

Summary of NSPA 'reaching and supporting those who self-harm' discussion 26th June 2020

Those at risk

- During workshops on mental health with young people during Covid-19 self-harm comes up regularly
- One evaluation showed that young people who tell a friend about their self-harm want confidentiality – if a friend breaks that confidence it can increase risk of self-harm, suicidal thoughts and dropping out of university
- Important to talk about adults who self-harm, as well as young people
- Concerned about hidden self-harm – not coming to hospital, but are at risk at home
- People can work and be involved in their communities, but still be at risk so it's important to be connected to community groups
- Seen re-emergence of self-harming behaviours among our service users who had stopped – running refresher courses and thinking about how to provide support long-term
- Loneliness and isolation were mentioned as factors early during lockdown, but now longer-term issues are being raised, such as financial concerns, job loss etc
- Clinicians report that some people mention Covid-19 in relation to their self-harm, but often people are presenting for similar reasons as before lockdown
- For some people lockdown has been a protective factor as they are more in touch with people

Data and demand

- Need to understand the current need and priorities locally, as our data is old
- It is very difficult to get accurate data because of lockdown – are there fewer presentations or are people finding other support?
- Are some services seeing an increase because they're looking for this group at present, because know other services aren't open?
- Important to use the data and information that we already have around self-harm and avoid myths and misconceptions
- In the first 5 weeks of lockdown there was a nearly 50% reduction in A&E presentations with self-harm; a bigger reduction amongst women, leading to nearly half presentations being from men; the greatest reductions were among under-35s – people have been affected differently by lockdown. Presentations are back to more normal levels now.
- At present, levels of distress and contacts to many voluntary services are up
- Aware of the huge disparity between reported self-harm and the likely actual levels in community, and with the links to risk of suicidal behaviour important to reach those people not currently talking about their self-harm
- UCL's study ([here](#)) is showing an increase in anxiety, but not in suicidal thoughts or self-harm. So important not to suggest it's a problem – there may be lots of the risk factors present, but so far it's not increasing

- Real time data in some areas is being expanded to include self-harm and suicide attempts, in order to better understand trends, which groups or communities might be at greater risk
- We started a new programme to support people who self-harm, with an aim of 10 referrals a month, after 5 months we have averaged over 30 referrals a month, so there's huge demand

Communications

- Health passport – people don't want to keep repeating their story, their background, and why they self-harm – it can be overwhelming and frustrating, so the passport says who they are, the types of self-harm they use, reasons why, their coping mechanisms and support network
- Safety plan on credit-card so if people are in high-risk situations or in contact with the police, they can share that and it has information on what that person might find helpful, because each person's situation is so individual and different and they find different things helpful
- Throughout Covid-19 and lockdown there has been an increased appetite to have mental health and well-being conversations – how to keep this momentum going, how to keep this reduction in stigma about mental health?

Health services

- Self-harm can be a secret, but the first time someone needs medical help that first responder or person at A&E needs to understand self-harm and respond effectively, as can make a big difference to likelihood of seeking help in future - important to train A&E and frontline staff
- Attendance at A&E can be vital, as it ensures each person gets a psycho-social assessment, which could be missed with other pathways
- One A&E has a mental health nurse specifically for those who present with self-harm or suicidal thoughts who will sit down with the person and listen to them, give them more information and support than they might get from a nurse
- In one A&E, as soon as someone's physical needs are addressed, they move to the more relaxed area of a lounge in the mental health premises nearby
- Developed a new pathway – mostly supporting people by phone, with only the very urgent cases seen at A&E
- Working with those who self-harm in in-patient care, increasing the therapeutic offer for in-patient services, taking into account causality, personal story and different approaches needed for each individual
- Looking at people who present on a regular basis – once they are identified the Urgent Help Service will provide regular support to prevent A&E presentations – very popular service

Community services and support

- When talking to people about harm minimization, often they've heard from CAMHS about some of the traditional ideas like ice and elastic bands and they haven't worked – useful to know more ideas

- Important to check in with people who have stopped self-harming as starting again can bring up feelings of guilt and shame which make it more difficult to seek help
- A&E and frontline staff don't necessarily know what's available in community to support people, useful to build those links
- One ICS is taking a regional approach, prioritising flexibility and compassion, with personalised safety planning
- The [High Intensity Network](#) brings a mental health and police team together to work intensively with those who use emergency services often – is being rolled out across more areas as seeing a big impact on those involved
- [Anchor](#) is a support group for parents of young people who self-harm, including online support. Some don't understand why their child is self-harming, useful to know you're not alone, ideas for what works for other families, parents reporting back on what's working, and appreciating having more understanding, better coping mechanisms, and feeling less isolated
- Teachers might be the first person someone tells about their self-harm, but they can feel unprepared and ill-informed, so there's [a toolkit](#) for schools, how to support 11-18 year olds in education, signposting, how to identify self-harm and help those in need