Self-Harm in Children and Young People in Brighton and Hove: Key Findings of a Needs Assessment
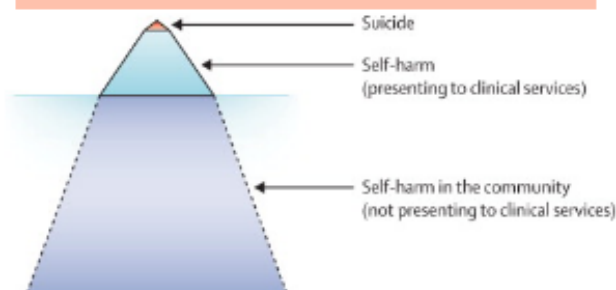
Around 1 in 5 14-16 year olds in Brighton & Hove report they've self-harmed...
... about the same as adults who smoke!

A&E attendance and hospital admissions for self-harm in 10-24 year olds are consistently higher in Brighton & Hove than England.

BUT this is the 'tip of the iceberg' of self-harm...

Suicide

Self-harm
(presenting to clinical services)

Self-harm in the community
(not presenting to clinical services)

A&E attendances fall in summer among 10-18 year olds and peak in October for 19-24 year olds

Potential link with summer holidays/ starting university

● A history of self-harm is associated with increased risk of suicide

● Self-harm often has a 'contagious' quality

Self-harm is most common in late teens

Groups more likely to self harm than others:
- those having suicidal thoughts:
28 times more likely
- those having issues with food:
8 times more likely
- Lesbian, gay, bisexual, trans, unsure:
6 times more likely
- those often spending time alone:
5 times more likely
- those who have been bullied:
5 times more likely
- those having problems with friends/family:
4 times more likely
*Number of times more likely to self-harm locally age 14-16

Other risk factors: Mental health issues
Childhood trauma   Living in deprived areas
'Alternative' subculture

Females report higher self-harm, but male self-harm may be under-reported as it may manifest differently, e.g. violence or substance misuse.

Students using social media 5+ hours/day twice as likely to self-harm

Concerns around local young people engaging with websites promoting self-harm

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Young people, parents and carers and professionals had a range of views including...

Young people

"The doctors put me on a waiting list for therapy but this didn't help as the wait was 6 weeks plus"

"I didn't like speaking to different counsellors as I felt I ended up repeating myself"

"They dismiss people who need help very easily, if you aren't in immediate danger, they won't help"

Parents/carers

"I felt we weren't taken seriously at the beginning and it had to get to a crisis point before we were offered any real help"

"Workers gave conflicting advice to me as a parent, and to our daughter"

"I felt very alone... as I was out of my depth and had no understanding of self-harm"

Professionals

"A more joined-up citywide approach would be really beneficial"

"It is important to build young people's emotional intelligence before they consider self-harming"

"[Staff] attitudes include, 'oh they're just doing it for attention', or the polar opposite... both are unhelpful viewpoints"

Recommendations

1. Develop an action plan
2. Refresh citywide definition for self-harm with supporting resources
3. Explore options for improving communications and information sharing
4. Prioritise engagement with children and young people in service development
5. Develop a consistent training offer for professionals and families
6. Engage with local teams working on reducing online harm
7. Improve collection and use of data on self-harm
8. Review the interventions and approaches used by services

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