

Bracknell Forest self-harm workforce project

for the children and young people's workforce in
Bracknell Forest



The aim of this webinar

- To introduce ourselves so that we become familiar faces. Hello!
- To engage and enthuse a diverse range of colleagues working within any discipline with children and young people who live, study, or receive help and support within Bracknell Forest.
- To share an outline of the key aims and aspects of our project and seek your participation and that of all your colleagues. We want as wide a variety of experiences as possible to capture the views of *everyone*, especially those we might not ordinarily hear from.
- Share some up-to-date research findings around self-harm in young people.

Introductions

Katherine Davies - Public Health Programme Officer

katherine.davies@bracknell-forest.gov.uk

Janette Fullwood - Project Support, Brighter Futures Together

Janette@brighterfuturestogether.org.uk



Bracknell Forest Health and Wellbeing Strategy

2022-2026



Bracknell Forest Public Health

Published June 2022

Bracknell's vision for the future health and wellbeing of Bracknell Forest residents

Developed in co-production alongside the NHS, voluntary and community sector organisation and residents

1

Give all children the best start in life and support emotional and physical health from birth to adulthood



2

Promote mental health and improve the lives and health of people with mental-ill health



3

Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares



4

Keep residents safe from COVID-19 and other infectious diseases



5

Improve years lived with good health and happiness



6

Collaborate, plan and secure funds for local and national emerging new health and wellbeing priorities



Themes

Reducing health inequalities

Creating healthy environments

Enhancing experience of seamless care

Community development for wellness

About Bracknell Forest



Hospital admissions as a result of self-harm in Bracknell Forest per 100,000 population (2021/22)			
	Bracknell Forest	South East England	England
10-24 years	490.0	505.6	421.9
10-14 years	291.9	202.6	213.0
15-19 years	967.5	826.4	652.6

[Source: Publichealth profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

Background to project

- Self-harm is a major public and clinical health challenge.
- Although people of all demographics self-harm, it is particularly common among adolescents.
- New NICE guidance on identifying and helping manage self-harm (published September 2022)
 - First update in over a decade
 - For the first time has advice for schools
- Locally and beyond, training offers, resources and non-clinical services aiming to support young people who self-harm- are they making a difference?
- Limited attention has been given to understand self-harm collectively across disciplines and jointly owning a solution which is responsive to local needs and preferences.

Context

New guidance highlights that addressing self-harm is the collective responsibility of all professionals working with young people, including healthcare professionals, social care practitioners, third sector organisation staff, criminal justice system workers and school staff. Irrespective of who identifies self-harm, guidelines emphasise that

“at the earliest opportunity after an episode of self-harm, a specialist mental health professional should carry out a psychosocial assessment.”

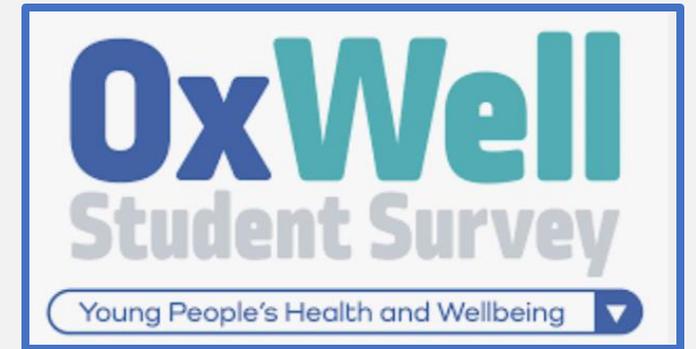
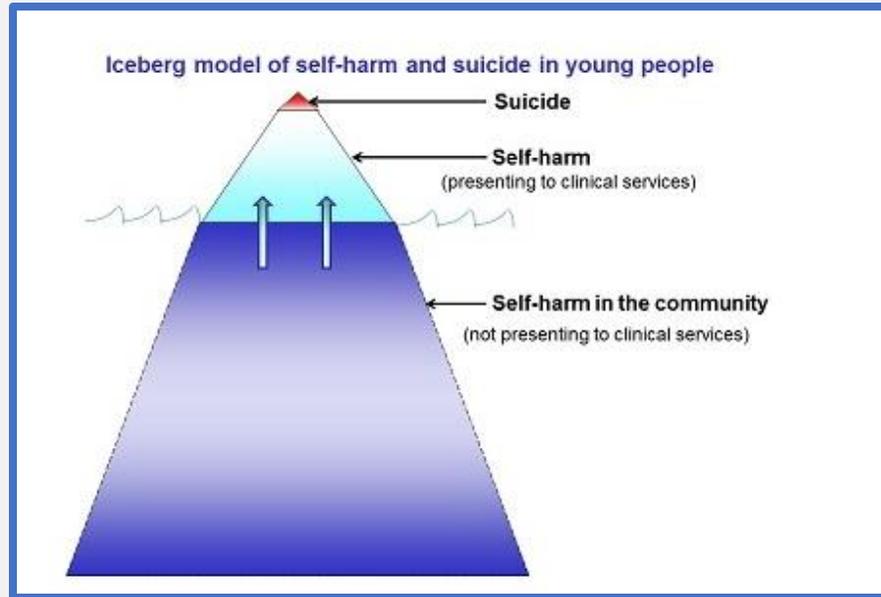
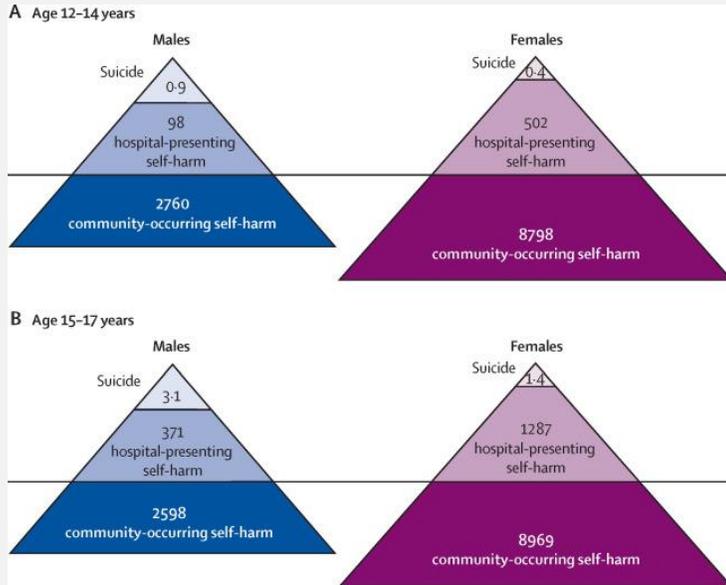
Challenge # 1



Challenge # 2



Challenge # 3



Challenge # 4

HELP I'M IN CRISIS SIGN ME UP

ALUMINA

WORKING WITH 11-19S FROM SEPTEMBER '22

FREE ONLINE SELF-HARM SUPPORT FOR 11-19'S

PREVIOUSLY selfharm™

kooth

THE MIX

Essential support for under 25s

tellmi



Worried about self-harm?

Calm Harm is a free app that helps you manage or resist the urge to self-harm.



nshn Distractions that can help...

DISPLACEMENT

1. Drawing on yourself in red marker
2. Snapping an elastic band on your wrist
3. Putting on fake or henna tattoos and then peeling them off
4. Putting plasters or bandages on where you want to self-harm
5. Mix warm water and food colouring and put it on your skin
6. Make ice cubes with added red food colouring and rub them on where you want to self-harm
7. Squeezing ice cubes
8. Chewing leather
9. Use stage makeup to create fake injuries
10. Use skin coloured plasticine, smear it on your skin, cut into the plasticine (carefully) pour fake blood or food colouring into the fake cut
11. Draw yourself or around your arm on a piece of paper, draw the harm you are imagining then destroy the picture
12. Take a photo of yourself when you are feeling upset, write all over it how you are feeling then destroy the picture
13. Take a hot shower and use a good exfoliating body wash and a sponge or glove and scrub!
14. Draw over all your old scars, which will provide a repetitive action and hopefully will relieve urges.
15. Bite into a chilli

REINFORCING

1. Thinking about not wanting scars in the summer
2. Thinking about not wanting to go into hospital
3. Set yourself a target e.g. 10 minutes and promise yourself not to harm in this time, once you get to the 10 minute point, set a new target of 15 minutes and continue
4. Use a glowstick, when you feel the urge to harm, snap the glowstick to start it glowing tell yourself that you can't harm and it stops glowing. The glow will last for a few hours by which time your urges will hopefully have passed

Nshn, Po Box 7264, Nottingham NG1 6WJ
 Email: info@nshn.co.uk
 Website: www.nshn.co.uk
 Forum: http://www.nshn.co.uk/forum/index.php



Tell someone

No Harm Done

Things Can Change

Information and help for young people worried about self-harm

Challenge # 5

Worried about a child who may be self-harming?

There are a range of resources to support you to manage children and young people who may be self-harming.

Self-harm is any act of intentional self-injury or self-poisoning. Examples include:

- Self-cutting
- Hitting or bruising
- Taking an overdose
- Self-intoxication with ligatures
- Swallowing objects or poisons
- Burning

Has a child taken an over dose OR has an injury that needs medical attention OR has active suicidal plans with intent?

• **ACTON:** Call 01235 834444

Has a child disclosed to you they have self-harmed but it can be treated with first aid OR not in immediate danger OR disclosed suicidal thoughts?

- **ACTON:** Call 111 or 0800 numbers
- **Devon:** 0300 300 1234
- **Stocking/Lambourne:** 01895 901 000
- **Hampton:** 0113
- **Surrey:** 0800 915 4644

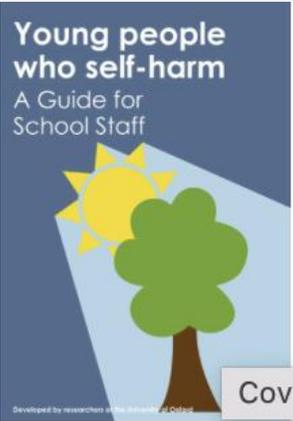
Online learning to spot the signs of early intervention into self-harm and how to speak to children and parents.

Training available from:

- keoth** (Keen to Offer Online Training)
- Young Minds** (National Children's Mental Health Foundation)
- Healthier Together** (NHS)

NHS Priority Online Learning System

Young people who self-harm
A Guide for School Staff



Cover

Developed by researchers at the University of Oxford

harmLESS

harmLESS is a resource for those who have contact with young people who are self-harming.

It is designed to help you talk about self-harm with a young person so that you can decide what support might be helpful.



HARMLESS
The centre of excellence for self-harm and suicide prevention

Psychological Perspectives
in Education & Primary Care



Confused?

About the project

The project aims **to develop a holistic and place-based approach to enable professionals/volunteers to come together to better understand and respond to self-harm.** As set out in the draft NICE guidelines, the project reflects the understanding that self-harm is a reaction to emotional distress.

The project will be underpinned by the following key assumptions:

Different ways of understanding and responding to self-harm require –

- a collaborative approach involving multiple perspectives across the children and young people's workforce – bringing different professional disciplines together from education, health, LAs and the VCSE sector
- a focus on earlier intervention – the project supports early intervention and prevention and the safe management of self-harm in young people when they present
- a cross-discipline, learning-journey approach to develop skills and knowledge and build capacity



[#NoHarmDone Things Can Change | Self-Harm | YoungMinds - YouTube](#)



Introductions

Meet the project team:

Matt Williams- Senior Programme Manager, Mental Health

Becci Monk - Mental Health Improvement Project Manager

Hayley Trueman - Mental Health Improvement Project Manager

Rohan Borschmann - Academic Psychologist and Senior Research Fellow

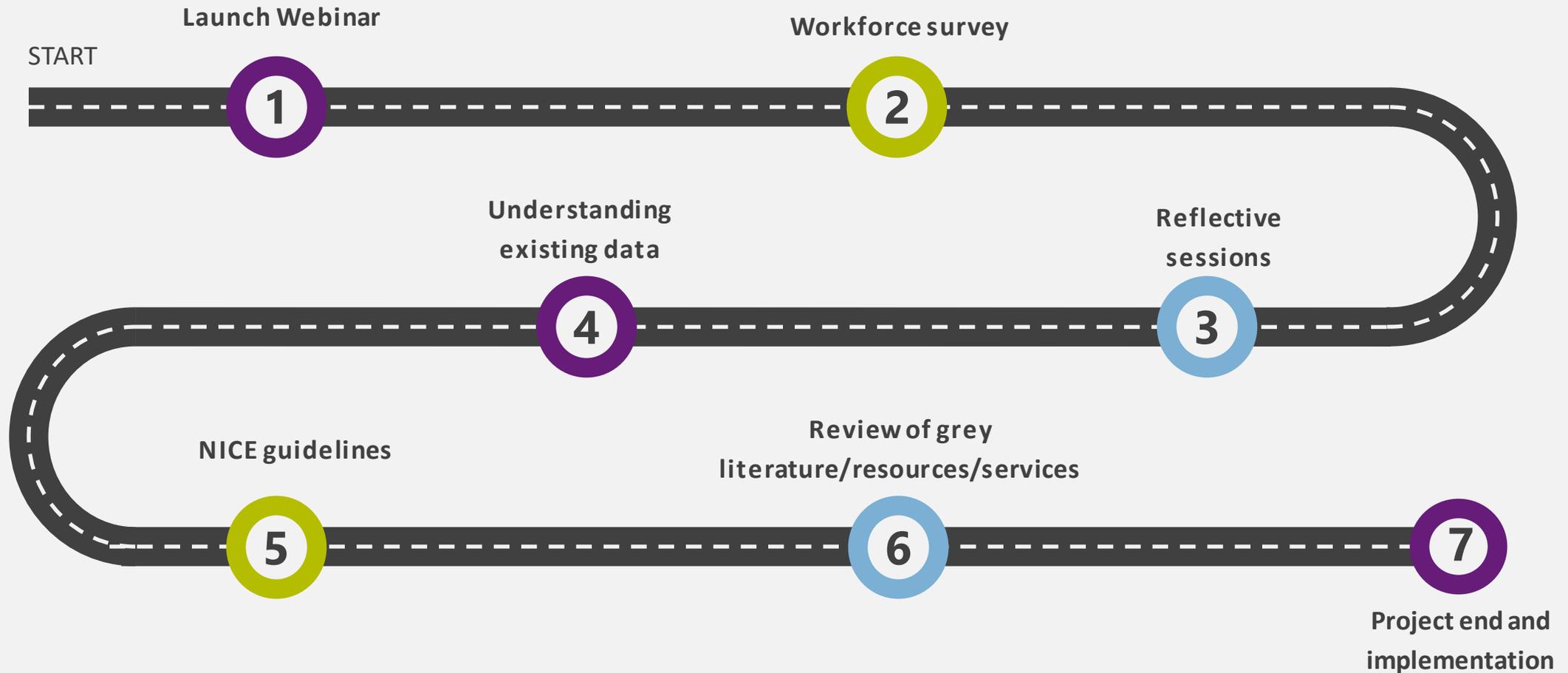
Alice Dean - Programme Support

Contact - Matt.Williams@oxfordahsn.org

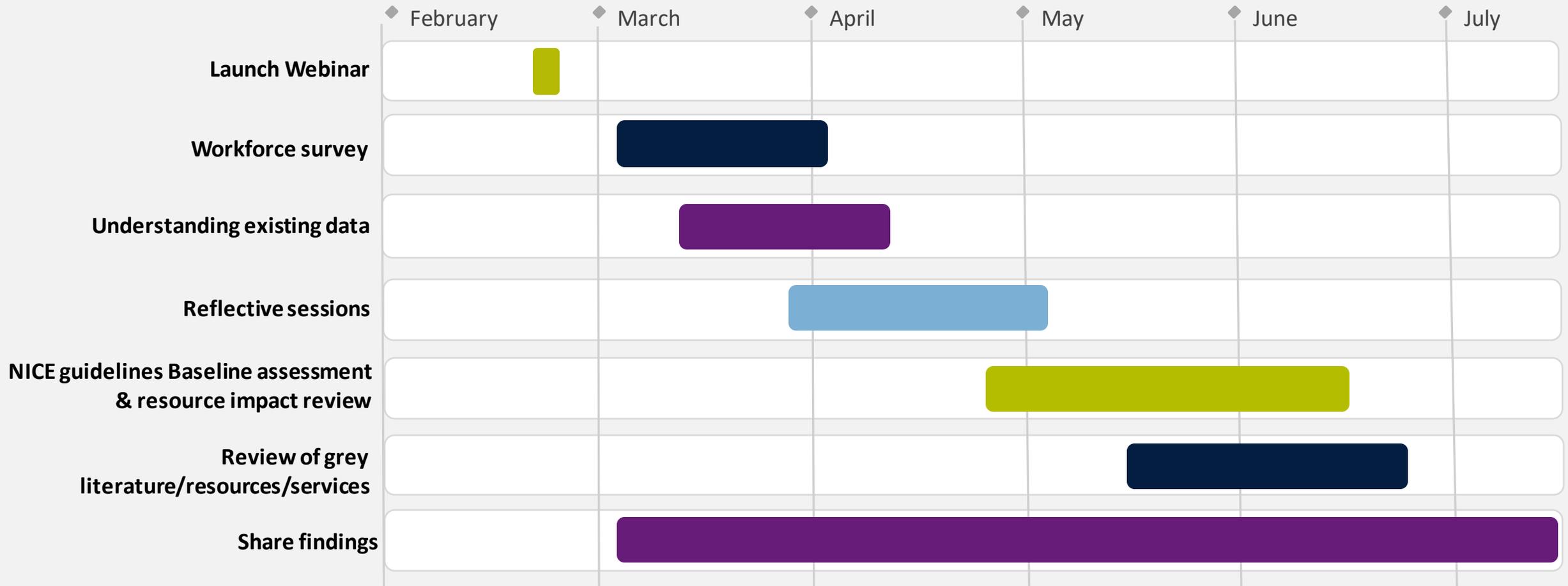
Who are the AHSN?

- We are the innovation and improvement arm of the NHS
- We occupy a unique position in the health/care landscape
- We work with partners in the NHS, industry and research
- We match high value innovations with identified population needs, taking account of health inequalities and patient views
- We have a track record of improving patient outcomes, safety and experience
- We help save NHS money, support the economy and empower healthcare staff
- Our clinical priority areas are Cardiovascular disease, Maternity/Neonatal, Mental Health and Respiratory disease

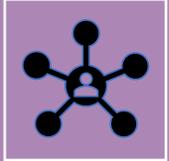
Learning Network – different elements



Timeline – at a glance



Join our Learning Network



A learning network supports people to develop and maintain connections with people and information, this way of learning together will facilitate growing connections between those who work with children and young people in Bracknell Forest.



Those in the network will be invited to complete a brief online survey and to attend a reflective practice session.



By attending this webinar you are automatically part of the learning network and will receive a follow up email after this webinar.

Workforce Survey



Workforce Survey will be circulated by email and shared during week commencing 6 March 2023.



Responses to our Workforce Survey will be anonymous. We will use a unique six-digit code (comprising your birth date and post code) to follow-up on responses over time.



Our Workforce Survey will be open for four weeks after issue.



Anyone who works with children and young people within the Bracknell Forest is encouraged to complete our Survey. Please share our Survey widely with your colleagues and contacts. All input will be valuable and help inform our understanding.



This is not a test of your knowledge. There are no right or wrong answers!

Reflective sessions



Face to face reflective sessions from 21st March 2023.



Multidisciplinary sessions with colleagues from different areas of work within Bracknell Forest.



Sessions will not be recorded.

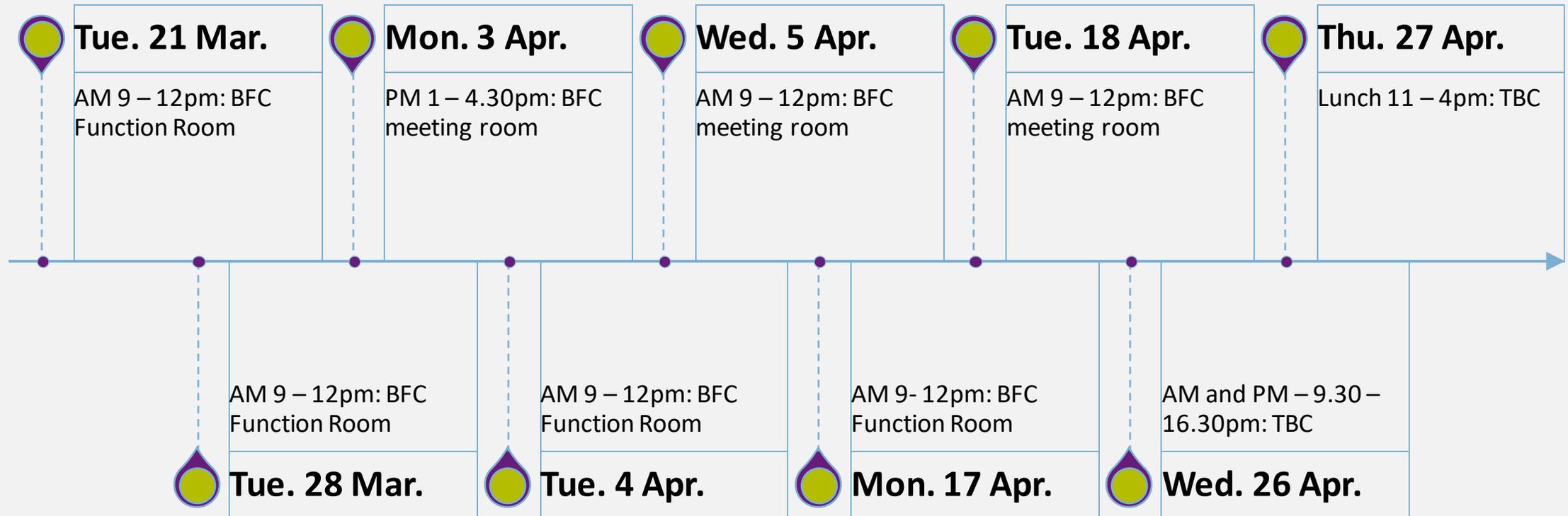


To establish an understanding of self-harm in children and young people that draws on all participants' perspectives across the Bracknell Forest workforce.

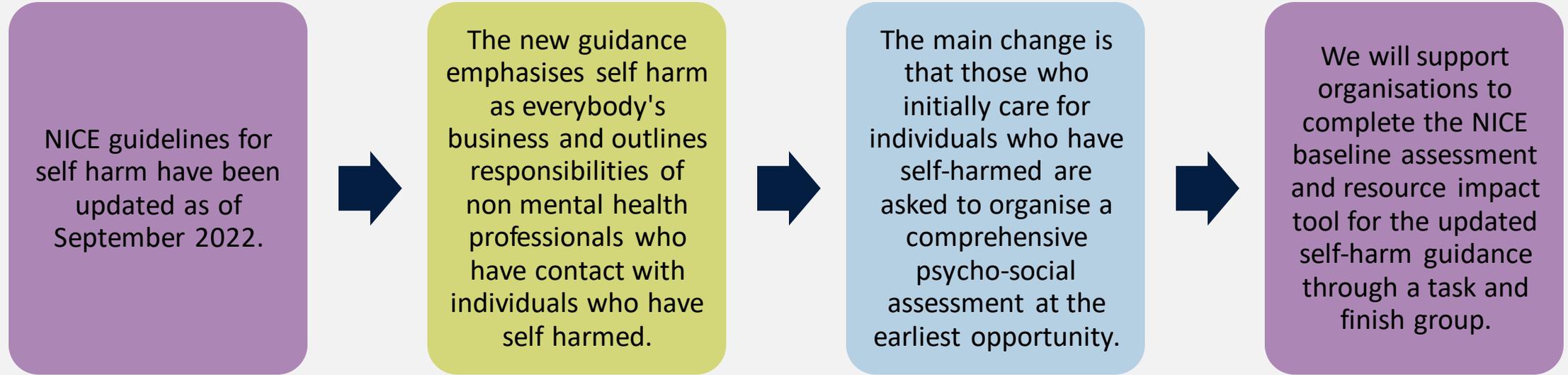


We hope that those working directly with children and young people will attend as well as those in leadership roles will be able to attend.

Reflective sessions – provisional times



NICE guidelines Baseline assessment & resource impact review



We will be approaching individuals to represent their organisations in this task and finish group from;

- Youthline
- Children's Social Care
- CAMHS
- Acute care
- ICB Mental Health Lead and Primary Care
- Education lead Local Authority
- Education representative (schools)

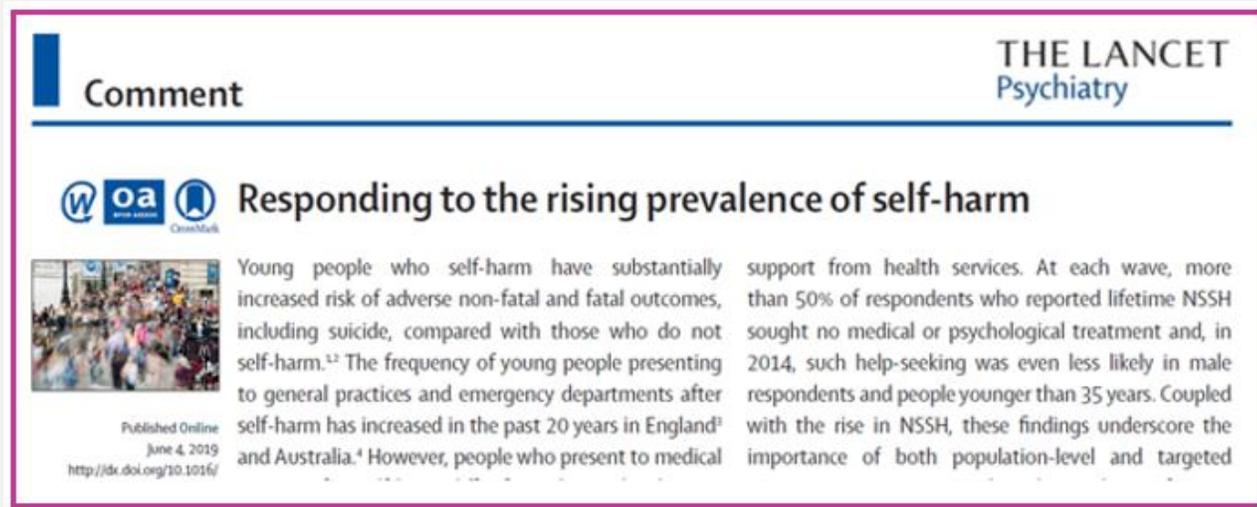
Adolescent self-harm: More than 'just a passing phase'?

A/Prof. Rohan Borschmann PhD DClinPsych PG-Dip BBS

Centre for Mental Health, University of Melbourne
Department of Psychiatry, University of Oxford

Self-harm during adolescence

- Recent rise in teen anxiety, depression, & self-harm => clinical services overwhelmed
- Between 2000-2014, self-harm in females aged 16-24yrs rose from 6%-19% (APMS, UK)
- Especially  in:
 - Females
 - Autism spectrum
 - LGBTQIA+
 - MH & substance use probs
 - Criminal justice system contact



The screenshot shows a comment article from The Lancet Psychiatry. The title is "Responding to the rising prevalence of self-harm". The article text discusses the increased risk of adverse outcomes for young people who self-harm, including suicide, and notes that the frequency of young people presenting to general practices and emergency departments after self-harm has increased in the past 20 years in England and Australia. It also mentions that more than 50% of respondents who reported lifetime NSSH sought no medical or psychological treatment, and that such help-seeking was even less likely in male respondents and people younger than 35 years. The article is published online on June 4, 2019, with a DOI link: <http://dx.doi.org/10.1016/>

Who is self-harming?



- Recent self-harm was reported by 3% of 11-12 year-olds (2/3 girls)

1,200 kids in Year 6, Melbourne

- These kids also reported:
 - few friends
 - recent bullying
 - frequent peer conflict
 - mid/late puberty
 - mental health issues
 - substance use (age 11-12)
 - antisocial behaviour

PLOS ONE

RESEARCH ARTICLE

Self-harm in primary school-aged children:
Prospective cohort study

Self-harm & puberty – is there a link?



3,300 kids in Years 7-9, Washington

“In this study, the odds of self-harm were 4-5 times higher in late puberty vs. early/mid puberty, regardless of age and school year. This association was evident in boys but appeared more striking in girls.”

Journal of the American Academy of
CHILD & ADOLESCENT
PSYCHIATRY

Pubertal Stage and Deliberate Self-Harm in Adolescents

GEORGE C. PATTON, M.D., SHERYL A. HEMPHILL, Ph.D., JENNIFER M. BEYERS, Ph.D.,
LYNDAL BOND, Ph.D., JOHN W. TOUMBOUROU, Ph.D., BARBARA J. McMORRIS, Ph.D.,
AND RICHARD F. CATALANO, Ph.D.

Predictors of self-harm in adolescents with anxiety and/or depression

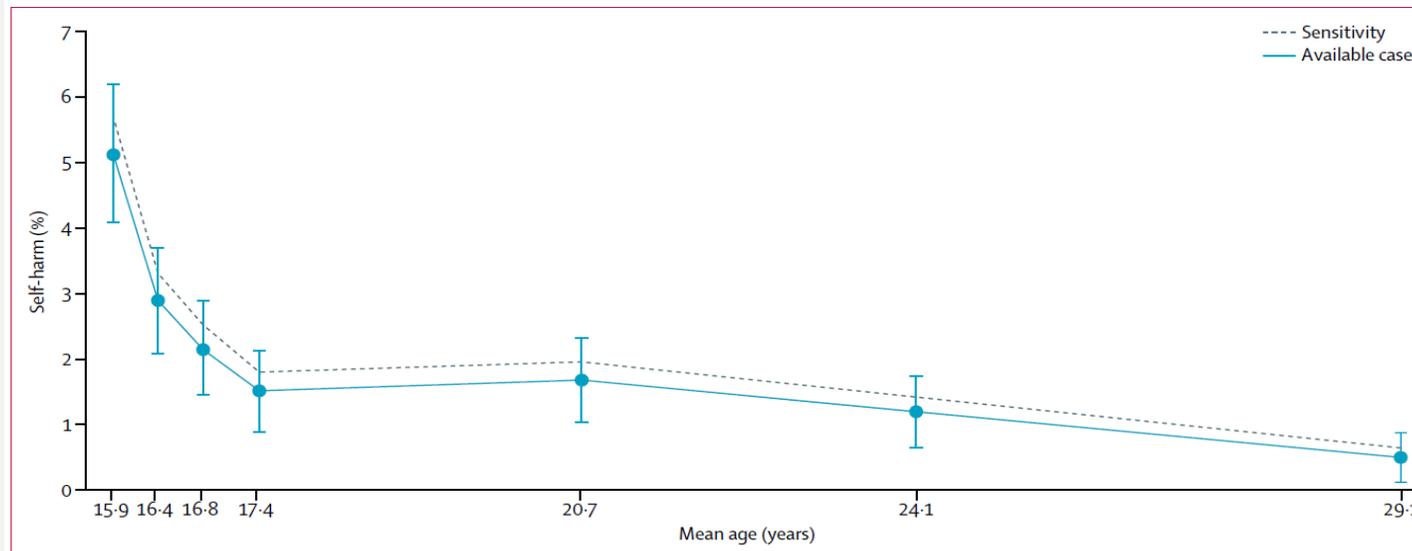


- 600 students aged 12-16 with anxiety/depression (followed up annually)
- Those who reported somatic pain => more likely to self-harm
(same region of brain might be responsible for process physical and emotional pain?)
- Those with at least one supportive relationship with an adult or a peer => less likely to self-harm

“Greater peer connectedness, and positive relationships with adults, are associated with greater subjective well-being & reduced rates of self-harm.”

Why are young people self-harming? (and do they 'grow out' of it?)

Endless reasons: problems with peers, relationship difficulties, problems at home, exam stress, to relieve tension, in response to previous trauma, to establish autonomy....
(or any combination of these)



More than a passing phase

BMJ 2014;349:g5954 doi: 10.1136/bmj.g5954 (Published 22 October 2014) Page 1 of 13

thebmj

RESEARCH

Clinical and social outcomes of adolescent self harm: population based birth cohort study

THE LANCET
Child & Adolescent Health

Articles

20-year outcomes in adolescents who self-harm: a population-based cohort study



Acta Psychiatrica Scandinavica

Acta Psychiatr Scand 2015; 131: 61-68
All rights reserved
DOI: 10.1111/acps.12306

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ACTA PSYCHIATRICA SCANDINAVICA

Substance use in adulthood following adolescent self-harm: a population-based cohort study

Comment

THE LANCET
Child & Adolescent Health

Reducing suicide after hospital-treated self-harm in young people



Published Online
January 8, 2020
<https://doi.org/10.1016/>

Suicide and self-harm (defined as intentional, non-fatal self-poisoning or self-injury, irrespective of suicidal intent)¹ are major contributors to morbidity and mortality in young people globally.² The incidence of self-harm in young people is rising in the UK³ and Australia,⁴ and young people with a history of self-harm are at markedly increased risk of adverse non-

prevent suicide following emergency department presentation—the crucial next piece of the puzzle. Additionally, 42 (76%) of 55 suicides occurred after the age of 18 years, when many young people make the transition from child and adolescent mental health services to adult mental health services. Although the reasons for this finding are probably both numerous

How can we respond?

- “At the earliest opportunity after an episode of self-harm, a mental health professional should carry out a psychosocial assessment”
 - Explore the reasons for self-harming
 - Ensure the person receives the care they need
 - Ask about their treatment preferences

- Rates of ED re-presentation for self-harm are higher in those who don't receive assessment (association with suicide)

NICE National Institute for Health and Care Excellence

Self-harm: assessment, management and preventing recurrence

NICE guideline
Published: 7 September 2022
www.nice.org.uk/guidance/ng225

NICE
guideline

EMA Emergency Medicine Australasia

Emergency Medicine Australasia (2020) 32, 320–326 doi: 10.1111/1742-6723.13485

PAEDIATRIC EMERGENCY MEDICINE

Repeated presentation of children and adolescents to the emergency department following self-harm: A retrospective audit of hospital data

More than assessment is needed

THE LANCET

Comment

Responding to the adolescent in distress



From Socrates and Shakespeare through to Stanley Hall and Anna Freud in the 20th century, heightened emotions have been recognised as common in the adolescent years. However, such emotional reactions have throughout history been seen as a passing nuisance with little long-term consequence. Combined with the idea of adolescence as the healthiest time of life, these perceptions have generated a pervasive neglect in health care for the adolescent in crisis.¹ However, perceptions are now shifting as new studies provide more information about consequences of the emotional and behavioural

and further sobering assessment of the risks. 10-year cumulative mortality in 10–19 year olds presenting with adversity-related injuries—ie, related to substance abuse, self-harm, or violence—was substantially higher than in those presenting with accidental injuries, for both girls (7·3 [95% CI 6·8–7·8] vs 3·8 [3·4–4·2] per 1000) and boys (15·6 [14·8–16·5] vs 6·0 [5·7–6·3] per 1000). Risks for suicide and drug-related or alcohol-related deaths were about six times higher for boys (adjusted subhazard ratio 6·20 [95% CI 5·27–7·30] for suicide and 5·91 [4·96–7·03] for drug-related or alcohol-related

Published Online
May 25, 2017
[http://dx.doi.org/10.1016/S0140-6736\(17\)31331-4](http://dx.doi.org/10.1016/S0140-6736(17)31331-4)
See Online/Articles
[http://dx.doi.org/10.1016/S0140-6736\(17\)31045-0](http://dx.doi.org/10.1016/S0140-6736(17)31045-0)

George Patton*, Rohan Borschmann
Centre for Adolescent Health, Murdoch Children's Research
Institute, Royal Children's Hospital, Parkville, VIC 3052, Australia

“Immediate health service responses alone will be insufficient. There is also a need to consider the social contexts that will support an adolescent’s ongoing emotional development. This social scaffolding needs to extend beyond the health system to promote protective and enabling relationships with families, schools, communities, and peers.”

The current project

- This is why we are doing a workforce survey; we see different levels of understanding of self-harm in different sectors & different roles
- People attending today: What is the situation like for you in your local area?
- We want to empower you and your colleagues (i.e., the people who are closest to the young people who self-harm) to be part of this. This is your opportunity to shape and influence the content of the final outputs from this project.
- Your contributions, experiences, and opinions will help to complete the picture

OxWell Student Survey



- Online survey examining the mental health and wellbeing of students in England (>30,000 students, 180 schools in 2021)
- This year, in relation to self-harm we are asking (among other things):
 - Which sources of support (if any) have you accessed after self-harming?
 - How helpful was this support?
 - What would you have liked to access?
 - If you haven't accessed any support, what are the reasons for this?
- Interested in participating? Please email: oxwell@psych.ox.ac.uk

Questions / follow-up



3-minute OxWell video:
<https://oxwell.org/young-people/>

(e): rohan.borschmann@psych.ox.ac.uk

or

oxwell@psych.ox.ac.uk

- Everyone attending will receive a welcome email to the learning network with a copy of today's presentation.
- Please share this with your colleagues. They can join the learning network here:

[Click here to join the learning network](#)



Any Questions

matt.williams@oxfordahsn.org

