

# Blackpool Insights

## Views on Self-harm Support

Informing Public Health Blackpool

**healthwatch**  
Blackpool

Have you or  
someone you  
know struggled  
with self-harm?

Tell us what  
good support  
looks like to  
you.

Do you want to  
improve local  
support?

# Self-Harm

Would you like to have a chat with  
us about your experiences and  
influence local decision making?

Get in touch via:



[enquiries@healthwatchblackpool.co.uk](mailto:enquiries@healthwatchblackpool.co.uk)

Or



[0300 32 32 100 \(option 4\)](tel:03003232100)

## Contents:

Introduction and Executive Summary *(page 3-4)*

Methodology *(page 5)*

Barriers to engagement *(page 6)*

## Survey Insights:

Demographics *(page 8)*

Self-harm Survey Feedback *(page 9-13)*

## Case studies:

Demographics *(page 15)*

Sycamore House Case Studies *(page 16-22)*

## Primary Intermediate Mental Health Team:

Primary Intermediate Mental Health Team Meeting *(page 24)*

## Conclusions:

Conclusions and Next Steps *(page 26)*

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## About Healthwatch Blackpool

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool are the independent consumer voice for health and social care, listening to the views of local people with the aim to make services work for those who use them. We welcome local people's experiences of healthcare services to influence change and offer improvement.

## Introduction

Healthwatch Blackpool were commissioned by Public Health Blackpool to gain a greater understanding of experiences and presentation of self-harm within Blackpool. Self-harm is defined by Public Health England (2016) as "an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent".

The aim of this project was to inform the development of better care pathways and early intervention through listening to people's lived experience. The findings will be shared with Public Health Blackpool and will be used in line with the regulations of data protection legislation (GDPR).

This project began in September 2021 and ran until June 2022. Throughout this time, different modes of communication were used to undertake the engagement, which included an online survey and face-to-face conversations.

We are very grateful to everyone who was involved in this project, including all those who shared their experiences, facilitated conversations or supported with their knowledge. The insight gained has been invaluable.

## Executive Summary of Survey

Healthwatch Blackpool have gained insight from local residents to understand views and experiences of accessing self-harm support, including what is working well and what is missing. Through an online survey, Healthwatch Blackpool engaged with 33 people, and the information collated has formulated the following key messages.

### **Key Messages and Recommendations:**

- Friends and family are a huge factor in providing support for people who self-harm, emphasising the importance of positive support networks. Alongside this, mental health services are beneficial in preventing self-harm.
- The key features of good support proposed by local people include listening and talking to someone with a non-judgemental attitude, or with someone that has lived experience of self-harm. Practical support was also frequently mentioned within this, particularly focusing on a clear plan and suggesting alternatives.
- In terms of what people felt is missing in Blackpool, suggestions such as increased awareness and better access to mental health services were highlighted.

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## Executive Summary of Case Studies

Healthwatch Blackpool engaged with seven individuals at Sycamore House, a Crisis House in Blackpool operating under Richmond Fellowship.

### Key Messages and Recommendations:

- It was clear through conversations that Crisis Houses, in particular Sycamore House, have been beneficial for those who shared their views. The main reasons for this included receiving harm reduction messages around self-harm and feeling comfortable there, particularly as there is someone present at all times. With that being said, raising awareness of Crisis Houses and having more Crisis House provision across Lancashire would be helpful, as some people were not aware of them beforehand or had to travel long distances.
- Another key theme put forward was the preference to have people with lived experience of self-harm providing direct support, whether this be via telephone or face-to-face.
- A gap highlighted in current support was access to talking therapies/Cognitive Behavioural Therapy. Some individuals mentioned that access to this provision needs to be quicker, including improving communication during the waiting time. In addition, assessments for eligibility should be completed prior to being placed on the waiting list, so that people can access the correct support sooner.
- Mixed feedback was received regarding the text service SHOUT. Some people like this service as they prefer to text rather than talk in person, as well as having an experience whereby the responses were quick. On the other hand, others found the responses slow and 'text book', without any personalisation to the messages. Improvements could be made to the type of responses given, so that people feel they are being listened to and dealt with on a one to one basis.
- Similarly, views on A&E and mental health services within hospital departments were varied. For Emergency Departments that have specific mental health facilities, experiences seemed to be significantly better in comparison to those who do not have a designated mental health unit. The environment, staff and activities in the mental health area allowed for a more positive experience. Despite this, the waiting time in the main Emergency Department before being transferred into the mental health assessment centre was deemed to be stressful and detrimental.
- Feedback states that there is a need for mental health and self-harm to be spoken about and included within educational settings and curriculums. It is believed that this will help to reduce stigma and improve the likelihood of earlier intervention.

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## Methodology

Healthwatch Blackpool heard from local people through a variety of different methods.

Initially, the aim was to establish a Volunteer Advisory Board made up of people with lived experience of self-harm, or of caring for someone who self-harms, to influence and inform our work. An expression of interest form, information sheet and promotional poster were created by Healthwatch Blackpool in October 2021 to recruit volunteers. This opportunity was then publicised throughout an array of local channels, including third sector organisations, NHS mental health services and local councillors. Despite regularly promoting this opportunity, there was no interest to form a Volunteer Advisory Board.

Following this, Healthwatch Blackpool developed questions in order to gain insight into local experiences of self-harm, focusing on good support and any gaps in provision. This formed the basis of a survey that was distributed in January 2022 to members of the local community, mostly through third sector organisations.

In addition to the above, Healthwatch Blackpool linked with Richmond Fellowship and completed weekly one-to-one sessions with residents at Sycamore House. Sycamore House offers support for individuals experiencing a mental health crisis. The service offers respite, practical and emotional support, and sessions to help build resilience and learn mental health coping strategies. Short term placements of up to seven days are offered, with residents working with a team of recovery workers on a person-centred approach, delivered through therapeutic interventions. Sycamore House is available via referral for individuals over the age of sixteen, living in the North West of England.

Informal conversations took place in April 2022 for four weeks, focusing largely on three main topics:

- What does good support for people affected by self-harm look like to you?
- Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?
- Where do you go for support in relation to self-harm?

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## Barriers to engagement

Due to the sensitivity of this topic, the Healthwatch Blackpool team have found it difficult to encourage participation in this project. As we rely on the community engaging with us on a voluntary basis, conversations with members of the public were dependent upon those wanting to discuss their views. Consequently, uptake was significantly lower than anticipated. Possible explanations for this include stigmatisation of self-harm within society, public perceptions of what constitutes self-harm and concerns for the implications on an individual's health and wellbeing.

Furthermore, when approaching local services requesting support with engagements, opportunities were limited. Local services are currently working in a fast paced environment under intense pressure, meaning there were few opportunities to go into settings to complete conversations. This made communicating with participants who were interested in this topic more difficult.

When conducting engagements at Sycamore House, some residents did not feel comfortable speaking openly about self-harm support. Healthwatch Blackpool and Richmond Fellowship staff took a collaborative approach in order to ensure all residents felt comfortable and did not feel obliged to participate. This created a positive, relaxed environment whereby those who made the decision to share their views and experiences were able to do so openly and transparently, allowing for deeper insight.

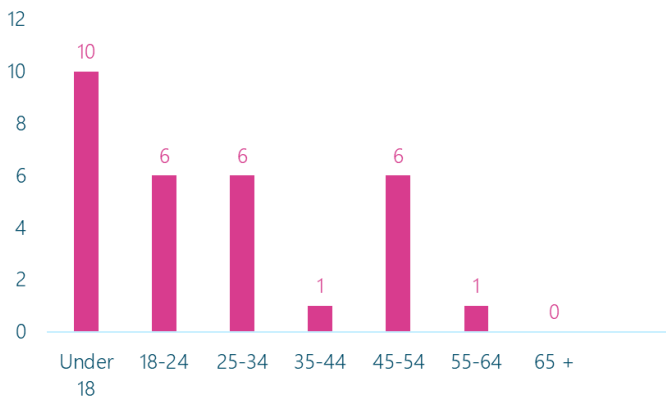
# Survey insights

# Methodology

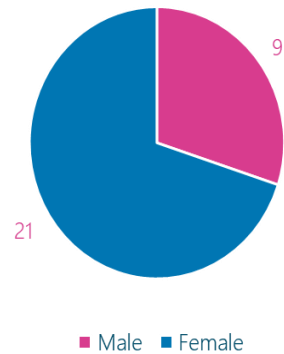
## Participants and demographics

The survey was completed by 33 respondents across Blackpool. Consideration needs to be made for the small sample size, as this may not be representative of the views and experiences of others across Blackpool. The graphs below display the demographic information of those who took part.

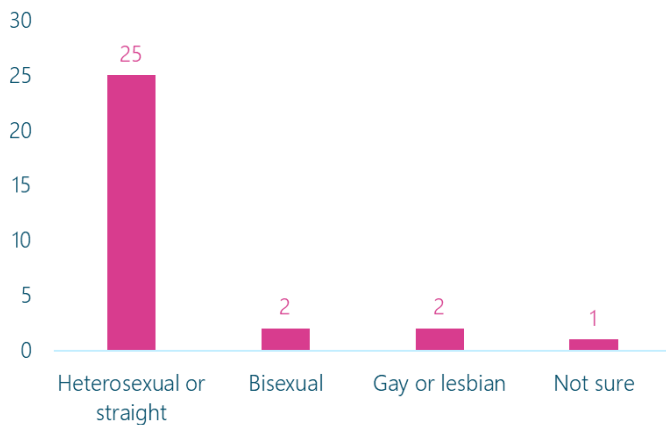
How old are you?



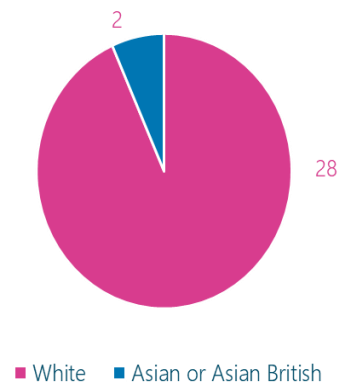
What gender do you identify as?



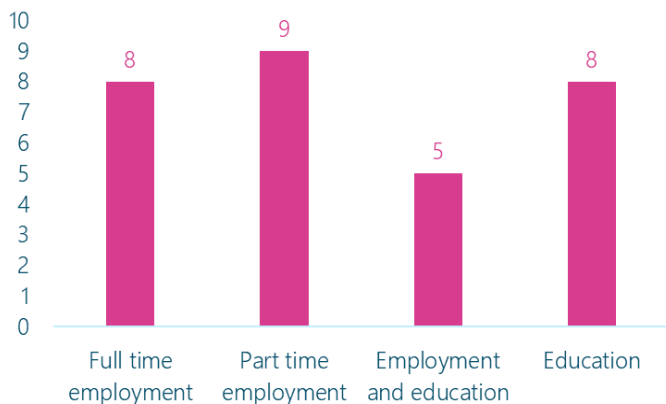
What is your sexual orientation?



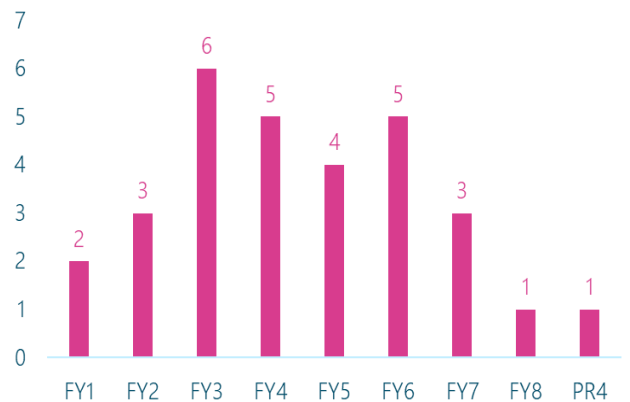
What is your ethnicity?



What is your employment status?



Please enter the first half of your postcode:





## Self-harm Survey Feedback

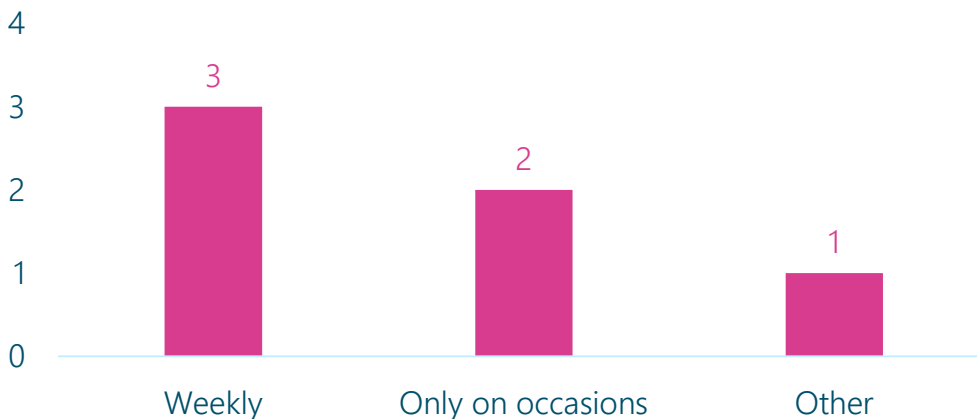
Please select which of the following options most applies to you:



**Other:** "I abused substances in the past but see this as self-harm", "I haven't and don't want to", "I knew someone who self-harmed", "Never thought about it", "Never thought of self-harming", "None".

**For those who responded with "I self-harm" or "I have previously self-harmed", further questions were asked:**

How often do you/did you self-harm?



**Other:** "In the past it was often but not regular".

## Self-harm Survey Feedback

Participants were then asked to disclose the reasons for this, if they felt comfortable to do so. The following responses were received:

*"Was being bullied at school."*

*"Poor mental health from trauma, often triggered by stress and panic attacks as a coping mechanism."*

*"I was dealing with past trauma that I found difficult to cope with day to day. I was also trying to get stable on medication for Bipolar disorder which took a long time and I found this hard to cope with also. I wasn't sleeping and feelings and flashbacks were over whelming the self harm seemed to ground me in a way and snap me back to reality almost sometimes. I also think sometimes it was a kind of release as I was unable to talk about what I was feeling for a long time."*

*"I was stressed and self-destructive."*

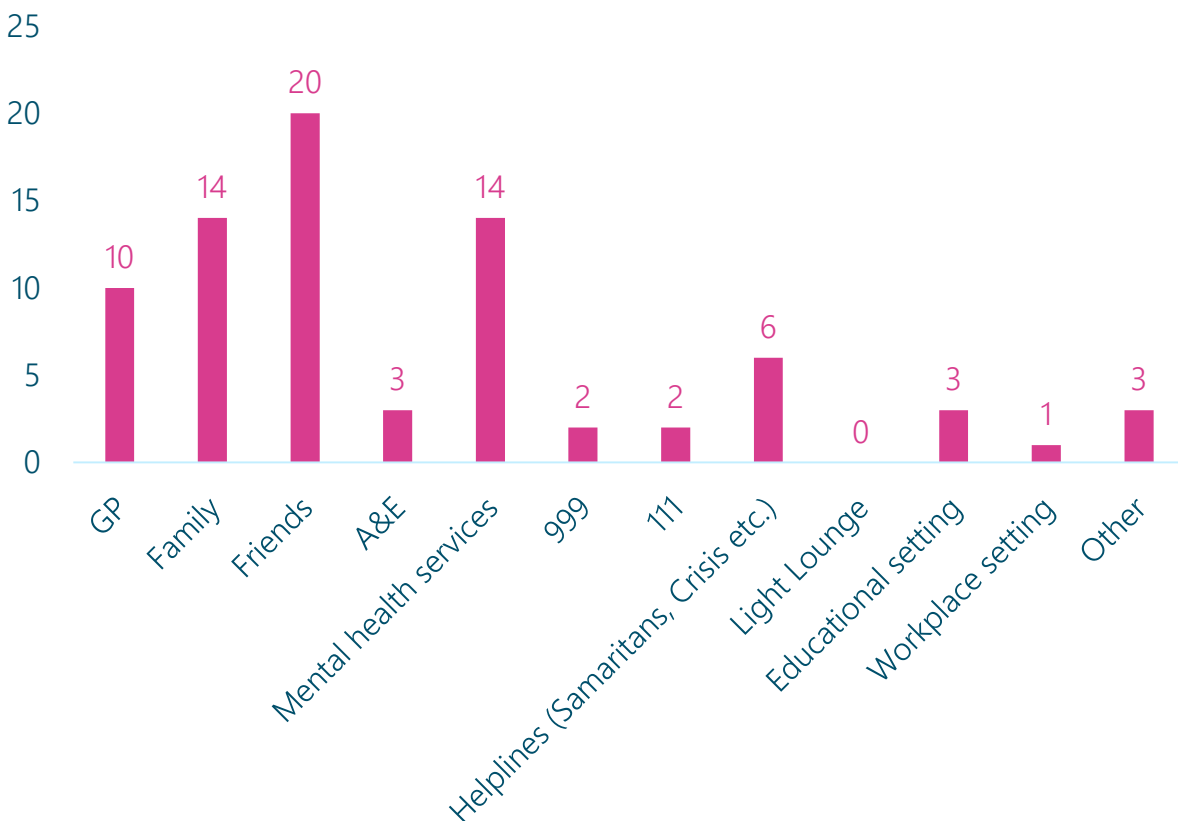
### Do you access any support that helps you to not self-harm?

Of the three responses, only one participant has accessed support, this being "Winston's Wish charity".

### What prevents you from self-harming?

The suggestions included "music, walking", "children".

Which of the following do you/would you go to for support in relation to self-harm? Please tick all that apply:



## Self-harm Survey Feedback

### All participants were asked “What does good support for people affected by self-harm look like to you?”

Twenty three people responded suggesting the following features are key to good support:

#### Listening

Nine participants mentioned the importance of listening when seeking support for self-harm.

*“Good listening skills.”*

*“Someone to listen on a basis of straight away. Only because if someone is self harming it's not an instant situation, it's been planned and pre meditated. When they reach out they do need help asap.”*

*“Literally just being there, to listen and support the person.”*

#### Non-judgemental

Four references were made to support services approaching people with the appropriate attitude.

*“Supportive, understanding, listening, non-judgemental.”*

*“Care and compassion, being non-judgemental.”*

#### Talking

Five people stated that talking things through with a supportive person can be helpful.

*“Having someone to talk to who is available at all hours.”*

*“Talking openly about the issue and dealing with the thought, feelings and emotions that drive an individual towards harm.”*

*“Reliable and talkative people.”*

*“Talking to people about your problems.”*

#### Lived experience of self-harm

Two suggestions were made for people with lived experience of self-harm and mental health struggles to provide support.

*“People with their own experience helping others.”*

*“Someone to talk to, maybe someone that has experienced it and has come out on the other side of it (doesn't do it anymore) to hear their experiences.”*

#### Practical support

Seven people put forward ideas around methods of supporting people who self-harm.

*“Providing tools to do it safely rather than completely abstain”*

*“A clear plan going forward”*

*“Even simple looking out for them and making sure they socialise is important because if they are spending time more active and with their friends/family it will take away the negative thoughts even for a moment”*

*“Suggest better alternatives”*

*“Reassurance and having medical support to deal with outcomes”*

*“Making sure they get help, feel loved and avoid things that trigger their self-harming behaviour.”*

## Self-harm Survey Feedback

### Practical support

*"I wouldn't have attended a group nor would I suggest one to anyone else who was self harming. I feel groups to be more harm than good in this respect. I was involved in a young persons group but it really became more stressful for the young people involved worrying about each other or in some cases competing with each other. I think when it comes to self harm one to one is needed to look at the cause of the pain behind what the person is doing. This is not a quick fix and for some its something that may go back into through out life on and off when things get hard. Its used like a coping method, all be it frowned upon one... but for some I can see it worked ... helped even to keep them going till real healing happened and new ways of dealing with overwhelming feelings were able to be put in place. I have seen self harm be addictive in a way sometimes almost like a easy release or relief from stresses or feelings. This again is not a quick fix and it will never be a one thing to fit all, healing from trauma is as individual as the life experiences"*

### Other

*"It should be welcoming and easy to get I feel like for many mental health services there are very long wait times unless you are in crisis but I think that sometimes people need to be able to access help easily before that crisis point."*

## Is there anything that you feel is missing in terms of available support in Blackpool?

Twenty two participants responded to this question, with seven stating they were not sure or weren't familiar with services to comment. Out of the remainder of the responses, the following themes have been identified:

### Increased awareness of services

Five people suggested that individuals aren't always aware of what self-harm is and what support is available locally.

*"Advertising the support available at the right locations."*

*"More awareness to families and to the person that needs the help on where to go for the help."*

*"Awareness of self-harm in all its forms."*

*"A clear direction of where to go if you self harm/feel like self-harming- perhaps it should be taught in schools?"*

*"Making the support services more known about."*

### Access to mental health services

Three people suggested improved access to local mental health support.

*"Better community access to mental health services and support groups."*

*"Action needs to be taken quicker from people like the Crisis team etc."*

*"CAMHS is limited in how much it can help, from what I've heard. I think it uses 10 free sessions of CBT, which for the more serious cases of self-harm and depression might not be enough. I think another therapy outside of CBT should be used, more centered around the humanistic and biological approach combined. I don't know about the other services, but they seem good."*

## Self-harm Survey Feedback

### Suggestions for alternative support

Three people put forward ideas for what they perceive to be missing in terms of available support in Blackpool.

*"Walk in, easy to access support is important in supporting people who self-harm."*

*"Urgent help that isn't 999 or A&E – waiting lists for services are too long. Some people need help that isn't urgent but can't wait."*

*"I think more one to one talking therapy that is not limited to a six-week term for example. When someone is dealing with trauma and mental health issues it often takes time to trust in anyone enough to start talking and start to heal from issues that have been with them for a life time. I think more education around other coping strategies should be taught and made more available and affordable/accessible for all. There is no where near enough access to good therapeutic counselling or talking therapies. Places for people to learn how to deal with their own trauma and move on with life.. And also groups or educational therapy where people can learn to deal with their own mental health issues. Often people are told you have this mental health issue its called ..... and then sent home to deal with it and get used to the meds and lasting symptoms with little to no support."*

### Taking time to listen

Two participants referenced having an appropriate attitude and approach to people seeking support for self-harm.

*"GP doesn't have time to listen it's a case of diagnosing yourself these days."*

*"There isn't really much support for self harm unless you are suicidal. No one cares if you self harm but not suicidal they think I'm just trying to get attention and don't listen. Self harm isn't a big deal to doctors."*

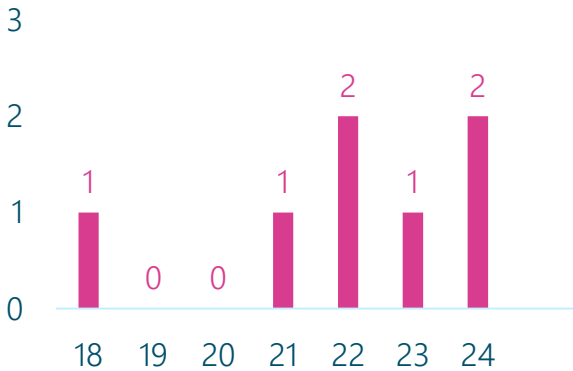
# Case studies

# Methodology

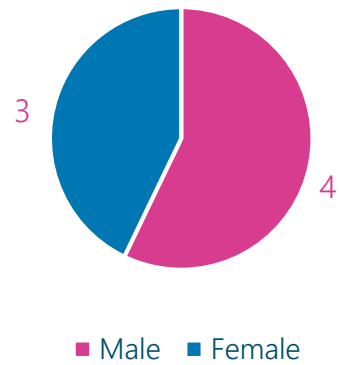
## Participants and demographics

Healthwatch Blackpool completed seven one-to-one sessions with residents at Sycamore House. The graphs below display the demographic information of those who took part.

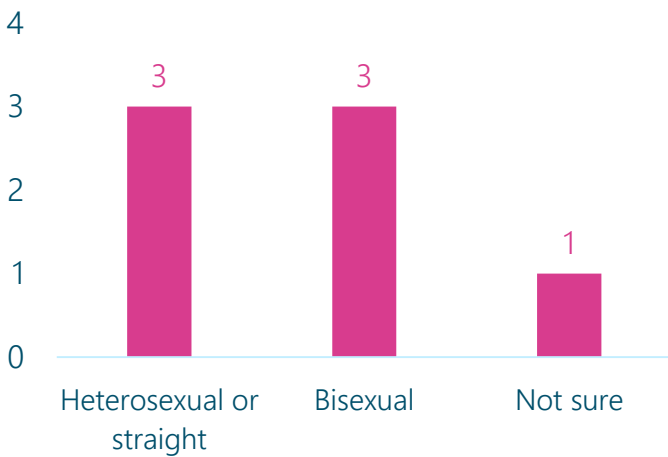
How old are you?



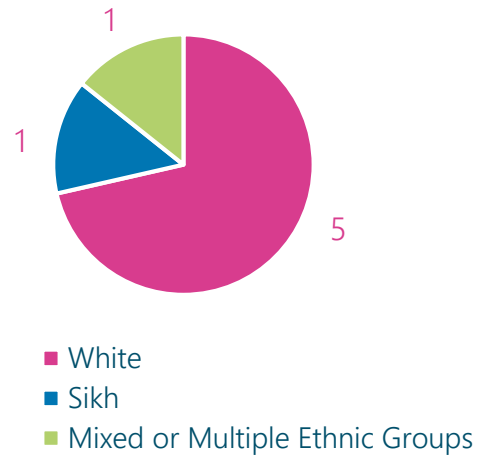
What gender do you identify as?



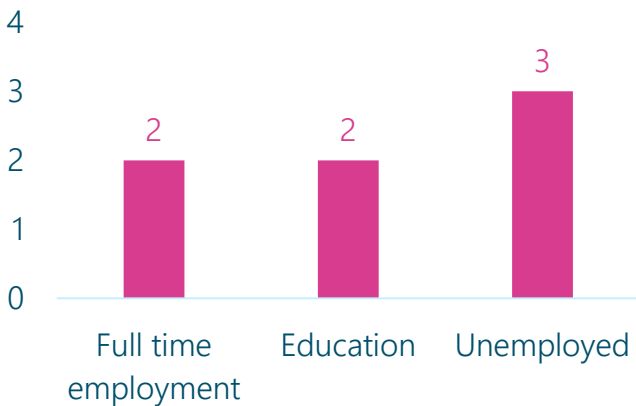
What is your sexual orientation?



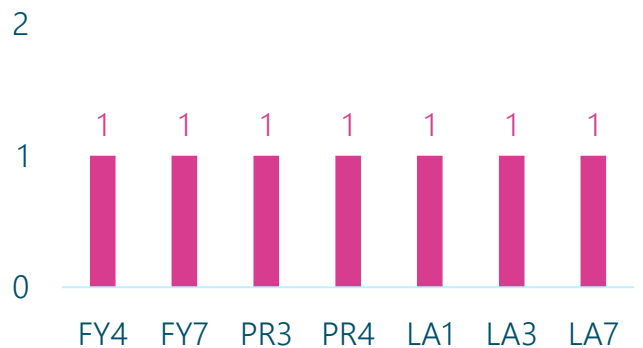
What is your ethnicity?



What is your employment status?



Please enter the first half of your postcode:



## Case Studies

### Background:

*"I tried to end my life through an overdose. I rang the national suicide helpline and told them I had taken tablets. The helpline called NHS 111, were made to wait, who then sent an ambulance. It took the ambulance 8 hours to arrive. This happened in Lancaster. It made me think that if I kept taking more tablets I'd be dead. My friend chased up the ambulance and they asked if anything had got any worse. They told her if this wasn't the case, you do not need to call us. If I'm honest, I didn't think they were coming. It made me feel like they thought I was only kidding."*

### What does good support for people affected by self-harm look like to you? Please describe:

- "I found it helpful to go to A&E in Lancaster. The mental health liaison team were amazing."*
- "I like talking therapies. Allows you to talk in depth."*
- "Talking to a counsellor in the past has helped me."*
- "Being able to talk openly/without fear is useful."*
- "Crisis houses – Surprised this type of place even existed. It's really helped me. It's helpful to know someone is here 24/7 and sleeps here if you need help."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- "Yes, I never knew about crisis houses. They are so good."*
- "It would be helpful if there was counselling/psychotherapy included in crisis houses. I am not sure if there is funding for that though. I do still have impulses to end my life so the current sessions help but they only discuss emotions. It's specified that these sessions are not counselling/psychotherapy."*

### Where do you go for support in relation to self-harm?

- "I've called the national suicide helpline and they answered straight away which surprised me. They were helpful."*
- "I sometimes talk to my friends."*
- "I have tried the SHOUT texting service – they make you wait so many hours for a reply so by that time I'd fallen asleep. Maybe they would be better if you text at a less busy time."*



## Case Studies

### Background:

*"I felt suicidal and was having couples therapy. I self-harmed a couple of times and suffer from depression."*

### What does good support for people affected by self-harm look like to you? Please describe:

- *"You need a good support network."*
- *"When I've called the Crisis line I feel like they think it's not genuine. It's only been about two phone calls where I've felt like that. I call them if I'm really bad. You get some people that are so experienced but others have their head in the clouds. It's always someone different that you speak to. Some people don't sound genuine and in a mental health crisis this is vital."*
- *"You need someone who is supportive and comforting. I had a lovely lady called \_\_\_ and it was like I'd known her my whole life."*
- *"When I'd woken up from a horrific sleep paralysis dream, the Crisis helpline said 'so you're ringing cos you've had a bad dream'. This came as a shock. He was nice eventually and talked me through things but it's not a good way to answer the phone. The number is given out for a reason. Usually when people are calling it's a last resort before doing something stupid."*
- *"The Samaritans are really good."*
- *"The way someone answers the phone is the difference between life and death."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- *"There needs to be more places like Sycamore House to live in 24/7 with more greenery."*
- *"Better training is needed for staff – someone who is not patronising and offers comfort."*
- *"Doctors need retraining instead of just prescribing drugs."*
- *"There needs to be quicker access to support."*
- *"Parents need to be taught about mental health and educate their children about mental health – For example, I was having a panic attack in B&M bargains whilst with my little brother and I had to try and explain whilst having a panic attack what was happening to me. Parents need to be taught that mental health is not a taboo subject."*
- *"There needs to be education in schools and the importance of nature to help mental health."*
- *"Limit social media use."*

### Where do you go for support in relation to self-harm?

- *"My family."*

## Case Studies

### Background:

*"I overdosed on paracetamol after texting SHOUT."*

### What does good support for people affected by self-harm look like to you? Please describe:

- *"Being able to say stuff without any judgement."*
- *"Someone to talk to and give advice who actually listens."*
- *"Sycamore House is really good."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- *"SHOUT – I had pills in my hand about to overdose and they text me back saying 'we've finished with you now'. Every time I message them it's like they use the same script. It's not personal and they always say the same things like 'you are an incredibly strong individual'. They have said this to loads of people. It makes me feel like it's not an actual person who is texting back. It's like they weren't listening."*
- *"I usually ring the Samaritans or the Crisis helpline – they haven't been very helpful because I still ended up overdosing. It's almost as if they are not listening."*
- *"If none of the techniques work I'm back in the same situation."*
- *"The mental health service at Lancaster A&E department just told me I need to try and manage it myself."*
- *"I need someone that can relate to me who has been through it. Someone with lived experience."*
- *"I need to get out my flat. When I'm feeling like that moving me somewhere for a couple of nights helps. Maybe this could be an option."*

### Where do you go for support in relation to self-harm?

- *"I call the Crisis helpline and if they don't answer I just go through with it. The Crisis helpline can be helpful but it depends who answers."*
- *"I don't speak to my family about mental health. I don't want to panic them. They know I am here (Sycamore House) but don't know why."*
- *"If I hadn't come here I would be dead."*

## Case Studies

### Background:

*"I have Asperger's. This was not diagnosed until I was 18 years old. I phoned my GP begging them for help. They just said they are limited. The next day I was in A&E after self-harming. I cut my wrist. I had to wait in A&E first, rather than going straight into the mental health place. I was waiting an hour. It was so stressful. I could hear someone having a stroke next to me. When I was moved through it was so calming. If you are ever in a crisis like that, try and divert away from A&E."*

### What does good support for people affected by self-harm look like to you? Please describe:

- "I have not accessed specific support for self-harm. I've never really spoken about it."*
- "I like to speak to people like me – other people who have self-harmed with lived experience of this."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- "I have just been given tablets. I don't want to take tablets. The doctors are very detached. You can tell they don't know. I had to wait six months for a medication review. You don't always get the same GP too. My dad told me when he was growing up, they used to have a family GP who would visit their house and it was always the same person but it's not like that now. There's no guaranteed person. I want a GP that actually listens. It feels like it's rushed. Someone that will take the time to sit down and talk. Better training for GP's too. So many times I have explained how I felt and he said I'm not even trained in any of this."*
- "Not everyone wants medication. There needs to be quicker access to talking therapies like CBT. I told the doctors that medication doesn't work and they just insist on trying different medication. I have been on seven different types of meds. I tried to kill myself more on the meds than compared to when I wasn't on the medication. There's no filter. It's so easy just to chuck them at people. It's just a temporary thing."*
- "Awareness. I had no idea this Crisis house was here."*
- "I waited eight months for an appointment through Supporting Minds who told me because I have suicidal thought/ideologies I am not eligible for CBT. Waited for nothing."*
- "Mental health should be taught in education. I only found out I had Asperger's at eighteen. It should be in the curriculum. There was a poster at my school but nothing was discussed."*

### Where do you go for support in relation to self-harm?

- "I used to go to my GP but had bad experiences there. I don't call the helplines. I have had the numbers before but thought what is the point."*
- "I have accessed the Light Lounge but I have been struck off because I didn't attend an appointment due to Covid. It wasn't their fault to be fair. I came off the tablets and my head was mush. I'm not sure if I'm still on the waiting list for that."*

## Case Studies

### Background:

*"I have never spoken about self-harm before. I went to A&E and then came here straight from the hospital."*

### What does good support for people affected by self-harm look like to you? Please describe:

- *"Coming somewhere like this (Sycamore house)."*
- *"Talking to someone and having coping strategies – I have never spoken about my problems but now I feel better for it."*
- *"I use the elastic band strategy."*
- *"When thinking of negative thoughts, putting my head in cold water or crushing ice is working well for me."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- *"There needs to be more staff in mental health services. They tell people to speak out and when they do, they feel like they are not getting the support they need."*
- *"At the hospital I felt neglected – there needs to be better facilities. There is not even a mental health unit at Preston hospital."*

### Where do you go for support in relation to self-harm?

- *"I went to the hospital straight away."*
- *"I have never rang any helplines. I was aware of a few but not all of them."*

## Case Studies

### Background:

*"I am originally from Birmingham but have lived in Blackpool for two years. I have struggled with mental health for a while. A lot had happened with work and family and I struggled. I have self-harmed multiple times a week since I was fifteen. I have been in this crisis house twice before. I'm like part of the furniture and I'm comfortable here."*

### What does good support for people affected by self-harm look like to you? Please describe:

- "I like the Light Lounge because you can just turn up with the drop-in, you don't get that anywhere else."*
- "I use SHOUT a lot, I like that. They answer pretty fast and don't leave until you leave. They're ok but you can tell they're text book. When you're in a crisis and need to rant it out I like it. I prefer speaking to someone over text than in person, makes me feel more comfortable."*
- "Crisis House."*
- "The bit next to A&E is good (believe this individual is referring to MHUAC). You can tell the difference with the staff, they went out their way to help me and put the TV on etc."*
- "I have been to the Doctors/A&E and they're pretty shit. I had a nurse on the ward at The Vic turn to me and say 'do you know how much money you've wasted cause you're not actually dead', but she said it to me when I was on my own so it was her word against mine."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- "All pretty much available for me. The crisis house taught me how to self-harm safely, the rubber band doesn't work for me, only ice with red food colouring and frozen grapes work, the guy from here told me about this and I've used it ever since."*
- "I've tried to get therapy for four/five months and haven't heard back yet. It's through the YMCA in Fleetwood where I used to live."*
- "I have accessed CBT but didn't find it to help, not many things work for me because I'm stubborn."*

### Where do you go for support in relation to self-harm?

- "SHOUT – answer within 5 minutes, even if you don't want to talk you can just rant. I always get a response. Once I didn't answer for 10 minutes and they rang me an ambulance. I was in crisis. That worked for me in that situation, they turned up in 20 minutes."*
- "Light Lounge – never had an issue."*
- "A&E – only if I really need to."*
- "I ring the YMCA where I used to live, they are really good. I lived there for 6 months. If I ring up I can call in for a chat and a brew whenever."*

## Case Studies

### Background:

*"I'm from Kendal, near Cumbria. This is the closest Crisis house to home."*

### What does good support for people affected by self-harm look like to you? Please describe:

- "Strategies to deal with self-harm, e.g. ice water, elastic band. Just knowing that there are strategies to deal with the overwhelming response, which give a similar feeling to self-harm."*
- "A focus that's not just on everything good in your life but a focus on how to manage it and get through it without injury to yourself. By focusing on everything good in my life, it makes me feel guilty like I should not be self-harming."*
- "Asking questions in a way that does not make you feel pressured to talk about it. Taking things slower at first, e.g. saying I do self-harm but will talk about it when I am ready."*
- "Being able to talk about it without any form of judgment in an open environment."*
- "Being compared to someone else's self-harm is very difficult, e.g. 'you are not as bad as him or her so I am not going to help you'."*

### Is there anything that you feel is missing/gaps in terms of the current support available in Blackpool?

- "Mental health is not taught actively in schools – it's like trying to understand the unknown."*
- "Having access to information about self-harm and other people's lived experience."*
- "Having a website to hear about what other people are going through would be useful. It's the isolation that's a killer. Not knowing that there are other people going through the same thing. You feel like you are the only person. Maybe somewhere where people can share their experience anonymously. It could have sections about specific things."*
- "With Universities, it is not taught in the curriculum but they have counsellors to help. You have to seek them out yourself though. It should be broadcasted more. The only reason I know about it is because I struggle with my mental health and they were aware of that when I applied. Only when it got worse they put me in contact with someone. The issues is waiting until it gets worse to the point that you need it. When you are at that point you might not reach out."*
- "A PTSD helpline, which is not just for veterans. There is not one for just civilians with PTSD. They are all generic and not specific. If I have a traumatic flashback it may lead to me hurting myself."*
- "I was not aware this Crisis house was a thing and how much freedom I have here."*

### Where do you go for support in relation to self-harm?

- "I am quite open with my friends at University and I have a good support group of friends."*
- "I have used the Samaritans. They are quite good because they are 24 hour. They can't really offer advice but just having them listening and unloading is good."*
- "At home I contact the Crisis team. In the day it's Papyrus. They are more specific which is good."*

# Primary Intermediate Mental Health Team

## Primary Intermediate Mental Health Team

A Healthwatch Blackpool representative attended the Blackpool Teaching Hospitals Primary Intermediate Mental Health team meeting in January 2022. The purpose of promoting the work within this arena was to increase engagement with the project, as well as gaining an insight into the views and perspectives of staff. Following the meeting, two members of staff completed a survey to capture this, with the responses shown below.

### **In your experience, what are the biggest struggles for people experiencing self-harm in Blackpool?**

- *"Not feeling judged by professionals."*
- *"Lack of resources that are able to manage the underlying psychological causes of self-harm."*

### **If you are presented with a person who self-harms, do you offer support specifically in relation to this or is the support incorporated into a wider intervention?**

- *"Incorporated into a wider intervention."*
- *"As a wider and holistic package of care - risk assess first if any injuries or thoughts to injure self."*

### **Do you signpost/refer people to anywhere locally that is beneficial for people experiencing self-harm? Please include details of this.**

- *"Self harm support network."*
- *"Light Lounge, Counselling in the community, Primary Intermediate Mental Health Team, Women's Service."*



# Conclusions

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## Conclusions and Next Steps

Looking forward, it is clear that our local community would like to see increased lived experience representation within services, to offer non-judgemental support from someone who can relate to how they are feeling. In addition to this, as friends and family have been identified as the primary support mechanism, it may be helpful to offer free, confidential carer's support, including information on how to respond safely whilst maintaining their own wellbeing.

The support currently offered by mental health services needs to be available at the onset of self-harm, rather than when individual's are at crisis point. Moreover, when people reach out to services, feedback suggests the mental health support needs to be provided quicker. In particular, talking therapies were identified as being an aspect of support that people struggle to access, therefore reducing waiting times and improving communication whilst on the waiting list would be beneficial for those struggling. When in receipt of mental health support, particularly via the text service SHOUT or the mental health crisis line, it appears the services would benefit from being more personalised, as opposed to seeming 'text book'. Similarly, if individual's are attending an Emergency Department due to their self-harm, it is preferable to have a designated mental health facility available that can offer specialised support.

Feedback received in relation to the Crisis House was overwhelmingly positive, and there is a clear preference for this model of support to be replicated widely across Lancashire. Furthermore, many of the individual's in the Crisis House that engaged with Healthwatch Blackpool were not aware that it existed prior to this visit, but have found the support crucial to their mental health. This therefore highlights a potential gap in awareness of the support that Crisis Houses offer, as well as the value that people feel this service has.

Raising awareness of self-harm and mental health within educational settings is something that young people would like to see moving forward. This needs to be clearly embedded within the curriculum in order to reduce stigma and encourage young people to talk openly about their thoughts and feelings.

## Stakeholder Response

*"This project was funded through the Better Mental Health Fund. We hope the valuable insights gathered will help inform local care pathways for people affected by self-harm."* **Zohra Dempsey, Public Health Practitioner, Blackpool.**