STROUD DISTRICT COUNCIL
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Community Services & Licensing Committee
INFORMATION SHEET
28th March 2018

Briefing Paper on progress of Gloucestershire Self Harm Pathway

Last year I brought a briefing paper to Community Services and Licensing Committee about self harm figures for our young people in Stroud because our figures had been above county and national for some time. Since then the figures for our district have improved and we are now slightly better than South West levels but still slightly worse than the England levels.

At the same Gloucestershire Public Health carried out a Self Harm review and are now developing a Self Harm Pathway. We are feeding back to Public Health what we learn about self harm in our district. Our District Youth Council have also been working closely with the CCG on commissioning of mental health services for young people and last month were on the recruitment panel for a new online counselling service.

Public Health brought together key stakeholders in January (including SDC) and we identified the following Self Harm priorities.

1. Improve what happens when people who are self harming or in extreme emotional distress present themselves to the Emergency Department
2. Strengthen prevention
3. Make it easier for children and young people to get help
4. Join up the services that we already have
5. Specific needs like personality disorder or adults long term self harming.

A draft action plan has been developed in response to these priorities. Broadly speaking the actions aim to:

- Educate across the board from young people, parents and teachers to VCS providers and A&E staff.
- Create more services specifically for self harm and make it easier for people to know where to go for help.
- Improve prevention work from a younger age to encourage emotional resilience

Full details of the key priorities and draft action plan are attached to this briefing paper for your information.

This plan is in very early stages of development and I will keep CS&L Committee updated on progress.

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Self Harm Key Priorities

1. Improve what happens when people who are self harming or in extreme emotional distress present themselves to ED

- **Timely** psychological/psychiatric assessment in ED
- More resource for MH liaison services
- Children and young people – an alternative place for them to be while distressed; making sure they are listened to properly; improving what happens after the hospital visit; someone to "hold" the YP and family between hospital discharge and first appointment
- Revisit the BERS targeted intervention
- Widen age range for MHARS and MH liaison services
- Adolescent hospital unit for young people with acute needs both physical and emotional

2. Strengthen prevention

- ***Primary*** – a more robust and consistent approach to include awareness of how to manage emotional distress (mindfulness, connecting with body, nature, animals) within school and youth settings, as well as ways of reaching adults of working age
- More emotional support before people get to the point of self harming
- Increase availability of training in Self Harm awareness, Mental Health First Aid
- ***Secondary –*** Self care kits; meaningful high quality staying well plans
- Ask young people what they think of the school based prevention that exists

3. Make it easier for children and young people to get help

- Make mental health services **accessible** to CYP particularly those who are hard to engage
- **Listen** to young people when they talk to you about SH/distress
- More emotional health support in schools – counselling, school nursing, specific treatment
- Staying well plans which include coping strategies – for all who work with individual CYP

4. Join up the services that we already have

- Clear pathways for adults and young people, which identifies treatment options and responsibilities
- Strengthening liaison between clinical and third sector services including The Cavern, the SHHL, Nelson St Women's centre, TIC+, Alexandra House
- More robust pathway between MIUs and primary care, ED

5. Specific needs

- CYP with physical health conditions
- Adults with chronic SH who are placed out of county
- People with personality disorder

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Draft Action Plan based on Key Priorities.

Objective/Priority Area	Specific action
1.1 Help parents to support their children	1.1.1 Review of Information available to parents about self harm: how it is disseminated, effectiveness, need for any more specific resources • Training/information workshops in schools • 'Safe talk' training?
1.2 Improve awareness of how to manage and respond to emotional distress in school and youth settings	1.2.1 Link self harm with preventative work in schools, e.g. bullying, social media, response to disclosure of SH
1.3 Improve availability of emotional support before people get to the point of self harming	1.3.1 Online counselling for YP 1.3.2 Broader access to face to face counselling for young people not eligible for CYPS 1.3.3 Clarify the offer from school nurses for YP who are self harming and wish to access the school nurse.
Priority area	Specific action
2.1 Develop support for specific needs not met within existing services, recognising trauma informed approaches	2.1.1 Pilot face to face support for vulnerable women through a partnership between Rethink and Nelson Trust Women's Centre. Evaluate and inform future face-to-face support in other settings, e.g. accommodation based support, drug and alcohol services, etc. 2.1.2 Build capacity within the workforce of housing providers to confidently support self harming residents, to include: Training for housing workers • Improved liaison with 2gNHSFT • Clear point of contact for concerns particularly in crisis situations • Risk assessments tools 2.1.3 Develop a proposal for a counselling pilot for adults in emotional distress who are self harming, as an alternative or complement to secondary care mental health treatment. 2.1.4 Ensure that children and young people with long term conditions who are self harming have easy access to emotional support with specific input on self harming and how to manage difficult feelings.

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2.2 Develop a Coherent commonly understood all age self-harm pathway	2.2.1 Map pathway across the spectrum of the 4 stage model, to include existing pathways and identify gaps 2.2.2 Review the primary care pathway included on G-Care 2.2.3 Review the SH pathways for MIUs with a focus on improving links between MIUs & other professionals involved in the care of the patient 2.2.4 Development of a multi-agency SH Policy to incorporate future all age SH pathway. 2.2.5 Improve promotion of existing resources including: • Self-harm helpline • CYPS professionals helpline, particularly to health professionals and parents/carers • TIC+ services 2.2.6 Formalise a consultancy arrangement between 2g and VCS (e.g. practitioner advice line similar to that operated by (CYPS)
2.3 Develop a basic risk assessment and referral tool for non-clinical front line workers, based on good practice from elsewhere.	2.3.1 Test an existing risk assessment tool with those working with CYP http://www.oxfordhealth.nhs.uk/app/harmless/ 2.3.2 Test an existing risk assessment tool with those working with adults

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3.1 Improve what happens when people who are self harming or in extreme emotional distress present themselves to Emergency Departments (QS 2-5)	3.1.2 CYP : Review the provision of mental health liaison services for young people (including inpatient, ED and LTC), addressing both hours of availability and physical location of service 3.1.2 Explore whether an alternative and appropriate place and response can be created for children and young people presenting at ED in emotional distress, who do not have medical or mental health needs following assessment (QS 4-5) 3.1.3 Identify who "holds" (or maintains contact) with the family between hospital appointment and first CYPS appointment 3.2 Support the review of the GHT self-harm policies to include protocols for: • vulnerable people who abscond/don't wait for treatment in ED • follow up to attendance and treatment in ED– what information is shared with GP and how is this acted upon, • role of MHARS to prevent admissions & local decision on application of NICE guidelines on admission of under 16s 3.2.5 Identify an alternative and appropriate place to be for adults in emotional distress, which will provide an opportunity for listening and a psychologically therapeutic approach (QS 4-5) 3.2.6 Review quality of in-patient care in Gloucestershire against NICE Guidance and quality standards

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4.1 Strengthen the network of support around the person post assessment, treatment & discharge.	4.1.1 Ensure that everyone who is working with and/or supporting a person who is trying to avoid self harming behaviour has access to their Stay Well plan or equivalent, including parents and carers. 4.1.2 Review existing recovery plans or equivalent to ensure that they include specific reference to avoiding self harm, with appropriate strategies. 4.1.3 Explore available templates for stay well plans which could be adapted for use by non clinical/specialist support services in Gloucestershire. See Somerset's template for a self-harm action plan 4.1.4 Review the discharge protocols of commissioned services - Look at feasibility of "keeping the door open" for people who have reduced or stopped self harming, but may need occasional support
5.1 Create and maintain Training & Awareness Strategy specifically for self harm (NICE QS 34 Statement 1)	5.1.1 Identify who needs what training, based on the needs identified in the SH interviews 5.5.2 Develop a Training/Awareness Action Plan linked to • Crisis Concordat Workforce Development Group • Suicide Prevention Partnership Communications & Engagement Plan
5.2 Giving VCS organisations who work with people who self harm the skills to intervene & help	5.2.1 Training in DBT skills
5.3 Improving understanding of mental health and self harm and reducing stigma	5.3.1 Increase availability of self harm training and MHFA in • school and youth settings • settings likely to be frequented by adults of working age • settings likely to be frequented by older adults

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