Wiltshire Public Health Self-Harm Insight Report 2024

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This document discusses a subject of a sensitive and emotive nature.
Please reach out for additional support if you are impacted by any of its contents.



Wiltshire Public Health Self-Harm Insight Report: Introduction

Setting the Scene

Current understanding of the local prevalence of self-harm is largely based upon emergency hospital admissions data for intentional self-harm. This is provided by Bath and Northeast Somerset (BaNES), Swindon and Wiltshire (BSW) Integrated Care Board.

Data from the Public Health Outcomes Framework (PHOF) has highlighted Wiltshire as a national statistical outlier in comparison to other areas.

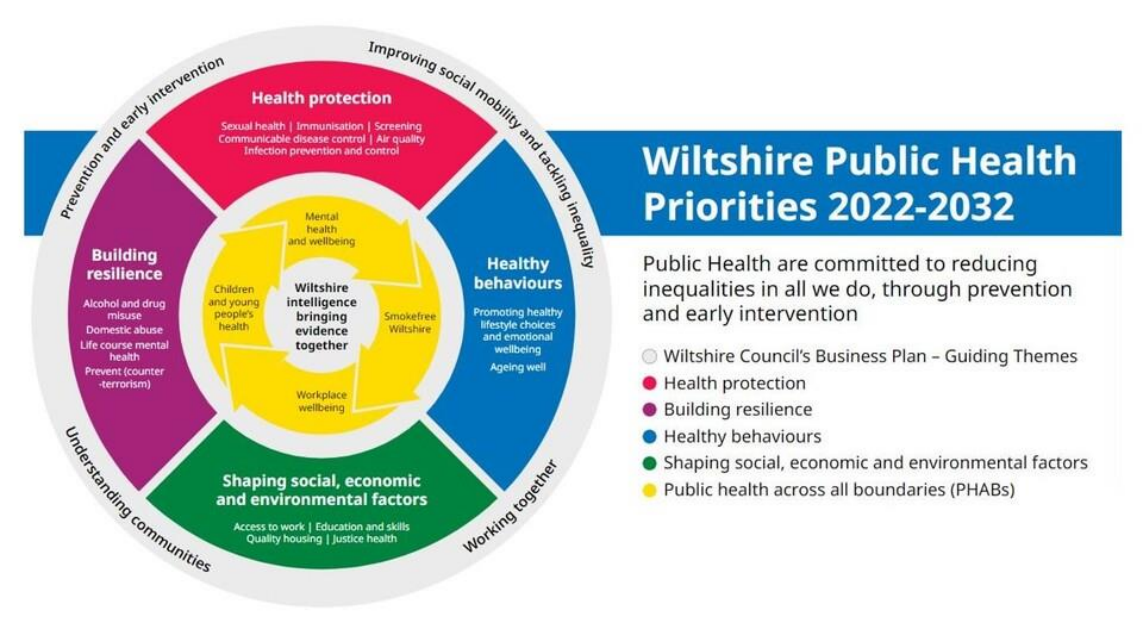
In November 2023, Wiltshire Council, Public Health co-ordinated the first Wiltshire summit on self-harm. This was an opportunity to set the landscape for future action. Stakeholders assembled to discuss what we know about this challenging area and to collectively agree strategic and operational action, and cultural change, to provide:

- Accessible, compassionate and appropriate support for people of all ages who are at risk of, or are already engaging in, self-harming behaviours.
- Support and training to those delivering services

Discussions were supported by invaluable contributions from a group of young people from the Children and Adolescent Mental Health Service (CAMHS) Participation group, who shared their personal experiences of self-harm with professionals.

This report outlines what we know and have learnt about self-harm. Importantly, it sets out our intended action over the next 2 years. Following this period, progress will be reviewed, and action will be adjusted in accordance with this.

Wiltshire Public Health Priorities



Mental health and wellbeing spans all elements of our health. Wiltshire Public Health has identified the above work areas in their ten-year priorities as 'public health across boundaries' (PHABs).
The ongoing work on reducing self-harm is an important part of delivering against these.

Wiltshire Council Business Plan 2022-2032

The Council's business plan sets out four guiding themes over the next 10 years. This report's recommendations particularly contribute to:

Prevention and Early Intervention
Addressing issues before they arise or preventing them from getting worse through greater support and education.

Understanding Communities
Re-visiting the way we collect both quantitative and qualitative information on self-harm to ensure better understanding and to ensure services are shaped to local need.

Defining Self-Harm

What is Self-Harm?

An intentional act of self-poisoning (with for example, medication, alcohol or other harmful substances) or self-injury (often by cutting), irrespective of the motivation behind it or the degree of suicidal intent *(Office for Health Improvement and Disparities, 2024).*

Where a person manages their feelings and emotions in a way that leads to physical or emotional harm *(broader definition developed as part of consultation with partners).*

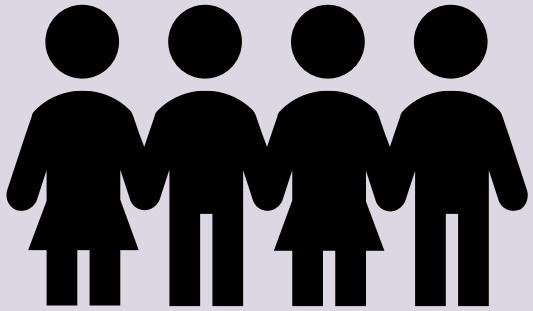
Why might someone Self-Harm?

A coping strategy used to manage emotions when they become overwhelming.
It can provide short-term relief; however, it does not address the causes behind those feelings and emotions, and so it is likely the person will become overloaded again.

Next: The next section presents data from a range of sources, detailing what we know about the current picture of self-harm in the county.

Wiltshire Public Health Self-Harm Insight Report: What do we know?

Wiltshire's Children and Young People's Health and Wellbeing Survey 2021



Around **15%** of secondary aged students report self-harming.

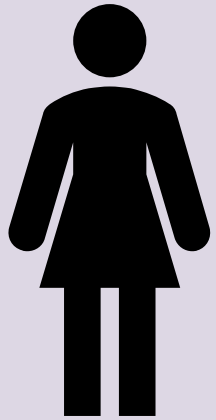
When we explore specific sub-groups, this percentage increases.

Populations including LGBTQ+, those with family in prison and young carers are most significantly impacted.

Wiltshire Community Area Joint Strategic Needs Assessment

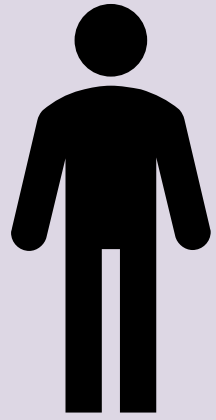
In Wiltshire in 2021/22, there were 1270 emergency hospital admissions for intentional self-harm across all ages. This is equivalent to a directly-standardised rate of 259 per 100,000 persons, higher than both the regional (219) and national (163.9) rates.

BSW Integrated Care Board Admissions and A&E Attendance Data 2022/23



Highest risk age group for Self-Harm attendances:

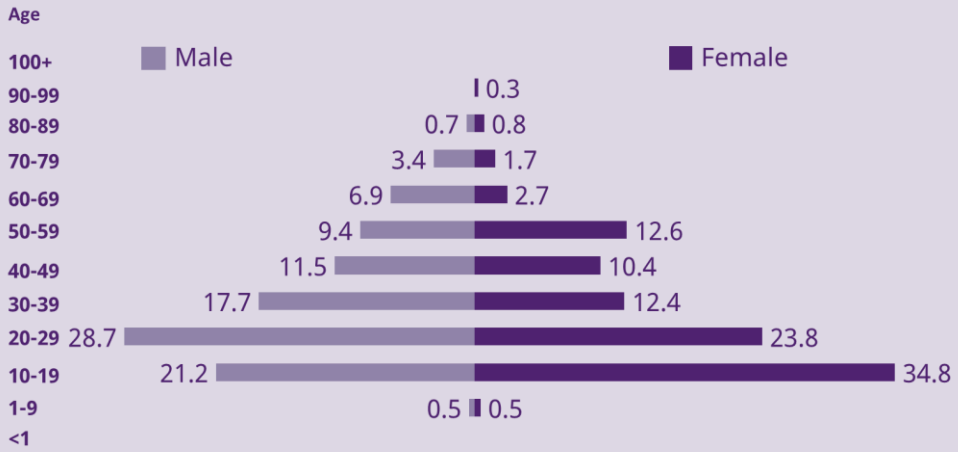
10–24 years



Gender: Females are more likely to present at A & E with self-harm, whereas men are more likely to die by suicide.

BSW Integrated Care Board Admissions and A&E Attendance Data for Self-Harm 2022/23

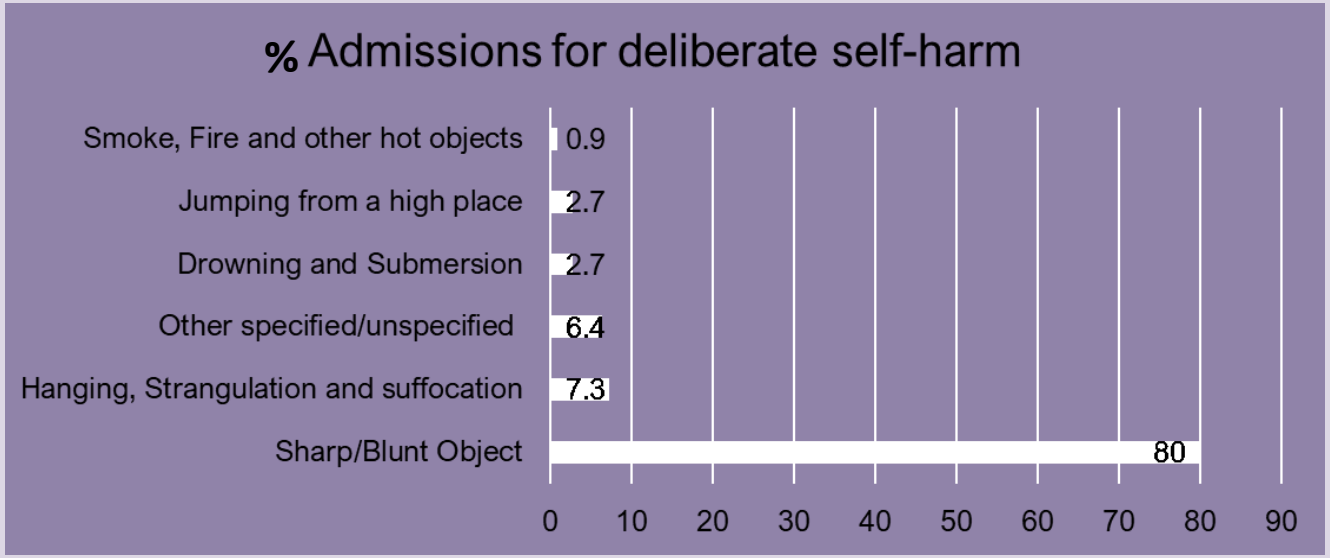
% Patient cohort by age and gender



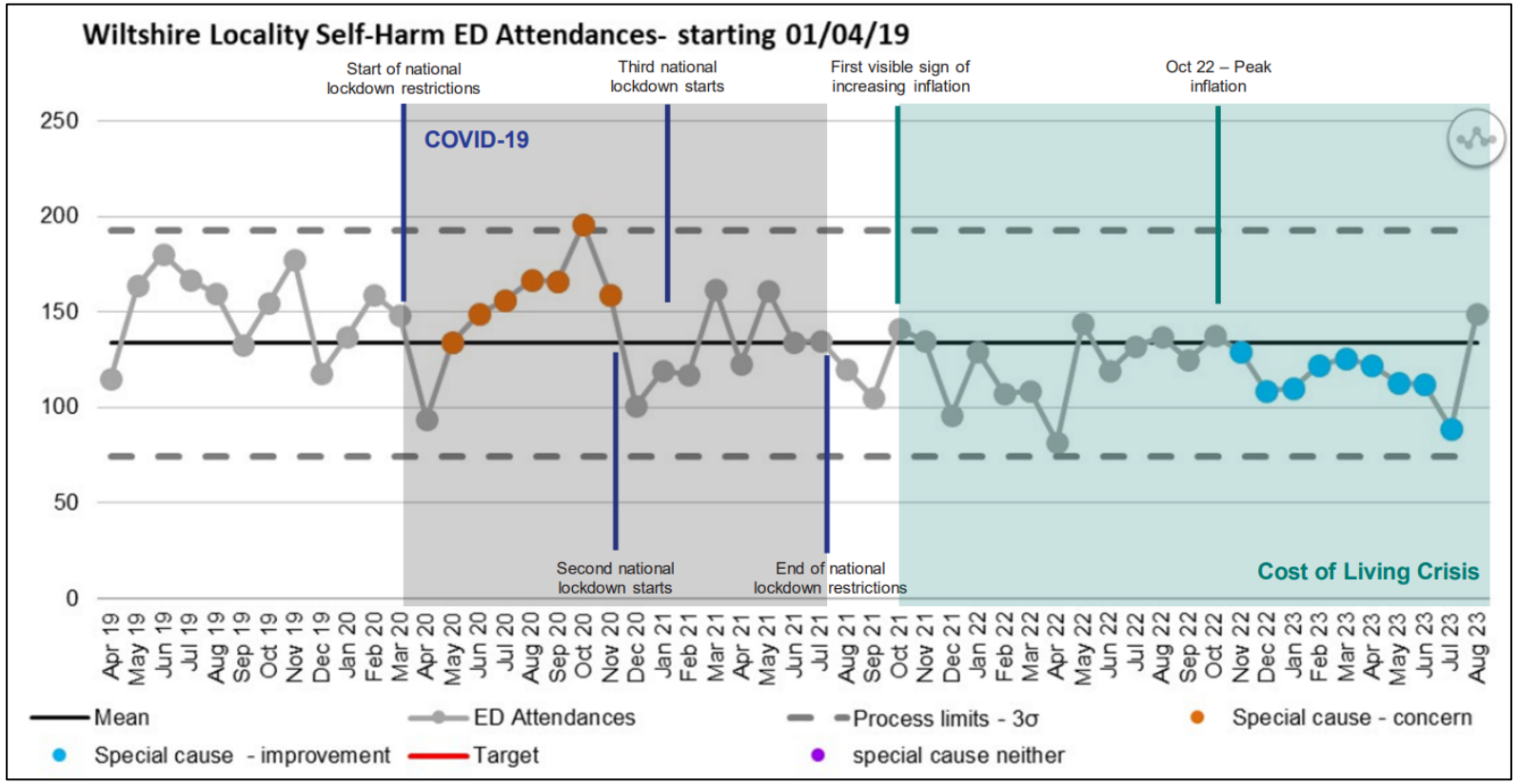
Most male admissions fell into the 20–29-year age group. The highest percentage of female admissions were in the 10–19-year-old category.

Please note: The two sides of the above chart cannot be compared as the total number of incidents differs between genders.

Ethnicity	% of self-harm admissions
White	**86.6**
Mixed	**0.8**
Black or Black British	**0.6**
Asian or Asian British	**0.4**
Other Ethnic Groups	**0.8**
Unknown / Not stated	**5.8 / 4.9**



BSW Integrated Care Board
Admissions and A&E Attendance Data



Of the self-harm admissions indicated in the graph to the left, **only 10% are deliberate.** The remaining percentage includes intentional substance abuse.

The **average admission stay is 4.3** days, however we know a hospital stay is not the most appropriate form of support.

Please note: Admissions data alone is unlikely to provide a fully representative picture. It excludes those who self-harm and either don't seek help, or do so via other routes e.g. GP, education setting or other support, however, it does offer a proxy-indicator of the problem.

BSW Integrated Care Board Admissions and A&E Attendance for self-harm Data 2022/23

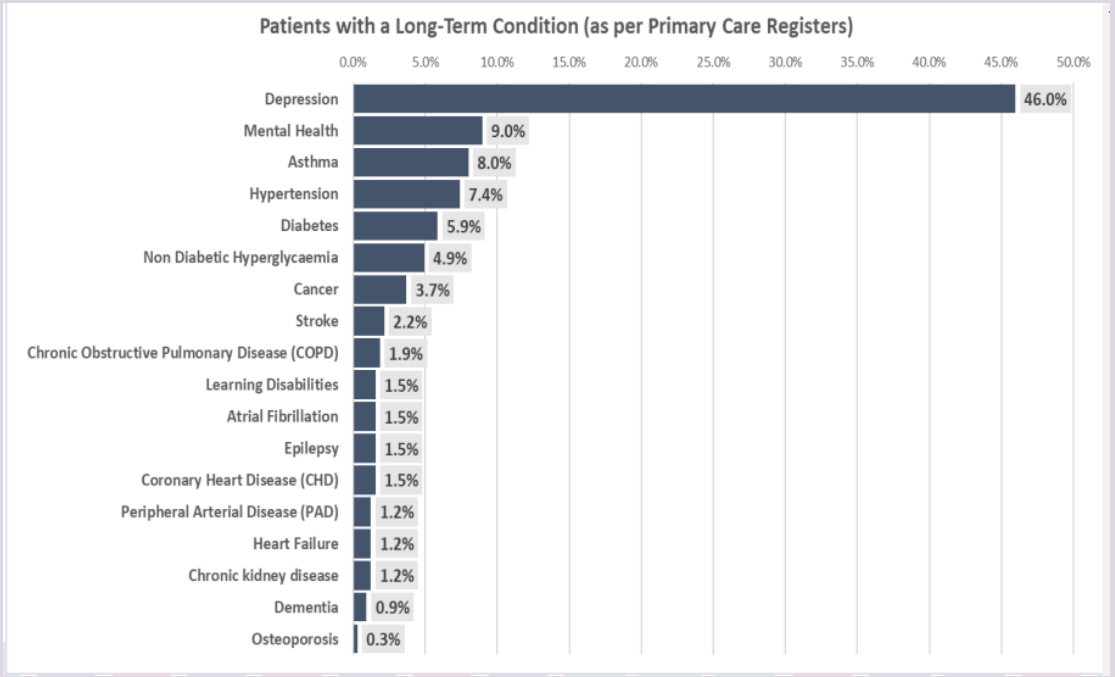


44% have at least 1 co-morbidity or long-term condition.

The average is 2 co-morbidities per patient (maximum of 9)

Co-morbidity: 55% are on the quality outcome framework register for depression, or diagnosis of psychosis, schizophrenia or bipolar





Inequity: Admissions are lower in more deprived areas, increasing in the less deprived. This contradicts other mental health data, suggesting worse mental health outcomes with increased deprivation.

Hypothesis: The acute hospitals are in more affluent areas, suggesting a possible explanation for this.

What did we learn from Wiltshire's Self-Harm Summit?: Personal Experience



"Self-harm was my main coping strategy when things got difficult. But with support I have learnt healthier ways of dealing with any problems I may face; problems that would have previously led me to self-harm."

"I struggled to regulate my emotions around big life events and social disruption that I wasn't used to when I was younger. I knew I was struggling with my mental health and that there was something different going on, but I didn't have the words to explain it. It was easier to show that I was in distress from hurting myself and would be taken more seriously for help rather than shouting it at my parents and teachers who assumed I was just exaggerating until they could see it."

What is helpful when supporting someone?

- Keep in mind that opening up is hard – the person may have been struggling for a long time.
- Show compassion - acknowledge they must be having a tough time.
- They have chosen to come to you for a reason. You may have to pass them on but make sure their first experience is positive.
- Don't just ask, 'Are you okay?', because most people won't be responsive.
- Ask why they self-harm and how it helps - you can't begin to help if you don't know why.
- Don't add to the shame and guilt they already feel with a judgmental response.
- Distraction can help!
- Don't panic! - Try and remain calm.
- Using the word 'we' can help.
- Remember negative reactions to disclosures can have a huge impact later.
- Look after yourself too

A huge thank you to the CAMHS Participation Group for their insights included on this page.

What did we learn from Wiltshire's Self-Harm Summit?: Partner Agencies

Listen and learn from personal experience

Seek out opportunities to engage with, listen and act on feedback provided by people of all ages who have experienced or are experiencing self-harm.

Support people to cope

Establish clear pathways to support. Compassionate connections are a vital element to this.

Educational Campaigns

Educational social media campaigns are important, particularly in relation to the breakdown of stigma. However, it was also noted that messages should be carefully balanced.



Lack of self-harm specific training

Lack of training was consistently highlighted as a major barrier to support. This was noted as particularly relevant for the voluntary sector.

Data Gaps

Admissions data only shows part of the picture.

Wiltshire Public Health Self-Harm Insight Report: Recommended Next Steps

Consult with partners and young people on insight report and recommendations.

1. Review data collection methods, relating to commissioned services and their experiences of supporting those at risk of or engaging in self-harm

2. Make available a co-produced summary of the local support offer available

3. Explore feasibility of further preventative interventions e.g. emotional regulation skills in education settings

4. Understand the availability of existing training and implement appropriate training events/ packages where required.

Re-convene a forum in 2025 for partners to review data, progress and amend next steps based upon this.



Data Sources

(in order of appearance throughout the document)

1. Public Health Outcomes Framework (PHOF)
2. Office for Health Improvement and Disparities, 2024
3. Wiltshire's Children and Young People's Health and Wellbeing Survey 2021
4. Wiltshire Community Area Joint Strategic Needs Assessment
5. BSW Integrated Care Board Admissions and A&E Attendance Data 2022/23
6. CAMHS Participation Group