healthwatch
Nottingham & Nottinghamshire

Experiences of Self-harm Services

September 2020

hwnn.co.uk

It was like they'd already made their mind up on my situation

Comment from respondent

Contents

Who are Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say by:

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Executive summary

Why we did this project

The mental health of young people was identified as a top priority for Healthwatch Nottingham and Nottinghamshire (HWNN) in 2019/2020. Following consultation with key stakeholders and background reading, it was identified that there were gaps in knowledge around young people's experiences of self-harm and self-harm services. This project aimed to improve our understanding of young people's experiences of self-harm and of self-harm services in particular, but also included the views of adults over 25 years of age.

Who we spoke to

A short survey was developed and disseminated widely through HWNN networks. Over 1000 responses were received, 521 of which were from young people aged 25 and under. In addition, a number of in depth interviews were held with young people and who have used self-harm services. Friends/relatives of service users were also interviewed.

What we found and our conclusions

- Friends, relatives (including parents) and partners are the most commonly chosen initial source of support for self-harm by young people, whereas for adults over 25, the most common source is the GP/nurse

Across Nottingham City, Nottinghamshire County and Bassetlaw, over 52% of young people said they would seek support from a friend/relative or partner, while 22.3% of young people said they would go to the GP/nurse. Of those that actually sought support for themselves or someone they know, 21.8% reported going to a friend, parent or relative first and seeking help at school or college was the next most mentioned source. Only 9.4% of young people mentioned seeking support from a GP.

Of note was that in Nottingham City, figures relating to seeking help from a GP/nurse are substantially higher, with 42.6% of young people saying that would seek help from their GP/nurse and of those that actually sought support for themselves or someone they know, 23.3% went to their GP. It is not possible to determine the reasons why young people in the City are more likely to seek support from their GP/nurse than young people elsewhere and further work would be required to investigate this important finding.

Those over 25 years of age are much more likely to seek help from health professionals than friends and relatives. 57.5% report that they would seek support from the GP/nurse, while of those who did seek help, 36.0% went to their GP/nurse. Nearly a third (32.7%) of the older age group would ask for help from friends, relatives or partners but of those who did seek help, only 4.2% reported going to a friend or family member.

- Although the internet was identified as a place they would turn to for support with self-harm by around a quarter (23.8%) of young people and almost 40% of over 25s, it was not commonly where people actually turned for help for themselves or for someone they knew, perhaps suggesting that people prefer to speak to someone in person

- Voluntary sector helplines which are not specialist self-harm services, such as the Samaritans and ChildLine, have volunteers who are good at listening. However, a major limitation is that they are unable to offer further support beyond signposting to other services

- A small but nevertheless worrying proportion of young people did not know where to go for help or would do nothing. Likewise, a proportion did not get support, and kept the fact of self-harming to themselves. This is of concern, since these young people are potentially vulnerable and unsupported. The equivalent proportion for over 25s was markedly lower

- Young people experienced difficulties in finding and accessing support, with longer waits (than young people found helpful) to be seen in some services and even when accessed, considerable variation in the effectiveness of that support. Variation in the helpfulness of support was also the case for over 25 year olds

- When using support services for self-harm, young people are clear that the most important features, of a service that makes a difference to them, are having someone to talk to, being listened to and not feeling so alone

- Stigma around self-harm is still a major problem for both young people and adults over 25, affecting how they feel, and if or how they access support for self-harm

Features of a good service

Young people with lived experience of self-harm identified the features of a good self-harm support service, as detailed below:

- Non-judgmental, kind, feeling listened to and taken seriously
- Good privacy and clear confidentiality
- Not just told to stop self-harming
- Provided at convenient times and places, in a setting that is not too 'clinical'
- One-to-one sessions, with the same person each time thus building trust
- Adequate time given for each session
- Opportunity to talk about what the young person wants to talk about, flexibly, in addition to being given coping mechanisms, distraction techniques and strategies to manage feelings

Coping strategies

Young people interviewed with lived experience of self-harm were given strategies to help them manage their feelings. Different individuals found different strategies helpful, including:

- Developing a safety plan with counsellor: identifying 'triggers', things to do if at serious risk of self-harming, distraction techniques that work, emergency contact numbers, etc., all to be reviewed regularly
- Developing a tool box (or list on paper) of things to feel positive about, things to do to make oneself feel better, including distraction techniques
- Making a self-sooth box with stress and fidget toys, things that feel and smell nice, a list of what to do if feeling anxious and stressed
- Drawing pictures, such as flowers when feeling as if needing to self-harm, writing down the names of people that they love
- Mindfulness
- Listening to music, a good way to express emotions without self-harming
- Pinching hands, drawing on hands and arms instead of self-harming

Unhelpful approaches

Young people with lived experience of self-harm identified a number of unhelpful approaches they had experienced, detailed below:

- Group support did not work well for three of our respondents, particularly initially; cannot tackle individual's root problems in a group environment
- Being called out of school lessons to attend support sessions with therapist/counsellor is problematic, as classmates ask questions, and there is no privacy
- Using a tick box approach, continuing a set approach even though it is unsuccessful – particularly keeping on doing things that don't work e.g. Cognitive Behavioural Therapy (CBT)
- Making assumptions as to someone's reasons for self-harming
- Excluding parents and carers from any/all discussions about a young person

The experiences and views of those who responded to the short survey and of the young people and their families with lived experience of self-harm are important. We need to ensure that these voices are taken into account and influence improvements in support services for self-harm.

Recommendations

Information

Ensure that high quality, accurate, accessible information about self-harm is widely available. By explaining the subject and answering common misunderstandings, there is an opportunity to tackle stigma. This includes raising awareness among young people, families and carers, practitioners and professionals, in schools and in the wider community. A potentially helpful approach would be to involve young people who have self-harmed in the past and are willing to talk to young people and others about the subject – **Public Health lead role**.

Publish accurate, up-to date information on self-harm support services, both clinical and non-clinical, including details about what is available in each locality, what they can provide and how to access them – **Service providers, Self-harm Care Pathway development team/authors to collate and disseminate information.**

Training

Commission high quality training for all relevant professionals/practitioners on the themes of working with young people and self-harm in young people, linked to the dissemination of the Self-Harm Care Pathway. Include sign-posting to the voluntary sector. Explore on-line options for training for wider groups, – **Commissioners**

Services

Review current services in the light of the findings of this report, taking into account the views of the young people, families and adults with lived experience of self-harm. Consider how to incorporate features of a good service, while minimising unhelpful approaches into service design – **Service providers**

Continue to fund risk assessment and safety intervention clinics in schools with the focus on early intervention and prevention of escalation - **Commissioners**

Promote existing help and support to the parents/carers of young people as parents and carers are often confused by their child's self-harming **- Service providers/commissioners**

Map out what services are available, what their offer is and develop an on-line directory of all services (include support for parents and carers) – **Commissioners**

Encourage Self-harm services to engage well with the pastoral care services offered in schools, colleges and universities. Pastoral care can be an important first point of contact for a young person, and can also support messaging about self-harm to the wider educational community – **Service providers**

Introduction

Purpose

Healthwatch Nottingham and Nottinghamshire (HWNN) is an independent organisation that helps people get the best from their local health and care services. We do this by listening and collating the views and experiences of local people in relation to local health and care services. By working closely with those who design and deliver our services, we ensure that the voice of those using services is taken into account and influences improvements in our local health and care services.

The aim of the project was to gather insights from people, and particularly young people and their family members/people who are close to them, as to their experiences and views of seeking and accessing self-harm support and services. The project aligns with the development of a new Nottingham and Nottinghamshire self-harm care pathway and Joint Strategic Needs Assessment (JSNA), with an opportunity to feed in recommendations to this process and to improve services.

Background

In order to identify a specific, important focus for the project, we completed a literature review, looking at main gaps in knowledge about young people's experiences of mental health services locally. Sources included:

- relevant Nottingham and Nottinghamshire JSNAs
- MH:2K report for Nottingham and Nottinghamshire 2018: this was a youth-led approach in which 670 14-25 year olds explored mental health issues that they saw as important and identified recommendations
- Public Health England (PHE) data on children and young people's mental health and wellbeing
- recent reports from the Nuffield Trust and the Kings Fund
- feedback from young people and patient voices collated by Nottinghamshire Healthcare Foundation Trust.

We then engaged with external partners, including City and County Council colleagues, Harmless, Framework, the Nottingham Citizens alliance, The Mental Health and Young People Executive, CAMHS and MH:2K. Through consideration of the literature review findings and wider discussions, self-harm was selected as the top priority.

Why is self-harm important?

Self-harm is defined by Public Health England as "*an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent*". (Public Health England (2016) The mental health of children and young people in England) *"Self-harm is a coping strategy that helps people to manage their emotional hurt or stress. It is important to remember that it is not attempted suicide, but it is something that people do in order to survive." "Self-harm is NOT a mental illness; it is a symptom of internal stress or distress."*
(http://www.harmless.org.uk/whoWeSupport/peopleWhoSelfHarm)

Self-harm among young people is recognised to be a major public health issue in the UK. It can blight the lives of young people and seriously affect their relationships with families and friends. (https://www.theguardian.com/education/2016/feb/29/self-harming-students-self-injury-awareness-day) Levels of self-harm are one indicator of the mental health and mental well-being of young people in our society in general. (Self-harm JSNA, Nottingham and Nottinghamshire Suicide Prevention Steering group 2019).

Research indicates that about one in ten young people will self-harm at some point (Public Health England, 2016) and evidence suggests that rates of self-harm in the UK are higher than anywhere else in Europe. According to a World Health Organisation collaborative study, in England, 25% of 15 year olds surveyed reported having ever self-harmed (Brooks, 2020), while elsewhere it has been reported that 64% of GPs surveyed said that they have seen more young patients self-harming over the last twelve months (stem4, 2020) . The true numbers are likely to be substantially higher, since much self-harm is thought to be unreported.

Locally, increasing numbers of young people who are self-harming are attending Emergency Departments at acute hospitals, as well as being referred to Child and Adolescent Mental Health Services (Hospital Episodes Statistics dataset for patients registered with Nottinghamshire GPs - Self-harm JSNA, Nottingham and Nottinghamshire Suicide Prevention Steering group 2019).

Self-harm is more common in young people but it not limited to young people (https://www.nhs.uk/conditions/self-harm/). Some people may begin to self-harm in adulthood. Others may feel that it is something that they are expected to have grown out of and so the feeling of shame and need for secrecy can be a particular issue for adults. It is, therefore, important not to overlook self-harm in adulthood.

National and local guidelines for the management of self-harm have been published, including National Institute for Health and Care Excellence (NICE) guidelines and guidelines for local schools, produced by the Educational Psychology Service, Nottinghamshire County Council (EPS, 2017). In addition there is a **Nottinghamshire & Nottingham City Self-Harm Care Pathway** in place locally**.** Through better understanding of the experiences of young people, and those close to them, in relation to self-harm and self-harm services, we can assess how well services are working, if the care pathway is effective and where there is scope to provide better support and care for our young people.

Methodology

Initially we carried out a detailed mapping exercise to identify organisations and groups working with young people and their family members/people close to them, who have used self-harm support services. Firstly a focus group discussion with 17 young people from Bramcote College, Nottinghamshire was held to inform our approach. We then received Self-harm awareness training from Harmless - a national voluntary organisation for people who Self-harm. Our survey questions were then drafted and piloted with young people who receive support from Harmless.

In order to understand the views and experiences of young people and family members/those close to them and also adults in accessing information on self-harm support and using self-harm services, the methods we used to collect information included:

1. A short survey to understand where young people and adults over 25 years of age would go for support if they or someone they knew was self-harming, and experiences of actually accessing this support. The survey was distributed via the HWNN network, electronically and face to face with a specific focus on young people. It was also widely distributed to ensure responses from adults of all ages.
2. In-depth one-to-one semi-structured interviews with young people who have used self-harm services, and those close to them, to find out what worked well, what didn't work well, where and when they would like to go for support and their recommendations for improvements.

There were 521 response from young people to the survey and 532 responses from adults over 25 years. Of responses from young people, 68 were from City residents, 128 were from young people living Nottinghamshire County (excluding Bassetlaw) and 325 from young people in Bassetlaw (see Figure 1).

Figure 1: Where do you live? - % of responses to survey from each area

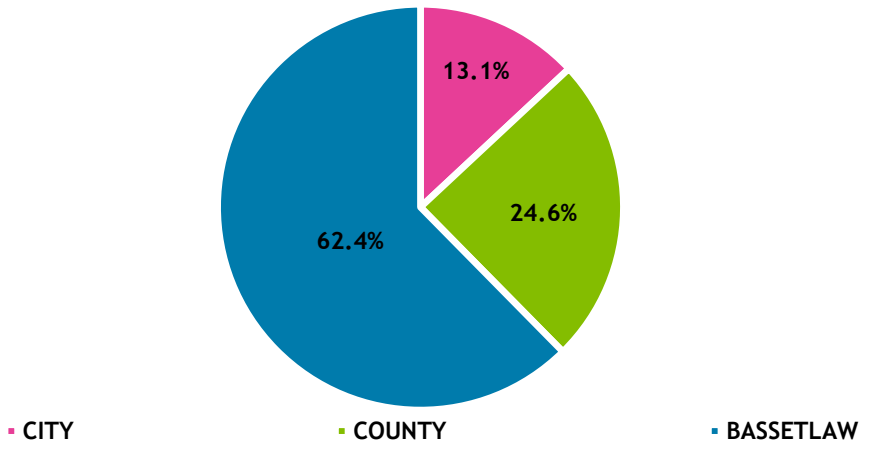


Figure 1: Source all respondents (n=521)

NB For the purposes of this report, to simplify presentation, reference to Nottinghamshire County includes the county area, but excludes the District of Bassetlaw.

The response rate was high in Bassetlaw because HWNN Engagement Officers have strong stakeholder links in the Bassetlaw area, which ensured the survey was completed through various relevant forums. In addition they were able to go into a secondary school in Bassetlaw, where large numbers of young people completed the survey.

In-depth interviews were held with seven young people who had experience of using support services and with two family members of young people. Key recurrent themes raised by those who were interviewed were identified using qualitative analysis techniques.

Ethical Considerations

HWNN took advice on how to conduct in-depth one-to-one interviews, taking into account the sensitivities of service users and their ages.

The young people and family member/people close to them identified through other organisations for the interviews were briefed by us about the project and given an information leaflet explaining the project.

All young people participating and family member/people close to them gave their consent to be interviewed and the report is fully anonymised. Support from partner organisations was available post interview if any young person became distressed.

Analysis of survey responses: Young People

The 521 responses to the survey received from young people across Nottingham City, Nottinghamshire County** and Bassetlaw were analysed together and also by District. Where there were differences, results are presented in this report. Where the high response rate from Bassetlaw may have affected overall results, further analysis was carried out, looking at Districts separately.

Analysis of responses to each of the five short survey questions is presented below.

QUESTION 1: If you or someone you knew was self-harming, where would you go if you needed to get support?

There were 17 potential options to choose from, including 'somewhere else'. Respondents were able to indicate more than one answer. There were 1,357 responses in total, (an average of 2.6 per respondent). Figure 2 shows the percentage and number of young people selecting each option.

Figure 2: Where would you go if you needed support? - percentage and number of respondents choosing each option

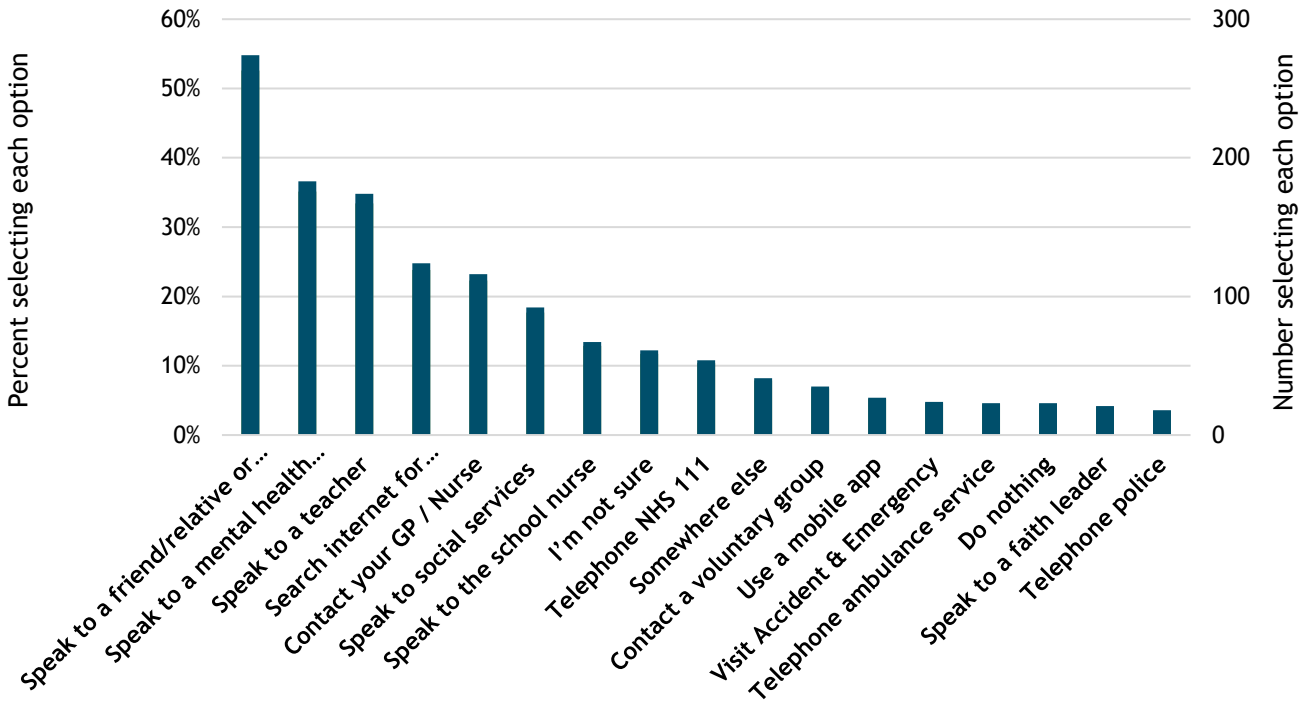


Figure 2: Source all respondents (n=521)

Over half (52.6%, n=274) would speak to a friend/relative or partner when seeking support, while over a third (n=183, 35.1%) indicated they would speak to a mental health professional and a third (n=174, 33.4%) to a teacher.

23.8% (n=124) would search the internet for information and advice and 5.2% (n=27) would use a mobile app, indicating that electronic sources of support are potentially important to a sizable group of the young people who responded.

Young people would go to a range of other services if they needed support (see Figure 2) but nearly 12% (11.7%, n=61) said that they were not sure where they would go, while 4.4% (n=23) of respondents would do nothing. This is of concern, since these young people are potentially vulnerable and unsupported.

Although 7.9% (n=41) said that they would go 'somewhere else', further analysis of answers to the question, '*If somewhere else, please tell us where*', of this group 33.3% answered parent, partner, friend or relative while just under 18.2% said that they would '*speak to them* (i.e. the first person who is self-harming)' and/or '*tell them to stop*'. Other responses included reference to specific services including NGY Base 51, Childline, Samaritans, Harmless, '*support group*', CALM, together with counsellor, youth worker/youth club, online counselling and university Mental Health/student support. Thus almost all of these responses could be categorised within the existing options given.

Considering responses to Question 1 by area, it can be seen in Figure 3 that although there are some differences, speaking to a friend, relative/partner was the most common response for young people in all areas.

Figure 3: Where would you go if you needed support? - five most commonly selected options for each area: Nottingham City, Nottinghamshire County and Bassetlaw -percentage of respondents choosing each option.

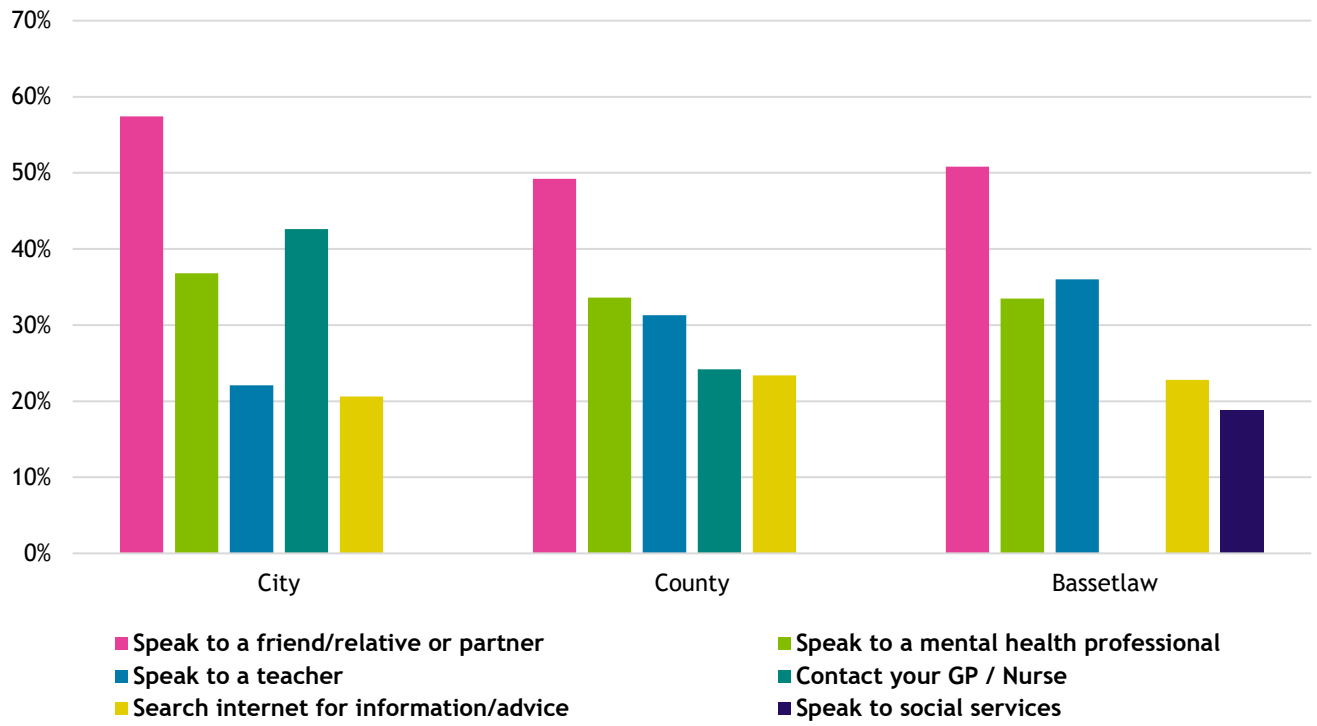


Figure 3: Source All respondents (n=521)

There were some differences in relation to the other options selected, most notably in Bassetlaw, where contacting a GP/Nurse was not a top five choice, whereas speaking to social services was the fifth most common choice. In comparison, the percentage of young people in the City who would contact their GP/Nurse is 42.6% (n= 29), the second most commonly selected option. In the County, the equivalent figure is 24.2% (n=31). It is unclear why young people in the City were more likely to seek support from their GP/Nurse than young people elsewhere.

QUESTION 2: Have you or someone you know tried to get support for self-harm?

There were three options available to select (see Figure 4). The total number of responses was 505, with the question not answered by 16 people. Approximately one third, 33.2% (173), of the total 521 young people who responded to the survey reported that they or someone they know has tried to get support for self-harm.

Figure 4: Have you or someone you know tried to get support for self-harm? - percentage of respondents selecting each option

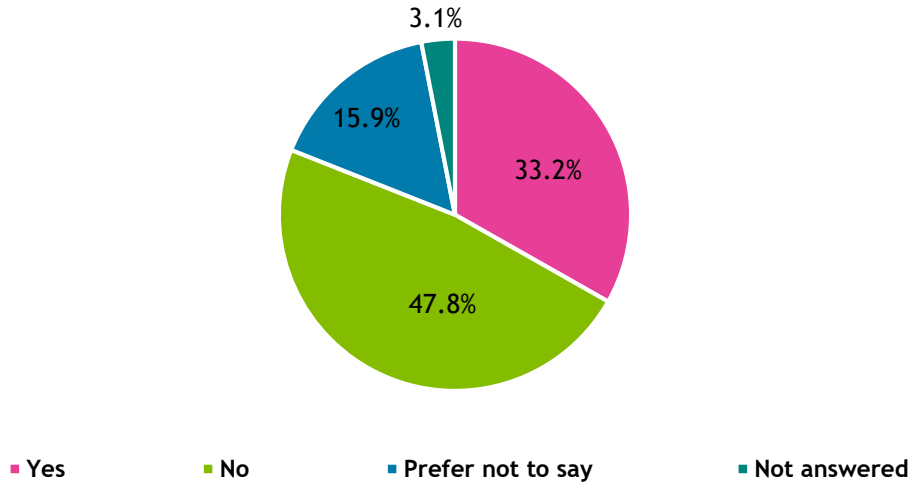


Figure 4: Source all respondents n=521

Looking at each area separately (see Table 1 below), the percentages of young people seeking support were even higher in the City (50%, n=34) and in the County (43%, n=55).

Table 1: Have you or someone you know tried to get support? - % (number) by area

District	Yes		No		Prefer not to say		N/A	
	No	%	No	%	No	%	No	%
Nottingham City	34	53.0%	26	38.2%	6	8.8%	<5	-
Nottinghamshire County	55	43.0%	47	36.7%	20	15.6%	6	4.7%
Bassetlaw	84	25.8%	176	54.2%	57	17.5%	8	2.5%

Table 1: Source all respondents n=521

The remainder of the survey questions focused on the experiences of the group who answered ***yes*** to Question 2, *Have you or someone you know tried to get support for self-harm?*

QUESTION 3: If yes (to Q2), where did you/they go?

There were 193 responses to this question, although only 173 respondents had answered '*yes*' to the previous question. Thirteen people who had answered '*yes*' did not answer this question, while many who did respond mentioned two or more places they went for support. Where this was the case, all identified sources of support have been included in Table 2.

For young people trying to get support for self-harm for themselves or someone they know, friends, parents and relatives were the most frequently mentioned people they turned to. The next commonest place was school or college, including teachers, school nurses and student health services. More specialist health/mental health services are mentioned next most frequently, including CAMHS, GP and counsellor/therapist. It is of note that in the City, 23.3% of young people sought support from a GP, compared with an average of 9.4% across all areas. The reason for this difference is unclear.

Table 2: Top 12 'places' mentioned in answer to 'where did you/they go for support?'

Where people sought support for self-harm	No. of mentions	%
Friend, parents, relative	44	21.8%
School or college - (variable mention of teacher, school nurse, school counselling, student health services)	34	16.8%
CAMHS, (could be via GP)	25	12.4%
Doctor/GP (11 mentioned solely GP)	19	9.4%
Counsellor/counselling/therapist -not specific	14	6.9%
ChildLine, Samaritans, Harmless, Voluntary Group	11	5.4%
Hospital (including named local hospitals), ambulance, NHS	10	5.0%
Did not get support/kept it to myself/nowhere	9	4.5%
Gave advice myself to help them to stop	7	3.5%
On-line resources/internet/an app	6	3.0%
Mental Health care/services (CAMHS not mentioned)	6	3.0%
Don't know/not sure	<5	2.0%

Table 2: Source respondents to Q3 (n=173)

Numbers of people who mentioned other 'places' they went for support was lower than 5 of each. These included mental health services/professionals (CAMHS not mentioned) and other specific local services, including NGY (a centre for Nottingham's young people) and a youth worker. Two percent said that they did not know where to go for support.

Responses from those who have actually tried to get support for self-harm differ from those asked '*where would you go if…*'(Q1) to some degree. One particularly noticeable feature is that 24% said that they would search the internet for information (and 5.2% used an app) but of those who sought support, only 3% mentioned using the internet/on-line resources or apps.

QUESTION 4: How useful was the support?

There were six options available to describe the usefulness of support received (see Figure 5). 156 young people responded to this question, with 47.5% (n=74) of those who replied saying that the support was '*fantastic*' or '*good*' and 15.4% (n=24) saying it was '*bad*' or '*terrible*'. Generally there was no clear relationship between sources of support and how useful it was, except that support from friends, parents and relatives was rated *average*, *good* or *fantastic* by all respondents.

Figure 5: How useful was the support? - Percentage of respondents choosing each option

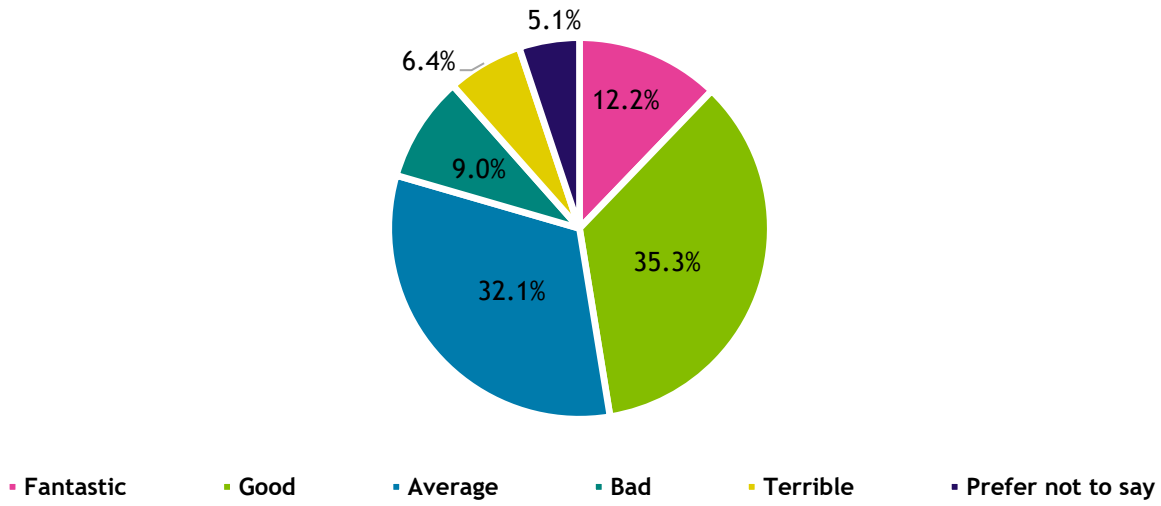


Figure 5: Source responses to Q4 (n=156)

QUESTION 5: Are you able to tell us more about the answer you have given?

Eighty respondents gave extra information about how useful the support had been. Some replies just described what had happened to them/the person they were supporting, with no judgement about the support. The quotes below are from young people or from those who may have been supporting young people.

Views about support from schools and colleges, teachers, school nurses and student health services were varied:

They were suffering from anxiety and depression, the school have been heavily involved in helping them.

It helped them but it did not stop them harming and they were still struggling.

Linked to schools, less positive comments related to a lack of skill in relating to young people and not being believed:

They didn't like talking to me about it and said it was wrong.

Teachers struggled to understand a young person's mind.

They said they were lying or my friend lied because they asked no helpful questions.

There were many comments about CAMHS, some were positive:

They kept it completely anonymous they really helped.

They were genuinely caring, helped me deal with my problems

All lovely and approachable.

Critical comments about CAMHS, specifically relating to waiting for support and service experienced were:

The waiting list was far too long and they offered nowhere else to go.

CAMHS is a mess - stuffed to the brim, and bureaucratic. Waiting lists 6+ months - 6+ months of waiting for help you need? Not great.

They never seemed that interested, could never really provide you with effective advice. Dismissed you after a short time.

Did not actually give any techniques or how to cope/manage. Did send/recommend a useful website though.

Was given a list of distractions and suggested various other coping mechanisms. Had to research things on my own.

It was like they'd already made their mind up on my situation.

In relation to experience of GPs, counselling and therapists, again a range of views were expressed, many good and a few less positive; similarly for voluntary organisations providing support and on-line resources. Comments were generally positive though limitations were expressed in relation to some, as illustrated below:

GPs

Easy to talk to and accessible, signposted to further support and charities e.g. Harmless.

There is not enough professional support with dealing with self-harm.

Told to get counselling.

Didn't help.

Counselling

They help her release stress and calm her down.

I had a good experience but it didn't help.

They had thought that the therapy was not working but then suddenly felt that it was working.

Didn't give advice, just said "Oh, well."

Online/voluntary sector help lines/voluntary sector support

Online sites provided good help and someone to talk to.

ChildLine works short term but can't do much other than listen.

They were told to speak to their parents and GP (by ChildLine).

Gave me counselling and I could trust them.

Analysis of short survey responses: Adults over 25 years

There were 532 responses to the short survey from adults over the age of 25, 159 responses from Nottingham City citizens, 300 from Nottinghamshire County and 73 from Bassetlaw. See Figure 6 for percentage of responses from each area.

Figure 6: Where do you live? - % of over 25s responses to QOTM from each area

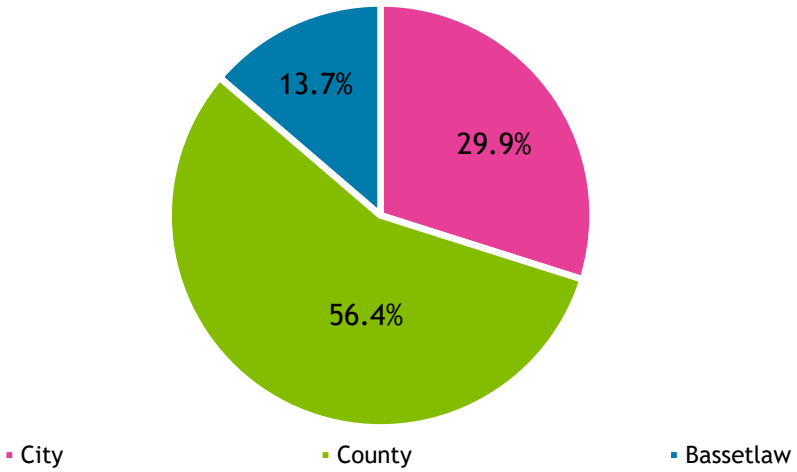


Figure 6: Source all respondents (n=532)

Analysis of over 25s' responses to each of the five short survey questions is presented below.

QUESTION 1: If you or someone you knew was self-harming, where would you go if you needed to get support?

There were 1,541 responses in total to this question, (an average of 2.9 per respondent). See Figure 7 for percentage of over 25s selecting each option.

Figure 7: Where would you go if you needed support? - percentage and number of respondents choosing each option

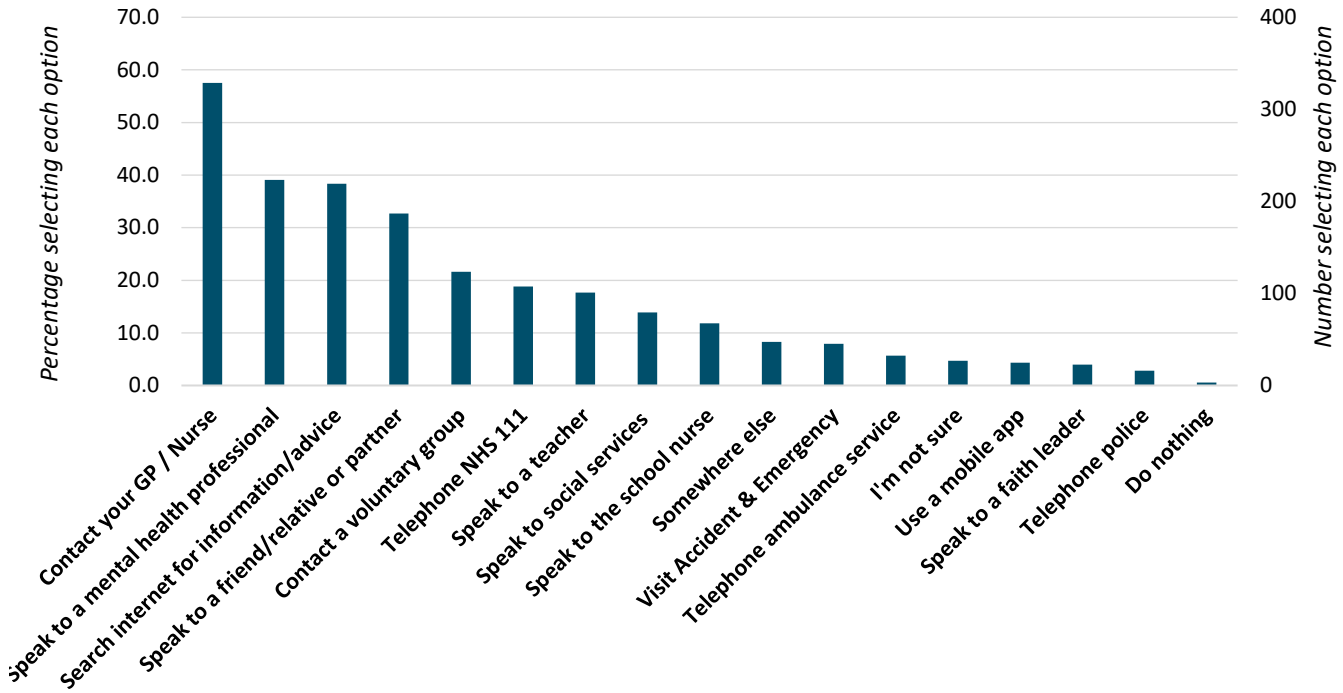


Figure 7: Source all respondents (n=532)

Over half of the respondents (57.5%, n=306) would contact their GP/nurse if seeking support, making this the most common response. This was in contrast to young people, who were most likely to speak to a friend/relative or partner when seeking support, where less than a quarter of young people would contact their GP/nurse. Nearly 40% (n=208, 39.1%) of over 25s would speak to a mental health professional or search the internet for information and advice (n=204, 38.3%), with 4.3% (n=23) using a mobile app. This suggests that the older group was more likely to use electronic sources for support than young people (total 42.6% vs 29.0% of respondents), which may seem a surprising finding, given the perception that young people are experienced and enthusiastic users of mobile devices and the internet. However, there are a number of potential explanations for the difference between the age groups and further research would be needed to understand this finding.

Support was also sought from the other sources to a lesser extent (see Figure 7). Of note was that, in comparison with young people, only 4.7% (n=25) said that they were not sure where they would go, considerably lower than 12% of young people who said this, while only 0.6% (n<5) of respondents would do nothing, compared with 4.4% of young people.

Although 8.3% (n=44) said that they would go 'somewhere else', further analysis of answers indicated that most could be categorised under the 17 options given. Answers to the question '*If somewhere else, please tell us where*' included parent, partner, friend or relative, voluntary sector organisations including Harmless, NGY Base 51, ChildLine and the Samaritans. Other responses included reference to private mental health professional, counsellor, youth worker/youth club and speaking to someone at work. In contrast to young people who did not mention this answer, 13.6% (n=6) said that it would depend on the situation and severity of harm.

Looking at each area, it can be seen in Figure 8 that although there are some differences, contacting GP/nurse was the most common response in all areas for adults.

Figure 8: Where would you go if you needed support (aged 25+)? - five most commonly selected options for each area: Nottingham City, Nottinghamshire County and Bassetlaw -percentage of respondents choosing each option.

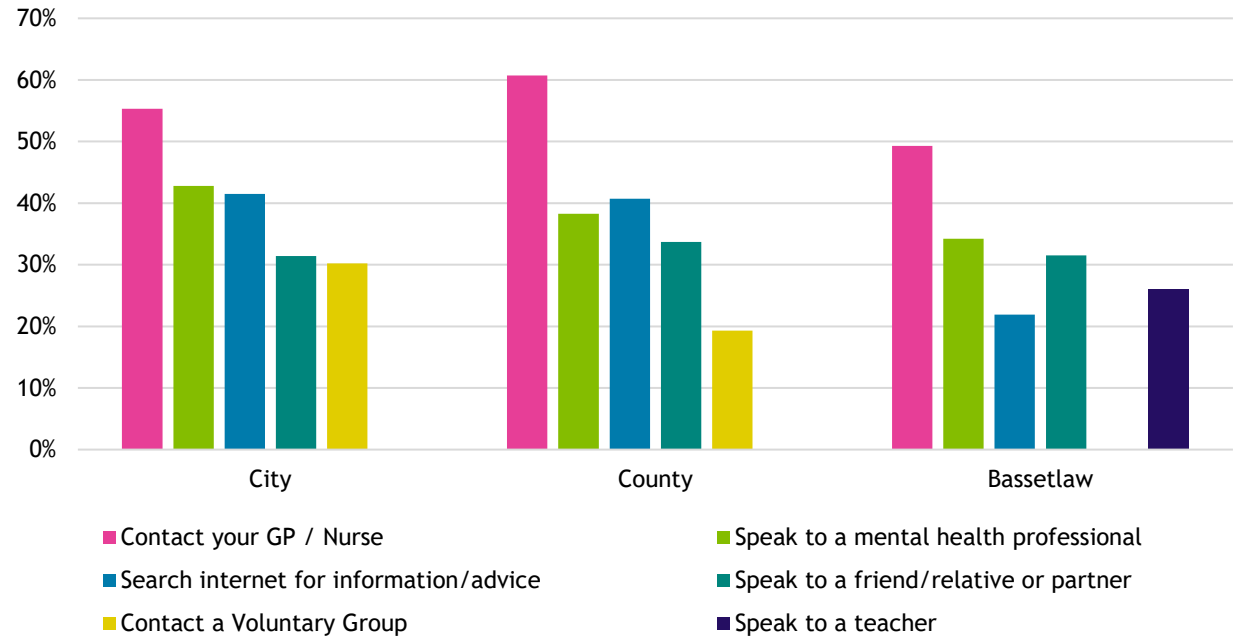


Figure 8: Source All respondents (n=532)

There are some differences in relation to the other options selected, most notably in Bassetlaw, where contacting a voluntary group was not a top five choice, whereas speaking to a teacher was the fourth most common choice, perhaps suggesting that they would do this on behalf of a school age child.

QUESTION 2: Have you or someone you know tried to get support for self-harm?

The total number of responses was 524, with the question not answered by eight people. Approximately one third, 34.2% (n=179), of the total 524 respondents to this survey indicated that they or someone they know has tried to get support for self-harm.

Table 3: Have you or someone you know tried to get support for self-harm? - percentage of respondents selecting each option- % (number) by area

District	Yes		No		Prefer not to say		N/A	
	No.	%	No.	%	No.	%	No.	%
Nottingham City	62	39.0%	91	57.2%	5	3.1%	<5	
Nottinghamshire County	100	33.3%	187	62.3%	8	2.7%	5	1.7%
Bassetlaw	17	23.3%	49	67.1%	5	6.8%	<5	

Table 3: Source all respondents n=532

Looking at each area separately (see Table 3), the percentage answering 'yes' was highest in Nottingham City (39%, n=62), with lower proportions in the County (33.3%) and Bassetlaw (23.3%). Compared to responses from young people, it can been seen that the proportions are lower, notably in the City, where 50% of young people had tried/knew someone who had tried to get support, while the figure was 43% of young people in the County.

The remainder of the survey questions focused on the experiences of those who answered ***yes*** to Question 2, *Have you or someone you know tried to get support for self-harm?*

QUESTION 3: If yes (to Q2), where did you/they go?

There were 163 responses to this question, although 179 respondents had answered 'yes' to the previous question. Some who did respond mentioned two or more places that they/someone they knew went for support. Where this was the case, all identified sources of support have been included in Table 4.

For people over 25 trying to get support for self-harm for themselves or someone they know, going to the GP was by far the most frequently mentioned option overall (36%, n=67). There were some differences between the City, County and Bassetlaw, in that Harmless was specifically mentioned by 16.9% (n=10) of City respondents. This specialist self-harm service, delivered by a local voluntary organisation, is available in Nottingham City.

CAMHS and schools were mentioned by 10.2% (n=19) and 7.5% (n=14) respectively, suggesting that it was someone the respondents knew (a young person) who was accessing these services, rather than themselves.

Table 4: Top 9 'places' mentioned in answer to 'where did you/they go for support?'

Where person sought support for self-harm	No. of mentions	%
GP	67	36.0%
CAMHS	19	10.2%
Mental Health Services, psychiatrist, crisis team	17	9.1%
Emergency Department (A&E)	16	8.6%
School or college – (variable mention of teacher, school nurse)	14	7.5%
Counsellor/counselling	13	7.0%
Harmless	12	6.5%
Family or friends	8	4.3%
Hospital (including named local hospitals), NHS	7	3.8%

Table 4: Source respondents to Q3 (n=163)

Numbers of people mentioning other 'places' they/someone they knew went for support was lower than three for each and included the police, social worker, *Kooth* (online counselling), an adult self-harm support group and the internet.

QUESTION 4: How useful was the support?

There were 161 responses to this question, with 49.1% (n=79) of those who replied saying that the support was *fantastic* or *good*, with 17.4% (n=28) saying it was *bad* or *terrible*, see Figure 9 for percentage for each response. Generally there was no clear relationship between source of support and how useful it was. The efficacy of GPs was an example, with some indicating that support was useful (*good, fantastic*) but equally, some saying support was less than useful (*bad, terrible*).

Figure 9: How useful was the support? - Percentage of respondents choosing each option.

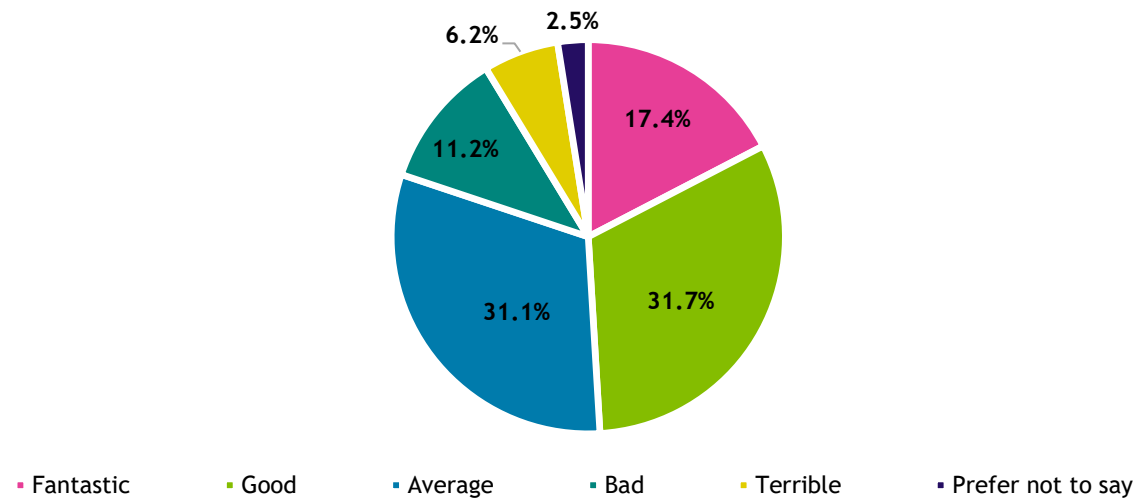


Figure 9: Source responses to Q4 (n=161)

QUESTION 5: Are you able to tell us more about the answer you have given?

Extra information about how useful the support had been was given by over 100 respondents. In relation to the most commonly accessed support, GPs, a selection of comments are included here, to show the range of views expressed by respondents to the survey.

Quick to be seen. Support given quickly.

If you can get seen on time, signposting and referrals on can take place, can be lengthy.

GP was very caring, however process thereafter takes too long with no feedback. Alternative help was not discussed/advised on.

They (the GP) saw self-harm as a precursor to suicide (which it is not), as opposed to a coping mechanism (which it is).

And more generally:

There is support out there but the wait is too long. I've self-harmed since a child and didn't get the proper support till I had lost everything and in my mid-30's. There needs to be easier access to support.

It seems as though there is an unwillingness to take responsibility throughout the health system. GPs pass mental health crises to the Crisis Team but they have extremely high thresholds before they will intervene and the patient just gets stuck with no one wanting to take responsibility for their suffering. This is, no doubt, the result of a lack of resources and gatekeeping those resources - people "just doing their job" whilst people with mental health issues are brushed aside.

As I didn't know what else to do I took the person to A&E. They were brilliant. I now have more info if it happens again.

Analysis of in-depth 1 to 1 interview questions

In-depth interviews were held with seven young people who had experience of using self-harm support services and with two family members. Key recurrent themes raised by those who were interviewed were identified using qualitative analysis techniques.

Key Themes

The results from qualitative analysis of the answers given by the participants during 1to1 interviews highlighted three broad themes, shown below. For each theme, subcategories were identified and are listed below in order of how frequently they were raised or similar experiences described or views expressed. All statements in this section are drawn from answers given during the interviews.

SUPPORT AND TREATMENT	STIGMA	GAPS and suggested improvements
• Access to support • What does good support/treatment look like? • Unhelpful approaches	• Misinformation and misunderstanding • Impact of stigma	• Information • Training • Services

SUPPORT AND TREATMENT

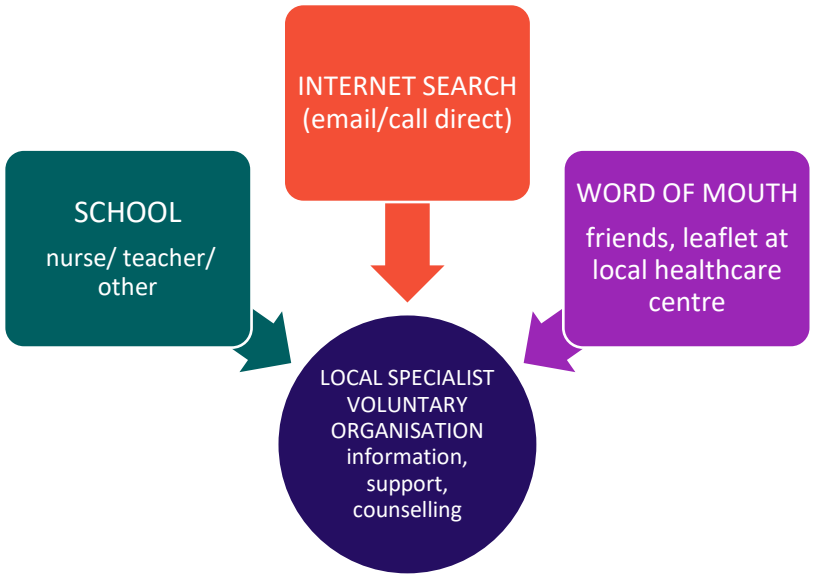
Access to support

There are various different routes into to support services for self-harm, some more direct than others. Young people expressed that there was limited accurate information available locally in relation to self-harm and support, which could be one reason why there was the range of different routes into support services. Where friends, parents and teachers became involved, support from the GP, often including referral to mental health/CAMHS was common. However, experience of long waits for initial assessments was common, as was feeling unsupported during the waiting period, with the risk that problems would escalate during this time (see Pathway 1). Unless the situation was extremely serious (suicidal, risk to self), treatment/ongoing support was not necessarily offered by CAMHS or other mental health services.

Two key pathways into support for self-harm (as described by young people/families**)**

Pathway 1: Routine NHS services

Pathway2: To voluntary sector organisations



Information about voluntary organisations able to provide support was not always easy to find. Young people and their families reported that they came across the information by chance or heard about it informally from others (see Pathway 2). However once contacted, the relevant voluntary sector organisation (Harmless and the Tomorrow Project, Talkzone) saw people quickly and young people valued the responsiveness of these services.

Online support and counselling was seen as less useful in this situation and not much used by this group of young people, a number of whom were clear that they wanted to talk to someone face to face, one to one. Some voluntary organisations (Samaritans, Childline) are good at listening but cannot offer much more support.

What does good support/treatment look like?

The individuals interviewed felt that good services have the following features:

- Non-judgemental, kind, feeling listened to and taken seriously;
- Good privacy and clear confidentiality;
- Not just told to stop self-harming;
- Provided at a convenient time and place – in a setting that is not too 'clinical';
- One-to-one sessions, with the same person each time thus building trust;
- Adequate time given for each session;
- Opportunity to talk about what the young person wants to talk about, flexibility, in addition to being given coping mechanisms or strategies to manage feelings and distraction techniques.

All young people interviewed reported that they were given strategies to help them manage their feelings. Different individuals interviewed found different strategies helpful, including:

- Developing a safety plan with counsellor, identifying 'triggers', things to do if at serious risk of self-harming, distraction techniques that work, emergency contact numbers, etc., reviewed regularly
- Developing a tool box (or list on paper) of things to feel positive about, things to do to make them feel better, including distraction techniques
- Making a self-sooth box with stress and fidget toys, things that feel and smell nice, a list of what to do if feeling anxious and stressed
- Drawing pictures, flowers when feeling as if need to self-harm, writing down the names of people that they love
- Mindfulness
- Listening to music, a good way to express emotions without self-harming
- Pinching hands, drawing on hands and arms instead of self-harming

It was reported that use of ice and frozen red food colouring had been suggested 'online' as a distraction, but not elsewhere. The individual who mentioned this did not try this technique.

What made a difference and was most helpful?

The elements of services reported as making a difference and that were most helpful to those receiving self-harm support and treatment were: having someone to talk to, being listened to and not feeling so alone. This helped remove the stigma felt by some young people too. Being equipped with a range of coping strategies helped some, while others identified that helping them to increase their understanding of themselves made a difference to them.

Unhelpful approaches

The individuals interviewed identified less helpful approaches, detailed below:

- Group support does not often work well for self-harm, particularly initially, cannot tackle individuals' root problems in groups
- Being called out of school lessons to attend support sessions with therapist/counsellor is problematic, as classmates ask questions, and there is no privacy
- Using a tick box approach, continuing a set approach even though it is unsuccessful – keeping on doing things that don't work e.g. Cognitive Behavioural Therapy (CBT)
- Making assumptions as to someone's reasons for self-harm harming
- Excluding parents and carers from any/all discussions about a young person

STIGMA

Misinformation, misunderstanding

There is significant stigma associated with self-harm, with lack of understanding as to why young people may self-harm; preconceptions as to who self-harms; the types of self-harm. People of any age can feel uncomfortable talking about the subject, because it is seen as shameful, embarrassing or even frightening. Young people, friends, family and the public in general may express the view that self-harming is fashionable just now or is attention-seeking behaviour. Others assume that if you self-harm you have a mental health problem. This is not necessarily the case.

Impact of stigma

There are a range of reasons someone harms themselves. Young people expressed that self-harm does not necessarily mean a person has mental health problems; self-harm can be a way of dealing with intense emotions or emotional distress, giving a sense of control. However, as a result of the associated stigma, people can feel guilty and ashamed and are potentially less likely to seek the help and support they could benefit from, thus further worsening feelings of isolation and self-blame.

GAPS and suggestions for improvements

Information

Young people interviewed feel that there was a lack of accurate information available about self-harm generally. There is a need to raise awareness and understanding in order to tackle stigma, for everyone but especially for those who work with young people. It would be good to involve young people who have self-harmed in the past, to talk to young people about the subject and their experiences, perhaps going into schools.

There is a lack of accurate information about self-harm support services available locally. In addition to routine NHS care, there are different services available depending on where you live, e.g. Harmless. There is a need to advertise to young people what is available where and how to get access to that support.

Training

Not all those who come into contact with young people who have self-harmed behaved appropriately or talked in a helpful way. Good training is needed for everyone working with young people, to ensure that they:

- understand and can behave in non-judgemental ways
- take young people seriously, listen and be kind
- realise that self-harm is a behaviour or symptom and do not make assumptions as to the underlying cause
- do not just tell young people not to self-harm but do give advice about coping mechanisms and alternatives
- It is important that those working with young people know about the support for self-harm available in their local area

Services

There are limited services available for young people who need support for self-harm. Generally services that are available only provide support during school/working hours, sometimes in locations that are difficult to reach.

CAMHS provides support for self-harm for some young people but capacity is limited. This can commonly result in longer waits than young people find helpful, to be seen and assessed, provision of therapy only in very serious situations and very time limited support e.g. four or six sessions only.

Suggestions made to improve services included:

- Publicise available services widely with clear description of services provided and how to access them
- Provide some access to services at weekends, in the evenings, in accessible places (local, non-clinical, not a coffee shop – need privacy)
- Continue to provide 24/7, 365 days per year all ages crisis helpline and lower level telephone help from 9am to 11pm that is being provided as a result of the COVID-19 pandemic at the time of writing this report

The Self-Harm Care Pathway

The Nottinghamshire & Nottingham City Self-Harm Care Pathway (young persons) describes degrees of self-harm and appropriate actions to take in each situation, together with examples of services and help available. At the time of writing this report the self-harm pathway was being refreshed and an all ages self-harm pathway was being developed.

It would be helpful to understand who the audience is for the Self-Harm Care Pathway and to ensure that it had been disseminated accordingly. This includes also addressing the needs of parents/ carers in understanding and be able to access support, since they may be required to provide additional support to young people. However, it is important to recognise the clear tension between confidentiality for young people and the need to engage with parents/carers to provide support in the home.

It is clear from interviews with young people and those close to them that not all practitioners listed as 'examples of services and help' in the Self-Harm Care Pathway are in a position (or available) to provide adequate support. Therefore:

- Clarify which services are available where and what they can offer
- Provide training - some practitioners may feel that they require training in relation to the Self-Harm Care Pathway and self-harm, for example in relation to 'promotion of healthy ways of expressing emotions...self-help information, coping strategies'
- Ensure that parents/carers are aware of where to find good quality information about self-harm, what support services are available and how to access support for a young person in need

Conclusions

Our data has found that:

Friends, relatives (including parents) and partners are the most commonly chosen initial source of support for self-harm by young people, whereas for adults over 25, the most common source is the GP/nurse.

Across Nottingham City, Nottinghamshire County and Bassetlaw, over 52% of young people said they would seek support from a friend/relative or partner, while 22.3% of young people said they would go to the GP/nurse. Of those that actually sought support for themselves or someone they know, 21.8% reported going to a friend, parent or relative first and seeking help at school or college was the next most mentioned source. Only 9.4% of young people mentioned seeking support from a GP.

Of note was that in Nottingham City, figures relating to seeking help from a GP/nurse are substantially higher, with 42.6% of young people saying that would seek help from their GP/nurse and of those that actually sought support for themselves or someone they know, 23.3% went to their GP. It was beyond the scope of this report to determine the reasons why young people in the City are more likely to seek support from their GP/nurse than young people elsewhere and further work would be required to investigate this important finding.

Those over 25 years of age are much more likely to seek help from health professionals than friends and relatives. 57.5% report that they would seek support from the GP/nurse, while of those who did seek help, 36.0% went to their GP/nurse. Nearly a third (32.7%) of the older age group would ask for help from friends, relatives or partners but of those who did seek help, only 4.2% reported going to a friend or family member.

Although the internet was identified as a place they would turn to for support with self-harm by around a quarter (23.8%) of young people and almost 40% of over 25s, it was not commonly where people actually turned for help for themselves or for someone they knew, perhaps suggesting that people prefer to speak to someone in person.

Voluntary sector helplines which are not specialist self-harm services, such as the Samaritans and ChildLine, have volunteers who are good at listening. However, a major limitation according to our respondents is that they are unable to offer further support beyond signposting to other services.

A small but nevertheless worrying proportion of young people did not know where to go for help or would do nothing. Likewise, a proportion did not get support, and kept the fact of self-harming to themselves. This is of concern, since these young people are potentially vulnerable and unsupported. The equivalent proportion for over 25s was markedly lower.

Young people experienced difficulties in finding and accessing support, with longer waits (than young people found helpful) to be seen in CAMHS services and even when accessed, considerable variation in the effectiveness of that support. Variation in the helpfulness of support was also the case for over 25 year olds.

When using support services for self-harm, young people are clear that the most important features, of a service that makes a difference to them, are having someone to talk to, being listened to, not judged and not feeling so alone.

Stigma around self-harm is still a major problem for both young people and adults over 25, affecting how they feel, and if or how they access support for self-harm.

Features of a good service

Young people with lived experience of self-harm identified the features of a good self-harm support service, as detailed below:

- Non-judgemental, kind, feeling listened to and taken seriously
- Good privacy and clear confidentiality
- *Not* just told to stop self-harming
- Provided at convenient times and places, in a setting that is not too 'clinical'
- One-to-one sessions, with the same person each time thus building trust
- Adequate time given for each session
- Opportunity to talk about what the young person wants to talk about, flexibly, in addition to being given coping mechanisms, distraction techniques and strategies to manage feelings

Coping strategies

Young people with lived experience of self-harm were given strategies by CAMHS and Harmless to help them manage their feelings. Different individuals found different strategies helpful, including:

- Developing a safety plan with counsellor: identifying 'triggers', things to do if at serious risk of self-harming, distraction techniques that work, emergency contact numbers, etc., all to be reviewed regularly
- Developing a tool box (or list on paper) of things to feel positive about, things to do to make oneself feel better, including distraction techniques
- Making a self-sooth box with stress and fidget toys, things that feel and smell nice, a list of what to do if feeling anxious and stressed
- Drawing pictures, such as flowers when feeling as if needing to self-harm, writing down the names of people that they love
- Mindfulness
- Listening to music, a good way to express emotions without self-harming
- Pinching hands, drawing on hands and arms instead of self-harming

Unhelpful approaches

Young people with lived experience of self-harm identified a number of unhelpful approaches they had experienced, detailed below:

- Group support did not work well for three of our respondents, particularly initially; cannot tackle individual's root problems in a group environment
- Being called out of school lessons to attend support sessions with therapist/counsellor is problematic, as classmates ask questions, and there is no privacy
- Using a tick box approach, continuing a set approach even though it is unsuccessful – particularly keeping on doing things that don't work e.g. Cognitive Behavioural Therapy (CBT)
- Making assumptions as to someone's reasons for self-harming
- Excluding parents and carers from any/all discussions about a young person

The experiences and views of those who responded to the short survey and of the young people and their families with lived experience of self-harm are important. We need to ensure that these voices are taken into account and influence improvements in support services for self-harm.

Recommendations

Information

1. Ensure that high quality, accurate, accessible information about what is self-harm, why people self-harm and support services for self-harm is widely available. By explaining the subject and answering common misunderstandings, there is an opportunity to tackle stigma. This includes raising awareness among young people, families and carers, practitioners and professionals, in schools and in the wider community. A potentially helpful approach would be to involve young people who have self-harmed in the past and are willing to talk to young people and others about the subject – **Public Health lead role**.
2. Publish accurate, up-to date information on self-harm support services, both clinical and non-clinical, including details about what is available in each locality, what they can provide and how to access them – **Service providers, Self-harm Care Pathway development team/authors to collate and disseminate information.**

Training

3. Commission high quality training for all relevant professionals/practitioners on the themes of working with young people and self-harm in young people, linked to the dissemination of the Self-Harm Care Pathway. Include sign-posting to the voluntary sector. Explore on-line options for training for wider groups, – **Commissioners**

Services

4. Review current services in the light of the findings of this report, taking into account the views of the young people, families and adults with lived experience of self-harm. Consider how to incorporate features of a good service, while minimising unhelpful approaches into service design – **Service providers**
5. Continue to fund risk assessment and safety intervention clinics in schools with the focus on early intervention and prevention of escalation - **Commissioners**
6. Promote existing help and support to the parents/carers of young people as parents and carers are often confused by their child's self-harming **- Service providers/commissioners**
7. Map out what services are available, what their offer is and develop an on-line directory of all services (include support for parents and carers) – **Commissioners**
8. Encourage Self-harm services to engage well with the pastoral care services offered in schools, colleges and universities. Pastoral care can be an important first point of contact for a young person, and can also support messaging about self-harm to the wider educational community – **Service providers**

Appendix 1: Demographics of respondents (Young people <25)

District	Number	Percent
Bassetlaw	325	62.4%
Nottingham city	68	13.1%
Newark & Sherwood	41	7.9%
Gedling	39	7.5%
Broxtowe	20	3.8%
Ashfield	10	1.9%
Rushcliffe	10	1.9%
Mansfield	8	1.5%
Total	521	100.0%

Table 5 – source all respondents (n=521)

Age Group	Number	Percent
1 - 15	369	70.8%
16-17	60	11.5%
18-24	92	17.7%
Grand Total	521	100.0%

Table 6 – source all respondents (n=521)

Gender	Number	Percent
Female	271	52.0%
Male	230	44.1%
Prefer not to say	9	1.7%
Not answered	6	1.2%
Non-binary	5	1.0%
Total	521	100.0%

Table 7 – source all respondents (n=521)

Gender id same as birth	Number	Percent
Yes	449	86.2%
Not answered	44	8.4%
No	14	2.7%
Prefer not to say	14	2.7%
Total	521	100.0%

Table 8 – source all respondents (n=521)

Sexuality	Number	Percent
Heterosexual	345	66.2%
Prefer not to say	57	10.9%
Bisexual	53	10.2%
Asexual	27	5.2%
Unanswered	24	4.6%
Homosexual	15	2.9%
Total	521	100.0%

Table 9 – source all respondents (n=521)

Employment status	Number	Percent
Student	436	83.7%
Not answered	24	4.6%
Part time	22	4.2%
Full time	17	3.3%
No	16	3.1%
Prefer not to say	4	0.8%
Unable to work	2	0.4%
Total	521	100.0%

Table 10 – source all respondents (n=521)

Disabilities	Number	Percent
Mental Health illness	89	17.1%
Prefer not to say	62	11.9%
Learning disability	58	11.1%
Social behaviour problems	48	9.2%
Visual impairment	22	4.2%
Long term health condition	20	3.8%
Physical impairment	15	2.9%
Hearing impairment	9	1.7%

Table 12 – source all respondents (n=521)

Disability count	Number	Percent
Respondents with at least one disability	173	33.2%

Table 13 – source all respondents (n=521)

If yes, does this limit you	Number	Percent
Yes a little	87	50.3%
Yes a lot	47	27.2%
No	23	13.3%
Prefer not to say	9	5.2%
Not answered	7	4.0%
Total	173	100.0%

Table 14 – source all respondents (n=173)

Are you are carer for anyone	Number	Percent
No	420	80.6%
Yes	59	11.3%
No answer	42	8.1%
Total	521	100.0%

Table 15 – source all respondents (n=521)

Ethnicity	Number	Percent
White	413	79.3%
Unknown	27	5.2%
Mixed ethnicity	25	4.8%
Prefer not to say	18	3.5%
Asian	13	2.5%
Black	7	1.3%
South Asian	6	1.2%
Gypsy or Traveller	5	1.0%
Other	4	0.8%
Arab	3	0.6%
Total	521	100.0%

Table 16 – source all respondents (n=521)

Nationality	Number	Percent
British	342	65.6%
Not answered	132	25.3%
Polish	14	2.7%
Irish	7	1.3%
Prefer not to say	2	0.4%
Lithuanian	2	0.4%
German	2	0.4%
Italian	2	0.4%
Sri Lankan	2	0.4%
Tanzanian	2	0.4%
French	1	0.2%
Australian	1	0.2%
Gypsy	1	0.2%
Indian	1	0.2%
Japanese	1	0.2%
Latvian	1	0.2%
Nigerian	1	0.2%
Pakistani	1	0.2%
Russian	1	0.2%
Slovak	1	0.2%
Swiss	1	0.2%
South African	1	0.2%
Turkish	1	0.2%
Vietnamese	1	0.2%
TOTAL	521	100.0%

Table 17 – source all respondents (n=521)

Acknowledgements

Healthwatch Nottingham and Nottinghamshire would like to thank the participants who made time to share their experiences with Healthwatch. We also thank the following partners who were involved in the facilitation of our discussions.

Bassetlaw Integrated Care Partnership

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Framework

Harmless

MH-2K

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SHARP

The Nottingham Citizens Group

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