Self-Harm

Introduction

Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. Self-harm is usually a way of coping with or expressing overwhelming emotional distress. While many people self-harm with no suicidal intent, self-harm is strongly associated with increased risk of future suicide (more than half of people who die by suicide have a history of self-harm) and therefore it is an important risk-factor for suicide.[1]

Summary

The self-harm figures recorded in Norfolk have been above the national average since 2011/12, however a decline has been seen latterly with the overall average close to the average England figures in 2016/17. Norfolk continues to review its strategies with a view to reducing self-harm within the county including initiatives supported by the Norfolk Sustainability and Transformation Plan (STP) within schools, the mental health trust, primary care and third sector.

Headlines

Norfolk has a rate of self-harm hospital admissions that is similar to the average for England. In 2016/17 Norfolk had a rate of 177 per 100,000 Emergency Hospital Admissions for Intentional Self-Harm, compared to the national rate of 185 per 100,000 (see Figure 1). There was a peak of emergency admissions for self-harm in Norfolk recorded in 2013/14, when the figure was significantly higher than the England average. Since then, this rate has gradually reduced in Norfolk, particularly for women (see Figure 2) and is now back to a similar rate to 2010/11.

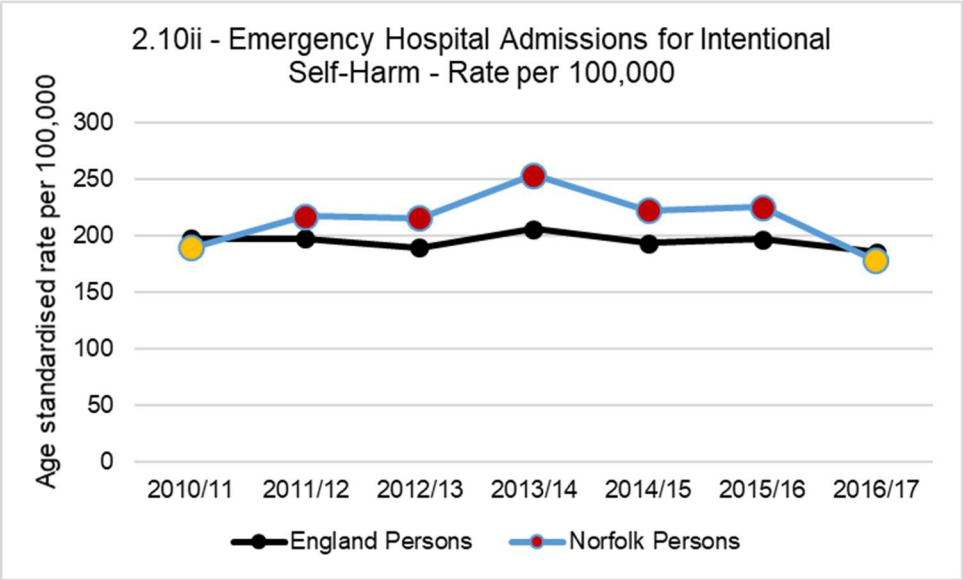

Figure 1: Rate of Emergency Hospital Admissions for International Self-harm per 100,000. Norfolk compared to National Source: Public Health Outcomes Framework (PHOF), Public Health England.[2]
Note: Data points are coloured red if they are statistically significantly worse than the England average, yellow if not significant difference and green if statistically significantly better.

[1] Public Health England (2016) Local Suicide Prevention Planning: A Practical Resource
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf
[2] Public Health England Public Health Outcomes Framework:
https://fingertips.phe.org.uk/search/self%20harm#page/4/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/21001/age/1/sex/4

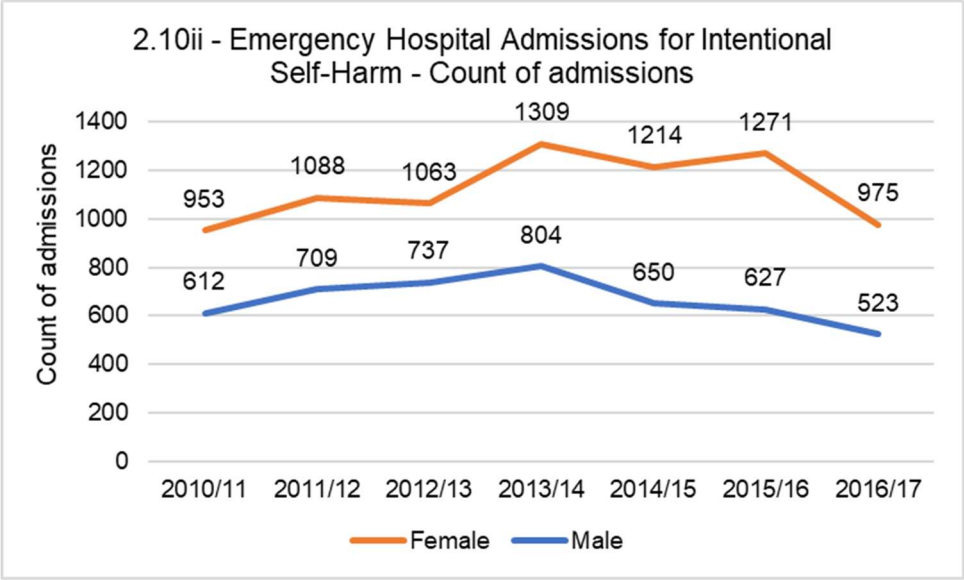

Figure 2: Count of Emergency Hospital Admissions for International Self-harm per 100,000. Norfolk female compared to Norfolk male Source: Public Health England.[3]

However, as this data only refers to the self-harm events that are severe enough to warrant hospital admission, these hospital admissions are being used as a proxy of the prevalence of self-harm in the community. They are only the tip of the iceberg in relation to the health and well-being burden of self-harm among the Norfolk population.

A further source of data is A&E attendances - around 60% of those attending A&E for self-harm in Norfolk are not admitted to hospital. In the three years 2015-17 there were nearly 8,000 A&E attendances by Norfolk residents for self-harm. This is around seven a day. Of these:

- 68% were brought in by ambulance
- 55% were self-poisonings
- 78% of people had a single attendance for self-harm in the three-year period however –
    - 1,015 people attended A&E more than once for self-harm in this three-year period (accounting for 4,272 attendances)
    - One person had 71 A&E attendances for self-harm (38 of these attendances led to them being admitted, 37 times they were brought by ambulance).

An unknown number of people will self-harm without ever coming into contact with services. Little survey data exists to estimate the prevalence of self-harm in the general population, but a survey of Norfolk school children carried out in 2017 found that 5% of secondary school pupils would “usually or always cut or hurt themselves in response to stress”.[4]

Influences on Health and Wellbeing

Aside from the obvious danger of death, self-harm can be seriously detrimental to an individual's long-term physical health. Paracetamol poisoning is a major cause of acute liver failure. Self-cutting can result in permanent damage to tendons and nerves, not to mention scarring and other disfigurements.

The NICE guidelines on self-harm note that people who have survived a medically serious suicide attempt are more likely to have a shorter life expectancy. One study of people presenting at Accident & Emergency (A&E) showed a subsequent suicide rate of 0.7% in the first year - 66 times the suicide rate in the general population. After 15 years, 4.8% of males and 1.8% of females had died by suicide.[5] So while many people self-harm with no suicidal intent, self-harm is strongly associated with increased risk of future suicide and therefore is an important risk factor for suicide.

[3] As above
[4] Norfolk County Council (2017) The Norfolk Children and Young People Health and Wellbeing Survey 2017 /https://www.norfolkinsight.org.uk/resource-norfolk-health-related-behaviour-survey-children/
[5] Hawton K, Zahl D and Weatherall R. Suicide Following Deliberate Self-harm: Long-term Follow up of Patients Who Presented to a General Hospital. British Journal of Psychiatry 2003; 182: 537-542.

Social, environmental, population context

Of the Norfolk A&E attendances for self-harm 2015-17:

- 61% attendees are female
- 40% are young people aged between 15 and 24 years

This shows that young women are a high-risk group for self-harm. Research suggests that in the UK self-harm has increased significantly among young women in recent years. One UK study found that self-harm reported to GPs among teenage girls under the age of 17 increased by 68% over the three years 2011-2014.[6] However local A&E data suggests that this trend may have levelled off with no increase in self-harm A&E attendance in young women ages 10-19 between 2015 and 2017. The gender difference is even more obvious in this age group with on average 64 girls aged 10-19 attending A&E in Norfolk per month for self-harm compared to 18 boys.

Another group at high risk of self-harm is prisoners. Nationally incidents of self-harm recorded in prisons rose more than 70% from 2013 to 2016. In 2016/17 there were nearly 1,000 incidents of self-harm recorded in Norfolk prisons (133 in HMP Bure, 290 in HMP Norwich and 571 in HMP Wayland).[7]

Self-harm is linked to poverty and deprivation – 37% of self-harm A&E attendances in Norfolk occur amongst people living in the more deprived areas compared to just 14% in the least deprived (see Figure 3). This demonstrates the impact of inequality on mental well-being, and how people who are already among the most vulnerable in our society are affected disproportionately. Approaches aiming to protect those who are vulnerable in this way are vital to reducing risk.

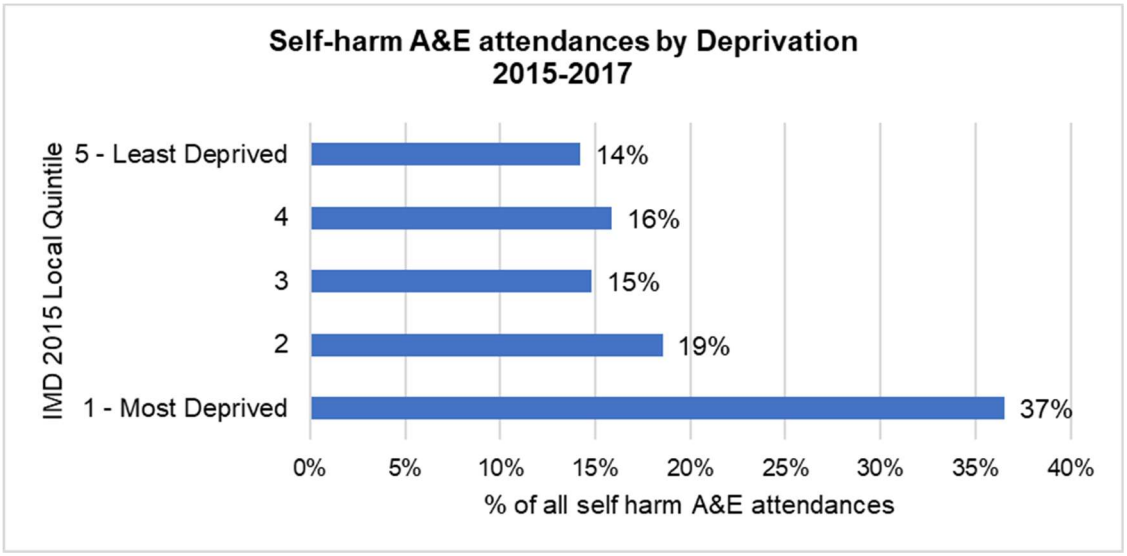

Figure 3: Percentage of A&E attendances for International Self-harm Norfolk residents by IMD 2015 deprivation quintile. Source: NHS Digital.[8]

Current services, local plans and strategies

The current NHS guidance is for people who are self-harming to see their GP initially, as they can then make referrals to local community mental health service for further assessment. This assessment will result in a treatment plan that usually involves seeing a therapist to discuss thoughts and feelings. They may also teach coping strategies to help prevent further episodes of self-harm. If the individual is depressed their treatment may involve the prescription of antidepressants or other medication.

Norfolk Suicide Prevention Strategy 2016-2021 contains an action for Acute Trusts and the Mental Health Trust Norfolk and Suffolk Foundation Trust (NSFT) to review their guidance including hospitals discharge policies for people who have self-harmed or attempted suicide (specifically the need to contact family or

[6] Morgan, C. (2017) Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care. BMJ https://www.bmj.com/content/359/bmj.j4351
[7] Ministry of Justice (2017) Safety in Custody Statistics https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-march-2017
[8] Hospital Episode Statistics - A&E data 2015-17

friends to collect them). NSFT with the support of the Norfolk Sustainability and Transformation Plan (STP) are developing a targeted project to improve family and carer involvement launching in 2019.

In addition, Norfolk Safeguarding Children's Board (NSCB) partners are implementing Training for Tier 1 Staff to support children with self-harm/suicide ideation.[9] Also, Norfolk Children's Services are delivering enhanced PSHE lessons, support and guidance around self-harm and suicidal ideation to secondary schools across Norfolk and Waveney. NSCB has a policy on self-harm (policy number 5.21) for anyone concerned about a child or young person self-harming that outlines risks and indicators of self-harm and details protective and supportive actions.[10]

The Norfolk Child Suicide Thematic Review carried out in 2015 notes "improved services for self-harm and access to CAMHS are crucial in addressing suicide risk, but the antecedents identified in the study make clear the vital role of schools, primary care, social services, and youth justice."[11]

Considerations for Health and Wellbeing Board and Commissioners

The Suicide Prevention Implementation Group reports to the Mental Health Strategic Board which oversees the Mental Health Crisis Care Concordat, bringing those with key actions and responsibilities together to implement the action plan. The strategic board will provide annual updates on progress to the Norfolk Health and Well-Being Board which has agreed mental health as a key ongoing priority. There is a commitment to working with Suffolk County Council to share targets, resources and ideas, an alignment which will benefit the local mental health trust in ensuring consistency as it works across the two areas. We also recognise that the voluntary and community sector has an important role to play, especially in preventative work and engaging with specific groups.

Responding to self-harm requires a system-wide approach; health services, local authorities police, fire and rescue, mental health services and voluntary and community groups all have a role to play in reducing self-harm in Norfolk.

References and information

Public Health Outcomes Framework
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E10000020/iid/21001/age/1/sex/4

Norfolk County Council (2015) Self-harm by children in Norfolk
http://www.norfolkinsight.org.uk/resource-self-harm-by-children-in-norfolk/

NICE Guidance – Self Harm
https://www.nice.org.uk/guidance/qs34

Public Health England (2016) Local Suicide Prevention Planning: A Practical Resource
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

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Online feedback: Send us your query or feedback online using our online feedback form at http://www.norfolkinsight.org.uk/feedback or email: JSNA@norfolk.gov.uk

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[9] NCC (2016) Norfolk Suicide Prevention Strategy 2016-2021 https://www.norfolk.gov.uk/-/media/norfolk/downloads/care-support-and-health/health-and-wellbeing/suicide-prevention/norfolk-suicide-prevention-strategy-full-summary-interactive.pdf?la=en&hash=5BC91C067A43F479BCA0FD7AEA1BB7987CF10615
[10] NSCB Policy "5.21 Self Harm" https://www.norfolklscb.org/about/policies-procedures/5-21-self-harm/
[11] Norfolk Child Suicide Thematic Review (2015) http://www.nspa.org.uk/wp-content/uploads/2017/02/1e-Learning-from-child-suicide.pdf