

## **Self Harm in Bexley - BSCB Task & Finish group findings July 2015**

Deliberate Self-Harming behaviours in children in Bexley became a significant area of concern for professionals in June 2014 after the Practitioners Forum heard from a Designated Teacher for Child Protection in a secondary school that children were being advised to attend A&E with Self Harm issues in order to obtain a CAMHS referral – ‘we are sending at least one child a day’. CAMHS have identified a piece of older NICE guidance on Self Harm, dating from 2004, which may be the source for the practice. It is seen by many mental health and other professionals as inappropriate because busy A&E departments with four-hour plus waiting times are not the best environment for a young person with mental health issues. This is particularly true as the majority of Self Harming behaviour occurs at a point below the CAMHS thresholds at Level 3 and Level 4.

This echoed rising national concern evident in media and professional journals about children’s wellbeing and Self Harming behaviour in particular. The Safeguarding in Education Subgroup also heard this concern from head teachers and other education professionals.

The health Joint Strategic Needs Assessment (JSNA) also noted: ‘Other concerns that are figuring strongly in professional feedback that need to be better mapped and understood are apparently rising rates of deliberate self-harm...’ This was an important element in the concurrent decision of the HWB to conduct a full review of children’s wellbeing, due to report in early 2016. The HWB has accepted that the BSCB Self Harm Task & Finish group work should be a strong plank in this work.

### **1. Definitions**

#### **1.1 Self Harm**

Self-harm can take many different forms and as an individual act is hard to define. However in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury (including, ingesting substances) by putting oneself in dangerous situations and/or self-neglect.

#### **1.2 Suicidal Ideation and Suicide**

Self-harm is often thought to be linked to suicide. For some people, self-harm is a coping mechanism rather than a suicide attempt.

However, some individuals that self-harm may well go on to complete a suicide attempt and it is therefore important not to dismiss such behaviour as solely attention seeking. In a percentage of completed suicides there will have been a history of Self Harm, but only a very small number of children who Self Harm go on to attempt or complete suicide

### **2. Data and background information**

#### **2.1 BSCB Dataset – Admissions**

The BSCB collects A&E admissions data which indicates that levels are below the England average.

**3.6 How many children are admitted to hospital and why?**

- *No. of children admitted to A&E categorised by reason (self-harming, bullying/assault, alcohol/harm, substance misuse, attempted suicide) & non-accidental or accidental. (A+E to include Bexley residents attending LGT, Kings (PRU), DVH.*

Annual figures from Public Health England –Bexley Child Health profile As at 2012/13 published March 2014 Numbers per 100,000	
Hospital admissions due to Self-harm (10-24 years)	72 Significantly lower than the England average
Hospital admissions due to Alcohol specific conditions	8 Significantly lower than the England average
<i>Hospital admissions due to substance misuse (15-24 years)</i>	23 not significantly different to the England average
Hospital admissions due to mental health conditions	56 not significantly different to the England average

Additional manual data received from QEH A&E presentation for self-harm June 14 – March 15

June 14	2
Jul 14	3
Aug 14	1
Sept 14	6
Oct 14	8
Nov 14	5
Dec 14	6
Jan 15	4
Feb 15	7
Mar 15	2

The Task & Finish Group also collected data on presentations.

Bexley Self Harm presentations to CAMHS via QE & DVH 2011-14

2011/12	Qtr 1	Qtr2	Qtr 3	Qtr 4	Total
Queen Elizabeth	9	9	10	13	41
Darent Valley	3	0	3	5	11
Total	12	9	13	18	52

2012/13	Qtr 1	Qtr2	Qtr 3	Qtr 4	Total
Queen Elizabeth	10	6	14	16	46
Darent Valley	3	4	1	2	10
Total	13	10	15	18	56

2013/14	Qtr 1	Qtr2	Qtr 3	Qtr 4	Total
Queen Elizabeth	20	23	18	29	90
Darent Valley	3	0	7	10	20
Total	23	23	25	39	110

2014/15	Qtr 1	Qtr2	Qtr 3	Total
Queen Elizabeth	21	13	35	69
Darent Valley	9	5	0	14
Total	30	18	35	83

Overview

	Darent Valley	Queen Elizabeth	Total
2011/12	11	41	52
2012/13	10	46	56
2013/14	20	90	110
2014/15	14	69	83
Total	55	246	301

## 2.2 Referrals to CAMHS

### Referrals Accepted by Source Jan-Mar 15

Referral Source	Jan	Feb	Mar	Total
A&E	12	16	4	32
Education	12	11	10	33
GP	26	21	30	77
Local Authority	11	7	3	21
Community Paediatricians	1	1	1	3
Other Health Provider	1	0	1	2
Other			1	1
Police				0
Self		1		1
Youth Offending Team	3	2	6	11
<b>Grand Total</b>	<b>66</b>	<b>59</b>	<b>56</b>	<b>181</b>

Referrals to Service	Accepted Referrals	%
303	181	60%