Somerset Health and Wellbeing Board

21st March 2019 Report for decision

Annual Report of the Director of Public Health 2018 – Emotional health and wellbeing:

looking through the lens of self-harm

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| | Seen by: | Name | Date |
|-----------------|--|---|------------|
| Report Sign off | Relevant Senior Manager / Lead Officer (Director Level) | Trudi Grant / Director of Public Health | 17/12/2018 |
| | Cabinet Member / Portfolio Holder (if applicable) | Cllr Christine Lawrence - Cabinet Member for Public Health and Wellbeing | 17/12/2018 |
| | Monitoring Officer (Somerset County Council) | Scott Wooldridge | 17/12/2018 |

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.

That the Somerset Health and Wellbeing Board:

Recommendations:

- endorse this report.
 promote cooperation between public and third sector
 bodies in providing prevention and early intervention
 wellbeing services for children and young people in
 Somerset.
- 2. support the Prevention Concordat for Mental Health and the Prevention Framework for Somerset.
- 3. plays host to a workshop on self-harm to discuss findings with partners

| Reasons for recommendations: | Evidence presented in this report suggests that investment in prevention will be more effective, and cost-effective, at reducing the incidence of self-harm — especially as seen in hospital admissions — than the provision of specialist services at tier 3 and 4. | |
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| Links to Somerset Health and Wellbeing Strategy | The report focuses particularly on Priority 2 of the Health and Wellbeing Strategy: • Families and communities are thriving and resilient. | |
| Financial, Legal and HR Implications: | There are no direct financial, legal or HR implications. It should be noted that: The report has implications for the potential use of future NHS England funding for children and young people's mental health. Devoting resources to prevention of self-harm can reduce the financial cost of hospital admissions (finance). The report has potential implications for the respecifying of school nurses' role (HR). | |
| Equalities Implications: | The risk of self-harm is greatest amongst young people, young women in particular. Although the patterns are complex, the risk of self-harm is generally higher in minority groups. The report identifies inequalities in relation to self-harm and suggests how they can be reduced. | |
| Risk Assessment: | Not applicable. | |

1. Background

- 1.1. 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.
- **1.2.** 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.

1.3. 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. In addition, we conclude that 'emergency admissions for self-harm' is an inadequate measure of the prevalence of self-harm.

2. Options Considered and reasons for rejecting them

2.1. The production of an annual report is a statutory requirement for all Directors of Public Health and there is no option not to produce it. The contents of the report are entirely at the discretion of the DPH.

3. Consultations undertaken

3.1. 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.

4. Implications

- **4.1.** Financial, HR and equalities implications are described above.
- **4.2.** 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.

5. Background papers

- **5.1.** The Annual Report of the Somerset Director of Public Health 2018, 'Hospital Admissions for Self-Harm in Somerset', is published at: http://www.somerset.gov.uk/organisation/departments/public-health/
- **5.2.** The Prevention Concordat for Mental Health is published at

 $\underline{https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health}$

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?alld=122999