



Children and Young
People's Overview
and Scrutiny Review
Self-Harm amongst
Young People

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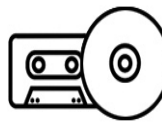
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Chair's Foreword



There are increasing pressures put upon our young people today, whether it is exam pressure, parental expectations, body image, social media or relationship issues. This is why we all should be aware of how to notice any changes in behaviour of the young people in our lives and make sure they are able to confide in someone who they trust.

The review received information on how reliable and accurate performance information is; how looked after children are supported; services available to young people in the community; how schools address self-harm and how can awareness of self-harm be increased among young people, parents and carers.

I would like to thank all those who have contributed to this review, fellow Councillors and Co-optees from Children and Young People's Overview and Scrutiny Committee, especially Councillor Christine Potts the Vice Chair for her support. I would also like to extend thanks to officers from Children and Adult Services, Public Health, North of England Commissioning Support Unit, North Durham and DDES CCGs, Framwellgate School Durham, DISC LGBT Group, Sunderland Pact Group, Mental Health North East, DJ Evans Boys Club Bowburn, Investing in Children and of course the many young people from County Durham who have help us in this review.

Councillor Jan Blakey

**Chair Children and Young People's
Overview and Scrutiny Committee**

Background & Methodology

Introduction

1. The Children and Young People's Overview and Scrutiny Committee decided to carry out the review following concern about the number of young people in County Durham who self-harm, especially those who do not come into contact with services. Nationally available data showed that hospitalised admissions due to intentional self-harm in County Durham were higher than average. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
2. Young people who self-harm go to great lengths to conceal their scars and bruises from friends, carers, parents and teachers. They try to keep their actions secret, being aware of the stigma of self-harm but the burden of guilt weighs heavy and impacts on their relationships with family and friends and can make them feel worse.
3. Self-harm is not a core problem but is a sign and symptom of underlying emotional difficulties and is used as a way of coping. Young people who have self-harmed have said that by performing acts of self-harm they feel as if they are in control. They cannot control what is happening around them but they can control what they do to themselves. Emotional wellbeing is a significant factor in a person's health which impacts on their ability to work. In a young person this would affect their educational attainment would in turn reduce their aspirations and opportunities.

Purpose

4. The purpose of this review is to raise awareness and understanding of self-harm by young people and in doing so highlight to young people, parents and carers where support can be found.

Terms of Reference

5. The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
 - What policies and practices does Durham County Council have in place to help, support, prevent and intervene early where looked after children and young people self-harm?
 - How reliable/accurate performance data is and what does it tell us about self-harm in this area compared to regional and national data.
 - What services are available in the community for young people with anxieties or mental health problems to talk to people and how accessible are these services?
 - How are schools addressing students' issues that may lead them to self-harm? What prevention and early intervention methods do they use?

- How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?
6. The committee set up a working group of 14 members who gathered evidence over six meetings from key parties including:
- Public Health
 - Children & Adult Services
 - North of England Commissioning Support Unit
 - DDES CCG
 - North Durham CCG
 - Child & Adolescent Mental Health Services (CAMHS)
 - School Nurses
 - Investing in Children
 - DISC Lesbian, Gay, Bisexual and Transgender Young People's Group
 - Representative from Framwellgate School Durham
 - Representative from Educational Psychologists Team
 - Representatives from Sunderland pact Support Group
 - Representative from Mental Health North East
 - Youth Leader and Young People from Bowburn Youth Club.

Information to Support the Review

National Policy & Research

7. The working group considered the national policy and key research documents listed below to be key drivers of good mental health.
- No Health Without Mental Health 2011
 - NICE Guidance 116, 133 and QS34
 - Health and Social Care Act, 2012
 - Children and Families Act 2014
 - Closing the Gap on Mental Health 2014
 - Public Health Outcomes Framework 2011
 - Chief Medical Officers' Annual Report 2013
 - 0-25 Special Educational Needs and Disabilities Code of Practice
 - Managing Self Harm by Young People 2014
8. The key national policy driver is 'No Health without Mental Health' (2011) which is the Governments' Mental Health Strategy and indicates that self-harming by young people is not uncommon. However only a fraction of cases are seen in hospital settings, therefore all those in contact with young people should be aware of how and when to refer someone for further assessment and support.
9. The National Institute for Clinical Excellence (NICE) published in June 2013 a new quality standard to improve the quality of care and support for young people who self-harm. This guidance covers the management of self-harm and the provision of long term support for children and young people over the age of eight.
10. NICE guidance indicates that self-injury is more common than self-poisoning as an act of self-harm, although people who self-poison are more likely to

seek professional medical help. An individual case of self-harm might be an attempt at taking one's own life although acts of self-harm are not always connected to attempted suicide. Self-harm is viewed as a way of coping with overwhelming feelings or situations and can be a way of preventing suicide. This can be difficult for people to understand including people who work in the medical profession.

11. It has been reported that in some medical settings clinicians are not as compassionate when dealing with young people who have self-harmed. NICE have produced guidance CG133 and a quality standard (QS34) to address these issues.
12. Closing the Gap: Priorities for essential change in mental health (2014) identifies that changes will be made in the way front line services respond to self-harm in emergency room settings and sets out how GPs should respond when self-harm is disclosed. Furthermore the document details how the introduction of a new indicator that specifically addresses self-harm in the Public Health Outcomes Framework can help us understand the prevalence of self-harm and also how Emergency Departments are responding.
13. The Public Health Outcomes Framework (2013) includes a definition of a new indicator on self-harm which makes clear the priority given to the prevention and management of self-harm across local authority and NHS services. As well as reflecting attendances at emergency departments for self-harm, the indicator will also capture how many attendances received by psychological assessment.
14. The Annual Report of the Chief Medical Officer 2013, indicates that mental health problems in children and young people are common and specifically references the increase of self-harm particularly in adolescence and those with a mental disorder.
15. The Children and Families Act 2014 sets out to reform and improve services for vulnerable children and their families. The Act includes transformation of the system for children and young people with special educational needs and disabilities. These reforms include improving co-operation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.
16. Managing Self-harm by Young People (2014) by the Royal College of Psychiatrists explains that the patterns of self-harm in children and young people have grown with the increase of digital communications. The report discusses the vast array of social media sites and cites anonymity is often associated with bullying however they allow young people to explore difficult issues such as self-image concerns, anxiety and relationship worries.

Local Policy

17. From a local policy context the working group considered the following:
 - Council Plan 2014-2017
 - Sustainable Community Strategy 2014-2030

- Children, Young People & Families Plan 2014-2017
 - Joint Health & Wellbeing Strategy 2014-2017
 - Joint Health and Wellbeing Board Annual Report 2013
 - Public Mental Health Strategy
 - CAMHS Interim Strategy
18. The Council Plan sets out what the Council aims to achieve for the population of County Durham over the next three years. The 'Altogether Better for Children and Young People' priority theme has three policy objectives and the one that relates to this review is 'that children and young people make healthy choices and have the best start in life.' This objective indicates that good emotional health and wellbeing is crucial in the development of resilient healthy children and young people.
19. This objective is shared in the Children, Young People's and Families Plan and the Health and wellbeing Strategy which are key documents that set out partnership arrangements for the Children and Families Partnership and the Joint Health and Wellbeing Board. Within the objective the Children, Young People's and Families Plan has an outcome that children and young people become more resilient and specifically mentions the need for partners to work together to reduce the incidence of self-harm. The Joint Health and Wellbeing Strategy address the need to reduce the incidents of self-harm by young people and to improve the mental health and physical wellbeing of the population.
20. The Public Health Mental Health Strategy has a vision that individuals, families and communities within County Durham are supported to achieve their optimum mental wellbeing. There are five objectives under the heading prevention of mental ill health, objective three addresses the need to reduce the suicide and self-harm rate for County Durham. The strategy indicates that Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk factor for subsequent suicide.
21. A Child and Adolescents Mental Health Services (CAMHS) Joint Interim Mental Health Strategy has been developed by local Clinical Commissioning Groups and Durham County Council as an interim measure whilst a more detailed piece of work is being undertaken to develop a three year Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan commencing in 2015. This interim strategy supports local delivery of the national No Health without Mental Health Strategy.
22. Work is continuing on developing a Mental Health, Emotional Wellbeing and Resilience Plan for County Durham. This encompassing plan will supersede the interim CAMHS Strategy and support the local delivery of the national No Health without Mental Health Outcomes Strategy. It will ensure that the needs of the local population are being met.

Evidence

What is Self-Harm?

23. The broad definition of self-harm is when a person harms or injures themselves. Young Minds publication 'Worried about self-harm?' indicates that self-harm is a way of dealing with very difficult feelings that build up.
24. Evidence from Public Health indicates that young people who self-harm go to great lengths to hide their scars and bruises from parents, carers and friends. They try to keep their actions secret but the awareness of the stigma of self-harm and the burden of guilt impacts upon their relationships with their family and friends which makes them feel worse and perpetuates the self-harming.
25. Self-harming actions might include:-
- Cutting or scratching;
 - Burning;
 - Hitting or banging arms, legs or head;
 - Putting objects under the skin;
 - Deliberately taking overdoses of drugs, alcohol and other substances;
 - Taking risks with the intention of causing self-harm;
 - Self-strangulation.
26. Self-harm is usually a symptom of an underlying emotional problem which young people find difficult to cope with. The NSPCC publication *Your Guide to Keeping Your Child Safe* indicates there are links between self-harm and depression and often a young person who is being bullied, under too much pressure to do well at school, being emotionally abused, grieving, or having relationship problems with family or friends will self-harm. Often the physical pain of self-harm distracts from the emotional pain that is behind it. The document goes on to say that for some young people self-harming makes them feel as if they have some control of their life or that they feel they should be punished for something they have done. *Managing Self-harm in Young People 2014* suggests that poor support and care breakdown may also be factors of self-harm and states that prolonged lack of communication promotes progression of self-harm into a vicious downward spiral.¹
27. A report by Young Minds in partnership with the Cello Group suggests that more and more children and young people are using self-harm as a mechanism to cope with the pressures of life. Self-harm is often dismissed as merely attention seeking behaviour but it's a sign that young people are feeling terrible internal pain and are not coping². With the correct support, access to services and change in circumstances most young people will overcome the need to self-harm but this is also very dependent on the individual and there will be some who continue to suffer mental health and anxiety problems into adulthood.

¹ Managing self-harm by young people, Royal College of Psychiatrists, 2014

² Talking Self Harm by Young Minds & Cello Group, 2012

28. A report published following a national inquiry in 2006 suggests that while there is no evidence to support that self-harm is addictive there is evidence to support that chemicals in the brain are released when a person is injured which acts like an opioid analgesic which makes the person calm. However the body may begin to expect a higher level of these chemicals that would require a greater level of harm to be inflicted to achieve the same effect.³

Performance Information

Key Findings

- Data is limited in County Durham which is the same regionally and nationally.
- Performance data relates to a very small number of young people who self-harm .

29. Definitive data on self-harm is difficult to obtain and statistics are unreliable as many incidents of self-harm are not reported, carried out in private and medical help is not usually sought. Reported data tells us how many young people were admitted to hospital as a result of self-harm but this relates mostly to self-poisoning incidents, (e.g., overdose) and as not all young people who self-harm end up in hospital there is no way of knowing how many young people actually self-harm.

30. Within the performance management information presented to Children and Young People’s Overview and Scrutiny Committee there is a tracker indicator in relation to the number of young people aged 10 to 24 years who were admitted to hospital as a result of self-harm (the figure relates to a rate per 100,000 per population aged 10 to 24 years.) This performance tracker indicator has recently changed from 0-18 years to 10-24 years and the Council’s Public Health team have requested that information is captured for both age ranges to enable them to consider the data across all children and young people. The information shown in the table below indicates hospital admissions as a result of self-harm data for young people aged 10 – 24 years pooled years; this data refers to episodes of admissions and not persons.

Hospital admissions as a result of self-harm 2007/08-2009/10	Hospital admissions as a result of self-harm 2008/09 – 2010/11	Hospital admissions as a result of self-harm 2009/10 – 2011/12	Hospital admissions as a result of self-harm 2010/11 – 2012/13
560.2	586.3	561.8	504.8

Source: Public Health England: National Child and Maternal Health Intelligence Network as accessed 1/12/14

31. Public Health England provide a snap shot of child health for County Durham, this information that was produced in March 2014, in relation to young people’s mental health the report indicates that: In comparison with the 2007/08-2009/10 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher

³ Truth Hurts – Report of the National Inquiry into Self Harm among Young People,2006

than the England average. Nationally, levels of self-harm are higher among young women than young men.

32. Nationally, prevalence of self-harm is lower than in County Durham, Public Health England Community Mental Health Profiles indicate that for 2012/13 emergency admissions for self-harm per 100,000 was 191.0 for England while figures for clinical commissioning groups in County Durham was much higher – Durham Dales CCG – 315.9 per 100,000 and North Durham CCG – 217.4 per 100,000.
33. Evidence from Public Health Portfolio Lead stated that unplanned attendances for self-harm are recorded through Hospital Episode Statistics (HES) activity in accident and emergency departments, minor injuries clinics, walk-in centres and other locations. In 2011/12 self-harm accounted for 0.7% (119,000) of all recorded attendances across England. This data also indicates that around 60% of reported episodes were among women in the age group 15-24 years as shown in figure 1 below.

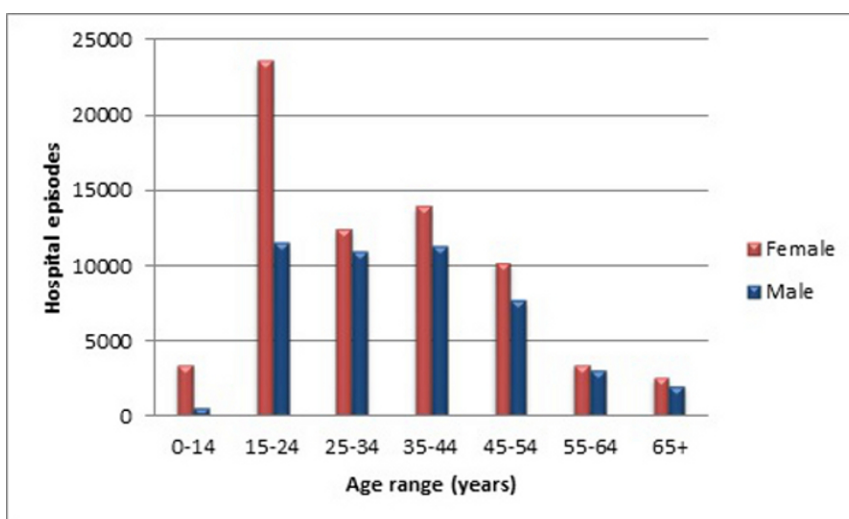


Figure1: First finished consultant episodes (FFCE) for self-harm by gender and age group 2011/12

34. HES data capture cases of intentional self-harm that result in a hospital admission. Therefore, this excludes people who intentionally self-harm and are treated in an emergency department but are not admitted.
35. Data on self-harm in County Durham is limited which is similar to the national and regional pictures. Hospital admission data only deals with a very small proportion of cases as most young people who self-harm will not come into any health services.
36. Emergency admissions rates for self-harm (all ages) for CCGs (2012-13) show North Durham CCG with the lowest self-harm rate across Durham, Darlington and Tees Area (figure 2).

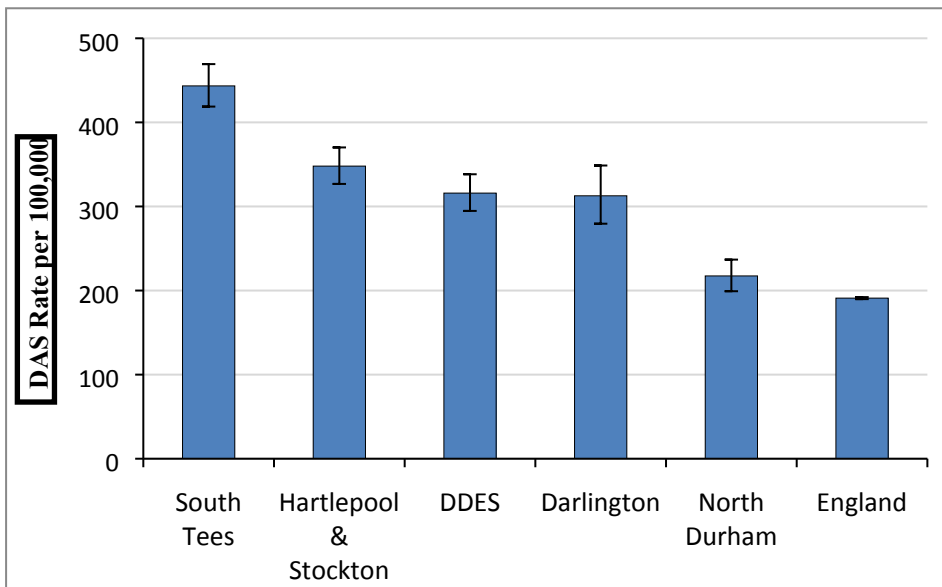


Figure 2: Directly age standardised rate per 100,000 with 95% confidence intervals emergency admissions self-harm 2012-13.⁴

37. The number of first finished consultant episodes (FFCE's) in County Durham for under 18 years are relatively low (227). Small variations in the number of FFCEs will affect relatively larger changes in crude rates. Self-harm crude admission rate per 100,000 for under 18 years in County Durham are higher than the North East, and have also shown variation over time. Rates have fallen since 2008 - 2009 (figure 3).

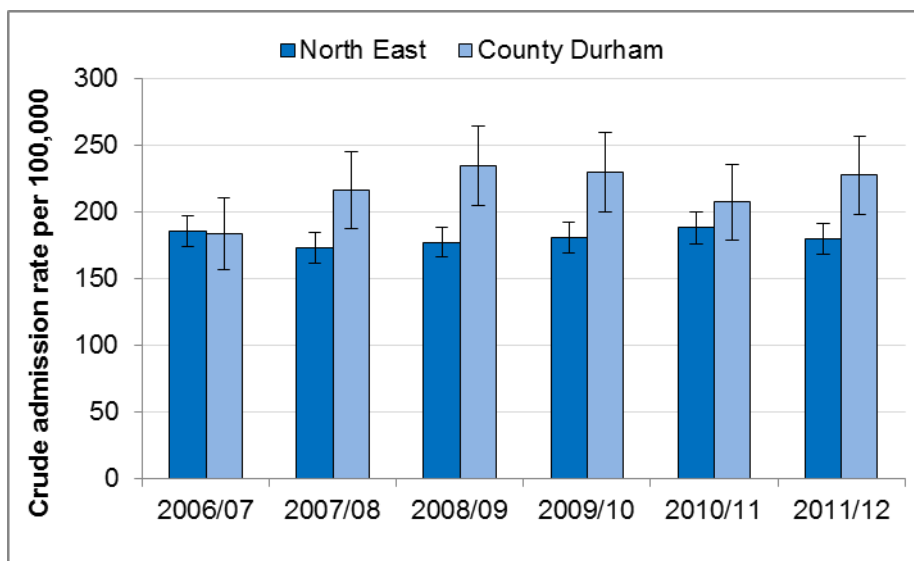


Figure 3: Self harm crude admissions rate per 100,000, aged under 18 years County Durham and North East, 2006-07 to 2011-12.

Looked after Children and other vulnerable groups

Key Findings

- Durham County Council and partners have strategies, plans and policies which address mental health and emotional wellbeing.

⁴ PHE. Community Mental Health Profile. Accessed July 30th 2014.

- Looked after children in County Durham have good access to a wide range of mental health and emotional wellbeing services.
- Being in a vulnerable group does not mean the young person will self-harm but vulnerable groups are more likely to self-harm
- Young people suggest that many adults over react to self-harm and involve as many services as possible.
- Many adults are afraid of broaching the subject of self-harm in case this instigates the start of a problem.
- Young people look for support online before speaking to trusted adults but some online sites are not helpful and allow abusive comments.

38. Evidence indicates that vulnerable groups such as young people in residential settings, lesbian, gay, bisexual and transgender (LGBT) young people, young Asian women and young people with learning disabilities are more likely to self-harm.⁵ In addition to this young women are four times more likely to self-harm than young men. Young LGBT people are four times more likely to suffer major depression related illness and three times more likely to suffer from generalised anxiety related disorder.⁶

39. Evidence from Child and Adolescent Mental Health Services indicated in terms of prevention, it was known that self-harm was not linked to suicide and therefore the challenge which was faced was to deliver the right service at the right time. Some incidents were 'one-offs', yet some would be the beginning of a cycle and therefore the correct pathway varied from person to person. 140 journeys through the service had been tracked and followed and from the information, it was obvious that some young people felt that the initial response to their incident was excessive.

40. Young people find it difficult to confide and share information in regard to self-harm due to the stigma associated with it and often look to the internet for support. However they should be warned about the potential dangers of online sites and be given information about trusted sites. Parents and carers find it difficult to control the sites young people access as most young people have access to the internet through their mobile phones.

41. Young people indicated that they found it difficult to communicate with some mental health workers and suggested that mental health users should be able to communicate in a way which is comfortable to them such as text messaging or via email. The young people indicated they did not always feel comfortable with face to face interviews with professionals especially when they were in business dress.

42. The third sector organisation Stonewall indicates that a lack of visibility of lesbian, gay and bisexual people in mental health services and poor measurement of access and outcomes for lesbian, gay and bisexual people has an impact on the mental health and experience of gay young people. The high incidence of attempted suicide, self-harm and homophobic bullying in

⁵ The Truth about Self-Harm, Mental Health Foundation, 2008

⁶ Why Schools are so important to Children's Mental Health, 2010 Accessed via www.youthspace.me 27/11/14

gay young people means mental health services must actively work to improve the health of lesbian, gay and bisexual people.

43. Young people from DISC LGBT group indicate that in their experience as soon as self-harm is mentioned there was an overreaction to involve parents, safeguarding or social services. The young people suggested that thought should be given before involving their parents as they may not want to involve their parents because self-harm could be a way of coping with parental problems. They suggested that in their opinion it would be better for an appropriate adult (teacher, youth worker, etc.) to build up a trusting relationship where the young person feels safe to explore what is to be done. Young people stressed the importance of truthfulness about confidentiality and that adults should not make promises if they cannot keep them.
44. The young people highlighted concerns over online safety and explained that they often go online to look for help and support but these sites are open for anyone to comment and some of the comments are upsetting and could incite more self-harm. It was suggested that more control is needed about good and bad sites to warn others about potential abusive or risky online sites.
45. Evidence indicates that there is no specific reporting method for self-harm in looked after children; however a joint therapeutic service called Full Circle deal with young people with mental health issues. The service consists of social workers, therapists and nurses who risk assess vulnerable young people and plan the best way of treatment.
46. A key point that was made by Looked after Children services, Educational Psychologists service and reiterated by the representative from Framwellgate School was that many adults are afraid of broaching the subject of self-harm for fear of inciting it in some way, but it is important that self-harm is addressed in a calm and sensitive and non-judgemental manner with compassion.

Services available in communities that address self-harm

Key findings

- There are lots of services that provide support to young people with mental health and emotional wellbeing problems but there is no single multi-agency pathway or a registry of self-harm.
- Lots of services are commissioned to support young people who self-harm but most of these services are targeted or specialist services that requires referral.
- CAMHS Primary Mental Health Workers work in schools, GP surgeries and the wider children's workforce to provide prevention and early intervention services.
- A single point of contact for mental health services would ensure that all incidents are logged and picked up by the appropriate service in a timely manner.
- From 2015 health visiting and school nursing services will become part of Public Health function of the Council.
- Currently all schools receive relatively the same service from School Nursing Service but different schools have different needs and

therefore the service should be tailored to fit the needs within the school.

47. Self-harm is indiscriminate and can affect anyone which makes commissioning services challenging. Evidence from North of England Commissioning Unit (NECU) suggests that self-harm is difficult to target as there is not a consistent method for gathering data due to the secretive nature of self-harm.
48. Information provided to the working group from North Durham and Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Groups (CCGs) indicates that mental health is a priority in their clear and credible plans and a crisis and self-harm service had recently been commissioned.
49. Commissioners provided the working group with a list of services to support young people who self-harm however most of these services are targeted and specialist services where young people would need a referral. A registry of self-harm would provide a measure of the numbers affected by self-harm which could be used to bench mark against other local authorities and regions.
50. Tees, Esk and Wear Valley NHS Foundation Trust provide Child and Adolescent Mental Health Service (CAMHS) advised that at tier 2 (targeted), Primary Mental Health Workers (PMHW) work in schools and GP surgeries; pilot schemes were also being run in South Durham youth centres to determine how to develop the service for young people. CAMHS work with the wider children's workforce and provide short term interventions, prevention and early intervention; they work with families and cover a range of community bases to provide these interventions. CAMHS have open access which allows anyone to contact them. Tier 3 CAMHS offer a specialist service where additional support is needed from a multi-disciplinary team. Pathways are centred on the young person and interventions are either individual or family centred dependent on circumstances.
51. The CAMHS Crisis and Liaison project is funded by North Durham and DDES CCGs until December 2015 and is fully operational across County Durham. It is open seven days a week from 8am until 10pm and from January 2015 it will be trialling a 24/7 approach. The project offers mental health assessment within the home, A&E, police custody and community settings. CAMHS remain involved with the young people until the acute episode is resolved and ensure that they are linked into ongoing multiagency care if appropriate (72 hour model) The service is embedded in accident and emergency with A&E teams contacting them as and when required and response time is within the hour. This helps the young person get back into the home environment as quickly as possible. Support is also given to the parents/carers for as long as required.
52. One of the difficulties of providing a multi-agency support network in relation to information sharing was often technology where different systems were used which may not link together. Some services were not certain of which pathway to direct a patient when dealing with less serious incidents where preventative support would benefit the individual. A single point of contact for

services offering mental health services would ensure that all incidents are logged and picked up by the appropriate service in a timely manner.

53. In relation to transitions CAMHS work with young people to develop a transitional plan when moving from CAMHS to Adult Mental Health Services (AMHS). However, young people indicated that the transition from in-patient care to outpatient care could be just as traumatic for them as moving from CAMHS to AMHS and could be overlooked.
54. From 2015 health visiting and school nursing services will become part of Public Health function of the council. This could be an opportunity to ensure that established support from Health Visitors continues into primary school. It was also suggested that in cases where parental issues were impacting on a young person's emotional and mental wellbeing adult services should become involved.
55. Evidence indicates that the school nursing service provides a universal service to schools and is accessible to pupils from the ages of 5 to 19 years. Each nurse is allocated a secondary school and a number of primary feeder schools they provide health and wellbeing drop-in session within each secondary school. In some hot spot areas they offer drop in sessions for parents in primary schools. Drop in sessions are a good opportunity to pick up on and encourage access to health support around emotional health, but due to capacity sessions are not as regular, however if a school has concerns school nurses can be contacted and will arrange to attend urgently as required.
56. The school nurses are also used as advocates in supporting young people in telling their parents/carers how they are feeling and often signposting young people to other appropriate services. The service is available term time only but it was accepted that the services should be available throughout the year. Currently all schools received relatively the same service but different schools had different needs and therefore the service should be tailored to the needs within the school.

How are schools address self-harm

Key Findings

- Each school's response to self-harm is different
- Best practice suggests a whole school approach to good mental health and emotional wellbeing.
- Not all schools have the capacity or resources to offer the same package of emotional wellbeing to students.
- Young people need to be aware of e-safety
- Governing bodies should be encouraged to refresh and update their policies and procedures on emotional wellbeing
- Internet safety is a major concern and should be addressed at all levels in school, in the community and at home.

57. Framwellgate School Durham, which is an Excel Academy Partnership Trust, provided information on how they address and manage self-harm in school with students, parents and carers. The school provides good practice in

pastoral care for its students. Tutor groups are small with a mix of students in age and ability which is tried and tested over many years in the school. Students have the facility to anonymously email staff if they have emotional wellbeing problems.

58. The school has a dedicated non-teaching pastoral team who provide support to students, parents, carers and teaching staff in order to address issues which are causing barriers to learning including self-harm. In addition the school offers a range of services to both students and their families some of which include:

- Achievement Centre – the centre provides support and access to services which help students overcome difficulties they may have with engaging with learning. Students accessing Achievement Centre services may have medical, emotional or social needs. Staff help students develop strategies to overcome their difficulties through individualised learning plans and a wide range of support programmes.
- Counselling Service
- Internet Safety & Awareness Training
- Equality and Diversity Workshops
- Restorative Conferences
- Mental Health Workshops

59. It should be noted that most schools offer a range of services to address emotional wellbeing which come under their safeguarding procedures. All schools receive the same amount of funding and they prioritise their spending in relation to the needs of their students. Schools can buy in services to meet their requirements and the Council's Public Health team provide mental health support services free of charge to schools, these include programmes such as Relax Kids, Mindfulness and If U Care, Share.

60. Governor Support Services provides information on services that are available for schools and governing bodies to purchase. The working group suggested that a full list of available services should be circulated to all local authority maintained school governing bodies for their information

61. Durham County Council offers schools through the Educational Development Service a range of assistance which can include:

- Curriculum and Professional Development (CPD) for school staff around emotional and mental health of young people
- Advice on the involvement of services
- Advice for referrals and schools to contact other agencies
- Advice to schools on relevant and appropriate curriculum content to cover such issues in PHSE sessions
- Development of an area on the Durham Learning Gateway for staff around risk taking behaviours which will include self-harm, as well as e-safety; alcohol; sex and relationship education.

Unfortunately, there is no evidence to indicate how often these services are accessed.

62. Evidence received from the Educational Psychologist team indicate the proactive work which is undertaken with schools especially secondary behavioural, emotional and social difficulties special schools carrying out therapeutic work. This may be offered as part of the school's learning agreement but can differ from school to school. The educational psychologist team offer a variety of training, therapeutic support and interventions to schools on a traded basis – which is open to all schools in the county. School counsellors work with their schools, with individuals and small groups offering weekly therapeutic input. The service supports students and staff and hopes to build capacity in schools and resilience in pupils to progress their emotional development and cope with difficult situations when they arise. It is important for schools to recognise and act upon changes in student's behaviour to look at what this is saying and try to get at the root cause of any problem the student may be facing.
63. It was suggested that schools have guidance on how to manage students' emotional wellbeing including mental health but for many schools guidance needs updating and refreshing.
64. Evidence from the Student Support Manager at Framwellgate School Durham suggests that it was important to work with students who are experiencing emotional and behavioural problems in a slow and steady manner to build the student's confidence and trust but to address issues such as confidentiality at the start of the process.
65. Evidence from young people suggests that youth leaders/workers could work in schools to provide emotional health and wellbeing support which could include support to students on risky behaviours. However, it would be wrong to assume that all young people could be reached in this way via youth workers. The young people advised that in their experience youth leaders and workers have given them tremendous support on many issues including relationship worries and anxieties, parental issues and worries about school. The young people trust the youth workers/leaders implicitly.
66. Social media and the internet is a great concern and plays a major factor in young people's lives as they have 24/7 access to internet sites via many devices. It is important that young people are made aware of internet safety from both points of view – victim and perpetrator. Young people accessing online support need to know that the site they are accessing is safe and the advice on the site is correct. Perpetrators need to be aware that they cannot hide behind a cloak of anonymity as technology is getting better all the time and IP addresses can be accessed. Members of the working group were extremely concerned about e-safety and suggested that internet access in council run buildings should be restricted to block access to some sites.
67. The working group carried out an exercise to see which self-harm sites could be accessed via desk top personal computers (PCs) in County Hall and other council premises. Safe internet sites that provided information on how to self-harm safely could be accessed via County Hall server. However other sites such as Youtube, chat rooms and Tumblr could not be accessed via PCs in County Hall but could be accessed from library PCs. The working group was

concerned that young people using libraries could access these sites and suggested that all public access PCs in council run buildings should have restrictions on access to certain sites.

Raising awareness of self-harm

Key Findings

- All adults who come into contact with young people should have mental health and emotional wellbeing training.
- Parents and schools need to have a mutual level of communication in relation to their children's mental health and emotional wellbeing.
- It is important to listen to what young people are saying and not trivialise or minimise what they are saying
- Young people prefer to talk to other young people
- Self-harm needs to be talked about to dispel myths and break stigma

68. Sunderland Pact is a parental support group for parents whose children have self-harmed. The group was started in March 2014 following a training course to educate parents about self-harm provided by Northumberland and Tyne and Wear NHS Foundation Trust at Monkwearmouth Hospital. After this five week, one hour course parents were left with no other means of support but felt that the group had helped them and they wanted the support to continue therefore they decided to set up their own support group.

69. The group is totally independent of NHS or CAMHS funding, the meeting room is provided by a supermarket free of charge. Members were interested to learn if there were similar sessions for parents in County Durham. There are currently no self-harm education sessions in County Durham but Tees, Esk and Wear Valley NHS Foundation Trust CAMHS has advised that they hope to have a very similar group up and running for parents and carers known to their services in the new year. Groups will be run in the three community team locality areas and from this they hope to establish drop in support groups in each locality. CAMHS has advised that they intend to continue the training sessions as long as there is a need to do so.

70. Parents advised that in their opinion it was important for teachers to receive training to spot emotional problems in young people to ensure issues were dealt with before they escalated out of control. It was suggested that this type of training should occur during their teacher training so they are fully equipped to deal with such issues when in post. They also felt strongly that parents should know the warning signs to enable them to help their children.

71. Evidence from a young person who had self-harmed and was now working with Mental Health North East to help other young people and suggested that when young people are seeking support they would often prefer to speak to people of their own age who had some experience of similar problems and anxieties.

72. Evidence from parents indicates that in their situations there had been long periods in-between referral times and suggested that the referral process should be more fluid. However it should be noted that these parents were

from out of the area and evidence from CAMHS indicates that referral times are coming down.

73. Parents suggested that self-harm needs to be spoken about both in and out of school which will help young people deal with their emotions and for adults to understand not to trivialise or minimise how young people are feeling during the stressful times of their lives. By talking about self-harm will help to dispel any taboos and myths about this subject, this was also suggested by residential staff and student support manager who had provided evidence to the group.
74. Information provided from young people indicates that support is often sought from youth workers who gave advice rather than telling the young person what they should do. The young people respect, trust and value youth workers and suggested that youth workers could be brought into schools to help to provide support and assistance to young people with emotional health and wellbeing problems. Young people made a further suggestion was that some sort of cognitive behaviour therapy be used to help young people devise coping strategies.

Conclusions

75. Definitive data on self-harm for County Durham is limited which is similar to both the regional and national position. The data only reflects the numbers of young people who attend hospital, however there are many more young people who self-harm but do not seek any kind of medical assistance and are not included within the data. Commissioners expressed frustration at the inconsistent methods of gathering data in relation to self-harm which makes it difficult when designing services. However a registry of self-harm would provide a greater indication of the number of young people self-harming and could be used as a benchmarking tool with other local authorities.
76. Although looked after children and young people were identified as a vulnerable group who may self-harm looked after children and young people in County Durham do have access to a very wide range of services from foster carers to psychiatrists. However it does not necessarily follow that because a young person falls into a vulnerable group they will self-harm, exposure to risks or being considered vulnerable does not mean that a young person will self-harm it could make them more resilient to pressures put upon them.
77. There is a fine balance between addressing self-harm and overreacting to a risk taking behaviour. Some incidents of self-harm are considered to be 'one-offs' but for some it could be the beginning of a cycle and therefore the correct pathway is varied from person to person. Young people suggested that there are times when adults over react by involving as many services as possible which they find more stressful.
78. The importance of good mental health and emotional wellbeing is considered in many Council and Partnership strategies and plans as identified in paragraphs 17 to 21. Work is also continuing in the preparation of a Young

79. There are many services commissioned to provide help and support to young people who self-harm. Yet these are targeted and specialist services that require a referral to access them, although some may be accessed through self-referral. Universally, young people have access to school nurses, GPs, teaching staff and youth workers. Young people the working group visited indicated that from this selection of professionals it is youth leaders/workers they would prefer to talk to and suggested that perhaps they could work in schools liaising with young people about emotional health and wellbeing.
80. The internet hosts a range of sites which provide good and bad information. Parents and carers should have a conversation with their child to inform them of the dangers of the internet. As a local authority we also have a duty of care for those young people accessing information via personal computers in council buildings.
81. Schools have many constraints on their time and must cater for the needs of all their students. Best practice suggests a whole school approach in relation to mental health and emotional wellbeing of students.
82. All schools receive relatively the same amount of funding and it is up to each school to prioritise how it spends its budget. Some schools have a greater focus on pastoral care of its students which could be attributed to having more students with emotional wellbeing needs. All schools provide safeguarding provision to its students which include counselling services, access to CAMHS, School Nurses and Educational Welfare and Psychology Services.
83. Internet safety for children and young people is a key concern for parents, carers and teachers alike. It is important that young people understand and are aware of the dangers when surfing the internet especially when seeking help and support for their anxieties and worries.
84. Parents need to be aware of the warning signs which may suggest their child is experiencing mental health or emotional wellbeing issues, including the signs to look out for should they suspect their child is self-harming.
85. Young people have indicated they value the relationship they have with youth workers/leaders and feel more comfortable speaking to youth leaders/workers when asking for advice in relation to risk taking behaviours including self-harm. The young people who took part in the review also suggested that they would prefer to talk to other young people rather than discussing problems with older adults.

Recommendations

86. Consideration of the review's findings has led the working Group to make the following recommendations which the Children and Young People's Overview and Scrutiny Committee will receive a systematic update at least six months following consideration of the report by Cabinet.

- A. That in relation to internet safety, Cabinet place restrictions to limit internet access on personal computers in Council run buildings including libraries to ensure that sites which glorify self-harm and relevant social chat sites are prohibited access. In addition that Cabinet write to the Mental Health Minister to ask for search engine sites to recognise their moral social duty to filter search results.
- B. That the Cabinet give consideration to developing specific pages for parents/carers giving information on preventing self-harm and how to support their children. Also that the pages are designed by or with direct involvement of young people who have knowledge of self-harm and emotional health and wellbeing such as help4teens.co.uk.
- C. That the Cabinet highlight to school governing bodies:
 - i. The necessity to refresh and update all emotional health and wellbeing policies on a regular basis specifically those that relate to self-harm.
 - ii. The range of emotional health and wellbeing services that can be bought in to support children and young people especially those provided for free by Public Health.
- D. That Cabinet request the Corporate Director of Children and Adult Services, the Director of Public Health, the Local Safeguarding Children Board, the Joint Health and Wellbeing Board and the Children and Families Partnership give consideration as to how to engage with parents of children to advise on the importance of good mental health and the warning signs to look out for in relation to risk taking behaviours.
- E. That through discussions at the Health and Wellbeing Board, appropriate commissioners and providers give consideration to the establishment of a single point of contact for services that offer mental health service and support which would ensure that all incidents are logged and picked up by the appropriate service in a timely manner and in doing so create a single multi-agency pathway and registry of self-harm.
- F. That Cabinet give consideration to how youth services leaders/workers, school nurses and health visitors can have a role in schools in relation to emotional health and wellbeing support to young people.
- G. That Cabinet give consideration to providing all adults (School Staff, Children's Home Staff, Youth Services Staff) who come into contact with young people on a regular basis receive basic mental health and emotional wellbeing awareness training