

# Young People and Self Harm: What support is available from self-harm services and how does it impact young people and their families?

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**healthwatch**  
Solihull





## Young People and Self Harm: What support is available from self-harm services and how does it impact young people and their families?

### Introduction

Self-harm is defined by the NHS as 'when somebody intentionally damages or injures their body'. Self-harm is most often described as a way to express or cope with emotional distress.

This report explores the experiences of support available for young people who have self-harmed and their families.

This is an important issue as the Children and Young Persons Emotional Wellbeing and Mental Health Needs Assessment found that the standardised rate of self-harm had increased significantly since 2011/12. People that self-harm are at a much higher risk of suicide than the general population and suicide is the second most common cause of death in young people globally.

Healthwatch Solihull's engagement with parent carer groups identified a common theme amongst parents that self-harm was a growing issue amongst their young people, and as a collective they felt support for young people and carers needed improvements. In February 2020 an event ran by Healthwatch Solihull attracted over 70 residents, including parents/carers and young people. They called for more awareness and support regarding self-harming.

## Objectives

- To understand the experiences of accessing NHS services by young people who have self-harmed.
- To understand what early interventions young people who have self-harmed feel would have benefitted them.

To understand the experiences of the families of young people who have self-harmed in accessing appropriate support and intervention for the young person they care for and for themselves

## How did we hear their views?

The online survey was completed in December 2021- May 2022 by Solihull residents (16-25 years old) who have self-harmed or know someone who has self-harmed.

The online survey can be found in Appendix [x]. It also included an invitation for people to share their experiences verbally with us. We advertised the survey with the help of local Solihull organisations, and by sharing it in meetings with health and social care providers, 3rd sector organisations and through social media.

## Who did we hear from?

A total of 72 people completed the survey. 18 responses were from 'young people' (10 responses from 16-18 years olds and 8 responses from 18 - 25 years olds) and 54 were from people above the age of 25 years old.

We also interviewed two people who took up our offer of a verbal interview rather than completing the online survey – one young person and one parent/carer. These case studies are reported below.

Further information about who we heard from can be found in the appendix.

## What did we hear?

We asked the following questions to elicit the experiences of young people who have self-harmed and their parents.

**Q: If you or someone you know was self-harming, where would you go if you needed to get support?**

Answer Choices	Responses	
Contact your GP or Nurse	43%	31
Speak to a mental health professional	31%	22
Speak to a friend/relative or partner	26%	19
Contact CAHMS	25%	18
Search the internet for information/advice	24%	17
Speak to a teacher	21%	15
Do nothing	15%	11
Visit Accident and Emergency	13%	9
Speak to the school nurse	8%	6
Telephone NHS 111	8%	6
Speak to social services	7%	5
I'm not sure	7%	5
Other	7%	5
Use mobile app	6%	4
Contact a voluntary group	4%	3
Speak to faith leader	1%	1
Telephone ambulance service	1%	1
Telephone police	1%	1
Some where else	1%	1

Approximately two thirds of people who responded to the survey said that they would either contact their GP/Nurse or speak to a mental health professional. Although 15% said they would do nothing.

**Q: Have you or someone you know tried to get support for self-harm?**

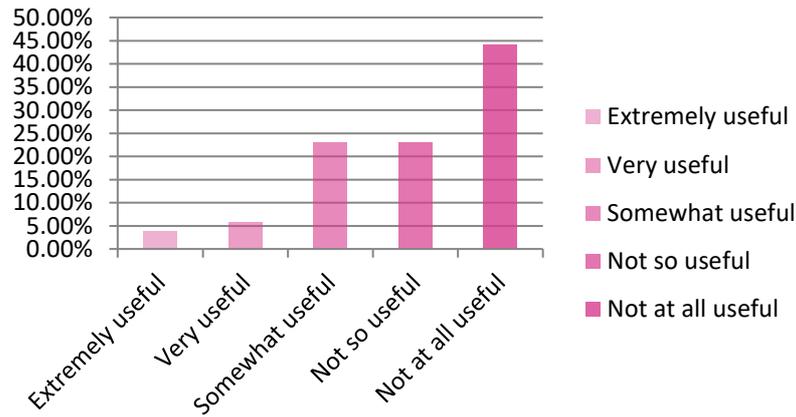
Almost three quarters of the people we spoke to said that they had tried to get support for self-harm (either for themselves or someone they know).

- 78% of respondents said yes
- 11 % said no and
- 11% said they prefer not to say

Of those who had tried to get support, 32% had gone to their GP, 24% went to SOLAR<sup>11</sup> /CAMHS, 12% went to hospital or A&E, 10% went to health care professionals and 2% went to a crisis team.

<sup>11</sup> Solar is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands and provides Emotional Wellbeing and Mental Health Services to Children, Young People and Families in Solihull.

## Q: How useful was the support?



We asked respondents about how useful they found the support they received.

- 4% extremely useful
- 6% very useful
- 23% somewhat useful
- 23% not so useful respectively
- 44% not at all useful

One person who found the support 'extremely useful' or 'very useful' shared with us that the service had been:

*"Sympathetic and listened and got in touch with the person as well telling me what to do."*

However, people who found it 'somewhat useful' told us:

- *"I was phoned and given some direction but very little else actioned. This was during covid, so it was somewhat difficult to be offered anymore in fairness."*
- *"I was doing okay when receiving the support but when the support ended, I declined again."*
- *"Although school involved the autism team no further support was offered and no follow up."*
- *"Long waiting time to actually start therapy."*

44% of respondents told us that the service was 'not so useful' or 'not at all useful'. Comments they made included:

- *"Was given coping strategies that didn't work."*
- *"CAMHS refused, A&E was 8 hour wait midnight - 8 am... [the] school put blame on parent even though he did it at school."*

- *"...they don't offer enough immediate support, everything is waiting lists until it's too late. They don't take your concerns seriously. ... they just don't listen"*
- *"There is no support available for her and all agencies don't want to know"*
- *"Not enough support you get given medication and no ongoing support once that's happened"*
- *"After a short initial appointment, no further help was available for at least 6 months which is useless for anyone with mental health problems"*
- *"Didn't really address the cause of the issue, just the symptoms"*
- *"Even though currently under the CAMHS team she was given a sheet of paper with strategies on"*
- *"The self-harm was linked to bigger issues; GP initially disregarded our concerns"*
- *"No contact, no communication, inconsistent, difficult to get hold off"*
- *"...self referral to FTB took ages and we had to wait and my mum had to chase them lots of times before I got any support. My GP was rude and didn't understand/ help me at all - I don't want to see him again"*
- *"The self harm was linked to bigger issues, GP initially disregarded our concerns"*
- *"School didn't believe us as my daughter didn't self harm in front of them (she did tell that that she self harmed) The GP was supportive but not a lot they could do"*



## Case Studies

We spoke with one young person and one parent/carer to get more in-depth information about their views on the support available and the impact on them and their family. We asked them:

- What support were you given?
- Did you find it useful?
- What worked well and what didn't work – and why?
- Where would you like to go for support?
- What are your recommendations for improvement?

### Parent/Carer 'Sam'

'Sam' is a mother of three children who all have autism and other disorders. All three children have accessed services from SOLAR. Her youngest being six years old when first accessed. He was able to access services from SOLAR very quickly, but he was at 'breaking point'. Prior to that he had been on a waiting list for 18 months. She said she believes that children need to be assessed much quicker because children are on the waiting list for months with no support. Like her son, she knows of young people how are only able to quickly access to services when they are at crisis point. She said many parents with children who self-harm have to go to A&E. She believes that the system is flawed as people spend time just waiting.

When her children are seen she is happy with the care given – support and treatment include one to one therapy, group sessions and seeing a psychiatrist.

Problems described by 'Sam' are lack of retention of staff – when staff leave the young person gets put back into the waiting list with very little to no support.

Criteria also change regarding access; it feels like you must "jump through hoops" to be able to see a psychiatrist. She believes that there needs to be more staff so more people can be seen quicker and not left so long unsupported and continuing to self-harm whilst waiting to access services.

She believes that for two of her children prior to 2019 it was much quicker to access services than now with her third child. She added that parents are also struggling with their own mental health without any support for their children when they are self-harming. It does not just affect the young person alone but also the whole family.

## Young Person – ‘Charlie’ aged 15 years old

‘Charlie’ describes their experience as a “roller coaster ride” – the ups and downs equated to getting treatment and support and then no support whilst waiting for next phase of treatment. When they are struggling whilst waiting, they must call the crisis team.

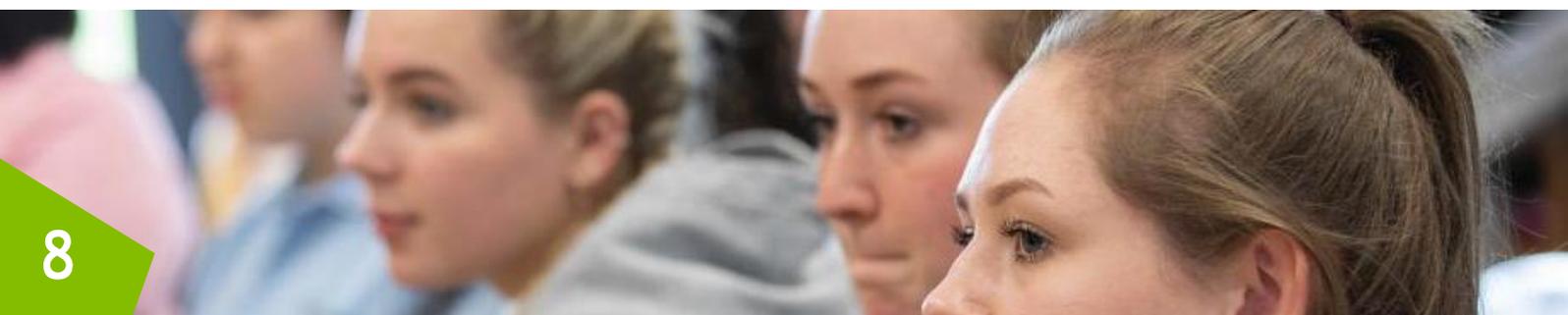
‘Charlie’ has found having one-to-one sessions extremely useful. However, she personally did not enjoy the group work via zoom or teams – it made them feel distanced and trust less. Sharing the healthcare professional with other people made it a challenge to get adequate attention from the healthcare professional. The group work was much less personalised to her needs and felt less useful. It was more general, and, in their opinion, it could have been done in school as general sessions.

School is not viewed as somewhere to get adequate support. They believe that they just push the problem away. The school asks if you are okay, if you say no then they tell your parents and that is it, no other tangible support. ‘Charlie’ believes that schools need to be more sympathetic and supportive and not just threatening to report students for making staff aware they are struggling with their mental health. The school has become desensitised, and it has almost been normalised to have students struggling with mental health issues, such as anxiety and other issues. The staff have resorted to just telling students they’ll be ‘fine’.

‘Charlie’s’ recommendations based on their experience is trying to incorporate some more support for people whilst in waiting lists because people are still in need of support whilst waiting.

They believe that staff should be more trained, so they do not come across as if they are just completing a tick box exercise and be for flexible.

In general, they would like to see more community-based opportunities for people to socialise in general.



## Common themes in what we heard

There were recurrent themes in what people told us. These included long waiting times, lack of support at school, and the individualisation of support.

### Waiting times

One of the biggest issues reported was the long waiting lists young people face when trying to access support, which can be several months long. People who are already at crisis point when they initially seek support find the issue of waiting lists particularly distressing. The lack of support available when young people move between different stages of their care pathways was mentioned as another area that needs to be addressed. It was suggested that more support needs to be provided while people are waiting.

The impact of spending long times on waiting lists is making some people decide to seek private treatment decide to stop seeking support or not bother seeking support or help at all.

### Educational settings

Our findings showed that young people do not feel like they are being taken seriously by staff when seeking support regarding the mental health and self-harm. There is a lack of support or follow-up by the schools when students have stated they are having issues with self-harming.

### Support given

When young people receive support via one-to-one sessions it can be deemed as being very useful for the young person receiving the help. The findings highlight the importance exploring what type of support works for the person. Some respondents stated that they felt that the treatment or support they had been receiving was not helping at all describing it as very basic and not engaging.

The impact of inconsistent care is very concerning. The waiting times between different interventions makes it difficult for young people and their families, which has a negative impact on their mental health wellbeing and jeopardises the emotional work done previously.

## For response from services

### Waiting times

How will self-care services significantly reduce waiting times for assessments and support as soon as possible.

### Educational settings

How will self-care services engage with and support better the pastoral care services offered in educational settings such as schools, colleges, and universities?

### Support given

How will self-care services:

- improve existing help and support to the parents/s of young people.
- provide more support or signposting to other sources of support during any period of time on a waiting list and particularly when young people are moving between services.
- ensure that the care and support provided is patient-centred and that services work effectively together to provide consistent treatment for the young person.



## Response from SOLAR

*Solar remains committed to providing high quality care to those Children and Young People, and their families, within Solihull who have emotional wellbeing or mental health needs. We currently support and provide interventions for approximately 2300 children and young people within Solihull. We take the feedback from those who contributed to the Healthwatch survey seriously and are always keen to improve upon the service we deliver.*

*In line with other CAMHS services across England, we are experiencing increased referrals into Solar which is having an unfortunate impact upon our waiting times. The waiting lists are reviewed at every opportunity, as is the capacity of the practitioners, and the Solar staff are working hard to see as many young people as quickly as possible. We are in the process of establishing a system so that we can continue to have regular contact with those who are waiting for an intervention. This will enable us to ensure they remain on the correct pathway and will get any additional support they may require in a timely manner, before the point of crisis. In addition, those currently under the care of Solar are provided with information on who to contact and when if the emotional wellbeing or mental health of the young person worsens and/or there is an increase in risk.*

*Solar currently provides direct support into 27 educational settings within Solihull through our Mental Health Support Teams (MHSTs). Our MHSTs provide early help in addressing emotional wellbeing need either through the 'whole school approach', consultations with teaching staff or through direct work with the child / young person and their parents. Solihull is predicted to obtain more funding for the MHST in January 2023 which will enable another 8000-9000 pupils in a mixture of educational settings to be supported by the service. For children and young people in Solihull who do not attend current MHST partnered schools, they are still able to access an early intervention, emotional wellbeing offer delivered by the primary care team in Solar.*

*We are also working on more ways to work and engage with all educational providers across Solihull. One referral process is used for all teams in Solar, to ensure equity and timely responses with no delay based on referring to a specialist team.*

*Solar co-ordinates the delivery of the universal parenting offer which is available to all parents & carers in Solihull. The parenting support offer in Solihull covers antenatal to teens and is built around the core values of parenting education being universally accepted and stigma free.*

*Current programmes run in Solihull are: Understanding your Child's Behaviour, Antenatal, Postnatal, Being a Parent (Empowering Parents, Empowering Communities), 5 to thrive and specialist mental health awareness workshops.*

*We provide information to Children and Young People to other services and support that they can access whilst waiting to be seen by Solar. This is given out routinely to all Children and Young People who are accepted into the service. In addition, we also provide strategies and signpost to relevant agencies based upon the individual needs of the young person.*

*Solar strives to ensure a consistent and needs led approach to the care it delivers to children and young people however, when this can't be achieved through staff sickness or staff leaving, we aim to minimise the disruption by ensuring priority for allocation to another practitioner and a thorough handover. We work very closely with other services such as the local authority, education settings and other healthcare providers to deliver joined up care and ensure that collectively we are meeting the identified needs of the young person.*



## Acknowledgements

Healthwatch Solihull would not have been able to undertake this project without the residents who took time to have their say in our survey. We would especially like to thank the young people and parent carers who took time to speak with us in more depth about their experiences. We would also like to thank SOLAR and BSoI CCG for supporting us with this piece of work.

## About Us

Healthwatch Solihull is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feedback and have a stronger say about the services they use. We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes or care you receive in the community. We have the power to ensure that those organisations that design, run or regulate NHS and social care, listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services. We also encourage services to involve patients and the public in decisions that affect them. Through our Information and Signposting Line, Healthwatch Solihull also helps people find out the information they need about services in their area. People sharing their experiences can make a big difference. We aim to help make health and care services better for patients, their families and their community.

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## Appendix: Further demographic information

Gender	Responses	
Woman	73%	36
Man	24%	12
Non-binary	2%	1

Sexuality	Responses	
Asexual	8%	4
Bisexual	10%	5
Gay man	2%	1
Heterosexual/straight	71%	34
Lesbian/Gay woman	4%	2

Sexuality	Responses	
White: British / English / Northern Irish / Scottish / Welsh	84%	43
White: Any other White background (please specify)	8%	4
Asian / Asian British: Indian	2%	1
Mixed / Multiple ethnic groups: Asian and White	2%	1
White: Irish	2%	1
Prefer not to say	2%	1

Further information	Responses	
Experience with mental illhealth	21%	10
Student	17%	8
Working full-time	13%	6
Have a disability	13%	6
Other (please specify)	13%	6
Working part-time	9%	4
Carer	6%	3
Retired person	4%	2
Long term unemployed	4%	2