



Early Identification and Prevention of Self-Harm among Adolescents: A strategic plan for Medway 2020 – 2023

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1. Introduction

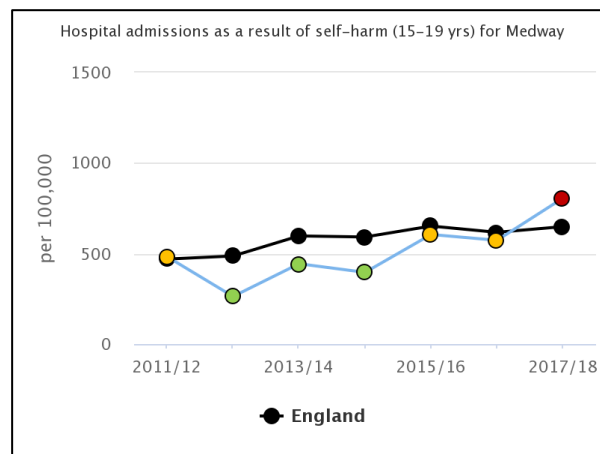
1.1. Rationale

Self-harm is a preventable public health concern and a risk factor for future suicide. It is more common among children and young people (CYP), with 65% of cases occurring before the age of 35ⁱ. Repetition is also common, with a quarter of individuals returning to A&E within a year of hospital treatment for deliberate self-harm.

While admissions in Medway (442.0 per 100,000) are similar to the averages for England (421.2 per 100,000) and the South East region (467.6 per 100,000ⁱⁱ) – they have been increasing steadily since 2011/12 (figure 1), particularly among 15-19 year-oldsⁱⁱⁱ. Rising admissions for self-harm may suggest an increase in self-harm incidents using more harmful methods that are more likely to require hospital admission.

Collaborative working, delivering training, harnessing technology and developing existing assets are the key features of a sustainable approach to identifying and preventing self-harm and repeat self-harm in Medway.

Figure 1: Hospital admissions as a result of self-harm (15-19 years) for Medway



1.2 Definition

Non-suicidal self-injury (NSSI), also known as self-harm, self-injury or self-mutilation is a deliberate act of injury or neglect. It is a way of coping with and/ or expressing overwhelming personal distress^{iv}. The term self-harm covers a wide range of behaviours and the reasons people self-harm vary greatly from person to person and may be different on each occasion^v. More commonly recognised forms of self-harm include cutting, burning and biting. However, there are many other forms of self-harm, such as risk-taking behaviours including alcohol or substance misuse, undereating and violent behaviour.^{vi}

1.3 Why do people self-harm

Self-harm is a way of managing emotional distress such as difficulties at home, anxiety, bullying, bereavement, transition, poor relationships, academic pressures and conflict^{vii}. The most reported reasons for self-harm are to relieve tension, reduce unpleasant feelings, self-

punishment and to regain awareness of physical sensations^{viii}. Other reasons may be to take back control or as a way of identifying with peers.

1.4 Contagion of self-harm

Exposure to friends who self-harm significantly increases the risk of individuals turning to self-harm as a way of coping and identifying with peers.^{ix} This is further perpetuated by the explosion of social media. In addition, people who self-harm are more likely to migrate towards friendship groups with other members also engaging in self-harm.

1.5 Self-harm and suicide

Self-harm is a significant predictor for increased risk of suicide. One to three per cent of those who present to hospital for self-harm will die by suicide within a year. Of those who die by suicide, over 50% have a history of self-harm and 15% have presented to hospital with self-harm in the year leading up to their death. ^x

2. Local and National Policy context

Early identification and prevention of self-harm requires a collaborative approach to ensure partnership working across a range of organisations. There are also several recommendations from national and local policy to consider, these are summarised in appendix A. In particular, the following objectives from *Medway CYP's Plan 2019 – 2024*, *The Local Transformation Plan for CYP's Mental Wellbeing in Medway* and the *Kent and Medway Multi-Agency Suicide Prevention Strategy 2015-2020* have been identified as the areas where this strategic plan can have the biggest impact.

- Provide support for the whole family
- Improve confidence, knowledge and skills across the CYP's workforce
- Challenge the stigma of poor emotional wellbeing
- Provide advice on the topic of self-harm
- Establish a multi-agency self-harm working group
- Provide more support for people with a history of self-harm before the reach A&E
- Promote the five ways to wellbeing, deliver Mental Health First Aid and provide extra support to vulnerable groups

3. Local Self-harm intelligence^{xi}

3.1 Prevalence of self-harm

Presentations to hospital for deliberate self-harm increase significantly from the age of 12 years and decline from the mid-20s onwards. Prevalence is estimated to be as high as 20% among 15-year olds. The rate of repeat attendance for self-harm is up to 25% as measured by the number of individuals returning to hospital within a year. Repetition is even higher (54.8%) among individuals who haven't engaged with clinical services. Diagnosable mental health disorders are present among at least 80% of those who present to hospital because of self-harm.^{xii}

In 2018/19 there were approximately 230 attendances at Medway NHS Foundation Trust Hospital for 'deliberate self-harm' among 10-24 year olds. The classification of patients into the 'deliberate self-harm' patient group is determined by the staff undertaking the coding and so may vary. There were approximately 195 admissions for self-harm among 10-24 year-olds in 2018/19. Hospital admissions data for self-harm is determined from finished hospital admission episodes where the main recorded cause is 'intentional self-harm' and is therefore a more reliable marker of self-harm prevalence than hospital attendance figures.

Statistics on self-harm in the UK tend to rely on routine hospital data (hospital attendances and admissions). Unfortunately, this data does not show the full extent of self-harming behaviours in Medway, since many people do not seek or require medical attention. For example, the methods of self-harm vary between males and females. Drinking and drug use, for example may fall outside of definitions used by services. Self-harm among males, is therefore likely to be under-reported. Western estimates predict that 10-20% CYP have self-harmed at least once.^{xiii} Thus, 5000 - 10,000 CYP aged 10-24 years in Medway may be struggling with self-harm. For this reason, community-wide interventions which promote resilience and aim to reduce the stigma of self-harm are necessary.

3.2 Implications

Self-harm has significant and preventable financial implications for health^{xiv} and social care and is linked to poorer educational outcomes. Table 1 shows some of the costs related to A&E attendance for self-harm. In Medway, this equates to £38,180 and £144,690 spent on hospital attendances and admissions respectively during 2018/19. There are additional costs associated with onward pathways for treatment. Referrals to specialist child and adolescent mental health services (CAMHS) have increased by 26% over the last 5 years, despite a population increase of only 3%. A survey of 3,750 people aged 12-16 years found that only 5% of those at risk of depression or self-harm had seen CAMHS in the previous 6 months.^{xv}

Table 1: Summary of the average 2017/18 costs to the NHS per unit for different types of care

Service area	Unit cost (£)
A&E attendance	166
Hospital admission (per day)	742
Mental Health Assessment	307
CAMHS	275

3.3 Repeat self-harm

Hospital data for both A&E attendances and admissions relate to presentations rather than persons. Some individuals may have attended A&E or been admitted to hospital for self-harm multiple times in one year and these will have been recorded as separate incidents each time. Table 2 shows the number of admissions (approx. 195) and the number of unique patients (approx. 155). Of the 155 individual patients in 2018/19, 19.4% had had at least one previous

admission for self-harm in the last 12 months. It's also interesting to note that the rate of repeat self-harm in those aged 10-24 years in Medway has generally increased in recent years. A review of how data is recorded and used is necessary, as well as interventions that support CYP to effectively manage their self-harm so that re-admissions are avoided.

Table 2: Patients (10-24 years) with at least one previous admission for self-harm in the last 12 months, NHS Medway CCG, 2011/12 to 2018/19

Year	Total admissions	Total patients	Patients with at least one previous admission for self-harm (last 12 months)			Mean no. admissions per patient	Max no. admissions by a patient
			Count	Percentage of total patients	Rate per 100,000 population		
2011/12	170	145	20	13.8%	36.4	1.2	4
2012/13	115	105	15	14.3%	27.3	1.1	3
2013/14	145	120	20	16.7%	36.6	1.2	3
2014/15	125	110	25	22.7%	46.3	1.1	3
2015/16	210	185	25	13.5%	46.9	1.1	4
2016/17	155	130	25	19.2%	47.8	1.2	5
2017/18	225	170	25	14.7%	48.9	1.3	13
2018/19	195	155	30	19.4%	59.5	1.2	10

Source: Hospital Episode Statistics, NHS Digital
Small counts (1-7) suppressed (*) and rates calculated using a value of 3.
All counts rounded to the nearest 5.

3.4 Method of self-harm^{xvi}

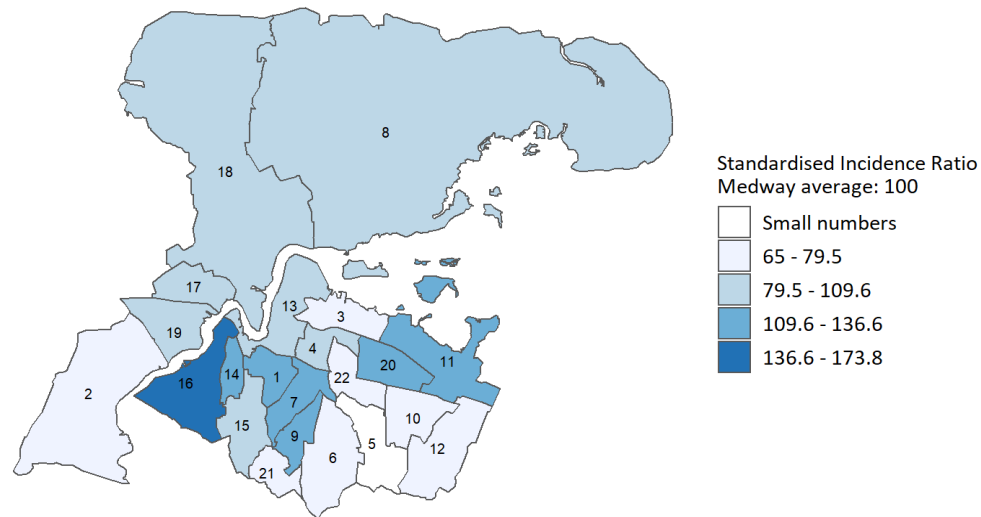
The most common primary diagnoses for A&E attendances due to deliberate self-harm among 10-24 year olds in Medway (2018/19) were psychiatric conditions (24%), laceration (20%) poisoning ([17%] including overdose) and dislocation/ fracture/ joint injury/ amputation (11%). It is interesting to note that the 3-year aggregated data (2016/17 – 2018/19) for admissions for self-harm by cause shows that the most common methods of self-harm were poisoning (77%) and sharp object (17%). Self-harm might be particularly difficult to code for routine statistics, as self-harm is a behaviour rather than a diagnosis and the presenting complaint may not clearly relate to the underlying cause (e.g. presenting symptoms might read 'cut' for self-injury, or 'stomach pain/nausea' for overdose). Coders may not have the information or experience to extract the appropriate information needed to code correctly. Training and a review of how data is collected, recorded and used should be a priority for Medway.

3.5 Self-harm by ward

Five-year (2014/15 – 2018/19) aggregated data for hospital admissions as a result of self-harm among 10-24 year olds shows that the wards with statistically significantly higher Standardised Incidence Ratios (SIRs) are Rochester West (173.8) and Twydall (136.6). These wards have self-harm hospital admission rates that are approximately 40-70% higher than the

NHS Medway CCG average. The risk of self-harm is not necessarily increased by deprivation. In Medway, the wards with the greatest levels of self-harm are different to wards that we usually focus on because of health inequalities. This information allows us to ensure that self-harm interventions and resources are prioritised in the areas with the greatest need.

Figure 2: Hospital admissions as a result of self-harm (10-24 years) by Wards in Medway CCG, 5 years aggregated, 2015/15 to 2018/19



Data source: Hospital Episode Statistics, NHS Digital
Map boundaries:
Contains National Statistics data © Crown copyright and database right 2019
Contains OS data © Crown copyright and database right 2019

1 - Chatham Central; 2 - Cuxton and Halling; 3 - Gillingham North; 4 - Gillingham South; 5 - Hempstead and Wigmore; 6 - Lordswood and Capstone; 7 - Luton and Wayfield; 8 - Peninsula; 9 - Princes Park; 10 - Rainham Central; 11 - Rainham North; 12 - Rainham South; 13 - River; 14 - Rochester East; 15 - Rochester South and Horsted; 16 - Rochester West; 17 - Strood North; 18 - Strood Rural; 19 - Strood South; 20 - Twydall; 21 - Walderslade; 22 - Watling.

4. Risk factors for self-harm

Adverse Childhood Experiences (ACEs) such as witnessing domestic abuse, experiencing neglect, poverty and parental separation increase the risk of self-harm and suicide. Most people have experienced at least one type of ACE (57%). However, those (13%) who experience multiple events (4 or more) are at highest risk of negative outcomes^{xvii}.

Other events that increase the likelihood of self-harming behaviours include; being a looked after child (45%^{xviii}), having autistic spectrum condition (ASC), bereavement, substance misuse, mental health conditions, struggling with sexuality or gender identify, bullying and difficulties maintaining tenancy.

In Medway, 82% of admissions for deliberate self-harm among 10-24-year-olds were female (2018/19)^{xix}. However, this may be because females are more likely to seek medical support. Also, the ways in which males self-harm are different to females and may fall outside of the usual definitions for self-harm used in the community. Interventions to reduce and prevent self-harm may need to target males and females differently.

Five to fifteen-year olds spend 15 hours each week online. Systematic reviews have found 30% positive effects such as increased self-esteem, connectivity and access to information; and

26% negative effects such as competitive pressures, bullying and exposure to harmful content linked to online activity.^{xx}

Strong social attachments, positive family relationships and treatment for mental health conditions have a protective effect. The NSPCC (2009) finds enough evidence to suggest that appropriate support at the time of the first episode of self-harm can prevent further self-harming and suicide attempts. Bristol City Council have taken steps in their One City initiative to make the public service staff ACE aware by 2020 and all parents by 2025. Medway Council is working in partnership with Kent County Council to deliver the Making Kent and Medway ACE aware programme. The programme aims to bring the public, voluntary and community sectors together to lead lasting whole system change and the prevention of childhood adversity.

5. Effective prevention of self-harm

Below is a summary of the overarching themes and recommendations that have been identified by Hillingdon^{xxi}, Gloucestershire^{xxii}, Brighton^{xxiii} and the Royal Society of Psychiatrists^{xxiv} in their reports. These findings have been consistent with our own research and are referenced in the strategic action plan below.

- 5.1 Collate the information and support available
- 5.2 Prioritise engagement of CYP in designing services that affect them
- 5.3 Improve collection and use of data
- 5.4 Develop a consistent training offer for professionals
- 5.5 Use a whole school approach to promoting CYP's emotional health and wellbeing. School based social and emotional learning programmes save £84 for every £1 invested.^{xxv}
- 5.6 Develop and distribute resources to support teachers and other professionals in recognising and responding to self-harm
- 5.7 Identify clear referral pathways and clarify service threshold criteria
- 5.8 Introduce an emotional resilience and anti-stigma awareness campaign
- 5.9 Provide support and information to parents
- 5.10 Make information available online using the internet to aid recovery
- 5.11 Provide support for CYP who are in A&E awaiting treatment
- 5.12 Introduce a self-harm policy which provides advice around first aid, safety planning; identifies sources of support and safeguarding leads.

6. Community Engagement

A variety of consultation activities (as summarised in appendix B) were carried out between July 2019 and February 2020 in order to review the issues that affect CYP, their families and the professionals who work with them. Many of the people we spoke to reported issues with accessing specialist support services due to long wait times for an assessment and/ or not meeting threshold criteria. We also wanted to understand the services and approaches that are effective for CYP in managing self-harm and whether the recommendations cited in section 5 are appropriate for Medway. This will enable us to plan how community assets, including the benefits of the internet can be used to aid recovery. Using a flexible model of community engagement, we have enabled CYP to inform and identify the priorities specific to Medway.

Fifty-five young people participated in 7 separate engagement events across Medway and a further 21 CYP participated in a wellbeing survey. The focus group activities focussed on emotional wellbeing and coping strategies more generally in order to create a safe

environment for the YP to communicate openly and honestly. On the occasions where a self-harm disclosure was made, we were able to explore the issues specific to their self-harm with these young people in more detail.

These findings will be combined with the findings from the communication and engagement activities set out in 7.1 to identify preventative solutions for Medway.

Recommendations also highlight support for parents as an important consideration. We collaborated with the foster carer's forum and an ADHD parenting support group to capture the views of 40 parents and carers who are supporting some of Medway's most vulnerable children.

Training sessions provided an opportunity to engage with stakeholders around the self-harm strategy and the actions we needed to take. Members of the self-harm working group were invited to give input at meetings and played a role in disseminating information throughout their networks. We visited the CYP's wellbeing service, 7 individual schools, the children and family hubs, the social care team, the youth service, the public health management team, the children's health and wellbeing board, the corporate management team and a protected learning time event for practice nurses to brief partners on our vision and understand how this fits with their issues around self-harm. We also participated in 8 general engagement events at schools, youth centres, the college and universities. Consultation is an ongoing process and the strategic plan highlights how we will continue to capture the voice of the young person throughout our activity.

7. Strategic Priorities

The self-harm working group was reformed in June 2019. Re-establishing this group was a necessary priority, which enabled us to develop this strategy and the actions contained within. Together we have identified 6 strategic priorities, which were identified from a review of best practice; and the community and stakeholder activities as described in section 6. These strategic priorities will be achieved through a series of actions which are set out in section 10. It was necessary for some of these actions to be developed in parallel with this document; therefore the document includes a mix of completed, ongoing and planned activity. The key features of this plan are; training, tools and resources, technology, promotion and/ or development of existing assets to ensure that the impacts of this strategy are transferable and long-lasting.

7.1 Improved communication and engagement

Establishing a multi-agency working group who will have the primary role in developing:

- community engagement
- asset mapping
- a review of early identification and prevention solutions;
- clearly communicated referral pathways;
- robust datasets;
- reviewing and monitoring the plan
- a campaign for change;

This multi agency group will work with CYP, parent/carers and other key stakeholders to ensure any training and awareness raising is fit for purpose. A full list of multi-agency partners can be found in Appendix C.

7.2 Develop a community and culture in Medway that strengthens emotional resilience and where self-harm is no longer stigmatised

Organisations should have a clearly defined approach to self-harm and the support it provides to CYP and their parents. Yet, there is no specific referral pathway for self-harm in Medway. Medway Public Health will work with its partners to influence the development of self-harm policies and make improvements to how information is shared. We are advocating that well-manged and appropriately resourced discussions around self-harm are introduced in early adolescence through PSHE. Discussions should aim to build resilience by teaching CYP coping strategies, the warning signs; promoting help-seeking behaviour and support available.

Parents/ carers and professionals feel that more support is needed for families of children who self-harm as well as well as a range of information to help parents/ carers to recognise the warning signs. Campaign activities and widespread organisational approaches will help to create the right culture in Medway where CYP know who and how to ask for help; parents know where they can access support and services know how to respond.

7.3 Develop a consistent and comprehensive training offer for professionals and families

Feedback demonstrates that professionals such as teachers and youth workers are overwhelmed with the number of children whose mental health needs aren't being met by local services because of complex thresholds and lengthy wait times; nor do they have the confidence and skills to support them in their own settings. A literature review and asset mapping exercise are ongoing to ensure our approach is informed by best practice. Training opportunities will be a blend of basic awareness sessions aimed at improving awareness, understanding and confidence to discuss self-harm; and more in-depth training that will enable attendees to facilitate their own self-harm support sessions for CYP aged 14-19 years

7.4 Develop and distribute a common set of resources to support teachers, other professionals and the families they work with

Professionals have identified a need for resource packs to help with identification and management of self-harm in their settings. Self-harm toolkits including policy writing guides, interactive tools for developing emotional literacy, books, parent guides and information booklets are available from Youthscape. We plan to distribute these to schools, children and family hubs and youth services. Support will be available to help professionals make the most of these. To ensure our approach is sustainable, we will also utilise free resources such as apps and resources which are available free to download from services such as the Charlie Waller Memorial Trust, Every Mind Matters and Young Minds.

7.5 Promote the safe use of technology to help young people manage their self-harm and aid their recovery

Staff in schools, youth services and early help are overwhelmed with caseloads of children, whose needs may not be met by the specialist mental health services for a variety of reasons. The internet can provide a temporary solution to some of the barriers that people face in

accessing support. For example, toolkits that are available online mean the information is available instantly and provides a degree of anonymity for those who are not comfortable in face-to-face situations. We will work with schools and other partners to ensure that CYP are accessing online content safely through our wider training offer and well work with Medway Safeguarding Children's Partnership to review how concerns are reported and managed.

7.6 Provide support to CYP who are in A&E awaiting treatment

More support is needed for vulnerable young people who present to A&E because of self-harm. We plan to launch, an advocacy service for 10-25-year-olds at Medway hospital in April 2020. Emerge Advocacy have been operating a youth advocacy service successfully in Guildford since 2016 and Chertsey since 2019. The service which operates in the evenings would be staffed mainly by trained volunteers from the Emerge Advocacy service who would operate from the children's ED department. The project aims to reduce re-admissions and re-attendances by providing companionship, information and support with the admissions process and help with accessing services and care in the community for up to 3 months after they have been discharged from hospital. A project delivery board will need to be established in order to gain the necessary approval from Medway NHS Foundation Trust, before the project can be implanted. This collaborative piece of work is also a valuable opportunity to re-assess the ways of measuring the number of cases of children's self-harm and the accuracy of these methods.

8. Further Recommendations

Whilst this strategy does include plans to provide universal support to primary and secondary schools through training, resources and policy support; we recognise that there are far more interventions for adolescents, both locally and nationally than there are for children of primary school age. This represents an inequality and is a significant cause for concern among staff in early years settings. Through the self-harm working group we are keen to explore solutions to address this issue locally.

9. Monitoring the plan

It is clear from both local and national experience that early identification and prevention of self-harm is not the sole responsibility of one organisation; most progress can be made when the public, private, voluntary and community sectors work together to deliver a range of initiatives.

The strategic action plan in section 10 is a live document; it will be a standing item on the agenda of self-harm working group who will be responsible for monitoring and updating the plan. The reporting period will run from the 1st April 2019 to the 31st March 2022. The action plan includes activity completed before the 1st April 2019, as some of these actions were happening in parallel to the development of this plan and were necessary to get to this stage. There will be quarterly updates on individual projects as well as a detailed end of year report. This will include outputs such as the numbers of professionals trained; outcomes such as the number of young people who have reduced their harming behaviours as a result of interaction with a service and qualitative feedback as a measure of quality assurance and to support the continued development of services. The table below is not an exhaustive list of all the data that will be collected; it is a summary of the key indicators of success.

Indicator	Frequency	Baseline (18/19)	Year 1		Year 2		Year 3		Overall Change
			Target	Actual	Target	Actual	Target	Actual	
Routine data for hospital admissions and attendances^{xxvi}									
Rate of hospital admissions as a result of self-harm (10-24 years)	Annual	389.2							
Rate of hospital Attendances for deliberate self-harm (10- 24 years)	Annually	460.3							
Patients 10-24 years with at least one previous admission for self-harm (last 12 months)	Annually	19.4%							

Training Outcomes									
Number of facilitators trained in Alumina	Annually	0	14						
Number of people attending recognising and responding to self-harm workshops	Quarterly	0							
Percentage of professionals reporting improved knowledge and confidence in training evaluations	Quarterly	-	70						
Alumina Outcomes									
Number of Alumina groups delivered	Quarterly		7						
Number of young people accessing Alumina			42						
Percentage of young people who report a reduction in self-harm as a result of Alumina	Annually		30						
Percentage of Young People who report improved levels of wellbeing as a result of Alumina	Annually		60						
Wider Prevention Activity Outcomes									
Number of engagement events			5						
Number of young people engaged	Annually								
Number of people reporting raised awareness of the subject	Annually								
Social media reach for digital campaigns	Annually								
Number of organisations with a self-harm policy in place									

Number of professionals trained in Youth Mental Health First Aid	Annually		60						
Emerge Advocacy Project									
Number of young people accessing emerge	Quarterly								
Percentage of young people reporting a reduction in self-harm	Annually		30						
Number of repeat interactions with the service	Quarterly								
Proportion of positive feedback			70						

10. Strategic Action Plan

Priority 1: Improved communication and engagement					
Action needed	Target audience	Delivery lead	Implementation partners	Timing	Monitoring
a) Establish a multi-agency self-harm working group who will collaborate to produce, implement and monitor the actions in this strategic plan.	Organisations represented at the self-harm working group	Medway Public Health	Self-harm working group	June 2019 onwards	<ul style="list-style-type: none"> i. Consistent attendance at quarterly meetings ii. Members who champion opportunities such as training and engagement activities. i. The group will receive a quarterly update and an annual report on the progress towards the milestones set out in section 7.
b) Ensure a range of formal and informal engagement activities including a survey, focus groups and community events	Children & Young People, Parents and	Medway Public Health	Self-harm working group (Social care	June 2019 – November 2019	<ul style="list-style-type: none"> ii. A minimum of 6 focus groups will be delivered in partnership with the Youth Service.

<p>are carried out for CYP, their families and stakeholders in a variety of settings across Medway.</p> <ul style="list-style-type: none"> i. Summarise the ideas and information generated to understand the concerns and challenges for people in Medway. ii. Identify community/ digital assets for managing self-harm. iii. Explore ideas for effective prevention and management of self-harm. iv. Promote the use of effective formal and informal interventions. 	Carers, Stakeholders		Medway Youth Service, NELFT, Schools, Early Help, MCH, Colleges, Metro)		<ul style="list-style-type: none"> iii. A minimum of 7 schools will be spoken to. iv. Attendance at a minimum of 7 community events. v. These engagement activities will be summarised and combined with findings from initial research to produce a list of assets and influence the strategic action plan. vi. Increased awareness and use of free resources.
<ul style="list-style-type: none"> c) Develop a multi-agency self-harm communications plan with a focus on recognised campaigns; including CYP's Mental Health Awareness week in February, self-injury awareness day in March mental health awareness week in May, Suicide Prevention Day in September and World Mental Health Day in October. 	Population	Medway Public Health	Self-harm working group, youth service, young lives foundation, children's services, education	Annually	<ul style="list-style-type: none"> i. A minimum of 5 Mental Health Awareness campaigns delivered per year ii. Campaign outcomes including details of no. of people reached, referrals and signposting
<ul style="list-style-type: none"> d) Explore options for improving communication and 		Self-harm working group	Education settings, partnership	April – Sep 2020	<ul style="list-style-type: none"> i. PH intelligence data produced for the reporting schedule outlined in section 7.

<p>information sharing between services</p> <ul style="list-style-type: none"> i. Annual refresh of the self-harm in Medway Public Health Intelligence report ii. Review and evaluate the A&E-to-schools information sharing pathway, by developing a clear information sharing protocol or allowing CYP to share their own care plan for example. iii. Introduce a school's public health survey for secondary schools to identify key issues and target interventions accordingly. iv. Utilise relationships to reassess the ways of measuring the number of cases and repeat cases of self-harm among CYP and the accuracy of these methods for a more detailed picture of self-harm in Medway. v. Communicate details of service threshold criteria and advocate for appropriate referrals and signposting. vi. Support and engage with the Medway Links Programme 			<p>commissioning, MFT, NELFT, PH Intelligence, Medway CCG, MSCP, youth services, Alumina online, Emerge advocacy</p>		<ul style="list-style-type: none"> ii. PH intelligence report shared annually. iii. Clearly defined information sharing protocol is produced for Medway. iv. A minimum of 3 schools take part in the school's public health survey per annum. A question about self-harm is included in the survey to provide a more accurate picture of self-harm for each school. This will increase the dataset for Medway. Information will be used to generate school profiles that will help prioritise areas for intervention. v. Stakeholders and providers are collecting and reporting useful data on self-harm in a consistent way that accurately reflects self-harm trends locally. vi. Providers will collaborate to develop and deliver a threshold workshop which accurately communicates pathways and access requirements, along with alternative options for support and treatment. vii.
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Priority 2: Develop a community and culture in Medway that strengthens emotional resilience and where self-harm is no longer stigmatised.					
Action needed	Target audience	Delivery lead	Implementation partners	Timing	Monitoring
<p>a) Conduct a review of the evidence for effective self-harm prevention activity and make recommendations for Medway.</p>	<p>Self-harm working group, Public Health DMT Children and young people's health and wellbeing board</p>	<p>Medway Public Health</p>	<p>Self-harm working group</p>	<p>Apr – June 2019</p>	<p>i. Review completed and summary presented to the self-harm working group, Public Health DMT and CYPs health and wellbeing board. i. Recommendations collectively identified and included in the strategic action plan.</p>
<p>b) Normalise and increase access to information about self-harm and sources of support by making it visible on partner agency websites, at parents' evening and on noticeboards for example.</p> <p>i. Support organisations with developing online content.</p> <p>ii. Provide copies of literature for organisations to display in customer facing areas.</p>	<p>Schools, Colleges, Universities, Children and Family Hubs, Clinic, GP and hospital waiting rooms,</p>	<p>Medway Public Health Self-harm working group</p>	<p>Education CCG Libraries Early Help Children's services Youth Services</p>	<p>April 2019 - ongoing</p>	<p>i. Most schools and public services have information about self-harm available online and/ or in their buildings ii. Availability of information will be assessed as part of the A Better Medway Schools Award criteria</p>

c) Support schools in taking a proactive and open whole school approach to self-harm by working together to develop effective delivery of PSHE, which covers but is not limited to mental health, emotional resilience, stress, anxiety and self-harm.	Schools	Medway Public Health and Schools together	Schools , Schools improvement team, PSHE association	Sep 2019 to Sep 2020	<ul style="list-style-type: none"> i. A minimum of 5 schools undergoing a PSHE review per annum ii. Number of teachers attending the PSHE network meeting iii. Number of schools completing RSE training iv. Number of schools who offer RSE awareness session for parents v. Number of schools that PHSE/ RSE ready
d) Produce a self-harm policy for Medway that can be adopted or adapted by partner agencies	Population	Medway Public Health	MSCP	March/ April 2020	<ul style="list-style-type: none"> vi. A clear policy for Medway that can be adopted by partner agencies vii. Schools will be encouraged to review self-harm guidance as part of the PSHE review and ABM schools award.
e) Through training and support with patient engagement and policy development; Practise Hope aims to promote culture change so that all practice staff – from receptionists to GPs – feel competent and confident when engaging with CYP experiencing self-harm.	GP practices in Medway for the benefit of CYP and their parents	North Kent Mind	Health Education England Olly's Future Medway Public Health Self-harm working group	Sep 2019 – Sep 2020	<ul style="list-style-type: none"> i. 10 practices are engaged ii. Participating surgeries have completed a self-assessment and subsequent action plan. iii. The number of GP surgeries engaged, over and above the target of 10.

i. Consider how this model can be delivered to all GP surgeries in Medway					
<p>f) Improve information for CYP, parents, professionals and the general public through introduction of a self-harm in Medway practice guidance document which includes</p> <ul style="list-style-type: none"> i. Guidance for professionals ii. Self-care for CYP iii. Support for professionals iv. Information for the public v. And then explore the possible options for communicating this advice 	Population/ CYP's workforce	Medway Public Health	Self-harm working group, MSC, NELFT, MCH, Youth Service, Early Help	May 2020 – July 2020	i. CYP, parents and professionals recognise self-harm, the sources of support available and the access criteria for those services. They can make and follow appropriate safety plans, identify alternative coping strategies and sources of help and support.
g) Further explore ways of raising awareness and reducing the stigma of self-harm in Medway. Develop a subsequent campaign.	Population	Medway Public Health	Self-harm working group	Aug – Oct 2020	

Priority 3: Develop a consistent and comprehensive training offer for professionals and families					
Action needed	Target audience	Delivery lead	Implementation partners	Timing	Targets and monitoring
a) Design, implement and evaluate a basic awareness workshop for families and professionals who frequently encounter CYP at risk of self-harm.	SENCO, FLO, DSL, early help workers, social workers, youth workers, sexual health services, drug and alcohol services, parent support groups	Medway Public Health	Self-harm working group Schools Improvement Team Medway Safeguarding Children's Partnership Partnership commissioning School Nursing Youthscape	January 2019 – ongoing	<ul style="list-style-type: none"> i. A minimum of 10 basic awareness sessions arranged per annum ii. Two additional awareness sessions delivered specifically for children's services iii. A minimum of 70% of delegates who give positive evaluations of training
b) Consider ways to maximise the numbers who attend basic awareness training: <ul style="list-style-type: none"> i. Imbed this training into the wider offer from ABM Public Health ii. Consult with MSCP to endorse the training 	Voluntary and community sector ABM champions Working parents/ carers	Medway Public Health	Self-harm working group Schools Improvement Team Medway Safeguarding	October 2019 - ongoing	<ul style="list-style-type: none"> i. Training is promoted and endorsed beyond members of the working group ii. Online training module developed and delivered iii. Seventy per cent of online training evaluations are positive

<ul style="list-style-type: none"> iii. programme and advertise through the safeguarding network iv. Increase flexibility by offering onsite training to individual organisations v. Develop online training Offer twilight training sessions 			<p>Children's Partnership Partnership commissioning School Nursing</p>		<ul style="list-style-type: none"> iv. A minimum of 4 training twilight sessions are delivered.
<ul style="list-style-type: none"> c) Co-ordinate and evaluate 2-day Alumina facilitator training for professionals in pastoral roles and those responsible for LAC to help them in providing support for CYP who self-harm. <ul style="list-style-type: none"> i. Support local organisations to set up and run Alumina sessions for CYP in their settings through co-facilitation, troubleshooting workshops, evaluation and feedback. ii. Review the impact of the Alumina programme in Medway iii. Promote the use of Alumina online for 14-19 year olds. 	<p>SENCO, FLO, DSL, early help workers, social workers, youth workers, sexual health services, drug and alcohol services</p>		<p>Youthscape</p>	<p>May 2019 - ongoing</p>	<ul style="list-style-type: none"> i. A minimum of 2 Alumina facilitator training courses delivered per annum ii. 50% of those trained in Alumina delivering Alumina sessions for CYP in their settings iii. 70% of Alumina training evaluations are positive iv. 50% of those who are trained attending a follow-up trouble shooting workshop v. At least 50% of CYP who take part in Alumina, reporting that they are finding it easier to manage their self-harm as a result of attending. vi. The number of CYP from Medway accessing Alumina online
<ul style="list-style-type: none"> d) Promote wider training opportunities from ABM including Youth Mental Health First Aid and Connect 5 training 	<p>Wider children's workforce</p>	<p>Medway Public Health</p>		<p>Ongoing</p>	<ul style="list-style-type: none"> i. A minimum of 4 MHFA training sessions delivered per annum ii. 60 people qualified as new YMHFA trainers per annum

					iii. 200 people attending an ACE awareness workshop by the end of March 2020.
e) Deliver an ACE awareness workshop for professionals across Medway.	Wider children's workforce	Medway Public Health		March 2020	
f) Promote awareness among the CYPs workforce and improve knowledge of where to go for help and support.	Wider children's workforce	Medway public health		Ongoing	

Priority 4: Develop and distribute a common set of resources to support teachers, other professionals and the families they work with					
Action needed	Target audience	Delivery lead	Implementation partners	Timing	Monitoring
a) Purchase self-harm toolkits for distribution to every school and children and family hub across medway.	Schools Children & Family Hubs	Medway Public Health	Youthscape Medway CCG	November 2019 – May 2020	<ul style="list-style-type: none"> i. All settings to have received their toolkit by the end of May 2020. ii. Survey sent to all organisations to gather feedback on resources and measure improvements in skills, knowledge and outcomes for CYP.
b) Promote policy support guides and provide support for organisations in developing their own policy or adopting Medway's self-harm policy.	Schools, youth services, children and family hubs	Child Health Programme Manager	Youthscape	April 2020 – Dec 2020	<ul style="list-style-type: none"> i. Review RSE and PSHE policies and safeguarding procedures as part of the ABM Schools Award to ensure that these are compliant and up to date.

<ul style="list-style-type: none"> i. All schools and the wider children's workforce are working towards developing a self-harm policy ii. Where no self-harm policy exists, support schools to ensure that self-harm practice guidance is reflected in the safeguarding policy. 					<ul style="list-style-type: none"> ii. Most schools have a self-harm policy in place. iii. Those who do not already have a self-harm police are providing clear guidance around self-harm as set out in their safeguarding policy.
<p>c) Promote the free websites, resources and community assets that were identified by CYP and stakeholders in Medway as part of the initial research in priority 1.</p> <ul style="list-style-type: none"> i. Explore the possible options for communicating this information 	Schools/ CYP	Medway Public Health	Self-harm working group, schools, colleges, universities	April 2019 - ongoing	<ul style="list-style-type: none"> i. Survey sent to all organisations to gather feedback on websites/ resources and measure improvements in skills, knowledge and outcomes for CYP as in priority 5a.

Priority 5: Promote the safe use of technology to help young people manage their self-harm and aid to their recovery					
Action needed	Target audience	Delivery lead	Implementation partners	Timing	Monitoring
<ul style="list-style-type: none"> a) Design a survey to consult on effectiveness of digital apps i. Work with app developers to explore how technology can 	CYP	Medway Public Health	Self-harm working group, education, CCG, children's social services, youth services	November 2019 – June 2020	<ul style="list-style-type: none"> i. The survey will be promoted using a range of face to face and online activities, including a minimum of 6 focus groups, 7 community events, schools bulletin, youth services,

<p>support CYP in Medway who self-harm</p> <p>ii. Carry out focus groups to understand the role and view of technology in relaxation and stress management</p> <p>iii. Devise a subsequent campaign to promote the role of technology as recommended by CYP.</p>					<p>Facebook and children's social care communications.</p> <p>ii. Responses will be combined with the research carried out by Strood Academy to promote which apps are the most effective for CYP in managing their self-harm.</p> <p>iii. We will work with developers to monitor any changes in the number of engagements from the Medway area.</p> <p>iv. Additional surveys and focus groups will be used to establish awareness of apps following the campaign.</p>
<p>b) Identify a suitable online platform to hold local information about self-harm, including training, details of useful websites, apps and support groups that have been recommended by young people for young people and parents in Medway.</p>	<p>Population, professionals</p>	<p>Medway Public Health</p>			<p>i. Number of partner agencies sharing a link to the website on their pages.</p> <p>ii. Number of engagements with the website.</p>
<p>c) Engage with organisations/teams working on reducing online harm in Medway . This includes engagement with www.saferinternet.org.uk to assist closing down harmful</p>					

websites and engaging with social media providers. i. Provide information and guidance to CYP and parents about staying safe online ii. Promote online safety training for schools and other professionals. iii. Review how concerns are reported to make this process as easy and transparent as possible.					
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Priority 6: Provide support for CYP who are in A&E awaiting treatment					
Action needed	Target audience	Delivery lead	Implementation partners	Timing	Monitoring
a) Implement a youth advocacy service at MFT which operates 6 nights per week from the A&E department for the purposes of i. reducing repeat admissions and ii. providing companionship, support and advice iii. promoting and empowering continued engagement with	10-25-year olds	Emerge Advocacy Medway Public Health	Medway Foundation Trust NELFT KMPT Medway LTP Medway CCG Swale CCG	April 2020 – April 2022	i. Demographic breakdown of no. of young people seen ii. PH intelligence data shows a downward trend in the no. of repeat attendances iii. Details of services referred/ sign-posted to and further advice given iv. 70% of client feedback is positive v. Additional funding has been identified to enable the

<p>iv. statutory services through follow up Explore and identify how the project can continue after the two-year funding has ended.</p>					<p>project to continue beyond April 2022</p>
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11. Appendices

Appendix A: Summary of policies and literature of Significant importance to this agenda

Information Source	Aims or Purpose	Objectives
Medway Children & Young People's Plan 2019-2024 ^{xxvii}	Used to inform how services are delivered and commissioned to enable all children in Medway to <ul style="list-style-type: none"> • Be thriving in their community • Have a healthy start; and • Be learning well by: <ul style="list-style-type: none"> - Protecting those at risk of harm - Promoting health and wellbeing through positive choices - Improving social, emotional and mental health and resilience - Reducing health inequalities 	<ul style="list-style-type: none"> • Support the whole family in relation to emotional wellbeing • Improve confidence, skills and knowledge across the children and young people's workforce around social and emotional mental health at universal and targeted level • Challenge the stigma of poor emotional wellbeing so that no child or young person is disadvantaged or socially excluded because of their experience of mental ill-health
Medway Council Plan 2016/17 – 2020/21 ^{xxviii}	Supporting Medway's people to realise their potential	<ul style="list-style-type: none"> • Healthy and active communities • All children achieving their potential in school
Local Transformation Plan for CYP's mental wellbeing in Medway ^{xxix}	Whole school approaches to resilience, support with transition, increased awareness, wider availability of information, workforce development and best practice reviews. Support and include the whole family in relation to emotional wellbeing, helping parents to identify early signs and provide support to build resilience in the family setting.	Review practice against NICE guidelines for responding to the needs of CYP affected by self-harm and identify evidence-based interventions to meet need <ul style="list-style-type: none"> • YPWS offers NICE concordant pathways of therapeutic interventions for deliberate self-harm • Provision of advice on this topic • A multi-agency self-harm working group, including YPWS
Kent and Medway Multi-Agency Suicide	Priority i: Reduce the risk of suicide in key high-risk groups	More support for people with a history of self-harm before they reach A&E

prePrevention Strategy 2015-2020 ^{xxx}		Suicide Prevention Steering Group members to share learning from the consultation event with the Emotional Health and Wellbeing Strategy Groups and contribute to their review of the self-harm pathway KCC
	Priority ii Tailor approaches to improve mental health and wellbeing in Kent and Medway	Reduce the stigma, promote the five ways to wellbeing, deliver MHFA and provide extra support to vulnerable groups such as CYP.
Self-harm and suicide prevention competence framework (Children and Young People) ^{xxxi}	The framework sets out the skills and knowledge that professionals or other staff can use to support people who self-harm or who have suicidal thoughts.	
Public Health Outcomes Framework ^{xxxii}	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities – <ul style="list-style-type: none"> • 2.10 Hospital admissions as a result of self-harm 	People receiving continuing support for self-harm have a collaboratively developed risk management plan. People receiving continuing support for self-harm have a discussion with their lead healthcare professional about the potential benefits of psychological interventions specifically structured for people who self-harm. People receiving continuing support for self-harm and moving between mental health services have a collaboratively developed plan describing how support will be provided during the transition.
NICE 2014 (CG 16 ^{xxxiii} and CG133 ^{xxxiv})	Self-harm: short term treatment and management Self-harm: longer term management	

NHS Long Term Plan 2019 ^{xxxv}	A new approach to longer term management of self-harm	
PSHE Association ^{xxxvi}	Guidance and lessons on teaching about mental health and emotional wellbeing	

Appendix B: Review of responses to the public consultation

Consultation Process: The consultation process on the Early Identification and Prevention of Self-Harm among adolescents: A Strategic Plan for 2019 -2020 consisted of 2 main features

1. Community and Stakeholder events focusing on the issue of self-harm (June 2019 – January 2020)

Consultation activity for children and young people (CYP), parents and professionals consisted of focus groups, a presentation of our vision for comment at larger events and speaking to individuals at community engagement events. Through our discussions were sought to understand the things that would shape the direction of travel:

- Identification and review of the resources and services currently available to help children and young people manage their self-harm
- The gaps in provision/ barriers to access and the ways in which these could be addressed
- How to effectively engage CYP in the services and support that affect them
- What our 3 main priorities should be for the first 12 months of the plan
- The things that CYP are most worried about and the things that they do/ access to manage their fears
- The ways in which CYP are interacting with technology to manage strong and difficult feelings
- Views on what is currently working well versus the ways in which things could be improved for CYP in Medway

By asking these questions were able to better understand the needs of CYP, their parents and professionals that support them:

1a. Parents/ Carers

We spoke to parents/ carers at the foster carers forum, at an ADHD parenting group, at the Medway Parents and Carers Forum and out in the community. They felt that whole school awareness raising, and support was important. Many cited support groups, weekly drop-in clinics and crisis cafes as a priority and felt that something should be available for those who were awaiting treatment from CAMHS. They also felt that improvements were needed in terms of the criteria for and availability of CAMHS services. Many parents suggested an online service where CYP can email professionals for help, suggesting that anonymity is important. They were most concerned about lengthy waiting lists, children who don't have English as a first language, reductions in funding, the possibility of infection of deep cuts and difficulties with accessing appropriate and timely help.

1b. Professionals

Members of the self-harm working group told us that support is provided in the form of emotional literacy support assistants (ELSAs), self-harm awareness sessions, peer support and signposting but this is not consistent across all settings. The [SAFE](#) project is commissioned by the local CCG and transformation plan. Imago are delivering this project in 9 secondary schools across Medway to raise awareness of mental health and other topics

including anxiety, self-harm, body image and much more. Students are trained to become mental health ambassadors for their school.

Respondents felt that mandatory training, resource packs and workshops for parents and professionals, more services for younger children, whole-school awareness raising, campaigns, peer support and help with transition were important.

There was a lot of discussion around the role of websites, social media and blogs to raise awareness and offer advice, managing expectations about the role that services can play and involving CYP in co-design. They wanted to see clearer definitions of services and their access criteria, a toolkit for parents, new services for those who don't meet existing thresholds, greater networking, advocacy services, raised awareness and whole school training. Again, there was concern for minority groups and the complex needs of vulnerable families as well as the relationship between self-harm and other diagnoses such as Autistic Spectrum Condition or Attention Deficit Hyperactivity Disorder and how we treat each of these elements. Teachers were also concerned that the violence portrayed in video games is being replicated in the playground.

Staff in schools and early help are overwhelmed with caseloads of children, whose needs are not being met by the specialist mental health services due to the threshold criteria. Professionals have responded positively to the resources we have provided them with from the Charlie Waller Memorial Trust, Youthscape and Young Minds. They have also been using the suggested apps in their practice with CYP. A colleague from the network also reported that a young person (15 years) had stopped self-harming for 12 days as a result of using the information we had provided.

1c. Children and Young People

Fifty-five young people participated in 7 separate engagement events. Consent was sought in advance by sending letters home to parents and age-appropriate topic guides were used to create a safe learning environment. The sessions were used to give information about wellbeing and promote self-care as well as finding out what the CYP know, the things they worry about and what they need. CYP of all ages had a good understanding of emotional wellbeing and how to recognise when someone is finding things difficult; but felt that people can hide what's going on if they want to.

They talked about withdrawal, angry behaviour, being more quiet, having an attitude and smiling less than usual among the signs that you might notice when someone is struggling with their mental health/ emotions. Video games, making music, creating and watching you tube videos were popular methods of relaxation and release alongside more traditional methods such as talking to others, having a cuddle, cooking/ eating, going for a walk and watching TV. Anime and Minecraft were also popular distraction methods. A range of apps were cited including TikTok, Gacha Life, Yellow, Roblox, Allo Budd, Childline, Episode and Discord. Some of them felt that it depends on the issues you are dealing with and the level of worry as to which resources are helpful. They were also aware that social media can promote or deter social isolation. We also put out a survey to understand how CYP were using technology and to estimate its effectiveness in managing difficult feelings but the number of responses was too low to draw any significant conclusions.

Young people were able to tell us about Apps that were aware of that be unsafe such as Omegle. Additional research identified that some of these apps have the facility to interact with others while others protect anonymity; which has both positive and negative implications. Some of the apps have been associated with scandals such as revenge porn and many contain adult content. The animated content masks some of the harms that these young people are being exposed to and so parents are overlooking the age limits that are suggested by the developers. We want to exploit the benefits that the internet can provide but we will need to explore how this can be done safely.

The CYP said that not enough support exists and that more open and friendly places were needed for people to be able to go and relax. They also said that more funding should be made available to mental health organisations and services. They felt that there was more available to CYP than for adults such as in-school counselling, anger management sessions and online safety awareness but that more awareness is needed in schools in order to make CYP feel more comfortable about asking for help. They said that if things happen at school they don't want a big deal made out of it but teachers bring in other people in without talking to you and then you feel guilty because they are trying to help but it makes it worse so you end up keeping it to yourself. They didn't feel listened to. Many of them also spoke negatively about their experiences with primary mental health services due to the length of time it took them to be seen or their eligibility for the support.

One young person shared her experience of self-harm with the group. She said she feels that there isn't enough out there, and she wished she'd known about the support apps such as Calm Harm when she was going through this but also had concerns about the privacy and whether all CYP could afford a smartphone or tablet. She found counselling, drawing and listening to music helpful but meditation did not work for her. There was a good rapport in this group and clearly these young people get a lot of support by attending the youth club, which is important for their recovery. We shared some useful resources with her and gave her our details if she needed more support or wanted to provide more insight.

2. Stakeholder events to develop and review the priorities and actions set out in the draft plan

Four dedicated consultation events were held for stakeholders in January to March 2020. Thirty-three professionals (from schools, Early Help, CCG, safeguarding, VCS, housing, MCH and social care) participated and gave feedback during these events. Throughout this time the draft strategy was also presented at events such as the Medway Parents and Carers Forum and at the Medway Links Programme (which was attended by 70% of schools). Each of these audiences were asked to submit any recommendations and feedback electronically. We also spoke about the strategy at training sessions and explained how the training contributes to our priorities and asked the delegates to consider how they could implement the knowledge and training to support the direction of travel. We also presented the vision to Public Health Directorate Management Team (DMT), Children's Services DMT and The Emerge Project Advisory Board (which includes representation from across MFT and the CCG). These groups were asked to endorse the document and suggest any recommendations for further action.

In our workshops and presentations are asked stakeholders to consider:

- How they could contribute to robust data sets
- Whether the priorities were a good fit for Medway
- What actions the individuals (and their organisations) could take to help achieve the priorities
- How they could support clearly communicated pathways
- Whether the milestones were achievable

The main points to come out of the sessions were:

- Stakeholders need to ensure that they are consistently present at self-harm working group meetings or send a deputy
- The role of the VCS in facilitating focus groups with young people to include views of CYP from outside the youth service

- The importance of empowering children and their families sharing their assessment details/ care plan with the other professionals involved in their care so that there can be co-ordinated approach
- The significance of statutory changes to how health education is delivered in schools and the support, resources and training available to ensure good quality PSHE is delivered
- Using and communicating consistent definition of self-harm. Training in general around recognising and responding to self-harm
- The need for task and finish groups that will explore the following themes:
 - potential for developing an information sharing agreement
 - possibility of producing a baseline audit of how organisations are currently responding to self-harm
 - how referral pathways can be communicated more effectively
 - the support and services available for CYP who are not in crisis but still need an intervention
 - campaigns aimed at increasing awareness, reducing stigma and improving access to support and resources
 - the role and use of technology and ensuring online safety
- The role of stakeholders in promoting, hosting, attending and implementing learning from training

Appendix C: Self-harm working group core membership

Senior Public Health Manager	Medway Council
Project Officer for Self-Harm	Medway Council
LAC Nurse	MCH
Programme lead, Children's Commissioning	Medway CCG
FLO and Safeguarding Officer	Strood Academy
Child Health Programme Manager	Medway Council
Specialist Community PH Nurse	MCH
Learning & Development Officer/ Child death review co-ordinator	MSCB
Co-ordinator	Early Help
Safe Project Lead for Medway	IMAGO
Assistant Head teacher	St John Fisher School
FLO	Horsted Junior School
Young Persons Wellbeing Service	NELFT
Kent & Medway Crisis Team Clinician	CYPMHS & NELFT
DSL	New Horizon Children's Academy
DSL	All Faiths Children Academy
NSPCC	NSPCC
Medway Youth Service	Medway Youth Service
FLO	Phoenix Junior Academy
DSL	Victory Academy
Pastoral Manager	Luton Junior School
EH Partnership Officer	Chatham Hub
Emotional wellbeing & behavioural practitioner	MCH



Diversity impact assessment

TITLE Name / description of the issue being assessed	Early identification and prevention of self-harm among adolescents: A strategic plan for Medway 2019 - 2022
DATE Date the DIA is completed	14 July 2020
LEAD OFFICER Name, title and dept of person responsible for carrying out the DIA.	Sarah Richards Project Officer for self-harm

1 Summary description of the proposed change

- What is the change to policy / service / new project that is being proposed?
- How does it compare with the current situation?

Self-harm is a preventable public health concern and a risk factor for future suicide. Repetition is also common in Medway, with ~19% of individuals returning to A&E within a year of hospital treatment for deliberate self-harm; and is even higher among those who are not engaged with clinical services.

Self-harm is more common among girls, those with SEN, looked after children, children, and young people (CYP) who have experienced trauma, bullying, parental separation, or issues with sexual/ gender identity. The risk of self-harm is not necessarily increased by deprivation. Strong social attachments, positive family relationships and treatment for mental health conditions can have a protective effect.

There were 195 admissions to Medway Foundation Trust NHS hospital in 2018/19 at a cost of £144,690. This does not account for the additional costs of onward treatment for self-harm. While admissions in Medway are similar to the England and South East averages; they have been increasing steadily since 2011/12.

Medway Council Public Health has been funded by the Kent and Medway Sustainability and Transformation Partnership to address this issue in Medway (and Swale). We have established a multi-agency working group to ensure a collaborative approach to raising awareness of and reducing self-harm in Medway. The new strategic action plan has been developed in partnership with the Medway self-harm working group to lead lasting whole system change and the prevention of childhood adversity. The document compliments local and national policy and aims to fulfil the recommendations set out in the *Medway CYP's Plan 2019 – 2024*, *The Local Transformation Plan for CYP's Mental Wellbeing in Medway* and the *Kent and Medway Multi-Agency Suicide Prevention Strategy 2015-2020*. As such, six key priorities have been identified from a review of best practice and consultation with key stakeholders. The following strategic priorities are underpinned by an action plan set out in the main document:

1. Improved communication and engagement
2. Develop a community and culture in Medway that strengthens emotional resilience and where self-harm is no longer stigmatised
3. Develop a consistent and comprehensive training offer for professionals and families
4. Develop and distribute a common set of resources to support teachers, other professionals, and the families the work with
5. Promote the safe use of technology to help young people to manage their

Diversity impact assessment

- self-harm and aid their recovery
6. Provide support to CYP who are in A&E awaiting treatment

2 Summary of evidence used to support this assessment

- Eg: Feedback from consultation, performance information, service user records etc.
- Eg: Comparison of service user profile with Medway Community Profile

The consultation process on the Early Identification and Prevention of Self-Harm among adolescents: A Strategic Plan for 2019 -2020 consisted of two main features

- I. Community and Stakeholder events focusing on the issue of self-harm (June 2019 – January 2020). These events sought to understand the existing assets, gaps in provision/ barriers to accessing support, effective ways of engaging with CYP, the key concerns of Medway's CYP, the role of technology and feedback on the way that things are currently operating.
 - o Summary of the presenting issues raised by parents/carers, CYP and professionals
 - Accessing services/ wait times/ threshold criteria/ referral pathways, and subsequent pressure on academic staff
 - Mandatory training needed for to improve understanding and confidence to discuss/ support
 - Whole school/ community awareness raising is insufficient both in terms of self-harm as an issue and knowledge of what support is available
 - Availability and knowledge of resources for supporting CYP
 - Support and training for parents is needed
 - Communication between services is challenging and insufficient
 - Data quality issues due to differences in recording practices and under-representation because many CYP do not seek or require medical attention
 - The positive and negative implications of technology
 - The implications of adversity
- II. Stakeholder events (January – March 2020) to develop and refine the priorities and actions set out in the draft plan.
 - o Over this time, we spoke to 33 professionals from across the CYPs workforce including:
 - Professionals from Early Help, CCG, Safeguarding, VCS, Housing, MCH and Social Care
 - Medway Links Programme
 - Medway Parents and Carers Forum
 - Public Health DMT
 - Children's Services DMT
 - o In these sessions the stakeholders were asked to consider:
 - Their contribution to robust datasets

Diversity impact assessment

- Whether the priorities were a good fit for Medway
- What action they/ their organisation could take
- How they could support clearly communicated pathways
- Whether the milestones were achievable
- Stakeholders recommended/ acknowledged the following
 - Consistent attendance at working group meetings is necessary
 - The significance of how health education is delivered
 - The importance of empowering families to share care plans to improve communication between healthcare professionals and therefore how families are supported
 - The role of task and finish groups to:
 - develop an information sharing agreement
 - produce a baseline audit
 - improve communication of referral pathways
 - identify support/ new services
 - develop campaign activities
 - scope the role of technology
 - Their role in promoting, hosting, attending, and implementing learning from training

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups (Equality Act 2010)	Adverse impact	Advance equality	Foster good relations
Age		✓	
Disability		✓	
Gender reassignment		✓	
Marriage/civil partnership			
Pregnancy/maternity		✓	
Race		✓	
Religion/belief			✓
Sex		✓	

Diversity impact assessment

Sexual orientation		✓	
Other (eg low income groups)		✓	

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

Age:

There were 230 attendances at Medway Foundation Trust NHS hospital among 10-24-year olds for deliberate self-harm in 2018/19. Hospital data only presents the tip of the iceberg; it is estimated that 10-20% CYP have self-harmed at least once, therefore up to 6700 CYP in Medway may require some form of support for self-harm.

Presentations increase significantly from the age of 12 years and decline from the mid-20s onwards. The strategy focuses on improving outcomes for CYP and seeks to reduce self-harming behaviour among adolescents through:

- making support available for CYP who are not eligible for primary mental health services
- raising awareness and promoting help-seeking behaviour
- developing resilience by educating CYP about healthy coping strategies and promoting the support available
- development of technology and resources
- training for professionals and parents so that they are equipped to respond when self-harm is identified/ disclosed

The strategy acknowledges that most of the evidence of best practice has been developed for adolescents, even though self-harm can occur in children as young as nine years. The strategy aims to enhance the existing offer available to adolescents and explore new ways of supporting younger children, their families and the professionals who work with them.

Disability:

Around 20-30% of CYP with autistic spectrum condition (ASC) are thought to self-harm in some way, and those with attention deficit hyperactivity disorder are around 8.5 times more likely to self-harm as a way of coping. In 2014, a study in the United Kingdom found that out of 367 patients with Asperger disorder, 66% reported having suicidal thoughts and 35% reported suicide attempts or suicidal plans. Another study found that the suicide attempt rate is 10 times higher among those with ASD compared to controls.

Diagnosable mental health disorders are present among at least 80% of people who present to hospital because of self-harm. Surveys have found that only 5% of those at risk of depression or self-harm had been seen by a child and adolescent mental health service (CAMHS) in the previous six months.

We spoke to parents from the Kent Autistic Trust, the ADHD parenting forum and CYP from the Wednesday Squad, (which is a group for 16-25-year-olds with special needs) as part of our consultation. We will continue to support and consult with them as key stakeholders.

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The strategy includes plans to deliver Alumina training for professionals in Medway. This two-day training provides facilitators with strategies and techniques that will improve their confidence and ability when supporting CYP in their setting to manage their self-harm. The course provides information and advice on how to adapt the model for children with ASC. Provision of the Alumina programme in Medway improves access to support for self-harm, particularly for those children who may not meet the criteria to access a primary mental health service.

Through campaign activity to increase understanding of self-harm and our basic awareness training professionals and parents will be more aware of the signs that a CYP is self-harming and feel more equipped to help. CYP will be more empowered to access support for their self-harm. The resources that we are developing will give professionals, CYP and their families effective tools for managing self-harm.

Gender reassignment and Sexual Orientation

Stonewall found that 48% of the LGBTQ community had self-harmed as a way of managing social isolation and emotional turmoil. Stand-out, which is a group for LGBTQ young people aged 16-25 in Medway were consulted as part of this strategy. Through this relationship with them we have ideas for raising awareness of and improving opportunities for LGBTQ young people through education, training, and campaigns; starting with a workshop at our upcoming child health conference. Alumina training is available to the staff at Metro charity who run the Stand-out group, providing them with the skills and knowledge for supporting LGBTQ young people who self-harm.

Pregnancy/ maternity

The rate of under 18 conceptions (23.2/ 1000) in Medway is significantly higher than the averages for Kent (17.2) and England (16.7). The rate of under 16 conceptions is also higher at 4.9/1000 compared to 2.2 in Kent and 1.9 in England. In Medway, 60% of under 18 conceptions lead to abortion. Unwanted pregnancy is a risk factor for self-harm.

The self-harm strategy includes plans to improve the confidence and skills of the workforce in supporting CYP who use self-harm as a way of coping with strong and difficult emotions such as termination of an unwanted pregnancy.

Race

The mental health of Black and Minority Ethnic (BAME) communities is significant because people from these groups often face individual and societal challenges that can affect access to healthcare and overall mental and physical health. Mental health outcomes in BAME communities are influenced by racism and discrimination, social and economic inequalities, mental health stigma, the criminal justice system, and other factors, which may make them more vulnerable to self-harm as a way of coping.

A study of more than 20,000 individuals published in the British Journal of Psychiatry found that self-harm was highest among young black females (16-34 years) and that BAME groups were least likely to receive a psychiatric assessment and represent

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with self-harm.

Religion/ Belief

In order to fulfil the priorities set out in the strategy we will be working with Youthscape to deliver the Alumina facilitator training to the children and young people's workforce and Emerge Advocacy to provide a hospital based outreach service for CYP aged 10-25 years who present to A&E because of self-harm of suicidal ideation. Youthscape and Emerge Advocacy are Christian charities that work with people of all faiths and of none. The partnerships present an opportunity to foster new relationships with the Christian community for the benefit of our children and young people in Medway who require support with their self-harm.

Sex

In Medway, 82% of admissions for deliberate self-harm among 10-24year-olds were female (2018/19)¹. The Good Childhood Report found that 22% of 14-year old girls have self-harmed compared to 9% of boys. However, this may be because females are more likely to seek medical support. Also, the ways in which males self-harm are different to females and may fall outside of the usual definitions for self-harm used in the community. Interventions to reduce and prevent self-harm may need to target males and females differently. This strategy also seeks to

- I. review how information about self-harm is extracted and coded by medical professionals
- II. education of professionals to support them in extracting accurate information
- III. review how organisations share information about self-harm so that we can build a more accurate picture of the issue of self-harm in Medway
- IV. build a community and culture in Medway where self-harm is no longer stigmatised so that CYP, their families and the professionals who work with them are empowered to access appropriate and timely help

Other (Self-harm and suicide risk as a result of the Covid-19 pandemic)

Since this DIA was undertaken during the 2020 Covid-19 Coronavirus pandemic it is important to consider the impact of Covid-19 on child adolescent mental health, self-harm and suicide risk. In Kent and Medway, 3 suicides were completed by adolescent males within a short period of time (26 April – 7 May 2020). However, a discussion paper put together by the STP suicide prevention manager, reported that the number of young people making attempts via self-harm/ overdoses or other methods was not higher than the same period last year. An increase in concerns from parents about their child wanting to commit suicide was reported. Hospital admissions for self-harm fell during the lockdown period but it is not clear whether this is because there was a reduction in self-harm or a reduction in young people accessing timely help for their self-harm. Health care professionals from across the CYPs workforce report seeing an increase in the number of complex cases through destabilisation of placements which may put them at increased risk of self-harm or

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suicide. Every child and young person will have different experiences of the lockdown, with some able to cope better than others. However, many will have increased anxiety and feelings of depression and low self-esteem, which may lead to self-harm and suicidal ideation as a way of coping. Support for friends and family of the young people that died is needed, high risk cases have been contacted or had their cases reviewed, schools have been asked to promote the available sources of mental health help for young people and a social media campaign promoting how to get help has been launched. The actions identified within the self-harm strategy for Medway support the measures that are being recommended to reduce further risk.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- What alternative ways can the Council provide the service?
- Are there alternative providers?
- Can demand for services be managed differently?

There are no adverse impacts identified within this DIA for the Adolescent self-harm strategy. The strategy itself does not make any direct service changes, rather provides a framework for doing so by setting the strategic direction, vision and aims for widespread organisational approaches that will help to create the right culture in Medway where CYP know who and how to ask for help; parents know where they can access support and services know how to respond.

6 Action plan

- Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
No adverse effects on protected characteristic groups are likely from the strategy. None of the actions highlighted under each of the strategic themes are detrimental to any protected characteristic groups.		

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7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- to proceed with the change, implementing the Action Plan if appropriate
- consider alternatives
- gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

Proceed with proposal to approve strategy

8 Authorisation

The authorising officer is consenting that:

- the recommendation can be implemented
- sufficient evidence has been obtained and appropriate mitigation is planned
- the Action Plan will be incorporated into the relevant Service Plan and monitored

Date

Contact your Performance and Intelligence hub for advice on completing this assessment

RCC:	phone 2406	email: annamarie.lawrence@medway.gov.uk
C&A:	phone 1173	email: michael.hood@medway.gov.uk
BSD:	phone 2472	email: lesley.jones@medway.gov.uk
PH:	phone 2636	email: david.whiting@medway.gov.uk

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