harm myself. I'm not good at dealing with emotions or communicating them to others"

(Anon. Truth Hurts 2006)

1.5 In the vast majority of cases self-harm is hidden and secretive with most children and young people making great efforts to conceal signs of self -harm. Research indicates that parents and carers are often unaware of incidents of self-harm.

1.6 It is not always easy to tell if someone in self-harming and children and young people may find it difficult to approach services for support. This is particularly because children and young people may feel ashamed and guilty about their behaviour. The stigma associated with self-harm can prevent children and young people getting the support and information they need to establish better ways of coping.

1.7 Some reasons for self-harm include being bullied, not getting on with parents, stress and worry about academic performance and examinations, parental separation or divorce, bereavement and loss, unwanted pregnancy, experience of abuse including sexual abuse, difficulties with sexuality, low self-esteem, feelings of being rejected or not fitting in.

2. National Context

2.1 Self-harm rates are much higher among children and young people than adults, with the most common age of onset around 12 years. Considering all of the available research data a prevalence rate of between 1 in 12 and 1 in 15 is indicated in the 12 -25 age groups. It is probable that two children and young people in every secondary school classroom have self- harmed at some point.

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2.2. Most self-harm occurs in the community. A Child and Adolescent Self-Harm in Europe (CASE) study found that 84.7% of young people did not seek help from an acute hospital (Hawton et al 2009). A 2016 enquiry found that 43% of young people who had completed suicide were not in contact with services. In most instances a friend, family member of teacher notices a change in the young person (RcPsych, 2014).

2.3 Nationally the rates are four times higher for girls than boys. Groups of children and young people that are more vulnerable to self-harm include children and young people in residential settings, lesbian, gay, bisexual and transgender young people, young Asian women, children and young people with learning disabilities.

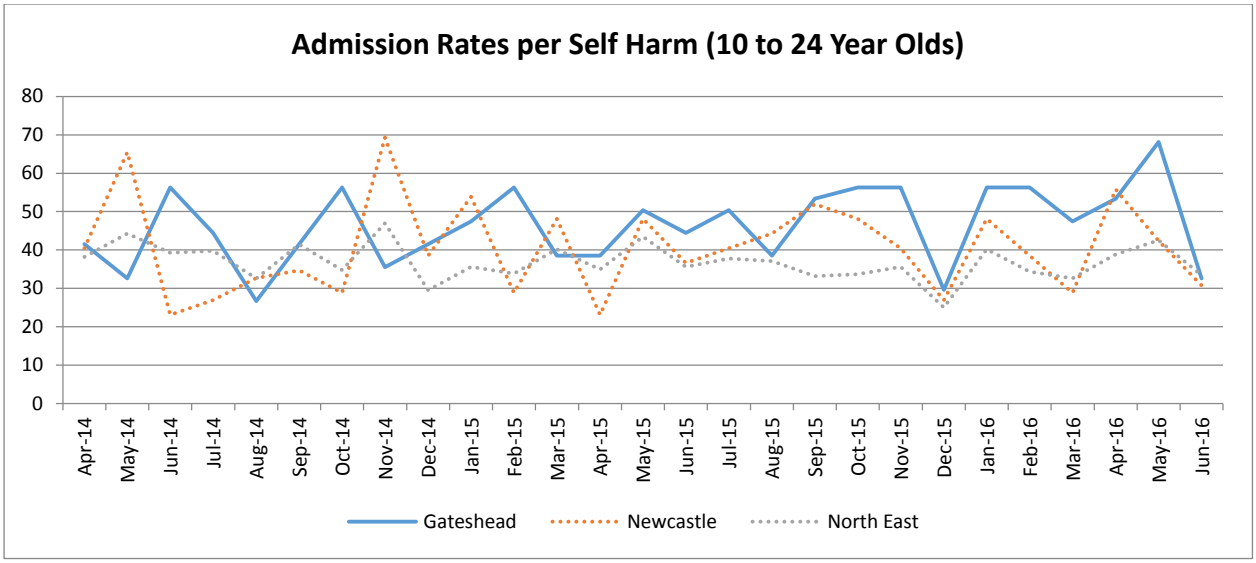
3. Local context – Key Findings in Gateshead

Child Health Profile

3.1 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 2016) shows that 179 young people (531.3 per 100,000 population) aged 10 – 24 years were admitted to hospital as a result of self- harm in 2014/15.This is a decrease from the previous year which was 214 (626.5 per 100,000).

Hospital admissions analysis by North East Commissioning Support (NECS)

3.3 North East Commissioning Support has provided an analysis of Gateshead hospital admissions for intentional self- harm in patients aged 10 to 24 for the period April 2014 to June 2016. The chart below compares Gateshead with Newcastle and the North East on a month by month basis for this period.



3.4 The data from North East Commissioning Support for 2015/16 indicates that the rate of hospital admissions has increased to 223 compared to the child health profile 2014/15 data (number 179). The 2015/16 information is not yet available on the child health profile and has yet to be validated so should be treated with caution at this time.

3.5 Overall admission rates for females remain higher than those for males (this is in line with other areas) but the trend for female admissions is down in 2015/16. There has been a noticeable increase in the male admissions in the age group 10 to 24 in 2015/16 (from 32 to 61).

3.6 However there are two males who have had 10+ admissions each over the last 15 months (April 2015 to June 2016) who are impacting on the figures for 2015/16. Neither of these males had any admissions during 2014/15.

Age Group	Male			Female		
	2014/15	2015/16	2016/17 (Apr – June)	2014/15	2015/16	2016/17 (Apr – June)
10 to 14	-*	-*	-*	50	37	8
15 to 19	16	26	6	62	62	17
20 to 24	32	61	14	53	37	19
Total	48	87	20	165	136	44

(* numbers less than 5)

3.7 The majority of female admissions (total 176) for intentional self- harm during 14/15 and 15/16 are coded as self- poisoning with a medicine or medicines (e.g. ibuprofen and aspirin, naproxen). The number of females coded as self- harm by sharp object for the same period is 37.

3.8 The majority of male admissions (total 55) for intentional self-harm during 14/15 and 15/16 are coded as self-poisoning by and exposure to drugs used to treat epilepsy, tranquilisers or sleeping pills, medicines that alter chemical levels in the brain. The number of males coded as self- harm by sharp object for the same period is 6.

3.9 We have looked at the rates of hospital admissions at ward level but the numbers per ward are too small to allow meaningful comparison.

3.10 The data in relation to the causes for concern forms that were passed to children's services in 2014/15 and 2015/16 from the Queen Elizabeth Hospital has been compared with the number of hospital admissions recorded. During 2014/15 there were 77 forms passed to children's services against a total of 179 admissions. During 2015/16 there were 83 cause for concern forms passed to children's services against a potential total of 223 admissions.

3.11 The data at paragraph 3.10 has highlighted a potential issue in relation to the differences between the number of admissions and the number of cause for concern forms being submitted. Also some forms refer to deliberate self-harm (e.g. cutting and overdose) and some refer to young people suffering injuries to their hands after punching an object in anger or distress (also classed as deliberate self-harm). Further exploration of the cause for concern forms and data coding needs to be considered.

Child and Adolescent Mental Health Service (CAMHS) information

3.10 At the time of writing this report we do not have access to up to date information regarding the Child and Adolescent Mental Health's service in relation to self-harm referrals, and assessments following hospital admission. The Clinical Commissioning Group (CCG) is working with the current provider to look at information that may be available as part of the Expanding Minds Improving Lives transformation plan update. This will include cross reference of hospital data, use of the pathway between services, how many young people have been offered and attended appointments with CAMHs and how many did not attend.

4. Actions to address self-harm

4.1 Self-Harm training has been developed specifically for up to 75 Secondary School staff and 3 training sessions have taken place to date (21st, 27th 28th Sept). This has been delivered by Dr Kate Ward who is a Clinical Psychologist at Northumberland Tyne and Wear Foundation Trust. The training has been well attended by all secondary schools.
There will be 3 follow up sessions with staff who attended the training to look at which systems / policies they have put in place to help support any pupils who have self- harmed or are at risk of self-harm.

4.2 The Gateshead Self-Harm Protocol has been approved by the Local Safeguarding Children's Board and is currently being used as part of the training with Local Schools. The protocol covers the following:

- Definitions of self-harm
- Reasons for self -harming behaviour
- Working with self-harm (including indicators of self-harming behaviour, front line staff dealing with disclosure, management of self-harm acts, what to expect in hospital, risk assessment, looked after children, consent, competence and confidentiality, child protection, working with people who self-harm and or at risk of suicide)
- Gateshead Self Harm Care Pathway – what to do if you are concerned about a young person self-harming
- Pathway of care for children and young people presenting to the Queen Elizabeth Hospital (Accident and Emergency and Medical Admissions units)in with acute mental health problems including intentional self-harm
- Key contacts and useful websites and training available in Gateshead

The next stage of the work around the protocol is to consider the promotion and roll out to the wider work force including GP's, School Nurses, Accident and Emergency Staff and the children and young people's work force.

4.3 Washington Mind and the Local Safeguarding Children's Board continue to offer self-harm training to schools and professionals from within the children's workforce. In addition to this, the Emotional Wellbeing Team also continue to deliver and develop a general Mental Health awareness training programme to provide an overview of all mental health conditions which is included as part of the schools training directory.

4.4 A Schools Health and Wellbeing Survey (one for primary and one for secondary) has been developed and schools can sign up to this at any time during the academic year. The survey is confidential and the secondary school survey includes questions about bullying, dealing with problems, feelings and emotions and self- harm – including would the young person know where to get help if they were hurting themselves. The data from the survey will be analysed at the end of the 16/17 academic year.

4.5. Newcastle Gateshead Clinical Commissioning Group (CCG), Newcastle Council and Gateshead Council have been working together with local communities to plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children, young people and their families. The project is known locally as "Expanding Minds, Improving Lives" and a number of areas of work have been ongoing since April 2015. A new model has been developed based on best present evidence, both nationally and locally, and the listening and engagement phase with local people and providers. The project is currently in discussion with providers to explore the best ways to implement the model.

5. Summary

5.1 Gateshead has a high proportion of hospital admissions as a result of self- harm compared to the North East region. The highest proportion of those admissions occurs in the 20-24 year olds, with females more likely than males likely to self -harm.

5.2. There are potential issues in relation to the coding of data for self-harm admissions and the cause for concern forms that are sent to children's services which requires further exploration.

6. Recommendations

- The committee is asked to note the content of the report and to provide comments on the information provided.
- It is recommended that further work should be undertaken by Public Health, Children's Services and North East Commissioning Support to look at the coding of admissions, and the cause for concern forms that are sent to children's services to gain a fuller picture of the issues and the differences in the data.
- Agree to receive an update in 12 months in relation to:
    a) The implementation of the Self- Harm Protocol
    b) The findings of the Schools Health and Wellbeing Survey
    c) The new model for CAMHs and the implications and outcomes for children and young people

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