



Health and Wellbeing Board

10 April 2025

Children and Young People's Mental Health and Emotional Wellbeing: Self-Harm

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Summary

This paper aims to provide an overview of the data and work undertaken to date to address children, young people and young adults in relation to self-harm across Medway.

1. Recommendation

1.1. The Board is asked to note the contents of the report and to explore how the Board and its Partners can support the work of the 'Self Harm Project'

2. Budget and policy framework

2.1. A Kent and Medway Suicide and Self-Harm Prevention Strategy (2021-2025) has been implemented and is due for review this year (see Appendix 1). The strategy has adopted the six priorities from the national suicide prevention strategy and adapted them for Kent and Medway. Aligned to this strategy is the Preventing Suicide and Self-harm in Children and Young People in Kent and Medway 2021-2025 Strategy.

2.2. There is NICE guidance on Self-Harm: Assessment, Management, and Preventing Recurrence which has been adapted across Kent and Medway for professionals, parents and children and young people (see Appendix 2).

2.3. The Medway One Council Plan, the Kent and Medway ICS Strategy and the Medway and Swale Health and Care Partnership Strategic Plan all seek to support healthy, happy lives, recognising the importance of good mental health as well as physical.

- 2.4. Self-harm is an indicator for the Joint Health and Wellbeing Strategy contributing to priority theme 1: Healthier Longer Lives for everyone.

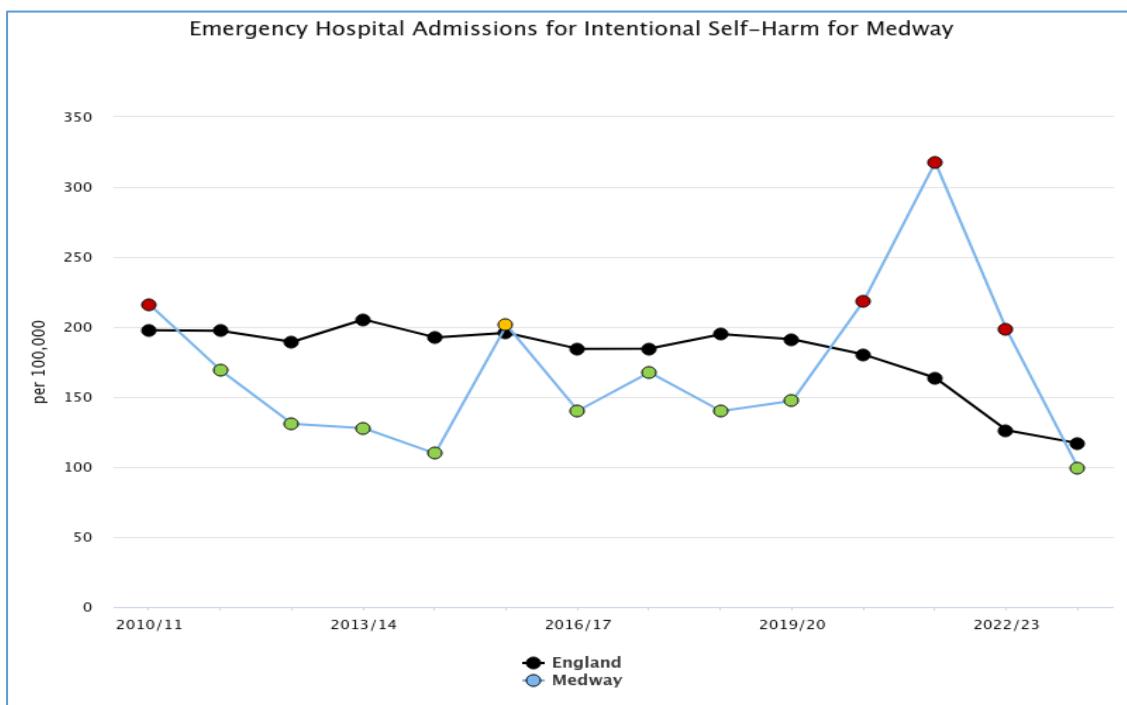
3. Background

- 3.1. Self-Harm refers to an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act and is an expression of emotional distress (NICE Guidance, 2025).
- 3.2. Self-Harm affects children and young people, with up to 13% of 15–16-year-olds having self-harmed in their lifetime, which increases to 30.4% if they have a probable mental health disorder.
- 3.3. Self-Harm is prevalent among those within the LGBTQIA+ community, those who have experienced trauma, those with drug and alcohol problems and within the female population.
- 3.4. Wider macro- socioeconomic trends such as education, housing and unemployment are also known to impact on a person's mental health which can lead to Self-Harming behaviours.
- 3.5. Local data indicates that since 2022 there had been a significant rise in those under 18 years old attending Medway Foundation Trust (MFT) for Self-Harm related behaviours.

4. Advice and analysis

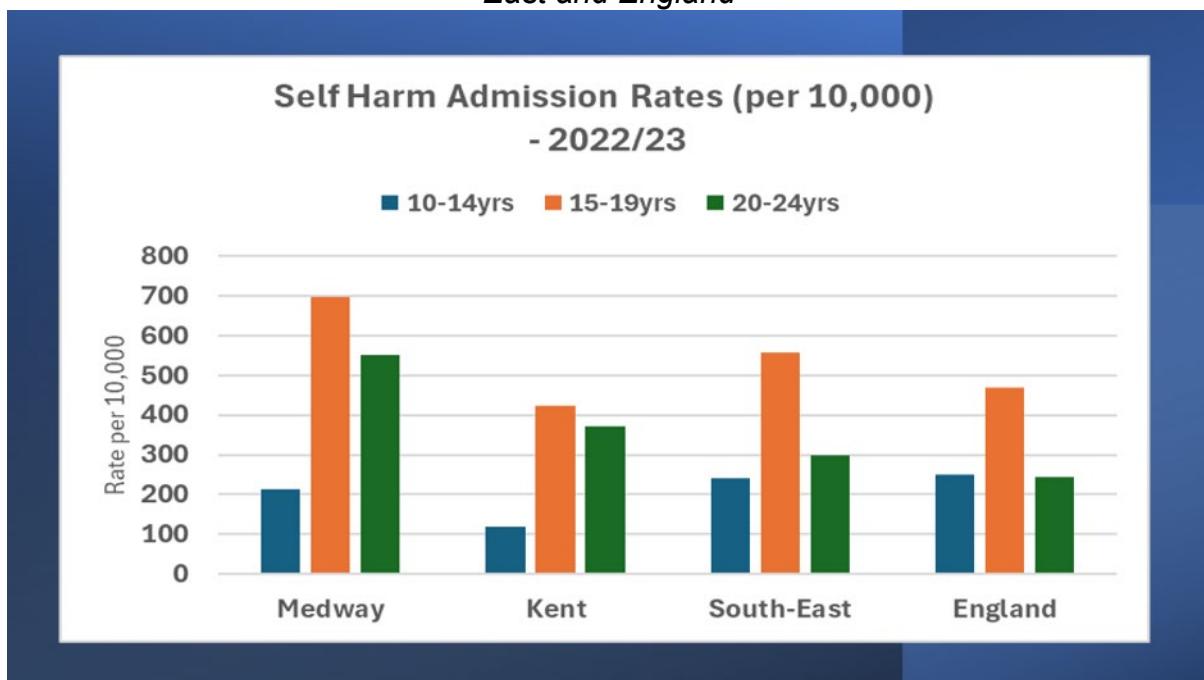
- 4.1. Currently the data available for emergency hospital admissions for intentional Self-Harm in Medway for all ages indicates that it is in line with the national average as of 2022/2023 (Fingertips data: Department of Health and Social Care).

Graph 1: Emergency Hospital Admissions for Intentional Self-Harm for Medway



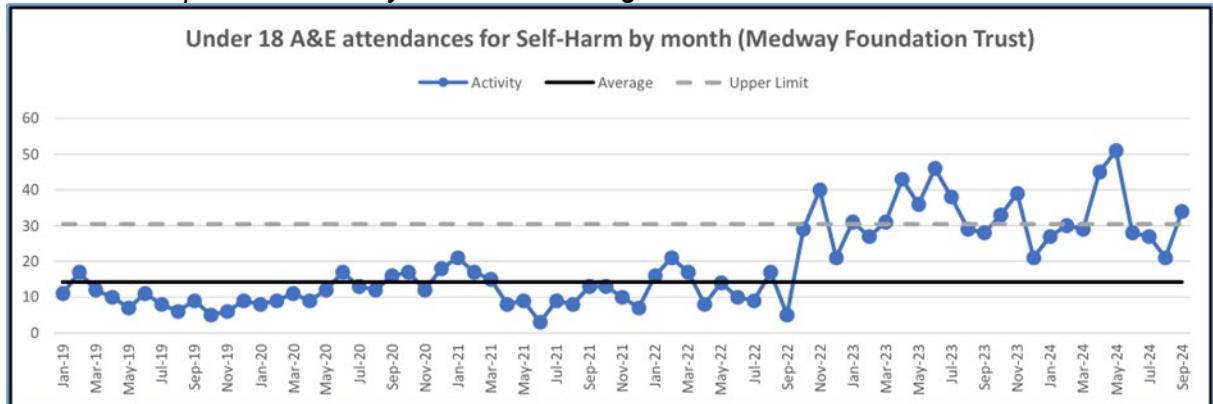
4.2. However, when the data looks at those aged 10-24 years and compares the data to Kent, South-East and England it shows that Medway has the highest number of 15–24-year-olds attending hospital for Self-Harm as shown below.

Graph 2: Comparison of Self-Harm Admission Rates across Medway, Kent, South-East and England



4.3. In addition, the local data available indicates that since 2022 there has been a significant increase in under 18-year-olds attending MFT for Self-Harm.

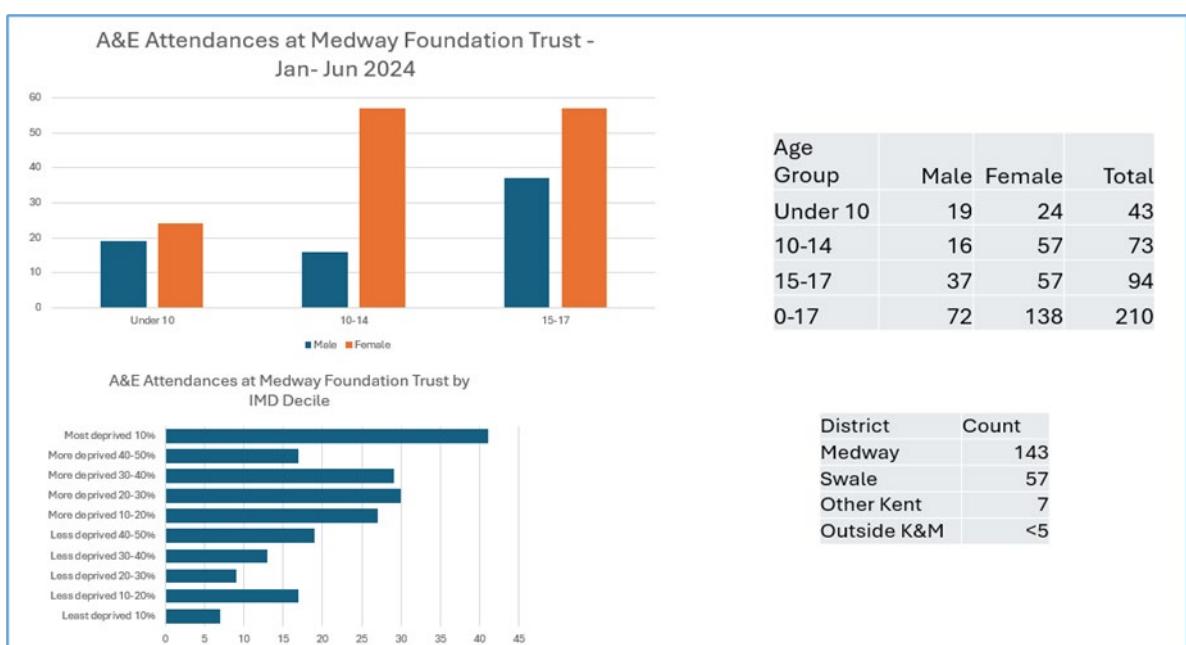
Graph 3: Under 18-year-olds attending MFT for Self-Harm



4.4. Subsequent data analysis has highlighted that in 2022 there was a change to the coding system Medway Foundation Trust (MFT) use to code their patients coming into hospital, this could indicate why the data for Self-Harm has increased. Unfortunately, despite Medway Council and NHS Kent and Medway Integrated Care Board (ICB) colleagues contacting MFT to better understand this, they have been unable to ascertain if this coding change is solely responsible for the increase of admissions for self-harm.

4.5. It should be noted that not all children, young people, and young adults who attend MFT are from Medway as those living in the Swale area also attend this hospital as their nearest A&E department. Out of the total of 210 attendees to MFT's A&E department, 143 were from Medway with 57 from Swale, 7 from other parts of Kent and less than 5 out of area.

Diagram 5: Highlights the number of Medway CYP attending MFT A&E department for Self-Harm



4.6. Early Intervention and Prevention

- 4.6.1. There is a wide range of support, resources, and services available for children and young people in Medway in relation to their mental health and emotional wellbeing. In Medway, there is the Short Intervention Therapy Service (bespoke for care experienced children), Kooth, QWELL, Care Leavers Navigator Service, Brief Intervention Counselling Service, Small Steps. In schools in addition to school based pastoral care there are the Medway Emotional Support Teams and the Emotional Wellbeing Team. Mind and Body provide support to 18–25-year-olds in relation to their wellbeing and Self-Harm. Lastly, there is the specialist mental health service, Medway Young Person's Wellbeing Service, provided by NELFT.
- 4.6.2. In terms of specific Self-Harm support or services there is the Building Resilience and Validating Emotions (BRAVE) service which specifically sets out to support children and young people with Low Mood, Anxiety and Self-Harm. This service was recently commissioned by partnership commissioning to ensure there was a focus on early intervention and preventative support for those who Self-Harm.
- 4.6.3. Training is also available across Kent and Medway but delivered by Medway Council, called Alumina Training. This two-day course provides professionals with the skills, knowledge, resources, and confidence to deliver Alumina sessions in their own setting for young people with self-harming behaviour and has a particular focus on those in mainstream schools on the Autistic Spectrum and those young people in the Care System. In addition, Mind and Body also provide training to professionals and parents.
- 4.6.4. Crisis support is also available across Kent and Medway, there is the NHS 111 option 2 phone line which can be utilised if a child, young person, or young adult is in a mental health crisis. Medway Safe Haven supports those over the age of 18 years, to reduce the need to attend A&E for their mental health, and a Crisis Text Service is being developed with NELFT to enable children, young people, and young adults to access support. Lastly, there is the NELFT Crisis Team who can assess children and young people in their homes, schools, or community settings.
- 4.6.5. Within the acute setting at MFT there are mental health practitioners within Emergency Departments (ED) and the paediatric wards to support children and young people who have presented due to their mental health and/or Self-Harm. There is also the Emerge Advocacy Service who provide youth workers that offer short term support for young people who find themselves in ED because they are struggling with self-harm or feeling suicidal.
- 4.6.6. In addition, Medway Youth Service are funded via the Violence Reduction Unit to provide navigators within MFT to support young victims of youth violence. The service called 'Reachable Moments' seeks to gain a better understanding as to why they are there and what services can do to support them now and in the future.

4.7. Self-Harm Project

- 4.7.1. The increase in A&E attendances for 10–24-year-olds at MFT for Self-Harm, was discussed within the wider system and at a strategic level. It was agreed that Medway Council would initiate a ‘Self-Harm Project’ to better understand the data and ensure that children, young people and young adults are appropriately supported to seek early intervention and preventative support for their mental health, emotional wellbeing and Self-Harm thus aiming to reduce the number of A&E attendances by meeting their needs.
- 4.7.2. Medway & Swale Health Care Partnership (HCP), Healthwatch Medway and Medway Voluntary Action were also keen to explore the increase in the upward trend, and all organisations agreed to partner with Medway Council to create the ‘Self-Harm Project’. This work began in 2024.
- 4.7.3. The project plan was expanded to review the data for 10–24-year-olds as opposed to just under 18-year-olds and to cover Medway and Swale, partly because Medway and Swale HCP were involved and also because children, young people and young adults from the Swale area were accessing MFT’s A&E department as their local acute hospital.
- 4.7.4. The aims of the project were to better understand the data presented, identify why the children and young people were not accessing support and services already established in Medway and gain an understanding of the challenges children and young people experience that may be attributing to the increase in attendances.
- 4.7.5. There were several elements to the project which included:
 - Data Analysis
 - Mapping of support, resources and services across Medway and Swale for children, young people and young adults’ mental health and emotional wellbeing as well as self-harm provision
 - Engagement with children, young people, and young adults to gain insights into pathways for support
 - Engagement with professionals across Medway and Swale to gain insights into understanding of support
 - Development of final report with clear recommendations
- 4.7.6. Much of the work is still ongoing with a view to analysis being completed and report finalised by May. There have been challenges in the data analysis as highlighted above, at this stage it is not clear how much of the increase is due to coding changes or a genuine upward trend starting in 2022.
- 4.7.7. There has been significant engagement with around 95 professionals providing insight, 76 surveys completed by public to date and focus groups with 42 children, young people, and young adults. Throughout the engagement exercises, consent, data management and safeguarding was carefully considered and implemented particularly due to the nature of the topic of Self-Harm.

4.7.8. For the focus groups 25 of those involved were under the age of 13 years and 17 over the age of 13 years. 7 children and young people were white British, 22 were from other ethnicities and 13 chose not to state. The following groups were represented in the cohort:

- Children in care or previously in care
- Those with Neurodevelopmental disorders (such as Autism and Attention Deficit Hyperactivity Disorder)
- Young carers
- Those with identified mental health conditions
- Those with physical disabilities
- Those from the LGBTQIA+ community

4.7.9. Whilst the final analysis has not yet been completed some early themes from the engagement with children, young people and young adults have been pulled out. Young people identified the following as overarching issues that impact on them Self-Harming:

- Social Media
- Mental Health
- Life (including problems, stress, and expectations)
- Bullying

4.7.10. More in depth responses highlighted cost of living pressures, not having a safe space to talk, feelings of not fitting in, drug abuse and knife violence, school pressures such as exams and unrealistic body images portrayed on social media

4.7.11. Children, young people, and young adults identified the following as coping mechanisms:

- Music
- Speaking to friends/family/trusted person
- Therapy
- Writing notes/journaling
- Fidget toys
- Reading

4.7.12. A wide range of locally commissioned mental health services were identified by the participants but with many of them not being aware of each service. In addition, around 15 had not utilised any services which indicates that the promotion and communication of service provision needs to be improved. There also appeared to be themes around feeling that services can only support them if they are in a 'Crisis' and the impact this has had on them to prevent Self-Harm and to seek support if they have Self-Harmed.

4.7.13. The locally available offer of support was mapped (see Appendix 2) and shared across the system. This is also available for professionals via the iThrive digital directory.

4.7.14. Alongside the 'Self-Harm Project' a system approach for children, young people and young adults was taken to ensure self-harm support, resources

and service provision is appropriate, readily available, and accessible and clearly communicated across Medway. Resource packs (see Appendix 3) were available on the Medway Healthwatch pages as well as being shared across social media with over 700 views to date.

4.7.15. Currently, staff are collating all feedback following the engagement work undertaken and a report is being developed led by Healthwatch Medway with contributions from all the other organisations involved.

5. Future Planning

- 5.1. Future service planning will be subject to the findings of the full self-harm project work once finalised.
- 5.2. Data and insights will continue to be reviewed monthly to monitor the attendances to A&E locally in Medway for Self-Harm against the national average for all age and reduce locally for under 18-year-olds.
- 5.3. The introduction of the 'Medway Therapeutic Alliance' service in April 2026 will further support the navigation of children and young people's emotional wellbeing support and services. This service aims to provide a "one front door approach" for early intervention and preventative mental health and emotional wellbeing support to catch children and young people before they reach crisis and reduce onward referrals to specialist mental health services therefore enhancing the local offer in relation to Self-Harm.

6. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Financial resources	Recent cuts to the ICB running costs that need to be implemented by December 2025 could have impact on local staff resourcing within partnership commissioning to implement the final recommendations	Medway Council to advocate for local resources within the ICS.	BII
Lack of suitable providers	Whilst procuring the new therapeutic alliance there may be insufficient capacity and quality across local providers to meet the	Partnership Commissioning is working closely with current and potential providers through a series of market	CII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	requirements of the specification	engagement events	

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

7. Consultation

7.1. As outlined above there has been significant engagement with professionals, public and children, young people, and young adults as part of this work and these insights will shape the recommendations of the final report.

8. Climate change implications

8.1. There are no direct climate change implications as a result of this report.

9. Financial implications

9.1. There are no financial implications to Medway Council arising directly from this Programme of work focused on in this paper. The funding discussed in this paper is allocated to Medway Council by the NHS Kent and Medway Integrated Care Board. Although it should be noted that partnership commissioning team resource supporting this work is a jointly funded team.

10. Legal implications

10.1. There are no legal implications to Medway Council arising directly from this programme of work focussed on in this paper.

Lead officer contact

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Appendices

Appendix 1 Kent and Medway Suicide and Self-Harm Prevention Strategy (2021-2025)

Appendix 2 Mapping of Self-Harm Support

Appendix 3 Self-Harm Prevention and Advice for Professionals, Parents and Children and Young People

Background Documents

NICE Guidance: Self-Harm Assessment, Management and Preventing Recurrence (Feb 2025)

<https://cks.nice.org.uk/topics/self-harm/background-information/definition/>

Department of Health and Social Care (Feb 2025)

<https://fingertips.phe.org.uk/search/seharm#page/6/gid/1/pat/15/par/E92000001/ati/501/are/E06000035/iid/21001/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>