

Annual Report of the Director of Public Health 2018 – Hospital Admissions for Self-Harm in Somerset

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Division and Local Member: All

1. Summary

1.1. This report analyses available data to help understand the apparent high rates of self-harm in Somerset. It finds that the picture is highly complex, with only hospital admissions easily measurable. Such admissions are typically the result of paracetamol overdoses by young women rather than self-cutting (as self-harm is often discussed). The report concludes that the most effective interventions are to promote and support the mental health and emotional wellbeing of all young people, but especially girls, rather than provide specialist services. This makes mental health a matter for all, not just the NHS.

1.2. This report promotes ‘better health’ in Somerset.

2. Issues for consideration / Recommendations

2.1. This report has given us a more subtle understanding of the reported statistics on self-harm. Whilst many questions remain unanswered, there are a number of implications of the findings.

- Most admissions for overdoses are ‘one-off’, rather than repeated incidents. This implies that an approach based on universal (tier 1), or more specialist (tier 2) services will be more effective than one based on the most complex tier 3 and 4 services.
- Such self-harm is more a question of mental health and emotional wellbeing than of mental *illness*, and therefore a matter for everyone, not simply something for the NHS to treat.
- The protective and preventative benefits of emotional health and wellbeing should be taken into consideration in all services for children and young people, especially girls between the ages of about 13 and 20.

2.2. The committee is asked to bear these considerations in mind in scrutinizing policies relating to children and young people in Somerset.

3. Background

- 3.1. In Public Health England's statistical profiles, Somerset has a 'red dot' for self-harm admissions to hospital, meaning that the rate of admissions is significantly higher than England as a whole. In the past, this we have assumed that this was simply the result of effective admission and assessment of self-harm at Somerset hospitals. In recent years the rates have risen and Somerset has diverged further from the national average, and so this year's Annual Public Health Report has examined the statistics in detail to improve our understanding.
- 3.2. Analysis of the figures shows that the majority of self-harm admissions are for overdoses, particularly of paracetamol and other painkillers, and are predominantly taken by young women. The majority of these admissions are 'one-off', implying that they are a response to a personal crisis rather than a symptom of longer term mental ill health. Evidence suggests that these overdoses are very rarely attempted suicides, and there is no simple link between self-poisoning and the bulk of 'low level' self-harm, which is predominantly self-cutting.
- 3.3. These patterns suggest that the response should be to strengthen the support available to young people, especially girls, at Tiers 1 and 2 (universal services and those for relatively common and low-level need). This will promote their resilience in the face of the unavoidable difficulties of adolescence; evidence suggests that availability of such support is patchy and uncoordinated in the county. Rather than being a health problem that needs treatment in the NHS, this support will often be through schools, although parents, GPs and other professionals would benefit from more available guidance and services to improve young people's wellbeing.

4. Consultations undertaken

- 4.1. The report has been produced after discussions and contributions from a range of people in Somerset who have responsibilities for young people who have harmed themselves, or who are at risk of doing so. Because of the sensitivity of the subject these opinions are generally anonymized in the text.

5. Implications

- 5.1. The findings of the report indicate an opportunity to improve mental health and emotional wellbeing of school age children, and thereby reduce the impact of self-harm admissions on acute care in Somerset.

6. Background papers

- 6.1. *The Annual Report of the Somerset Director of Public Health 2018, 'Hospital Admissions for Self-Harm in Somerset', is appended. Previous reports, along with the statistical annexes, are published at*

<http://www.somerset.gov.uk/organisation/departments/public-health/>

6.2. *The Prevention Concordat for Mental Health is published at*

<https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>

the Somerset Wellbeing Framework at:

https://www.cypsomersethealth.org/wellbeing_framework_-_getting_started

and the Prevention Framework for Somerset at:

<http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?allId=122999>

Note For sight of individual background papers please contact the report author