Review of self-harm prevalence in children and young people in Cambridgeshire and Peterborough

This report is a summary review of what is currently known about self-harm through national and local prevalence rates at the time of writing, April 2022. The report has been commissioned by Cambridgeshire and Peterborough Public Health, under the wider work of the Wave 4 suicide prevention work. For the full report go to: www.fullscopecollaboration.org.uk

Fullscope
Changing systems, improving young lives

Self-harm definitions

> 'Self-harm is any behaviour where the intent is to deliberately cause self-harm without suicidal intent, resulting in non-fatal injury'. Cambridgeshire and Peterborough Safeguarding Partnership Board.

> 'An intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act, and...an expression of emotional distress'. NICE.

Definitions of self-harm vary across services nationally: non-suicidal / with suicidal intent. This can affect the treatment pathways offered to the child or young person. Not all services differentiate between the two in their data.

Self-harm and Suicide

It's a source of huge debate internationally as to whether there is a distinction between non-suicidal self-injury and suicide attempts. What is agreed amongst academics though is that people who self-harm are at increased risk of suicide attempts and so should be taken seriously. Self-harm is one of the strongest risk factors for completed suicide.

Around half of all people who die by suicide have a history of self-harm.[1]

National prevalence

24% of young people in the UK report ever having self-harmed at age 17.[2]

Between the ages of 5–10 years, more boys than girls present to hospital for self-harm, but after age 12, the number of girls increases rapidly.[3]

Summary

As self-harm rates often depend on self-reporting, the various definitions that are used, and at times, conflation with attempted suicide or suicidal intent, it is difficult to present definitive figures for self-harm prevalence among young people. What is clear, however, is that rates of self-harm among young people are increasing compared to previous years, although again, it is unclear to what extent any increases can be attributed to decreasing levels of stigma around self-harm and a society-wide shift to speak more openly about mental health issues. Another common finding is that rates of self-harm increase significantly for both females and males as children move into adolescent years. The surveys also consistently report higher levels of self-harm among females compared to males.

1 Hawton K, Zahl D, Weatherall R. (2003). *Suicide following deliberate self-harm: long-term follow-up of patients who presented to a general hospital*. British Journal of Psychiatry. 2003;182(6):537-42.

2 UCL, Centre for Longitudinal Studies. (2020). Mental ill-health at age 17 in the UK, available here: https://cls.ucl.ac.uk/high-levels-of-serious-mental-health-difficulties-among-17-year-olds/

3 Galit Geulayov et al (2021). *Self-harm in children 12 years and younger: characteristics and outcomes based on the Multicentre Study of Self-harm in England.*

Rates of self-harm or attempted suicide were more than double for girls compared to boys over the age of 11 (2017)

Higher rates of self-harm among some groups

We know from the data and evidence review that there are specific groups who are at particularly high risk of self-harm, summarised below.

Adolescent girls

Rates of self-reported self-harm or attempted suicide are more than double for girls compared to boys with 7.3% of girls reporting self-harm or attempted suicide compared to 3.6% of boys among 11–16-year-olds.

Among 17–19-year-olds, the rate for girls was 21.5% compared to 9.7% of boys.[4]

LGBTQ+

61% of gay, lesbian and bisexual young people have self-harmed at some point. This jumps to an alarming 84% of trans young people.[5]

Ethnic minority groups

There is a dearth of high-quality evidence examining the experiences of young people from ethnic minorities with regards to prevalence of self-harm. In terms of the general population, according to APMS data people from ethnic minorities are less likely than White people to self-harm. However, evidence looking at young women specifically shows that women from ethnic minorities are at heightened risk.[6]

Autism

There is an emerging evidence base which suggests that levels of self-harm among young people with autism are very high.

The Cambridgeshire and Peterborough All Age Autism Strategy notes: Children, young people and adults [with autism] are more likely to have or develop mental health conditions, such as anxiety, obsessive compulsive disorder (OCD) and depression, than neuro typical people.

Socio-economic deprivation

Self-harm in children is strongly associated with socio-economic deprivation: in one study the proportion of children under 12 who self-harm living in neighbourhoods ranked most deprived (43.4%) was twice the national average.[7]

Whilst incidence of self-harm is higher in the most deprived localities, GP practices in those locations are least likely to refer young patients.[8]

Summary

It is widely recognised that certain groups have higher rates of self-harm, however, there is a widespread lack of high-quality evidence on self-harm prevalence, the specific risk factors that contribute to higher rates of self-harm, and on the effectiveness of interventions around self-harm for these specific groups. There is also the issue of barriers in access to mental health services for many of these groups, which points to a need for services in Cambridgeshire and Peterborough to develop targeted initiatives to improve access and carefully consider how care pathways can better meet intersecting needs and risk factors.

4 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

5 Stonewall. (2017). The school report: The experiences of lesbian, gay bi and trans young people in Britain's schools in 2017, available here: https://www.stonewall.org.uk/system/files/the_school_report_2017.pdf

6 Cooper et al. (2010). *Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study,* available here: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/ethnic-differences-in-selfharm-rates-characteristics-and-service-provision-threecity-cohort-study/CDBA53F0AC230909E892C263781A0A51

7 Geulayov et al, 2021.

8 BMJ, (2017). *Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care,* BMJ 2017; 359 doi: https://doi.org/10.1136/bmj.j4351

9 Cassels et al. (2018). *Poor family functioning mediates the link between childhood adversity and adolescent nonsuicidal self-injury.*

Self-harm prevalence: Cambridgeshire & Peterborough

A 2018 study of self-harm prevalence rates in Cambridgeshire found that by age 14, 12% of young people had engaged in non-suicidal self-harm. By age 17, a further 6% had engaged in new instances of self-harm.[9]

Prevalence rates from hospital admissions data

In 2020/2021, the rate of A&E attendance for self-injurious behaviour for young people in Cambridgeshire and Peterborough hospitals was 477 per 100,000. This is:

49% higher than the regional East of England average

60% higher than the England average.

At a district level, over a 5-year average, Cambridge City has by far the highest A&E attendance rates for deliberate self-harm for 10-24 year olds among the Cambridgeshire and Peterborough districts.

Rates of self-harm prevalence are often presented in the form of hospital admissions for self-harm injuries, with national numbers of people presenting to hospital emergency departments after self-harm increasing over the years.

However, as highlighted by McManus et al (2019), most people who self-harm do not present to hospitals, with 59% of people who participated in non-suicidal self-harm reporting no consequent medical or psychological service contact. Those presenting to hospitals or primary care present different profiles from the wider population engaging in self-harm, with young people presenting to hospitals more likely to attempt suicide or overdose, but less likely to engage in non-suicidal self-harm.[10]

Most people who self-harm do not present to hospitals

Self-harm data from local services

There are less definitive data on self-harm prevalence rates at a regional level with figures available from different datasets that are difficult to compare.

Astrea Academy

Astrea Academy are the partner school for Fullscope's wider Wave 4 project 'Understanding self-harm in children and young people in Cambridgeshire and Peterborough'. They were able to provide data for the Autumn Term 2021 from four of the academy schools which showed that 3 times as many girls than boys discussed self-harm with school staff, while twice as many girls over boys presented with suicidal thoughts.

Help seeking at school

With many schools under resourced for mental health support provision on site, and without clear processes or procedures in place for students to understand what will happen if they disclose self-harm, many young people may feel reluctant to disclose to teaching staff. The GW4 report highlights the importance of making clear to all students who the safeguarding and pastoral leads are so students are clear about who they can turn to for support for issues such as self-harm. Teachers surveyed also felt they would benefit from training to help them understand self-harm better, identify the signs of a young person self-harming, and learn how best to respond. **Many participants highlighted teaching staff feeling ill-equipped to have the difficult conversation about self-harm with pupils and feeling nervous or reluctant for fear of making the situation worse.** Parents might also feel that a disclosure to the GP rather than school is more appropriate when seeking help.[11] A joined-up approach across services would be beneficial here.

Reference should also be made here to gender, and whether boys might display dysregulation differently, and/or be more reluctant to ask for help.

10 McManus et al. (2019). *Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population*

11 Rhiannon Evans, Abigail Russell, Frances Mathews, Rachel Parker (2016). *The Self-harm and Suicide in Schools GW4 Research Collaboration, and Astrid Janssens.*

Cambridgeshire & Peterborough Foundation Trust (CPFT) CAMHS

October 2020–October 2021

6.5% of referrals had self-harm as primary reason for referral.

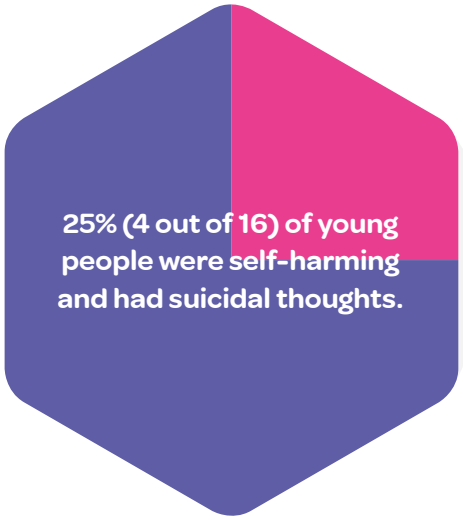
Addenbrookes

Jan 2020–Dec 2021 (2 years)

1,557 young people aged 0–18 presented to A&E with a mental health issue. Out of this group, 58% included self-harm (not differentiated between self-harm with or without suicide intent) as a presenting issue and 23% of those were admitted to the hospital due to self-harm.

Kooth

Kooth is a national online support platform which is also offered to young people on the YOUnited waiting list in Cambridgeshire and Peterborough. Quarterly reports from 2020/21 show that self-harm was consistently in the top 3 prominent issues that Kooth service users presented in chat sessions or messages with counsellors, closely followed by suicidal thoughts.
www.kooth.com



Early Help District Team (EHDT): Huntingdon and St Ives

A desktop exercise was carried out to review new requests for support from 1st September 2021 to 30th November 2021. Whilst the deep dive data is a small proportion of cases open to EHDT, it gives a helpful snapshot of issues at a specific time. Its findings were as follows:

a. 87 requests for support of which 16 (18.4%) families had one child who was reported to self-harm or had suicidal thoughts.
b. 25% (4 out of 16) of young people were self-harming and had suicidal thoughts.
c. 3 out of the 16 (18%) young people took an overdose.
d. One young person left home with the intention of attempting suicide.
e. 68.75% (11) were female, 6.25% (1) were non-binary and 25% (4) were male.
f. There were no children aged 11 and below who were reported to be self-harming or to have suicidal thoughts. All young people who were reported to have self-harmed or had suicidal thoughts were aged 12 to 17.
g. 50% (8 out 16) had current or previous CAMHS involvement.

Centre 33

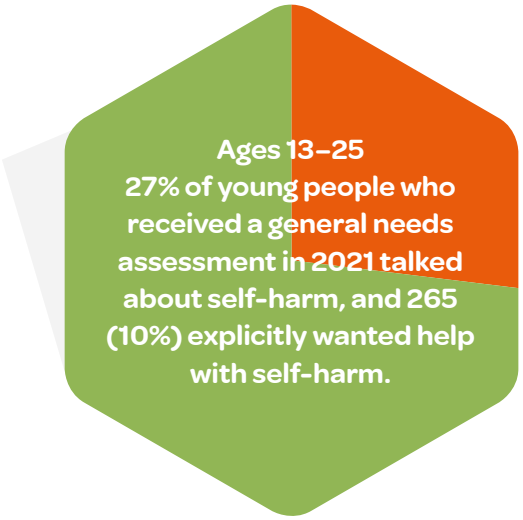
Ages 13–25

27% of young people who received a general needs assessment in 2021 talked about self-harm, and 265 (10%) explicitly wanted help with self-harm.

9% of young carers talked to Centre 33 about self-harm.

52% of those in the Someone To Talk To service brought up self-harm.

75% of those who talked about self-harm also talked about suicide ideation.
www.centre33.org.uk



Blue Smile

Ages 3 – 13

253 children received 1:1 therapy in the 2020/21 school year: around **5% (13)** presented with self-harm, and 5% presented with suicide ideation.
www.bluesmile.org.uk

Young Peoples' Counselling Service (YPCS)

Ages 5–18

60% of CYP supported in 2021 reported self-harm and 19% shared suicidal thoughts or feelings.
www.ypcs.uk

YMCA Trinity

September 2021 to January 2022

384 new referrals received from children and young people aged 5–18, with 51 (13%) reporting a reason for referral as self-harm.

Across all of YMCA's programmes and services in 2021, 11% of young people reported self-harm.
www.ymcatrinitygroup.org.uk

Primary Care Network: Fullscope GP Project

The Fullscope GP pilot project has been running since June 2021 and gives GPs in two Primary Care Networks quick access to a single session therapeutic intervention for CYP presenting with mild to moderate mental health or wellbeing issues.

Out of the 31 referrals received up until 31 December 2021, 10 referrals involved self-harm and 8 CYP disclosed suicide ideation.

Recommendations

Data collection

- Alignment of statutory and voluntary service data collection to allow for self-harm or suicidal intent (ideally separately) to be noted as a secondary/additional concern, where it is not noted as the primary concern.
- Ongoing collection and review of local data by Public Health to ensure understanding of local rates of self-harm amongst children and young people beyond A&E attendance.

Safeguarding

- Services and schools should consider implementing a specific process for disclosures of self-harm.

Definitions

- A more unified approach to definitions of self-harm across services would allow for clearer assessments of risk to be undertaken.

Gender

- Services should follow new NHS guidance on collecting gender identity/ sex at birth information.
- Workforce development around presentation of anxiety and dysregulation in boys.
- A review of coding of self-harming behaviours to ensure boys are not missed.

Risk factors

- Services should consider the monitoring of young people in their care who are known to have one or more risk factors e.g. autism, LGBTQ+, socio-economic deprivation, and complex childhood experiences, and routinely ask about recent self-harming behaviours, under guidance of mental health supervision.
- Services should develop targeted initiatives to improve access and carefully consider how care pathways can better meet intersecting needs and risk factors.

Ethnicity

- Services should routinely collect ethnicity data to develop targeted initiatives to improve access and carefully consider how care pathways can better meet intersecting needs and risk factors.

Local strategies

The recommendations included in this report should not be taken in isolation, and should be considered alongside the following strategies, due to be published in 2022:

- Children and Young People's Mental Health Strategy (commissioned by Cambridgeshire and Peterborough CCG)
- Suicide Prevention Strategy (Cambridgeshire and Peterborough Public Health)
- Mental Health Prevention Strategy (Cambridgeshire and Peterborough Public Health).

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www.fullscopecollaboration.org.uk