



Inquiry into the support available for young people who self-harm

Executive summary

Respondents to the inquiry made clear that the single most impactful change to improve the support available to young people who self-harm would be a system shift away from the current reliance on crisis interventions towards a preventative model of support. To facilitate this long term aim, planned investment in NHS mental health support for young people should be increased and brought forward more quickly than currently planned. Investment in community-based preventative services, often delivered by the third sector, will also be key.

At the end of 2017 the Government committed to ‘earlier intervention and prevention’ in mental health support for young people.ⁱ Almost three years later, evidence received by the inquiry shows there is still much progress to be made in this regard. Young people need to receive support much sooner than at present, before their mental health needs escalate and their self-harming behaviour is more likely to become habitual.

For some young people who self-harm, specialist mental health support will be the best option from the outset. For many, though, a lower-level community-based intervention which arrives earlier and addresses the wider drivers of their self-harm would be most effective. Self-harm should be understood as the presenting behaviour for a set of underlying social or emotional problems or traumas to be addressed.

“I wouldn’t have cost the NHS so much if I was helped earlier. I was in a much better place when I presented than when I was admitted.” Jess

Respondents told the inquiry that the current system of support should be flipped on its head. Rather than providing specialist mental health support only once a young person reaches crisis point, the Government should focus long-term investment in early intervention provided by wider community-based services, as well as alternative third sector support specifically for self-harm. This shift must take place alongside and in addition to investment into specialist mental health support such as CAMHS and IAPT in order to reduce waiting times, lower thresholds and increase specialist knowledge and support around self-harm.

The policy background

Concerningly, rates of self-harm are increasing among every age group and across genders. This increase has been more pronounced in young people and particularly young women. As rates increase and the evidence base for the link between self-harm and suicide becomes clearer, greater prominence has been given to tackling self-harm in local and national suicide prevention plans. There have also been a number of important commitments by NHS England in recent years in terms of supporting young people who self-harm. This includes investment to increase the capacity of specialist mental health services and improving mental health crisis support as outlined in the NHS Long Term Plan.ⁱⁱ Recent government investment in preventative mental health support in schools and colleges through the introduction of Mental Health Support Teams (MHSTs) was widely welcomed by respondents to the inquiry.

This list of commitments is only a snapshot of the work already going on at a national level. It will take time to make a full assessment of whether these various plans and investments result in improved support in the long term. The inquiry found that at present, however, recent policy advancements are not consistently being translated into effective support 'on the ground'. The inquiry received evidence that many young people who self-harm still struggle to access the support they need in an acceptable timeframe. Constructive written evidence received from the Department of Health and Social Care (DHSC) acknowledged the scale of the challenge it faces in this regard.

Capacity and demand

The inquiry heard that while budgets for preventative interventions (whether through schools and colleges or wider community-based youth services) have been markedly reduced in recent years, demand for specialist NHS mental health services such as CAMHS and IAPT has increased exponentially, outstripping investment and exacerbating workforce issues. This has led to longer waiting lists, higher thresholds and, in turn, more refused referrals of young people who self-harm. The Government's target of 35% of young people who need mental health support receiving it by 2020/21 still leaves two thirds without crucial help.ⁱⁱⁱ The inquiry learnt that these problems are likely to be exacerbated by the Covid-19 pandemic, which began mid-way through the inquiry and greatly impacted the provision of mental health services, which have had to quickly adapt to provide support remotely.

Referrals of young people to NHS mental health services dropped dramatically under lockdown and, at the time of writing, are starting to increase again. The inquiry received evidence from professionals working on self-harm which expressed grave concern regarding the demand that is likely to be placed on the system post-lockdown, its ability to cope with this demand, and the impact that this will have on some of the most vulnerable young people in our society.

Barriers to support

Demand for mental health services outstripping capacity predates the Covid-19 pandemic and has led to the exclusion of young people from those services on the basis of their self-harming behaviour. The inquiry took evidence from young people who had been ‘bounced’ from one service to another, in crisis and struggling to get the help they needed. There are particular groups of young people, such as those from ethnic minorities, those who identify as LGBT, or are autistic, who particularly struggle to access support due to problems with service outreach and design. Much more needs to be understood about the specific interventions which work to help young people when they are self-harming, particularly for those who are most at risk and currently disproportionately struggle to access support. Evidence received by the inquiry made clear that there is a lot of promising work going on around facilitated peer support, both online and in person. More evidence is needed around how this can be undertaken most effectively and safely for a range of young people. Young people, especially those most likely to struggle to access current services, must be involved more consistently in their design and delivery.

The inquiry heard that stigma remains a powerful and problematic force, which continues to inhibit help seeking and negatively impacts the effective design and delivery of services. To combat this, education around self-harm remains of paramount importance at all levels of society, alongside improved and expanded training for professionals who come into contact with young people who self-harm.

A shift towards prevention

The Children’s Commissioner has asserted that a comprehensive system of mental health support for children and young people is ten years away^{iv}. Such a projection should act as a challenge to all involved in the system to realise this sooner. It should also prompt consideration of the extent to which the trajectory for statutory mental health support set out in the NHS Long Term Plan will contribute to a better, more comprehensive offer for young people who self-harm specifically. What should statutory support look like for young people who self-harm? What wider network of support should it form a part of? And, crucially, when should support arrive in the journey of a young person who is struggling?

Anyone who requires specialist mental health support should receive it when they need it. Evidence to the inquiry, however, made clear that not all young people will require such care. For some, a lower-level community-based solution arriving earlier, before needs become more severe, would be more appropriate. The current system of support has developed to compensate for years of underfunding to focus on crisis-interventions, but this can and should be changed. There is both a human and financial case for early intervention, with one study estimating the overall annual cost of general hospital management of self-harm at £162 million per year.^v

“At a young age, you have to do something drastic to get support.” Josh

Alongside investment in statutory specialist mental health services to reduce waiting times, lower thresholds, and increase capacity to deal with self-harm, local authorities need to be

better supported by central government to invest more consistently in community-based self-harm prevention services. It became clear through the course of the inquiry that voluntary organisations and charities play a crucial role in providing support for young people who self-harm, filling the gaps in statutory services and also providing alternatives to them. Despite this, it was also noted in evidence that the sector's reach and responsiveness is limited by capacity issues, exacerbating regional discrepancies in care. Young people who self-harm struggle to navigate the complex patchwork of services which vary greatly in their offer and impact, entrenching a postcode lottery for support.

Evidence to the inquiry emphasised that government support for the third sector, which is facing unprecedented challenges due to the Covid-19 pandemic, must be increased so that charities and voluntary organisations not only survive the difficulties of the next eighteen months, but are better placed to offer high quality support alongside specialist NHS mental health services than before the pandemic. Local authorities must also be supported to re-invest in wider youth services such as youth clubs and sports facilities, spending for which has been cut drastically in recent years, but which have a crucial role to play in supporting young people much earlier than at present, before mental health needs escalate.

Respondents to the inquiry welcomed the introduction of MHSTs, the Government's flagship preventative intervention initiative around tackling self-harm. However, a system shift to prevention will need to go much wider than educational settings alone, into every part of the support network. Only then will a move away from crisis support, towards a system of early intervention, be possible. This must be underpinned by an understanding of self-harm through the lens of trauma as the presenting behaviour for a set of underlying social or emotional problems to be addressed.

Summary of recommendations:

- The Government should implement a new system of early intervention to support young people who self-harm. This could be based on a network of open-access mental health services based in local communities, which provide immediate support in a non-clinical settings.
- DHSC should use the forthcoming funding settlement to increase and accelerate planned investment in existing mental health services for young people.
- DCMS, MHCLG, DHSC and NHSE should ensure that third sector and community-based organisations are able to continue helping young people who self-harm by providing a sure financial footing for the future.
- DfE should provide schools and colleges with increased mental health resource sooner to roll out Mental Health Support Teams more widely so that they are able to undertake preventative interventions around self-harm more consistently.

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- DHSC, NHSE, DfE and the LGA should work together to support both Integrated Care Systems and local authorities to improve access to services. This work should particularly focus on those from at-risk and marginalised communities.
- NHSE/I, DfE, DCMS should ensure any frontline professional likely to come into contact with a young person who self-harms receives appropriate training on how best to support them.
- DHSC, NHSE and the DfE should work together to make it easier for young people to navigate the support system by providing every young person who presents to NHS services having self-harmed with the option of having a 'buddy' to help them navigate the support system and act as a caseworker.
- DHSC and NHSE/I should ensure that co-production is at the heart of design and delivery for mental health services accessed by young people who self-harm by making it a condition of funding.
- DHSC, NHSE, service providers and commissioners should work together to ensure that young people who self-harm get better support online.
- PHE, NHSE and DHSC should lead the sharing and consolidation of national real time self-harm data across clinical and community settings, supported by excellent local surveillance systems.
- DHSC and NHSE should work together to ensure that safe peer-support models are promoted.
- The royal colleges of GPs, psychiatrists and other professional bodies should work together to ensure that their members are skilled in handling issues of confidentiality so that it does not become a barrier to seeking support. DHSC's Consensus Statement should be used as a tool to guide this process.

References

- ⁱ Department of Health, Department for Education, *Transforming children's and Young People's Mental Health Provision: a Green Paper*, (2017), available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf
- ⁱⁱ NHS England, *The NHS Long Term Plan*, (2019), available here: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- ⁱⁱⁱ NHS England, *Implementing the Five Year Forward View for Mental Health*, (2016), available here: <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

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^{iv} The Children's Commissioner, *The state of children's mental health services*, (2020), available here: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/01/cco-the-state-of-childrens-mental-health-services.pdf>

^v Tsiachristas et al, *General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis* (2017), available here: <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2817%2930367-X>