Yorkshire and the Humber Self-harm in Adults Project – Dissemination Event

14th July 2022

Y&H Self Harm in Adults Project Dissemination Event

Session	Speaker
10.00 – 10.05 Welcome and introduction	**Caron Walker,** Consultant in Public Health Leeds City Council & Chair of the Y&H Public Mental Health and Suicide Prevention CoI
10.05 – 10.10 Background to Study	**Laura Hodgson**, Health and Wellbeing Programme Manager, Y&H OHID
10.10 – 10.20 Presentation of study findings	**Dr Phillip Oliver**, Clinical Lecturer and GP, University of Sheffield **Dr Aarti Mohindra**, General Practice Trainee, University of Sheffield **Dr Joe Hulin**, Research Associate, University of Sheffield **Dr Vyv Huddy**, Lecturer in Clinical Psychology, University of Sheffield
10.20 – 10.35 Lay Panel Presentation	**Lay Panel Members**
10.35 – 10.45 Q&A and Discussion using Mentimeter	**All**
10:45 – 10:50 BREAK	
10.50 – 11.15 Breakout Discussion • Is there anything surprising that you did not expect to see in the findings? • What interventions do we need to focus on locally, considering the themes raised this morning? • Which of these practical solutions will be most feasible to implement? • What key actions do we need to include in our local Suicide Prevention Plans to address the gaps or barriers in relation to self-harm?	
11.15 – 11.20 Feedback	Breakout facilitators
11.20 – 11.25 Feedback from Visual Scribe	**Emma Kitchen**, Loki Coki Design and Illustration
11.25 – 11.30 Next steps and meeting close	**Caron Walker,** Consultant in Public Health Leeds City Council & Chair of the Y&H Public Mental Health and Suicide Prevention CoI

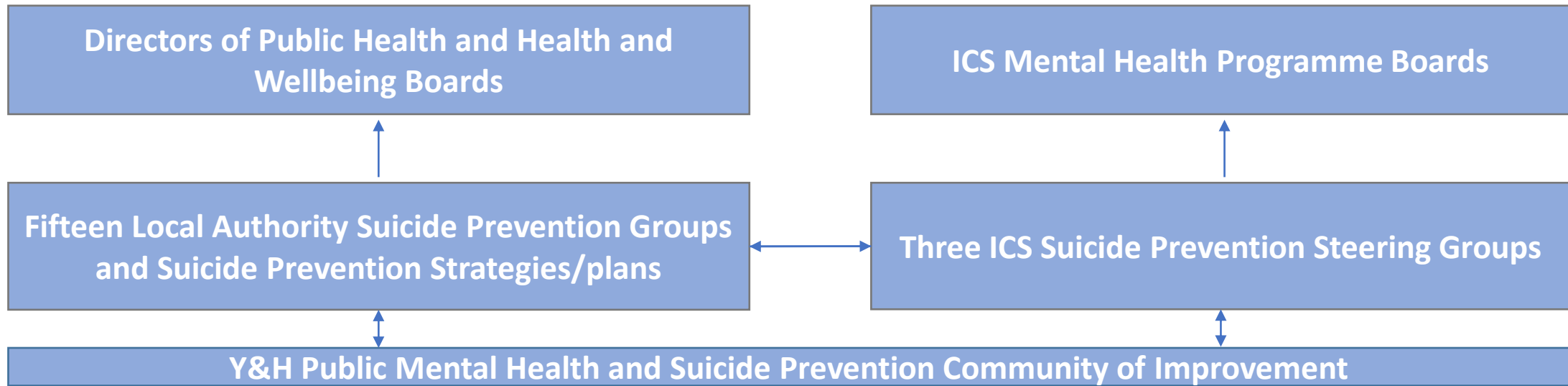# Office for Health Improvement & Disparities

Background to Self-harm in Adults Research Project – Yorkshire & the Humber

OHID Public Mental Health

Laura Hodgson – Programme Manager (Public Mental Health & Suicide Prevention)

July 2022

Suicide Prevention across the Yorkshire and the Humber Region

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Directors of Public Health and Health and Wellbeing Boards	ICS Mental Health Programme Boards
Fifteen Local Authority Suicide Prevention Groups and Suicide Prevention Strategies/plans	Three ICS Suicide Prevention Steering Groups
Y&H Public Mental Health and Suicide Prevention Community of Improvement	

Broad range of priorities at ICS level and place, based on local data:

- Targeting resources where suicide risk is highest i.e. via small grants schemes
- Development and implementation of local Real Time Suspected Suicide Surveillance and Review Panels
- Development and testing of cluster and contagion responses
- Working with local media to encourage responsible reporting
- Supporting people who attempt suicide
- Developing and promoting Suicide Prevention Campaigns

Current key priorities of the Mental Health and Suicide Prevention CoI

- Reviewing membership and approach in response to CoI Review

- Reducing stigma;

- Parity of esteem (embedding public mental health and improving pathways);

- Improving the population's mental health and wellbeing across the life course;

- Increasing resilience (children, adults, communities);

- **Improving self-harm awareness and prevention;**

- Preventing mental ill health and reducing inequalities in prevalence;

- Workplace well-being and employment interventions;

- **Suicide prevention;**

- Improve the lives of people with mental health problems, supporting their recovery and inclusion;

- Tackling social isolation and loneliness;

- Tackling broader structural inequalities that affect mental health;

- Public mental health intelligence (including suicide audit and surveillance).
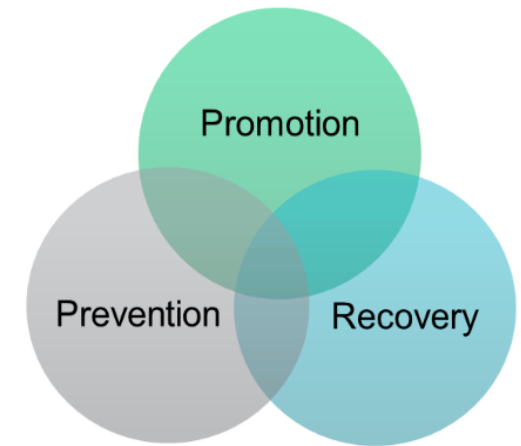
LGA/ADsPH Sector Led Improvement Funding 2019/20

- Funds were assigned by DHSC to the Suicide Prevention project jointly developed by LGA and ADPH in 2019/20.

- Part of the funds delivered national bespoke support for local authorities and partners, who self-identified as facing delivery challenges around suicide prevention.

- Further funds were allocated to be distributed to the networks (£30k to Yorkshire and the Humber) to be spent according to regional needs with the objective of supporting the regional Suicide Prevention efforts.

- In Yorkshire and the Humber, all Local Authorities identified a gap in evidence in relation to adults that self-harm - what are the risk and protective factors and what Local Authorities can include in their Local Suicide Prevention Plans that will minimise harm and reduce prevalence.

Experience of Self-Harm and Getting Support in Yorkshire and Humber

14th July 2022

Vyv Huddy, Phillip Oliver, Joe Hulin, Brigitte Delaney, Aarti Mohindra, Jack Marshall and Caroline Mitchell

Academic Unit of Primary Medical Care, Clinical and Applied Psychology Unit (CAPU) and School of Health and Related Research (ScHaRR)

Presentation Outline

- ## Part 1 – Research Findings
  - Background and aims
  - How we did the research
  - Recruitment & demographics
  - Summary of main findings

- ## Part 2 – Lay panel presentation: role of PPI and implications

Background & Research aims

- **Definition**

- **Epidemiology and service-use paradox***

- **Aims**

  - Better understand the experience of self-harm in the region

  - Explore the barriers and facilitators to accessing support

* McManus S, Gunnell D, Cooper C, et al, Prevalence of non-suicidal self-harm and service contact in England, 2000-14: repeated cross-sectional surveys of the general population. Lancet Psychiatry2019; doi:10.1016/S2215-0366(19)30188-9.

Methods: what we did

- **Qualitative research study**
- **Participants**
- **Data collection and interviews**
- **Analysis**

Recruitment Map

Showing number of interviews in each region and organisations contacted

The University Of Sheffield.

North Yorkshire
n = 5
Tees, Esk and Wear Valleys PPI group, Live Well Leeds. *Community Links, York Mind Next Steps Mental Health Resource Centre, Harrogate Mind Scarborough Survivors, Mind Scarborough, Whitby and Ryedale, The Hut, Claro enterprises Harrogate, Ripon Community Headspace, Spark Support Harrogate, Talking Spaces Counselling and Support Services*

The Humber
n = 1
Others contacted:
Hull and East Yorkshire Mind, ReNew Hull, Emmaus Hull and, East Riding, Humber All Nations Alliance, NAVIGO, Hull Homeless Outreach

West Yorkshire
n=6
Battle Scars, Project 6, Clear Dewsbury & Huddersfield, Side by side, Forward Leeds, Mind Bradford, Age UK Bradford, Bradford Night Shop, Dual Diagnosis, Well bean cafe Kirklees and Leeds, Leeds Survivor Led Crisis Service, The Cellar Trust, Healthy Minds Calderdale, Community Links, Leeds Mind, Healthy Minds Calderdale - Mental health education for BME, Youth in Mind, Northorpe Hall, Lukes Lads, Invictus

South Yorkshire
n = 5
Others Contacted:
Project 6, The Archer Project, Adira Sheffield, SAMCHA Sheffield, Mind Rotherham and Barnsley, Humankind, Barnsley Recovery Steps, Mind Doncaster, Project 6, Wellness Centre Doncaster, Door 43, SASH, Sheffield Mind, Donacaster Gypsy Roma and Traveller Connection, Health Watch Rotherham, SToRMS

Yorkshire & Humber wide/Other
Yorkshire and Humber Obesity Research Alliance, Andy Man's Club, SOLACE, Facebook, Social Worker
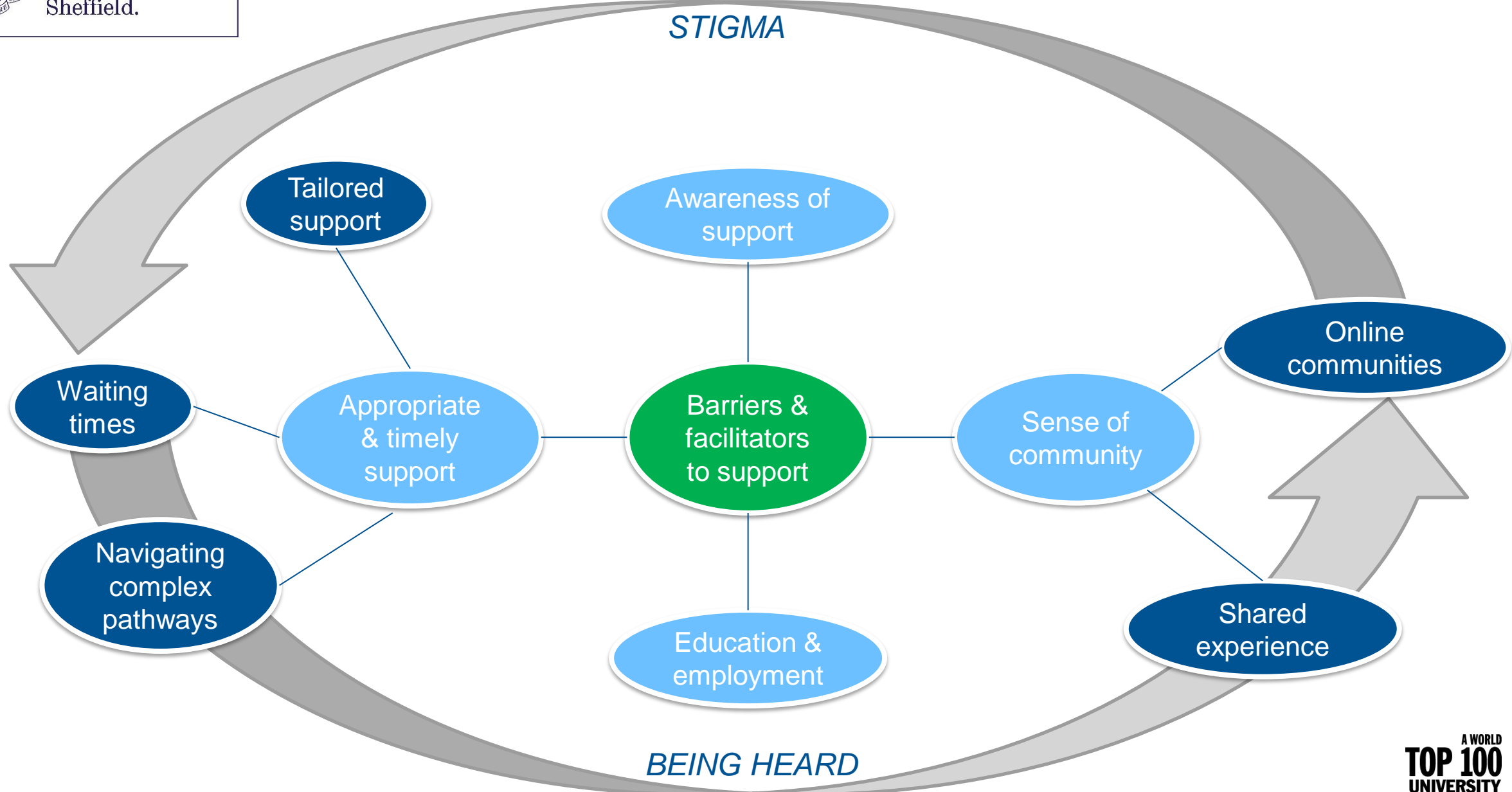
A WORLD TOP 100 UNIVERSITY
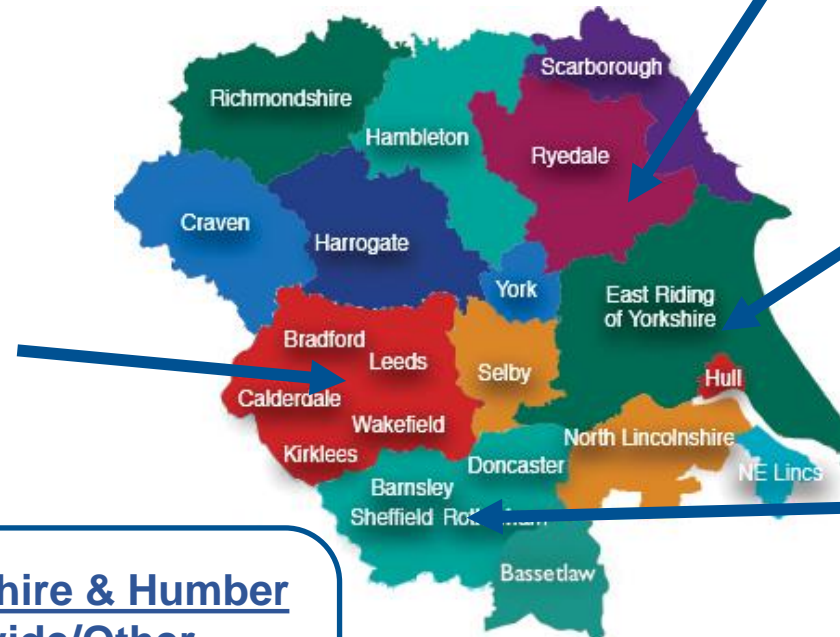
Sample characteristics

- 23 people have been interviewed, with a range of educational attainment, employment status, ethnicity and postcodes located across IMDs

- Age range 18 to 65, 73% female and 83% white ethnicity

- 50% of sample < 5th IMD and 65 % have been in higher education

Key findings

Appropriate and timely support

Waiting times
'go away and try and some talking therapies and come back', so I spent two years trying to access talking therapies, kept getting taken off the waiting list without being told…

Navigating pathways
I've been thrown out of services because I'm not stable enough. I mean what? So yeah, you've got to be the right sort of mad at the right time…

because they're a charity the therapists sometimes can't come in or drop out so since I've been there I've had three different therapists and I think I've only been there like two years, which is obviously hard because it's really important to build up a rapport with therapists…

…groups are like three and a half hours a week with everything and I work fulltime, so it was kind of, like, you know, it's stressful enough working without trying to suddenly find more time as well

Tailored support
it's not as simple as just "They're self harming so they need to go down this route"…I think professionals need to understand that it's more complex than that….just because it's not your area of expertise, doesn't mean that you can't try to engage with that person.

The University Of Sheffield.

A WORLD TOP 100 UNIVERSITY

Sense of community

Shared experience
The best help I ever get is from peers but that wouldn't be down to them because they're having their own life and you can't hang everything on people who are struggling themselves

Online communities
She's (individual on Instagram) come up with this thing basically called Baby Cut Syndrome… so it's kind of the explanation of, like, you feel like your self-harm isn't bad enough compared to other people… so that's quite a useful sort of term that kind of I feel I wouldn't have known other people had

People don't recover in our institutions, they recover in community. Once you've been accepted within a community and welcomed within a community and seen a value asset within a community and that you've got a purpose of you've got something to give

Online communities
It's like an online Big White Wall so with like post-it notes and different little forums where people can talk about stuff. And the main message is like "You're not alone" which is a really important thing with self harm; you do feel like "Oh my God, what's going on with me? I've never experienced this before".

Awareness of support

…a bit more clarity would be good, because I got told I was going to this core psychology and that I had this meeting, but I didn't know what it was, how long it were going to be for, who it was with and it ended up being with a psychologist rather than a…like a counsellor or summat, I didn't know whether it was going to be a weekly counselling thing or what or whether I'd meet her once and then I'd have to wait for something else…

I think had I known where to go sooner and had it been talked about more, I might have stopped self harming sooner or sought out services sooner.

it feels like too small of an issue to go to a GP with, because I feel like depression is a big enough issue, any other mental illness is a big enough issue, but self-harm is like this tiny little subcategory where it's like, you know, yeah, so I think I was like oh I'll manage it

Education and employment

Like I said, my tutor was brilliant as well and they were just really helpful because they didn't – they let me have like extensions, they didn't put pressure on me in terms of my work and things, they were just brilliant, can't say a bad word about uni really.

my direct manager isn't the most understanding person of mental health…she's not able to recognise signs, symptoms of like people who are in crisis or whatever, you know, but her manager is a little bit more, so I've gone and spoken to her about stuff, and yeah so she recommended that I go to see the OTs and I've tried contacting them but they've never come back to me…even when you ask for that help they're not always there.

I'd been doing volunteering all along but then when I started to get into paid work, that was really massive for me in terms of like self esteem, self worth, like structure, routine, all of that kind of thing.

Reference Panel

We are extremely grateful to our panel of people with lived experience of self-harm who supported the project throughout, including advice on:

- Study documents (information sheets, flyers..)

- Conduct of interviews (topics, welfare of participants..)

- Recruitment (inc. organisations in the region..)

- Making sense of findings and sharing these

Implications of the Findings

- Awareness of appropriate support
- Open conversations in work or education
- Using shared experience to support others

Questions to Attendees

Menti Voting link and Joining Code: www.menti.com 9138 8371

1. Reflecting on the research findings, where do you feel you are making progress locally?

2. What are the challenges in your local area in implementing interventions to address some of the issues raised this morning?