





---

## Self-harm Research Report

### Contents

Summary .....	2
Recommendations .....	3
Findings .....	3
Rationale and Aim.....	4
Background .....	5
Methodology.....	7
Design of Survey.....	8
Ethical Consideration .....	8
About Healthwatch Sandwell.....	8
Acknowledgments.....	9
References .....	10
Appendix One – Full Results .....	11
Appendix Two –Freedom of Information Request to Black Country Partnership NHS Foundation Trust..	14
Appendix Three - Demographics of Respondents .....	15
Appendix Four - Description of Services .....	16

### DISCLAIMER

This report is based on the views and experiences of respondents. Due to the nature of this approach, we recognise that there may be differences between people’s views and provider’s intentions. Efforts have been made to ensure information is accurate or where necessary, reflect more than one view, whilst keeping to the brief.

Published by Healthwatch Sandwell, Walker Grange, Central Avenue, Tipton, DY4 9RY.

[www.healthwatchsandwell.co.uk](http://www.healthwatchsandwell.co.uk)

© Healthwatch Sandwell 2016

## Summary

Healthwatch Sandwell (HWS) carried out an investigation into the experiences of health and social care services for young people (aged 16 – 24) who self-harm. The recommendations resulting from this are:

- Research into the prevalence of self-harm in Sandwell should be considered by appropriate organisations.
- A reduction in waiting times for appropriate care/support.
- Raise awareness of signs of self-harm in young people and where to signpost for help.
- Commissioners and providers of services to consider alternative service delivery that may be more appropriate and accessible to the audience.

The recommendations are based on the background research and survey findings. Due to the limited response to the survey, further research would be required to support the related recommendations.

The background research identified that there is little information regarding levels of self-harm among young people, whilst there are claims that levels of self-harm are rising among this group. The lack of information was found to be the case locally and nationally. There was some indication that take-up of related services was being used as a proxy for levels of self-harm.

The survey identified that the majority of respondents talked mainly to their friends about this matter, and then to a teacher and/or parent. Respondents mainly got support from Child Adolescent Mental Health (CAMHS) and websites, although which tier of service or which website wasn't specified.

The support was described as supportive, kind, caring, understanding, respectful and non-judgmental, with some saying that they received advice. However, others described services as un-supportive, and the biggest complaint was the waiting time to see someone.

Some respondents stated that they wouldn't access help because they didn't know where to go and also they would feel intimidated going to an unfamiliar venue.

---

*Self-harmers don't access services because of feelings of shame and fear that the person would tell someone else.*

---

When asked why they hadn't told anyone, a range of issues were identified; the main reasons were, that they were ashamed and that they felt that the person would tell someone else.

The online survey was completed by 15 people. Over 10,000 people were reached via partner organisations, Facebook and various websites.

The research was carried out because HWS had been contacted by various people, including parents of young adults, who shared their experiences of mental health services in Sandwell. The majority of these experiences were negative.

## Recommendations

Based on the findings, HWS would make the following recommendations:

- Research into the prevalence of self-harm in Sandwell should be considered by appropriate organisations. This should be independently ascertained without reference to figures based on the uptake of services i.e. uptake should not be a proxy for prevalence, unless appropriately justified. This recommendation concurs with the Sandwell Joint Strategic Needs Assessment (JSNA 2016). This research will require involvement from appropriate institutions e.g. schools, as there are inherent difficulties in reaching this group.

---

*The support was described as supportive, kind, caring, understanding, respectful and non-judgmental.*

---

The following recommendations are specifically based on the survey findings, which due to the limited response, would require further research to confirm:

- Reduce waiting times for appropriate care. This too corresponds with the JSNA (2016) which recommends that people must have rapid access to the support and treatment they need as soon as they need it.
- Identify key professionals that play a specific role in helping young people with this issue, for example, raising awareness among teachers and school staff of how to recognise signs of self-harm and where to signpost to for help.

- Commissioners and providers of services to consider alternative service delivery that may be more appropriate and accessible to the audience e.g. web chat.

## Findings

The background research could not find actual figures for levels of self-harm in Sandwell, but we did identify that the presumed rates of self-harm may be based on the provision of services and their take up. We believe that this highlights an issue with local intelligence. This could have implications strategically and with regards to resources, particularly if the difference between the service usage and actual rates of self-harm is not being acknowledged. We also identified that rising levels of self-harm in the borough are being suggested, though investigations have identified that this is based on anecdotal evidence. Therefore, this assumption needs to be treated with caution and requires validation.

---

*When asked why they hadn't told anyone... they were ashamed and felt that the person would tell someone else.*

---

The survey generated 15 responses. This is acknowledged as a low response rate when compared to the distribution field (see Methodology section). The survey asked for those who identified as self-harmers (past and present) to respond. One possible explanation for the low return rate is that self-harm is not prevalent among young people in Sandwell, though this evidence is not sufficient to conclude this.

The low number of responses means that the related findings are of limited value, and should not be used as the basis of action in their own right. However, there were some potential indications:

- Self-harmers access a variety of different people and services when they go for help, with the only group of significance being friends.
- Some stated that they didn't know where to go for help.
- Self-harmers don't access services because of feelings of shame and fear that the person would tell someone else.
- Waiting times to see a service was highlighted as an issue.
- Easier access to services and alternative delivery mechanisms were suggested.

The full results of the survey are in Appendix One, apart from the suggestions to improve current and future services, which are as follows:

- Easier access to services. The waiting time to see a professional was identified by 42% as an issue and this may have made a situation worse.
- Respondents suggested online help e.g. web chat. This would give instant support and provide privacy to the young person. This would be particularly helpful as 54% of the respondents stated that they would feel intimidated going somewhere for help.
- Raise awareness of signs of self-harm in schools. 20% had told a teacher about their issues, so educational establishments would be in an ideal position to help or signpost students to relevant places.
- A respondent requested that 'the school do not threaten to tell parents all

the while'. This is an indicator of a lack of trust between student and teacher. It is acknowledged that the boundaries of confidentiality need to be adhered to especially with a vulnerable child/young person. However, if used/perceived as a threat then this cannot be conducive to a helping relationship. Again awareness and training in schools could address this.

- A respondent requested 'Don't take things away from me'. This statement may refer to objects of harm, but was unsubstantiated and unclear.

---

*Respondents stated that they wouldn't access help because they didn't know where to go and also they would feel intimidated going to an unfamiliar venue.*

---

## Rationale and Aim

During 2015/16 HWS was contacted by various people who shared their experiences of mental health services in Sandwell. These experiences were varied and related to different providers of care. Many experiences were negative, adding to already stressful situations. HWS had also undertaken an engagement exercise with young people about their health and social care issues (reported in Healthwatch Activity Report 7, 30/6/2015). 49% of issues raised were directly or indirectly related to mental health difficulties. Simultaneously parents of young people had contacted HWS directly to share experiences of the difficulties they have had accessing appropriate and timely mental health care from primary, acute and social care.

Accessing young people in general had proved to be challenging for HWS, but we had

identified that it is easier to engage young people where there is a specific issue. During discussions with a mental health provider, young people who self-harm were identified as a specific group.

All of the above information led to the development of this research as an opportunity to engage young people around a service area that issues had been raised about.

The aim of the project was to ascertain the experiences of health and social care services for young people (aged 16 – 24) who self-harm. The project included looking at the responsiveness and effectiveness of mental health and related services, and suggestions for improvements. South West Birmingham Health Trust, Black Country Partnership NHS Foundation Trust and NHS Sandwell and West Birmingham Clinical Commissioning Group were informed of the survey before its launch.

---

*Some respondents described services as un-supportive, and the biggest complaint was the waiting time to see someone.*

---

## Background

The research started by confirming the definition of self-harm that would be used. Self-harm can take many different forms, and as an individual act is hard to define. The National Institute for Clinical Excellence (2004) describes self-harm as:

---

1 The National Study of Health and Wellbeing (NHS Digital 2016) has been carried out every seven years since 1993. This latest report is based on research on 7,500 members of the public - just over 300 of them

*'Intentional self poisoning or injury, irrespective of the apparent purpose of the act.'*

NHS Choices 2016 states:

*'Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.'*

During background research for this project, it was difficult to ascertain actual figures of young people in Sandwell (or anywhere) who self-harm. One of the difficulties is that very few people tell anyone what's going on, but even taking this into account, there appears to be some gaps in knowledge. Available data also does not relate specifically to self-harm as a stand-alone issue but relates to a wide range of mental health difficulties.

The following information was identified as providing details relating to general levels of self-harm:

It is thought that around 13% of young people between the ages of 11 and 16 may try to hurt themselves on purpose at some point, but the actual figure could be much higher (NICE 2004). The UK has the highest self-harm rate of any country in Europe with estimates of 400 in 100,000 people self-harm (Horrocks, J., House, A. & Owens, D. 2002).

A more recent study by the National Study of Health and Wellbeing (NHS Digital 2016)<sup>1</sup>, showed that from 2014 data that the gender gap in mental illness had become most pronounced in young people, and had increased since the first survey in 2000. The proportion of the population reporting self-harming was 6%, up from 4% in 2007 and 2% in 2000.

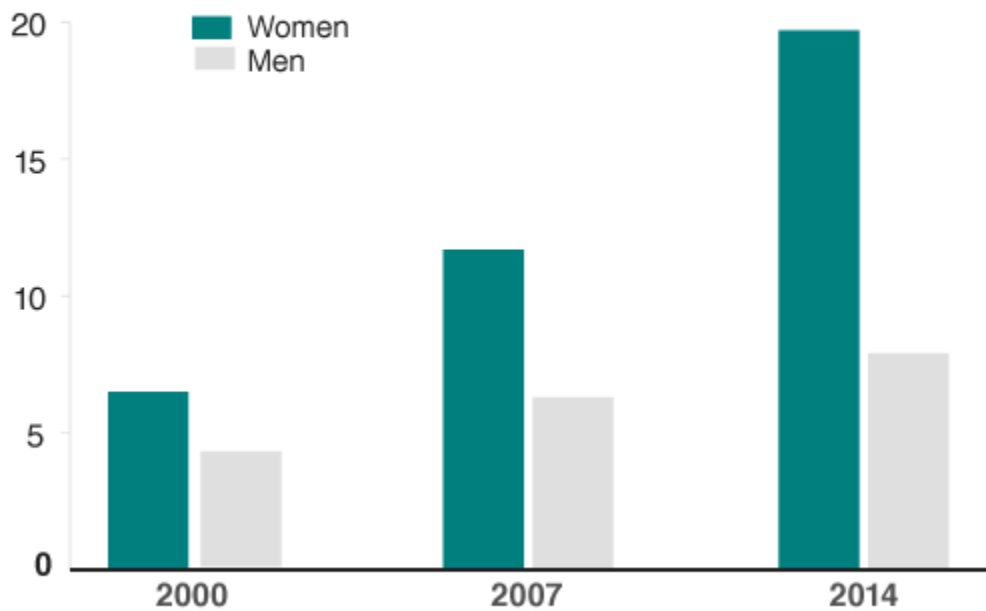
were women aged 16-24. The survey was carried out for NHS Digital by the National Centre for Social Research in collaboration with the University of Leicester]

Researchers suggest this could be due to increased reporting. In 2014, one in five 16-to-24-year-old women (25.7%) reported having self-harmed at some point. That is about twice the rate for men in this age group (9.7%) and women aged 25-34 (13.2%). The report's authors say that this is the first cohort to come

of age in the context of social media, and have called for more research about its impact. These findings correspond with our findings with 12/15 (80%) of respondents being female and the average age being 17 years.

## Rise in young people reporting self-harm in England

16 to 24-year-olds in 2000, 2007 and 2014 (%)



Source: NHS Digital

BBC

As part of the research process, HWS contacted Child and Adolescent Mental Health Services (CAMHS) in Sandwell to request accurate data of numbers of self-harmers in Sandwell. They recommended a request be made under Freedom of Information Act (2000), to obtain this data. The request was made to Black Country Partnership NHS Foundation Trust (BCPT). The response clarified that figures for actual levels are not held, and that figures used

are based on service engagement (see Appendix Two).

HWS contacted Public Health Sandwell, as suggested by the Freedom of Information response by BCPT, who referred us to JSNA

(2016)<sup>2</sup>. The JSNA stated that when looking at the evidence for levels of emotional health and wellbeing in Sandwell, and the need for treatment and support, the strength of the evidence is variable. It further stated that there is a lack of solid data and evidence for the levels of wellbeing in Sandwell, and that this is a national as well as a local problem that needs addressing. It also stated that there is better evidence for levels of poor mental health, where care or treatment are required. It concludes that this evidence comes from the levels of demand for services, and risks confusing demand with need.

---

*The survey identified that the majority of respondents talked mainly to their friends about this matter, and then to a teacher and/or parent.*

---

The JSNA (2016) noted that emotional health and wellbeing in vulnerable groups is another area where more information is required. Anecdotally, it reports that there are increasing levels of self-harm, with schools in particular reporting increasing levels. It concludes that there is potential for gathering information through better identification and data collection across partners and development of this should be a priority.

Sandwell MBC and Sandwell and West Birmingham Clinical Commissioning Group have produced their Transformation Plan for

---

<sup>2</sup> The JSNA is a comprehensive document, and part of it seeks to describe the emotional health and wellbeing needs of children and young people in Sandwell to inform service commissioning and planning. It provides a number of conclusions and recommendations, some of which are in line with the intentions of the CAMHS Transformation Plans 2015/16 for Sandwell and others that will need

2015/16. This plan aims to demonstrate how the partners will improve emotional wellbeing and mental health services across Sandwell, the plan is aligned with the recommendations of Future in Mind (2015).

The Transformation Plan used data from Office for National Statistics (2015a) which estimates the prevalence of mental disorders among children and young people. This data is based on surveys carried out in 1999 and 2004. It also uses data from Kurtz Z (1996)<sup>3</sup> whereby figures have been applied to the Sandwell population based on the 5-16 year age group and the 0-25 year age group.

The data used is estimated and suggests that there is a real need for further research into actual levels of self-harm in Sandwell.

## Methodology

This research, in part, originated from a meeting with one of HWS's network partners, Murray Hall Children & Family Services, (MHC & FS). This led to postcards being distributed at an event that MHC & FS were hosting at YMCA (30/3/2016) that asked for young people to leave their details so that they could be contacted directly to join a focus group. There was no response. HWS then spoke to a small number of teenagers who all gave the feedback that self-harm is such a private thing that a focus group may not be the best method of engagement with young people.

As a result of this feedback, the research design was modified to an online survey to address the

consideration by key stakeholders at a strategic and operational level to inform future commissioning intentions.

<sup>3</sup> The Kurtz 1996 publication 'Treating Children Well' provides an estimate of the number of children and young people who may experience mental health problems appropriate to a response from different levels of CAMHS (Tiers 1, 2, 3 and 4).



privacy issue and also lifestyles of the target group<sup>4</sup>.

To publicise the survey, HWS contacted all educational establishments for students aged 16+ in Sandwell by telephone and then by email to inform them of the survey and to request that they promote it via their websites. A total of 19 establishments agreed to take part, which included one High School out of 17.

An advert was also placed on Facebook, which achieved a reach of 5554 (number of users receiving notice in their feed).

## Design of Survey

The aim of the survey was to find out if:

- People have self-harmed or are self-harming
- People have told anyone
- People have accessed a service and how they found it
- If they haven't accessed a service, why not?

There was also an opportunity given for people to suggest what may help them in this situation. Demographic information was also collected (see Appendix Three). Most questions were multiple choice with some free response.

Advantages of this approach include:

- Fast and easy data collection from the target population
- Convenience for respondents to answer at their pace and at their convenience

---

<sup>4</sup> Office for National Statistics (2015b) found that the internet was accessed every day, or almost every day, by 78% of adults (39.3 million) in Great Britain in 2015, compared with 35% (16.2 million) in 2006, when directly comparable records began. It also found that almost all adults aged 16 to 24 (96%) accessed the internet "on the go", compared with only 29% of those aged 65 years and over. Social

- As there is no interviewer, impersonal and confidential.

## Ethical Consideration

Full consideration was given to ethical issues when designing this research, in particular the issue of consent when engaging with young people. The clearest guidance on consent from children can be found in advice for clinical practice which presumes that young people aged 16 years and above can give their own consent (GMC, 2007)<sup>5</sup>.

Consent was gained by the establishments, as gatekeepers, who distributed the survey under their duty of care for the young person. This research did not require parental consent as they were aged 16-24.

Unfortunately, there are no clear guidelines on using Facebook or other social media platforms for research, so the same practice as previously described was applied. Facebook offers participants a relatively high degree of control over their data, but it is the researcher's responsibility to weigh the costs and benefits of collecting and using personal user information. Therefore, the online survey was anonymised, whilst respondents had the opportunity to leave contact details. HWS does not publish personal details and would not share details with anyone without consent of the individuals as stipulated in HWS Data Protection Policy.

## About Healthwatch Sandwell

HWS is an independent consumer champion that gathers and represents the public's views

networking was used by 61% of adults, and of those, 79% did so every day or almost every day.]

<sup>5</sup>A child aged 16 years can give consent to surgical, medical or dental treatment as stated in the Family Law Reform Act 1969 ss.8 and 21, unless the young person is deemed vulnerable e.g. has a learning disability.

on health and social care services in Sandwell. It ensures that the views of the public and people who use the services are taken into account by those who commission and provide services. HWS is an independent organisation funded by Central Government via Sandwell Metropolitan Borough Council.

HWS's statutory functions include making:

'...reports and recommendations about how local care services could or ought to be improved.'

(1 Section 221 (2) of the Local Government and Public Involvement in Health Act - 2007)

## Acknowledgments

- **Confederation of Bangladeshi Organisations**
- **Groundwork**
- **Juniper Training**
- **Kaleidoscope Plus Group**
- **Landau**
- **Learn Play Foundation**
- **Murray Hall Children & Family Services**
- **NOVA Training**
- **Prospects Services**
- **Rathbone Training**
- **Sandwell African Caribbean Mental Health Foundation: Kuumba Centre**
- **Sandwell College**
- **Sandwell Community Caring Trust**
- **Sandwell MBC Youth Services**
- **Sandwell Women's Aid**
- **SWEDA: The Business Centre**
- **Think Local Youth Employment Team**
- **Wood Green Academy**
- **YMCA**

## References

Family Law Reform Act 1969 (ss.8 and 21.) Printed in England by Harry Pitchforth. Controller of Her Majesty's Stationery Office and Queen's Printer of Acts of Parliament

Future in Mind (2015) Promoting, protecting and improving our children and young people's mental health and wellbeing. Department of Health. NHS England.

The Guardian (2014) <https://www.theguardian.com/society/2014/may/21/shock-figures-self-harm-england-teenagers>

General Medical Council (2007) Working with Doctors, Working for Patients 0 – 18 years: guidance for all Doctors

Healthwatch Activity Report 7 (2015) <http://www.healthwatchesandwell.co.uk/activity-update-0>

Horrocks, J., House, A. & Owens, D. (2002) Attendances in the accident and emergency department following self-harm; a descriptive study. University of Leeds, Academic Unit of Psychiatry and Behavioural Sciences

Kurtz Z (1996) Treating Children Well. London: Mental Health Foundation.

NICE guidelines [CG16] Self-harm in over 8s: short-term management and prevention of recurrence (July 2004)

NHS Choices (2016) <http://www.nhs.uk/conditions/self-injury/Pages/Introduction.aspx>

NHS Digital (2016) The National Study of Health and Wellbeing <https://digital.nhs.uk/article/813/Survey-shows-one-in-three-adults-with-common-mental-disorders-report-using-treatment-services->

Sandwell Joint Strategic Needs Assessment (JSNA 2016) Children and Young People's Emotional Health and Well-being in Sandwell

Office for National Statistics (2015a) Insights into Children's Mental Health and Well-Being

Office for National Statistics (2015b) Internet access – households and individuals (aged 16 or over)

Transformation Plan for 2015/16

[http://sandwellandwestbhamccg.nhs.uk/images/documents/Sandwell\\_CAMHS\\_Transformation\\_Plans\\_final.pdf](http://sandwellandwestbhamccg.nhs.uk/images/documents/Sandwell_CAMHS_Transformation_Plans_final.pdf)

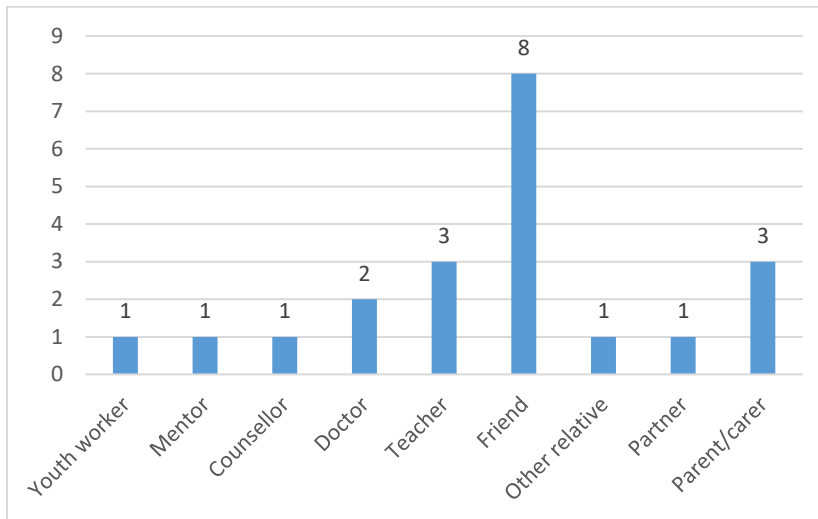
## Appendix One – Full Results

The survey generated 15 responses. Findings are listed using the questions from the survey:

### Who have you told?

73 % of respondents had told someone, with the majority telling a friend, followed by teacher and parent/carer. Respondents identified that they had told more than one person.

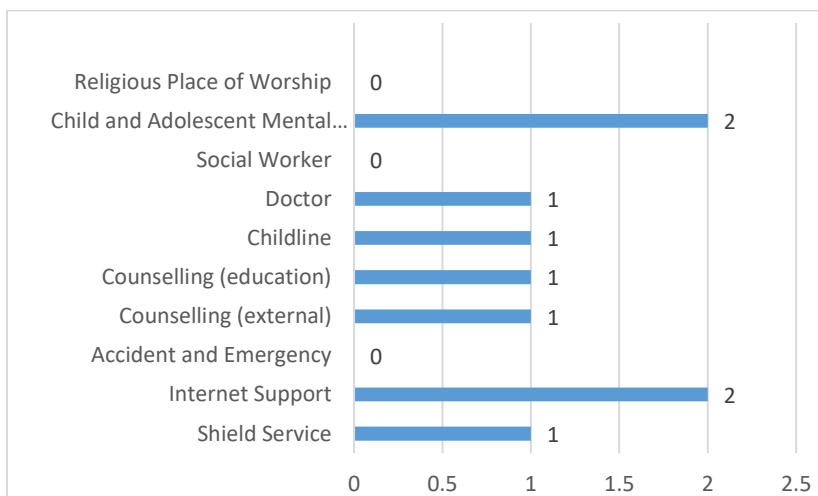
Of those who had told someone, the results were as follows:



### Have you accessed health and social care services?

The survey listed a variety of health and social care services, and there was an 'other' option for respondents to free type.

33% of the respondents recorded that they had sought help from services, as follows:



2 respondents that had accessed Child Adolescent Mental Health (CAMHS) but did not specify which tier of the service was utilised.

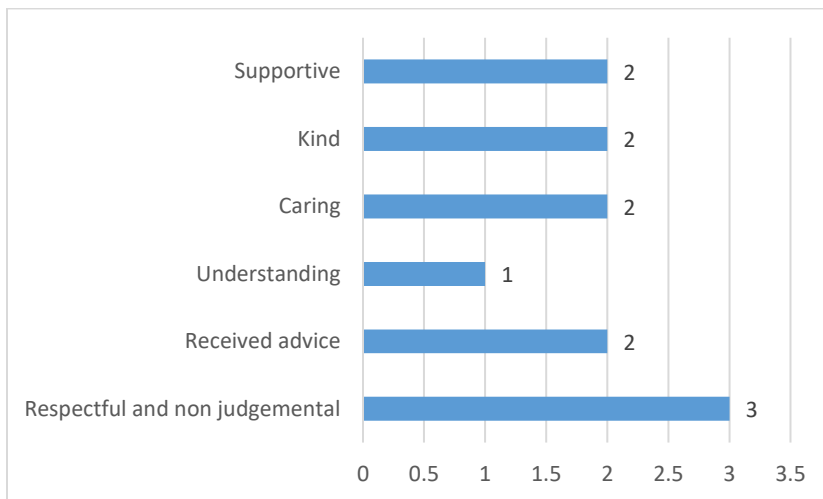
2 respondents accessed internet support but didn't specify which website, although the survey requested this information.

The survey identified that none of the respondents accessed social workers, Accident and Emergency departments or a religious place of worship for help.

A description of services can be found in appendix four.

### Did these services help you?

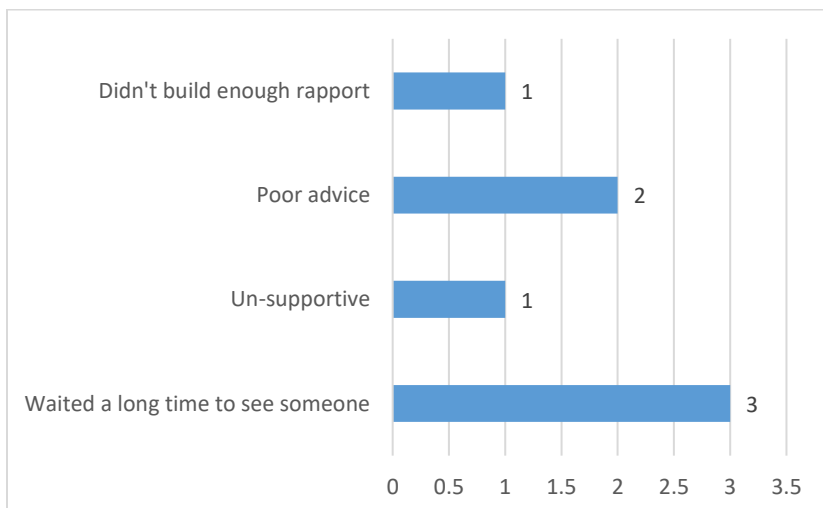
46% answered this question, with 28% saying yes. The following was listed as what was good about the service:



Some respondents listed more than one aspect that was helpful.

### What was not so good about the services?

The remainder 72% respondents who said the services did not help, stated the following:



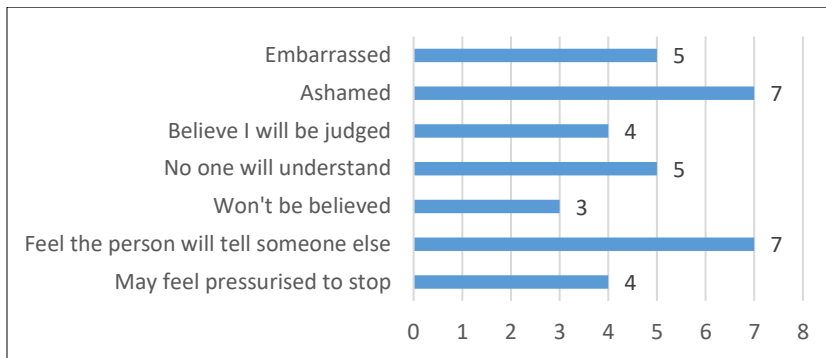
Respondents identified multiple issues that were not good about the service they received.

2 cited CAMHS as a service that had long waiting times, and that they had been given poor advice. 1 person also stated that CAMHS was unsupportive.

One respondent stated that there was a long waiting time for Shield. One respondent stated that rapport was not gained with the GP.

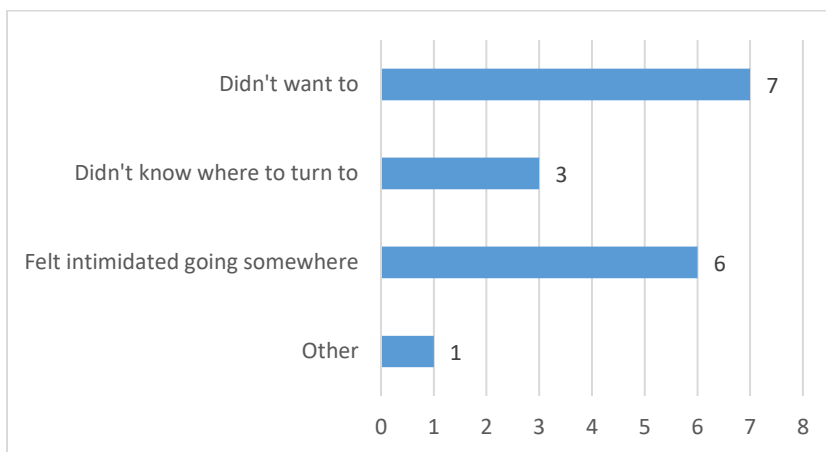
### Why haven't you told anyone?

Again respondents identified multiple reasons:



27% of the respondents said that they didn't tell anyone. Over half (53%) of the respondents stated that they didn't tell anyone because either they would be ashamed or that they believed that the person would tell someone else.

### Why didn't you access services?



73% answered this question and 63% stated that they didn't want to and 54% that they felt intimidated going somewhere 27% didn't know where to go.

One respondent recorded under 'other' ....'I want to forget about it'

Some respondents identified more than one reason for not accessing services

## Appendix Two –Freedom of Information Request to Black Country Partnership NHS Foundation Trust

HWS made a Freedom of Information request to Black Country Partnership NHS Foundation Trust (BCPHT), at their suggestion. The request asked:

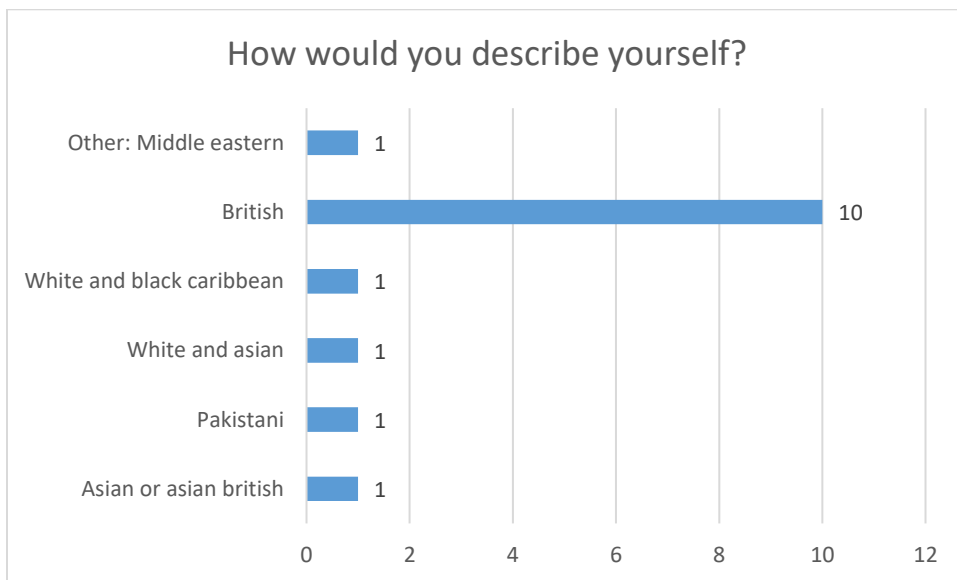
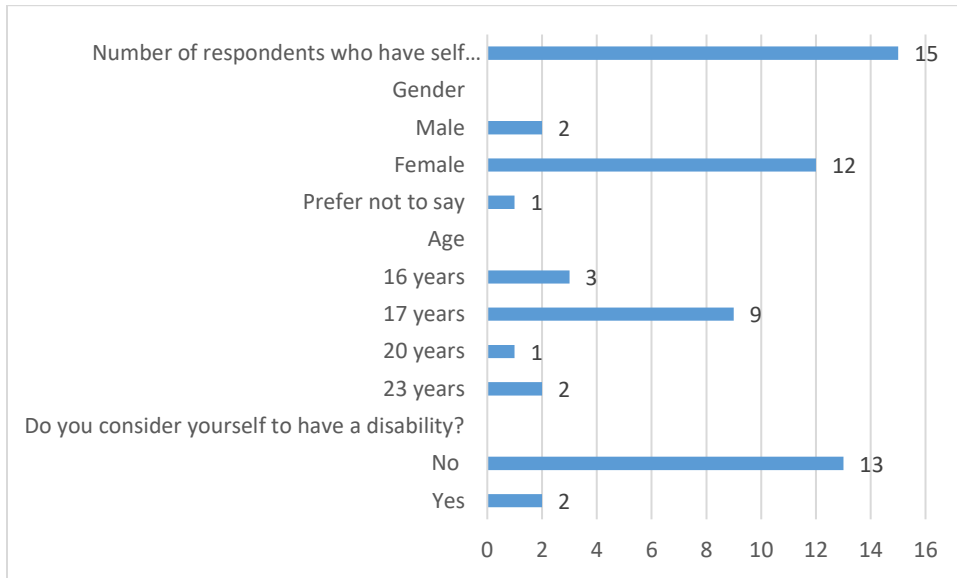
- i) If known, the estimated level of self-harm (number of self-harmers) among the entire population of young people aged 16-24 in Sandwell
- ii) The source of this information.

It also clarified that it was not asking for the number of people in this category who use services provided by BCPFT, though HWS were happy to receive this information additionally to above.

The response from BCPHT was as follows:

‘Following a search of our paper and electronic records, I have established that the Trust does not hold the information that you have requested. Our Patient Administration System does not record this level of clinical data and so we would have to review manual records to extract the information which would exceed the cost limitations within the Freedom of Information Act 2000. We do record incidents of Self Harm whilst on inpatient units however this data in itself would not provide you with the level of self-harmers within Sandwell. As you require information about the prevalence of self-harm in Sandwell; please be aware that not all people who self-harm would be known or referred to Mental Health services. Public Health may be able to provide a better indication of the level of self-harm across the Sandwell area.’

## Appendix Three - Demographics of Respondents





## Appendix Four - Description of Services

- Counselling (internal) a service within school/college/sixth form
- Counselling (external) a service that is independent from school/college/sixth form
- Sandwell Child and Adolescent Mental Health Service (CAMHS) are commissioned by Sandwell and West Birmingham CCG from the Black Country Partnership Mental Health Trust. It sits as one of the mental health services provided by their Children Young People and Families and Learning Disability Group. It provides mental health support across Sandwell for children and young people (5 to 18 year olds) who are experiencing mental health difficulties that are severe, enduring and complex. The service provides assessment and direct interventions and consultation to other professional working with children and young people.
- Shield Service is commissioned by Sandwell MBC to provide a Universal Plus and Targeted emotional wellbeing service. They are commissioned to provide support for up to 2,000 young people (aged 5-19 years).