brighter futures
creative support, housing and employment

JH Research

Self-harm Support and Recovery Service

Year One Review: Oct 2019 to Sept 2020

Juliette Hough

January 2021

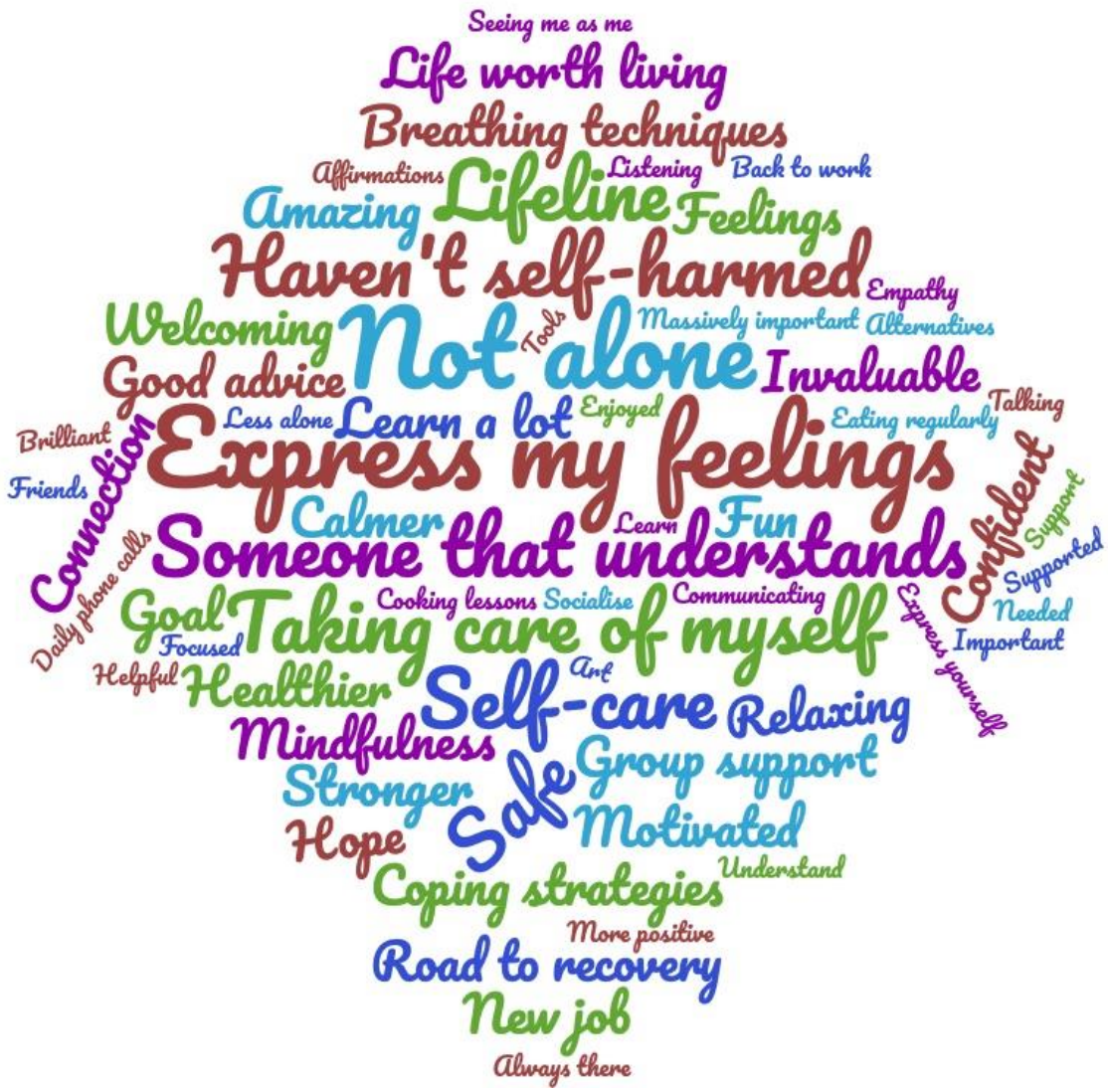


Figure (a): Self-harm Support and Recovery and its impact in the words of customers

Table of Contents

Acknowledgements

With thanks to all of the customers, external agencies and staff who took part in interviews and supported this review.

1. Introduction

Brighter Futures began delivering a new Self-Harm Support and Recovery service (SHSR) in October 2019, in order to support people in Staffordshire living with self-harm and/or suicidal thoughts. The service is funded by Public Health England as part of their Suicide Prevention Strategy, with funding awarded to Brighter Futures by the Clinical Commissioning Group.

The service is currently funded until March 2021, and this review aims to inform decisions about whether to continue funding, and ways in which the service could helpfully be developed. It aims to identify the difference the service has made for customers, and the role the service plays in the local mental health pathway. The review draws on project documents and monitoring information, in-depth interviews conducted with nine customers, shorter group/individual discussions with a further five customers, observations of a group workshop and a social session, interviews with project staff and three professionals in referring agencies (the mental health Access Team, the hospital-based Psychiatric Liaison team, and a Community Psychiatric Nurse (CPN)), and information provided by 20 customers about their use of GP and A&E services.

The service delivery model

SHSR offers support for anyone aged over 18 in Staffordshire who is living with self-harm or who has experienced suicidal thoughts, at the point when a hospital visit or admission is neither wanted or needed. The service comprises a three-tier non-clinical intervention to support people experiencing suicidal thoughts and/or self-harm. The tiers are:

Tier 1

- Tailored one-to-one support of up to six sessions (plus induction and signposting/evaluation sessions) at each person's preferred pace.
- A recovery plan developed with a dedicated support worker.

Tier 2

- A series of six structured workshops supporting people to discuss their thoughts, feelings and emotions, and learn techniques to manage their well-being.
- Activities such as therapeutic art, crafts and mindfulness.
- Social groups to help meet new people and share hobbies and interests.

Tier 3

- Telephone support calls, for up to two weeks, to provide out of hours support when many other services are closed.

Tier 1 referrals are through professionals including the mental health Access Team, General Practitioners (GPs), Community Psychiatric Nurses (CPNs), and Psychiatry Liaison teams. People can self-refer to Tiers 2 and 3. All interventions within the service are time limited. Customers engage at a pace that suits them to complete the programme. Customers can access more than one element of the service and can re-refer at a later date if required.

The service has responded flexibly to the Covid-19 pandemic, with all face-to-face work pausing in March 2020. People receiving Tier 1 support, which was initially face-to-face, were offered additional support over the telephone until face-to-face sessions could be resumed; from

October, the one-to-one sessions resumed over the telephone, when it became apparent that, due to the on-going restrictions related to covid-19, the recovery of the walk-in service would be further delayed. Tier 2 sessions, also originally face-to-face, were initially paused and then moved online in July 2020.

The service is staffed by two full time support workers and a manager, and supported by volunteers. Staff receive training on supporting people living with self-harm and suicidal thoughts, including suicide prevention and providing tools and techniques for coping with these issues. Although not a therapeutic service, Support Workers draw on techniques from person-centred counselling and motivational interviewing. The service's approach is embedded in Brighter Futures' commitment to person-centred and psychologically-informed care.

Suicide and self-harm in Staffordshire

Suicide and self-harm are separate but related issues. Self-harm is one of the strongest predictors of suicide; according to the Royal College of Psychiatrists' report *Self-harm and Suicide in Adults*, 'almost half of [those] who end their life by suicide, have previously harmed themselves.' The report explains:

> *'Self-harm appears to be particularly associated with difficulties in problem solving and coping … especially when linked to relationships. People who are suicidal are usually in extreme emotional pain and are often ambivalent about dying. Self-harm behaviour, when previously used as a method of managing psychological pain, especially if the person has no other strategies, can, in the context of unbearable distress, escalate and result in death.'*[1]

The Government's national strategy Preventing Suicide in England (2012)[2] sets out action areas including reducing the risk of suicide in high-risk groups, including people with a history of self-harm. It stresses the importance of providing mental health support for those who have self-harmed and come to A&E.

Saving Lives, the Suicide Prevention Strategy 2015/16 to 2020/21,[3] brings together Staffordshire and Stoke on Trent to address issues relating to suicide. Its aims include implementing the local elements of the national suicide prevention strategy, and better understanding effective interventions that will improve the current provision of services.

[1] Royal College of Psychiatrists (2020) *Self-harm and suicide in adults: Final report of the patient safety group*.
[2] Department of Health (2012) *Preventing Suicide in England: A cross-government outcomes strategy to save lives*.
[3] Staffordshire Public Health with Staffordshire Health and Well-being Board (2015) *Saving Lives: Staffordshire Suicide Prevention Strategy 2015/16 – 2020/21.*

Key figures from Saving Lives: Staffordshire Suicide Prevention Strategy

'In Staffordshire, along with accidents, [suicide] is a leading cause of death among men aged 15-24 and the second most common cause of death for people aged less than 35 years. It accounts for almost 6,000 years of premature "life lost" in our county. Moreover, it appears to be on the increase, rising from 59 incidents in 2010 to 81 in 2014 […]

During 2013/14 there were over 1,700 hospital admissions due to self-harm in Staffordshire.

Nationally self-harm is one of the top five causes of acute medical admission and those who self-harm have a one in six chance of repeat attendance at A&E within the year.'

Mental health is one of the key challenges facing the local health and care system identified in the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan.[4] The plan states that local mental health unplanned readmissions are worse than the national average, and that there are 30% more attendances at A&E than in other areas.

The effect of the Covid-19 pandemic on self-harm and suicide rates

It is not yet clear what impact the covid-19 pandemic will have on people's mental health. However, early indications are that rates of suicide and self-harm may increase. An expert editorial in The BMJ stresses that 'the picture is complex' and that it is 'too early to say what the ultimate effect of the pandemic will be on suicide rates,' but reports studies showing:

> *'…a deterioration in population mental health, a higher prevalence of reported thoughts and behaviours of self-harm among people with covid-19, problems accessing mental health services, and evidence suggesting that previous epidemics such as SARS (2003) were associated with a rise in deaths by suicide.*
>
> *'Widely reported studies modelling the effect of the covid-19 pandemic on suicide rates predicted increases ranging from 1% to 145%, largely reflecting variation in underlying assumptions. Particular emphasis has been given to the effect of the pandemic on children and young people. Numerous surveys have highlighted that their mental health has been disproportionately affected, relative to older adults, and some suggest an increase in suicidal thoughts and self-harm.'*[5]

It is notable, given the expected effects on young people, that 38% of the SHSR service's customers are aged 18-25.

[4] Together We're Better (2016) *Transforming Health and Care for Staffordshire and Stoke-on-Trent*.

[5] John, A., Pirkis, J., Gunnell, D., Appleby, L., Morrissey, J. *Trends in suicide during the covid-19 pandemic.* BMJ 2020;371:m4352. References to studies cited in the article have been removed for ease of reading, but can be viewed in the article: https://www.bmj.com/content/371/bmj.m4352#ref-3

2. The people the service helps

The service received 177 referrals in its first year (7 October 2019 to 30 September 2020). Of these:

- 123 (69%) were female and 54 (31%) were male.
- 157 (89%) were new referrals and 20 (11%) were customers who had been using Brighter Futures' previous self-harm support service.
- 28 (16%) self-referred to the service, and the remaining 149 (84%) were referred by an Access Team, Crisis Team, CPN or other professional.
- A large proportion of the service's customers were aged 18-25 (38%). 47% were aged 26-50. A smaller proportion (15%) were aged over 50.
- Two-thirds (66%) of referrals were received from Stoke, and one quarter (24%) from North Staffordshire. The remainder were from Staffordshire Moorlands and South Staffordshire.

In October 2020, Tier 1 of the service had a waiting list of 27 people.

Figure (b): Age of customers

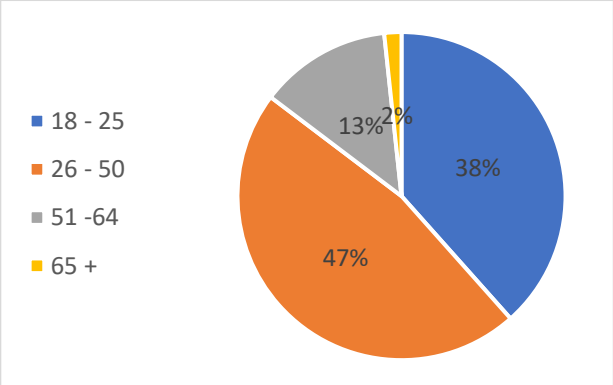
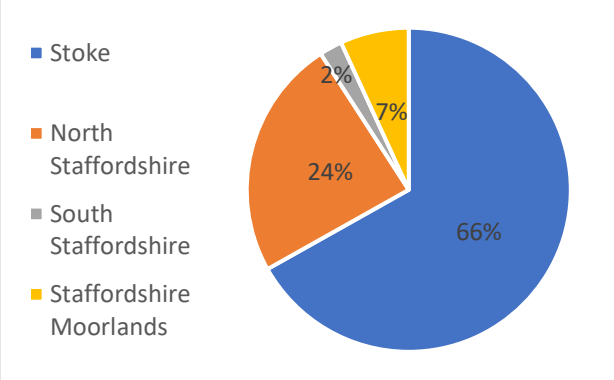
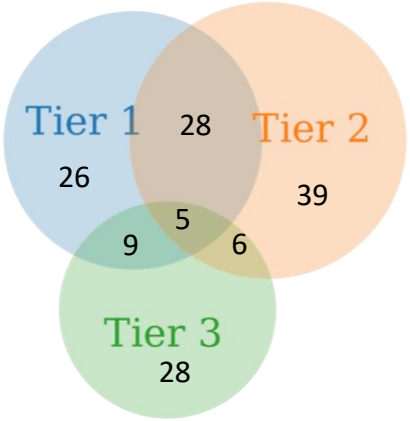


Figure (c): Geographic origin of customers



Of the 177 referrals, 141 people actively engaged with the service; this is significantly higher than the target number of 120 people. Overall, 68 people used Tier 1, 78 people used Tier 2, and 48 people used Tier 3. Many people used more than one tier, with 28 people using both Tiers 1 and 2, nine using Tiers 1 and 3, six using Tiers 2 and 3, and five using all three Tiers, as shown in figure (d).

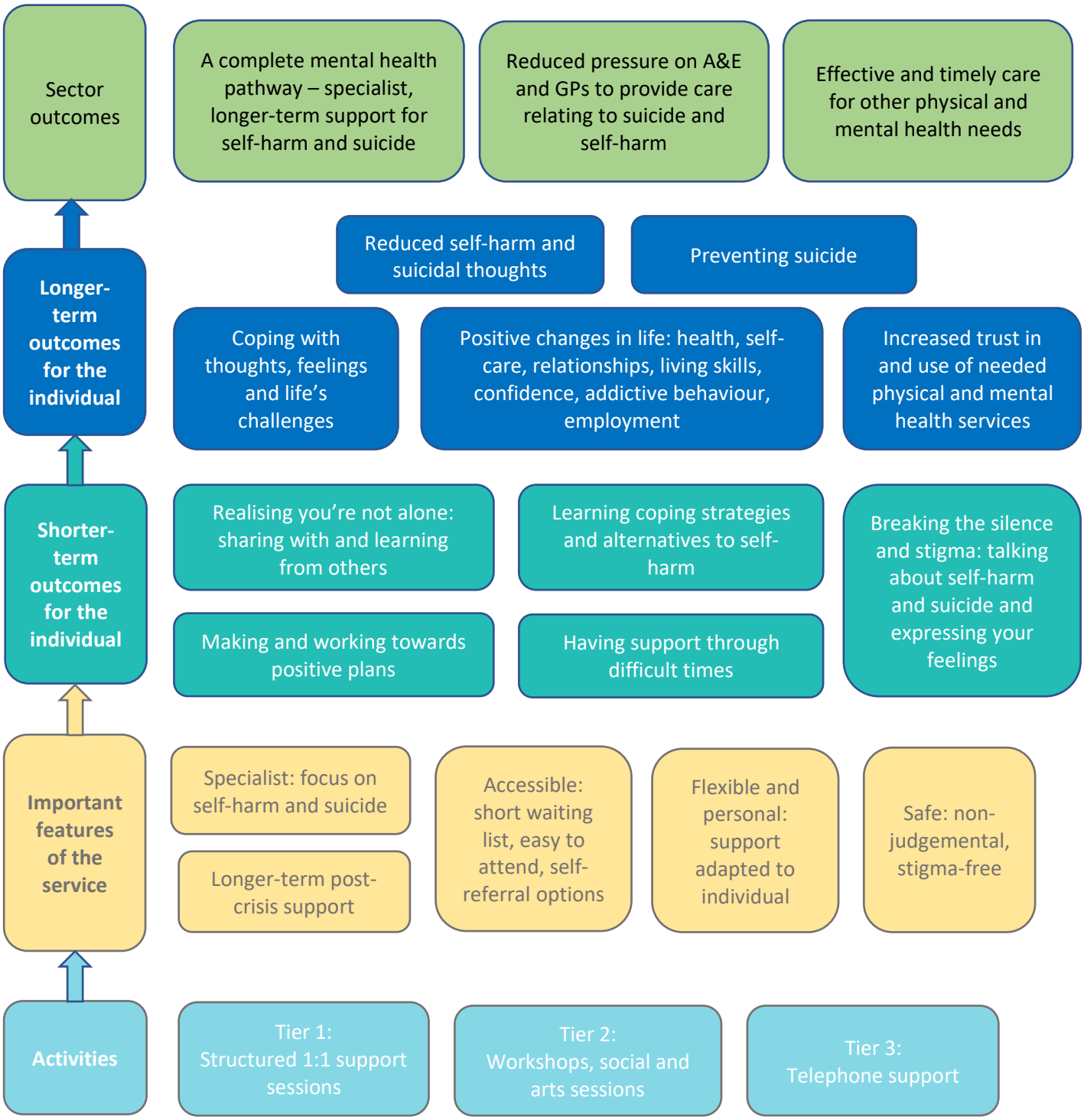
Figure (d): Use of Tiers (number of customers)



3. A theory of change for the Self-harm Support and Recovery service

This theory of change shows the outcomes Self-harm Support and Recovery is helping to achieve, both for the individual and in relation to the healthcare sector. It also identifies the important features of the service which make achieving these outcomes possible. The following pages explain each of these elements in more detail.

Figure (e): A theory of change for Self-harm Support and Recovery



4. Longer-term outcomes for individuals

Reduced self-harm and suicidal thoughts

The service has helped many people to reduce their self-harm. Data recorded by the project shows that the vast majority of customers (131 out of 141 people; 93%) reduced their self-harm whilst being supported by the service.

All of the nine people interviewed for this review said that the service had helped them to reduce their self-harm or suicidal thoughts.

> *'Since I've been in the group I haven't self-harmed, it's helped me that much talking with people and going through the different workshops … I've been dealing with things so much better … It's reduced my suicidal thoughts, just through one group, I can't believe it, over the years there are different groups I've been to and got nothing from. It's brilliant.' – Customer*

> *'I haven't done anything [self-harmed], to me that's good. I'm a lot calmer, I think before I do anything instead of just jumping to the conclusion. I think it's the talks and the plans we put in place.' – Customer*

> *'[Customers have] more confidence, they are learning better coping strategies, they are at reduced risk. I'm seeing people who no longer self-harm because they have a different outlet for, and different way of handling, their emotions.' – CPN*

Preventing suicide

Over four in ten people who actively engaged with the service (60 out of 141 people; 43%) experienced a reduction in suicidal thoughts during the period they were supported. For many people who were interviewed, even if their suicidal thoughts continued, the support of the service meant that, in their opinion, they were less likely to act on these. Several of the people interviewed said that they believed they might have committed suicide if not for the support of the service:

> *'I haven't harmed myself since I started [using the service…] It's flipped a massive re-set button in me. It allowed me to get rid of the baggage building up that was starting to get me down, it gave me helpful ways to deal with it and to deal with the new stuff that happened. [If the service didn't exist] I believe I would have attempted suicide.' – Customer*

> *'I wouldn't have been here without Brighter Futures.' – Customer*

Coping with thoughts, feelings and life's challenges

Although many people still experienced suicidal thoughts, the service's support helped them to cope with these better and not act on them.

The service also meant that people were better able to cope with difficulties. For example, one person, whose experience of a bereavement had been one of the issues leading to them requiring the service's support, experienced another bereavement after their support had ended, and said that they were now better able to cope with this.

Positive changes in life

Customers described various positive changes in their lives as a result of the service. These included:

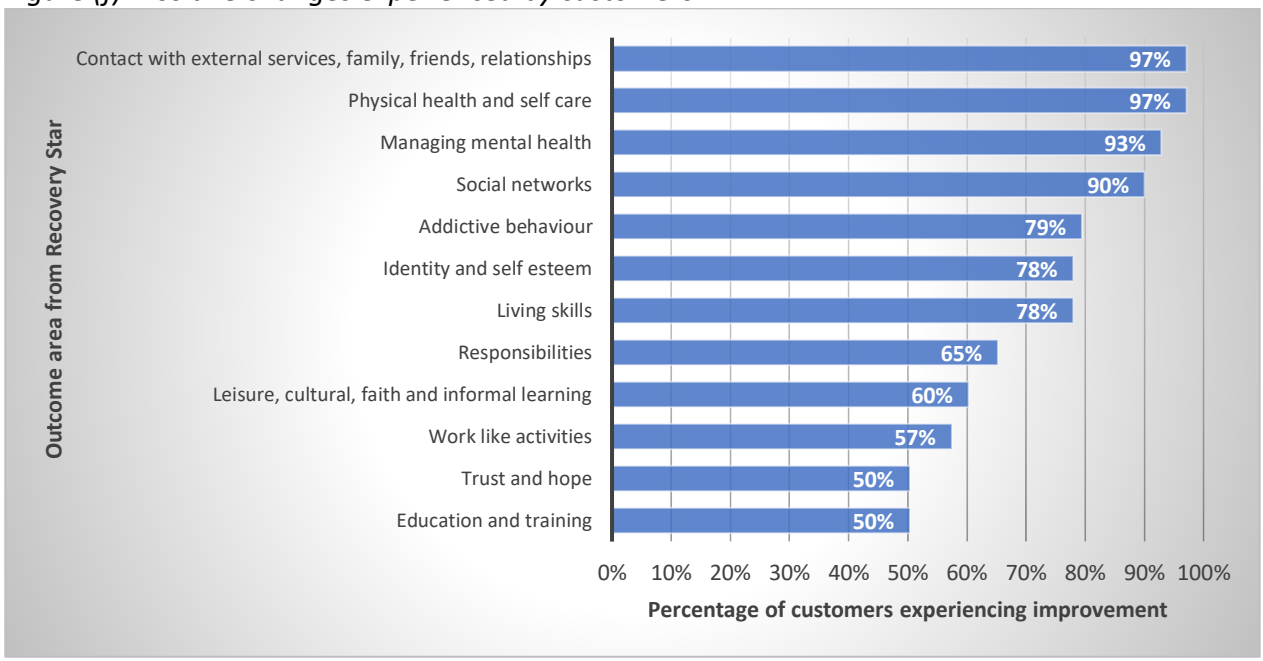
- **Relationships:** Many people described better relationships with family and friends.
- **Self-care:** Several people said that the service had helped them to improve their self-care, for example people described starting to eat regular meals, cooking for themselves, and taking care of their home.
- **Confidence and self-esteem:** Several people said they felt more confident as a result of using the service.
- **Employment and meaningful activity:** Two people said the service had helped them get back into employment and one said it had enabled them to continue with their university studies.

'They've given me back an idea of who I am as a person. I'm stronger than I thought I was. I'm also more confident than I used to be.' – Customer

'Each week [people come to the workshops] their confidence in themselves massively grows.' – Support Worker

Data collected by the service using the Recovery Star (see figure (f)), shows that almost all customers experienced improvements in contact with other people, their physical health and self-care, and managing their mental health. Over 7 in 10 experienced improvements in social networks, addictive behaviour, identity and self-esteem, and living skills. The areas where fewest people experienced improvements were education and training, and trust and hope (where 5 in 10 customers experienced improvements).

Figure (f): Positive changes experienced by customers



Almost four in ten customers experienced reduced risk of harm from others whilst being supported by the service (54 out of 141 people; 38%). Over one quarter of customers described being at reduced risk of causing harm to others (39 out of 141 people; 28%).

Increased trust in, and use of, other services

Whilst many people had reduced their use of GPs in relation to self-harm and suicidal thoughts, others said they visited their GP more as a result of using the service, as they took more control of their health:

> *'I realised I needed to see my doctor more to get my medication on track. I've changed my medication two or three times now and I've found one that works for me.' – Customer*

Professionals interviewed described positive experiences with the service influencing people's trust in other services:

> *'One lady says she can't believe how her recovery has moved on since accessing the service. Now she will use [another mental health service]. Because she is doing so well, she has started trusting workers and recognising how helpful they can be.' – CPN*

Support Workers had spoken to three quarters of customers (105 out of 141; 74%) about obtaining support from GPs; to nine in ten customers (127 out of 141; 90%) about obtaining support from mental health services; and to approximately one in six customers (20 out of 141; 14%) about obtaining support from drug or alcohol services.

5. Shorter-term outcomes for individuals

People described experiencing shorter-term changes as a result of using the service, that helped lead to longer-term outcomes.

Breaking the silence and stigma: talking about self-harm and suicide and expressing your feelings

For many of those interviewed, the one-to-one and group sessions were the first time that they had talked about their self-harm and suicidal thoughts. Several people said they had hidden their self-harm and suicidal thoughts from mental or physical healthcare professionals. They described a stigma around these issues, and some described bad experiences of seeking help (for example from a GP) and being turned away. Some said that it was easy to avoid talking to mental health professionals about these issues.

> *'I told [my] doctor I was suicidal, and he sent me away. He didn't even give me a phone number. He left me to leave at the door crying.' – Customer*

> *'I kept it to myself. I've never talked to anyone about it before. I used to try dealing with it myself but it didn't work, it just got worse til it came to a head.' – Customer*

> *'I've never been to my GP about it. I don't discuss it with my psychiatrist either.' – Customer*

The safe, non-judgemental space provided in group and one-to-one sessions, together with the specialist focus of the service on self-harm and suicide, are vitally important in encouraging and enabling people to talk about these issues, often for the first time. Seeing in group sessions that you are 'not alone' (as described above) can help to break the stigma and taboo around suicide and self-harm.

As a result of using the service, many people said that they were better able to communicate with family and friends, and to express emotions rather than keeping them 'bottled in':

> *'I used to keep everything bottled in, now I feel I can tell people stuff, my family and friends.' – Customer*

> *'I've been able to express my feelings more, if I need to speak to my parents about it I can now.' – Customer*

Realising you're not alone: sharing with and learning from others

The groups help people to feel 'not alone' and 'not judged'. This was one of the aspects of the service that was most important to people and that transformed their understanding of their own situation and their acceptance of themselves.

> *'I don't feel I'm alone any more, at first I felt very isolated and alone, now I don't feel like I'm the only one, I feel there are people there [in the group] and they understand.' – Customer*

> *'Suddenly being somewhere there's not the pressure to keep quiet [about your self-harm or suicidal thoughts], you're accepted and understood. Suddenly you realise more people*

have been through it than you ever thought did [...] Suddenly it's like the world opening up and realising you're not on your own, it's not something you've got to be ashamed of. There's a lot of shame around self-harm and suicidal thoughts, so much guilt.' – Support Worker

Several people said they were not very social or confident making friends and these sessions were rare opportunities for social connection for them.

'It's really pushed me out, I'm not a very social person, I get quite anxious, but the groups are quite relaxing and easy going, if you don't want to talk you can turn your mic or camera off and just listen.' – Customer

The workshops, social and arts sessions enable people to feel a sense of connection to others, to be less isolated, and to have fun, as well as to learn from others. In the social sessions, people chat, have a cup of tea, and there is a lot of laughter.

'It brightens up my day, you feel better.' – Customer at Social Group

'[If I wasn't here] I'd be doing nothing. My mental health would deteriorate because I'm not connecting with people.' – Customer at Social Group

Learning coping strategies and alternatives to self-harm

Tiers 1 and 2 of the service help people to learn tools and techniques for managing suicidal thoughts, distraction techniques, and alternatives to self-harm (such as using pens or a rubber band; breathing techniques and mindfulness; and positive affirmations). It helps people to learn more about themselves, including recognising the early warning signs that their mental health is getting worse and they are at risk of self-harming. It also provides information about the risks involved so that they can reduce the higher risk types of self-harm.

'One goal was to try and find an alternative method that worked for me… I found a method of using a felt tip pen and doing doodles on my arm and that helps […] I still get suicidal thoughts and feelings, it's regular, but I know how to cope with them now.' – Customer

'We're hopefully helping people learn more about themselves, and different ways to handle things, so they have more options available and alternatives they can use. If we can help someone to understand and help manage the risks and reduce risky self-harm [...] Some people will always have suicidal thoughts, but hopefully we develop confidence in the person on how to manage those thoughts.' – Support Worker

Making and working towards positive plans

Customers found the action planning they conducted in one-to-one sessions with Support Workers helpful in giving them hope for the future, and said that identifying areas to focus on in these plans enabled them to achieve positive changes:

'[The one-to-one sessions] helped me focus my mind on what I wanted to achieve for the next couple of months. It was massively helpful. The action plan was very helpful, because going back every week it helped reinforce it in my mind and didn't let it get forgotten.' – Customer

'I think [the service] helps people to start to feel in control and look forward to their future, and build their confidence and self-esteem. It's putting the pieces in their life that they need to look at, having someone to talk to that can help them to do that.' – Support Worker

Having support through difficult times

For people going through particularly difficult times – for example, when recovering from a mental health crisis, or on the anniversary of the death of a loved one – being able to telephone, or receiving regular calls from, the phone line was very valuable. In addition, the Support Workers would sometimes telephone people to check how they were doing when they knew they had struggling, and people found this very helpful.

6. Important features of the service

Customers, staff and professionals interviewed identified a number of important features of the service that enabled it to achieve its outcomes.

Specialist

The specialist nature of the service is important in providing a space free of stigma, where the issues of self-harm and suicide are explicitly discussed and cannot be avoided. Customers stressed that generic mental health services were not always able to meet their needs in relation to self-harm and suicide.

> *'There's finally someone that specialises in [self-harm and suicide] and understands the different reasons for that and not just you're depressed.' – Customer*

> *'You can go to a mental health group, there's all different groups out there, but none of them would be the same as this one aimed at suicide and self-harm, these are totally different to saying "my mental health is playing up today" [...] Self-harm and suicide is still a very, very taboo subject in society, I wouldn't be able to go to some places and say I self-harm and feel suicidal. It needs more groups like this going […] I could have done with help like this a long time ago.' – Customer*

> *'It means that I've got somewhere I only have to focus on them issues that I try and avoid. You can get side tracked with everything else and not deal with it. [In the past] I always avoided the questions.' – Customer*

Many customers interviewed said that they had never discussed their self-harm or suicidal thoughts with a healthcare professional in the past, even when receiving support from mental health professionals. They had found the issue difficult to talk about, or easy to avoid, in more generic mental health support settings.

The three external agencies interviewed all found the specialist nature of the service invaluable, because it ensured that staff had the specialist skills required to support people around self-harm and suicide (see also *Section 8: The role of the service in the mental health pathway*):

> *'Because of the specialist training and knowledge it requires, other services need someone they can refer patients to. Without a specialist service I don't think any agency would manage very well […] There would be an increase in harm again.' – CPN*

> *'I think having it as a separate service makes its remit very clear… Because the work is very specific and the staff require specific expertise and skill in being able to work with service users from that client group – it certainly isn't low level mental health support, you're talking about people who have been actively risky. To keep the service separate stops it being watered down by generic mental health support; it's the tougher end of this sort of work.' – Psychiatric Liaison team*

Accessible

The self-referral route to Tiers 2 and 3 means that people who need it can directly access the service. The relatively short waiting lists were greatly appreciated by both customers and

professionals who referred customers. The out of hours telephone support meant people could access support to help them avoid crisis.

Customers reported that the Support Workers made it easy for them to overcome barriers to accessing and using the service, for example by:

- Telephoning people to set up their first appointment.
- Actively encouraging people to attend online group sessions, including being able to attend with your microphone and video turned off, which helped people with low confidence to attend.
- Face-to-face sessions took part in a range of locations.

People said the service proactively reached out to them, which made them feel supported, and encouraged them to engage.

> *'It's a damn good service [...Support Worker] kept a check on me, she'd give me a ring see if I was alright, she rang me after I'd done all the sessions to see if I was ok. She said if I was still having trouble I can get in touch, she was really nice, relaxed and approachable.' – Customer*

Some people said that they had been referred to other services for support in the past, but that this had been the first service they had attended:

> *'It's the first time I've gone to a [support] group, I never felt confident enough to go for it.' – Customer*

> *'I've had other attempted support, but this is the first time I followed through. Both times [in the past] I only got a letter, but this time I was rang to see if I was coming. I need people to get on my case [...] Because it's more relaxed, other times I've been referred to see a psychiatrist and I don't like the sound of it, this was like "come and see us for a chat", [Support Worker] is more down to earth than anyone else.' – Customer*

> *'We try and reduce barriers to people attending services. Pre-covid, where we'd do an introduction to explain about the service, where possible we'd arrange somewhere to meet at their end of the city rather than the daunting idea of going somewhere for the first time and travelling all the way across the city.' – Support Worker*

Although almost all customers interviewed much preferred meeting face-to-face, some people said that the online or telephone sessions were easier for them to access. One person said it was difficult to attend face-to-face sessions while they were working:

> *'I much prefer a phone call because previously I'd have to leave work, travel, and go back to work. For me it's quicker and more convenient being on the phone. I managed to go to one or two zoom calls [online group sessions].' – Customer*

Longer-term post-crisis support

Both customers and professionals said that the longer-term nature of the support was important; as people left emergency care and crisis services, there was somewhere they could be referred to that helped them with learning, understanding, developing new coping strategies, and making longer-term changes.

Flexible and personal

People described how the service had tailored support for them. For example, a customer who had autism said that their Support Worker was able to adapt methods that could work for them, which they had not experienced with previous services.

> *'Never at one point did they try to force an opinion or way of thinking on me. They'd give me options to choose the best way of thinking for me. They know how to listen, not just tick a sheet of questions and answers.' – Customer*

> *'It's massively important because it doesn't target one way of helping, it's spread across different ways: one-to-one, the groups, social and art sessions, it gives a nice range of ways to help people.' – Customer*

Safe, non-judgemental and stigma-free

People described the service as providing a safe, non-judgemental space. The Tier 2 groups in particular helped people to overcome the stigma that often surrounds self-harm and suicide:

> *'It's made a big difference. It's been mainly the fact I've been able to make a few friends, to know when I go that people are happy to see me and not judging me because they're going through the same stuff. It's made me feel I'm not all on my own.' – Customer*

7. Outcomes for the healthcare sector

A complete mental health pathway: specialist, longer-term support for self-harm and suicide

The mental health professionals interviewed highly valued having a specialist agency to refer people living with self-harm or suicidal thoughts for longer-term, post-crisis support, and found this an important part of the mental health pathway (see Section 8).

Reduced pressure on A&E and GPs

The data presented in Section 9 shows that SHSR customers have visited A&E and their GPs much less after starting to receive support from the service.

Effective and timely care for other physical and mental health needs

As described in Section 4, several customers had increased their use of other appropriate physical and mental health services. Over time this can be expected to benefit the healthcare sector, as needs are addressed appropriately rather than remaining hidden and further problems are prevented.

8. The role of the service in the local mental health pathway

All three mental health professionals interviewed said that SHSR played a vital role in the mental health pathway. They valued the service for:

- Providing support for people who might otherwise have fallen through the gaps between services.
- Providing longer-term, post-crisis support for lasting change, which was not otherwise easily accessible.
- Specialist staff able to focus on suicide and self-harm (see *Section 6: Important features of the service*).

> *'You've got quite a high proportion of service users in that no man's land, where they're too risky for IAPT services, but might not quite meet the threshold for CMHT - but if they do there's an extremely lengthy waiting list. So the development of this service was absolutely perfect, it really suited a high number of service users we assess every single day in A&E.' – Psychiatric Liaison team*

> *'We have a lot of crisis networks and support, but that long-term support, it's difficult, we don't have readily available therapists to [support people with] coping skills [...] You need that longevity and constant access to group work and peer support [SHSR provides].' – CPN*

The mental health professionals interviewed believed it was vital that the service continued:

> *'It's of paramount importance [SHSR continues], because [self-harm] is a very common thing that we come across in assessment. It's a very high priority and necessary service that, in my view, the community cannot do without.' – Access Team*

9. Estimated costs and benefits of the service

This section considers the reduction in visits to A&E and GPs in relation to suicide attempts and self-harm for customers, and presents a broad estimate of potential cost savings as a result.

Cost of the service

The cost of running SHSR for its first year was £137,000.[6] The service received 177 referrals during this period, of whom 141 people actively engaged with the service.

Reduction in A&E and GP visits in relation to self-harm and nonfatal suicide attempts

In order to obtain information for this review about the reduction customers experienced in visits to A&E and GPs, all customers who had a one-to-one support session over a 10-day period was asked to complete a brief questionnaire with Support Workers. 20 customers agreed to complete the questionnaire, which asked about self-reported numbers of visits to their General Practitioner (GP) and Accident & Emergency (A&E) both before and after starting to receive support from the service. Although this small sample does not provide comprehensive information, it gives a useful indication of reduction in service use for customers.

This found that, comparing the period since each customer began using the service (an average of 10.9 months)[7] with figures[8] for the same length of time before using the service:

- The average number of visits to A&E per person as a result of self-harm decreased by almost two-thirds, from 3.1 to 1.2.
- The average number of visits to A&E per person as a result of a suicide attempt more than halved, from 0.9 to 0.4.
- The average number of visits to a GP per person in relation to self-harm or suicidal thoughts decreased by 85%, from 6.6 to 1.0.

Overall, for 20 people:

- The service has contributed to a reduction of 38 visits to A&E as a result of self-harm.
- The service has contributed to a reduction of 10 visits to A&E as a result of a suicide attempt.
- The service has contributed to a reduction of 111 visits to a GP in relation to self-harm or suicidal thoughts.

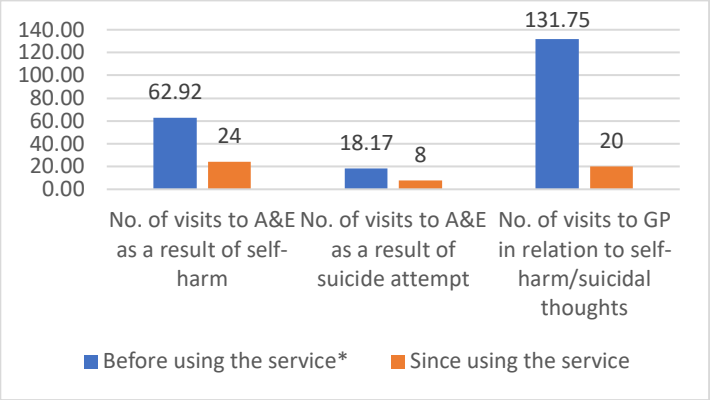
> *'I haven't felt the need to go to my GP [since using the service] because I feel more supported and stronger in myself. I've been able to deal with the urges to do self-harm and not do it.' – Customer*

[6] This includes staffing (one Manager and 2.1 Support Workers); training; IT and information management system; evaluation; and administrative and travel costs.

[7] The covid-19 pandemic resulted in many customers engaging with the service for a longer length of time than expected, as the service responded to the pandemic by becoming more flexible with sessions in order to ensure customers remained supported at a time when very few services were available. One-to-one sessions resumed in October 2020, and it is expected that the engagement period will reduce following this.

[8] Figures reported for 12 months were prorated for each customer to match the length of time for which they had been receiving support from the service.

Figure (g): Customers' self-reported use of A&E and GP services over equivalent periods before and since using the service: total visits for 20 customers



* The figure reported for 12 months has been prorated to match the same time period for which each individual had been using the service, to ensure a like-for-like comparison. The average period for which people had been using the service was 10.9 months.

The estimated potential cost saving for 20 people through reduced A&E and GP visits is £54,105 (see figure (h)). These 20 people represent 14% of the service's customers, or three in ten (29%) of the 68 customers receiving intensive one-to-one support.

Figure (h): Estimated potential reduction in hospital and GP costs for 20 customers, comparing periods before and since using the service of an average of 10.9 months

	Reduction in number of visits	**Estimated cost per visit**	**Estimated total cost the service has helped to prevent**
Visit to hospital as a result of self-harm episode or nonfatal suicide attempt	48	£1037[9]	£49,776
Visit to GP in relation to self-harm or suicidal thoughts	111	£39[10]	£4,329
TOTAL			**£54,105**

If the sample is representative of the wider population of (i) Tier 1 customers, or (ii) all Tiers 1-3 customers overall, then the service may contribute to a reduction in costs of approximately £184,000, or £380,000, respectively (see figure (i)).

Figure (i): Approximate reduction in hospital and GP costs for all SHSR customers

Estimated reduction in costs for sample of 20 people	£54,105
Potential reduction in costs for all Tier 1 customers (68 people)	£183,957
Potential reduction in costs for target customer number (120 people)	£324,630
Potential reduction in costs for all customers (141 people)	£381,440

[9] Figures published in Lancet Psychiatry estimate the hospital cost per episode of self-harm to be £809 (including the cost of intensive care and in patient stays), and the cost of a psychosocial assessment on self-harm presentation to be £228, totalling £1037. Tsiachristas, A., et.al. (2017) *General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis.* Lancet Psychiatry 2017; 4: 759-67. Published Online September 7, 2017 http://dx.doi.org/10.1016/S2215-0366(17)30367-X

[10] The cost of a GP appointment in 2019 is between £28 and £39 (the higher figure includes qualification costs and direct care staff costs). Curtis, Lesley A. and Burns, Amanda (2019) *Unit Costs of Health and Social Care 2019.* PSSRU, Kent, UK, 176 pp. ISBN 978-1-911353-10-2.

Notes to aid with interpreting the figures

- It is likely that some of the decrease in visits to a GP is attributable to the covid-19 pandemic, which has reduced the availability of face-to-face appointments.
- The sample of 20 people is relatively small, and drawn from Tier 1 customers receiving one-to-one support; their reduction in service use may be higher than the wider group of customers.
- These figures do not take into account the broader costs to the NHS beyond the hospital or GP services; when considering these, the potential cost savings will be higher.

Patterns of A&E and GP use

Together, the quantitative and qualitative data suggest that there may be a number of broad groups of customers with different patterns of A&E and GP use:

- One group uses these services frequently, and using SHSR greatly reduces or eliminates their service use.
- A second group makes moderate or occasional use of these services, which is reduced or eliminated by SHSR.
- A third group avoids these services and manages their own wounds and health, sometimes because of bad previous experiences with professional healthcare services. For some of this group, service use (particularly GP use) increases after using SHSR as they begin to seek appropriate support.

Prevention of suicide

The evidence suggests that SHSR has helped to prevent suicides. 60 customers experienced a reduction in suicidal thoughts during the period they were supported. Several of the nine people interviewed believed they would have attempted suicide without the support of SHSR:

> *'[If the service didn't exist] I believe I would have attempted suicide.' – Customer*

> *'I wouldn't have been here without Brighter Futures.' – Customer*

The cost of a suicide of someone of working age in the UK is over £1.6 million, according to figures compiled by a group of economists for the Department for Health and cited in the Government's Suicide Prevention Strategy for England:

> *'[I]t is estimated that the average cost per completed suicide for those of working age only in England is £1.67m (at 2009 prices). This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and funerals.'*[11]

The same report states that, where suicide is delayed by one year for a person of working age, costs are averted of £66,797.

[11] Knapp, M., McDaid, D., Parsonage, M. (ed.) (2011) *Mental Health Promotion and Mental Illness Prevention: The economic case.* London School of Economics and Political Science, King's College London Institute of Psychiatry, Centre for Mental Health. Department of Health.

10. Helping achieve local policy

Staffordshire Suicide Prevention Strategy

SHSR is an important element of the Staffordshire Suicide Prevention Strategy, in particular its first action area, which is to reduce the risk of suicide in key high-risk groups, including those with a history of self-harm. This evaluation suggests that the service has helped to achieve this aim, with customers reporting that the service has helped them to reduce suicidal thoughts and self-harm.

Staffordshire and Stoke on Trent Sustainability and Transformation Plan

The table below shows how Self-harm Support and Recovery contributes to each of the five priority areas identified in the Staffordshire and Stoke on Trent Sustainability and Transformation Plan.[12]

Figure (j): The contribution of SHSR to the local Sustainability and Transformation Plan

Priority area	How SHSR helps to address this	Evidence
Focused prevention	Preventing suicides and self-harm. Giving people tools to manage suicidal thoughts.	*'I dread to think [what would have happened if I hadn't had support from the service]. At the point I was, the self-harm could have ended me up in hospital because I'd cut too deep, or I might not be here. I was at a really low ebb, the worst I've been.' – Customer who has attempted suicide in the past*
Enhanced primary and community care (including improved access to care and reducing stigma)	Access to specialist support in the community, with short waiting list. Some people describe receiving stigma-free support for the first time. Improved access to care through self-referral to service tiers 2 and 3.	*'Originally I was referred to [other service] but there was a 16-month waiting list. At Brighter Futures there was only a two-month waiting list. I don't think I would have been ok [if I had to wait 16 months] – I don't think I would have been able to finish my university year or function correctly, I was feeling that down and suicidal.' – Customer*
Effective and efficient planned care	People who have been in crisis have access to longer-term care, including structured one-to-one support sessions, reducing the need to return to emergency care/for crisis support. Referrals after hospital admission help to avoid repeat visits.	*'I haven't harmed myself since I started using the service… The issues are still there, and the urge to self-harm is still there, but I'm dealing with it much healthier with alternative strategies and ways of thinking about things.' – Customer*
Simplified urgent and emergency care system	Important referral option for people leaving emergency care. Out of hours telephone line provides support to help avoid crisis. Through prevention activities, service reduces A&E attendances, emergency hospital admissions and readmissions.	*'The service was invaluable. They were able to offer immediate support for self-harm behaviours and I felt they were a very good option for a referral to support safe discharge. The very fact that clients felt they would be supported with structured work to manage their intrusive thoughts appeared to make them feel more supported.' – Psychiatric Liaison team member*

[12] Together We're Better (2016) *Transforming Health and Care for Staffordshire and Stoke-on-Trent*.

Reduced costs of services	Reduced suicide attempts and incidents of self-harm. Fewer visits to A&E and GP.	*'My patients use A&E a lot in relation to self-harm, and the [SHSR] service can reduce the crisis admissions to A&E […] They're learning techniques to manage their emotions better, which reduces their self-harm and subsequent admission, or the use of ambulance service to assess risk. We've even seen reduced acute admissions to psychiatric hospital.' – CPN* The estimated potential cost saving through reduced use of A&E and GPs is up to £380,000 (see Section 9, figure (i)).

11. Conclusions

The Self-harm Support and Recovery service helps people to reduce self-harm and suicidal thoughts, and helps to prevent suicides. It reduces visits to A&E and GPs and is an important referral route for mental health professionals in hospitals and in the community.

The three tiers of the service play different, complementary roles:

- The one-to-one support sessions enable people to talk openly and focus on setting goals. develop coping strategies and alternatives to self-harm, and make positive changes.
- The group sessions demonstrate that people are not alone and provide peer support and social connection in a safe, stigma-free space. They enable learning and reflection, and enable people to express their feelings with, and learn from, others.
- The telephone line supports people at particularly difficult times, to help avoid crisis.

The service is highly valued by customers and professionals who refer to it, for providing specialist, longer-term, post-crisis support, to enable longer-term change. For some people, whose needs had not been met by other physical and mental health services, attending the service is the first time they have spoken about their self-harm or suicidal thoughts.

12. Recommendations

The Self-harm Support and Recovery service plays a vital and unique role in the local mental health support pathway, and should continue to receive funding to provide specialist support to people living with self-harm or suicidal thoughts.

The service has taken action to ensure a more balanced geographical reach, and should continue to prioritise this to ensure it is equally accessible to all across the region, in particular focusing on South Staffordshire.

Most customers found face-to-face one-to-one and group sessions strongly preferable to online or telephone support, and the service should return to these as soon as is practicable. For some people (for example those unable to travel or who work) online and telephone options made the service more accessible; the service will ideally retain these as options and assess the relative uptake and benefits of the different alternatives. The service could explore the possibility of offering some support sessions outside normal working hours for those who work.

The group sessions have effectively moved online. It would be helpful to review the delivery of these sessions to determine whether any changes (for example to session length, content and number of sessions) might make them even more appropriate for the online format.

The covid-19 pandemic has resulted in people receiving lighter-touch but longer-term support than planned (including being able to attend the programme of group sessions more than once). When the service returns to planned delivery, it will be helpful to monitor people's outcomes at the point of exit, to determine the impact of this shorter-term support. Customers highly value the group sessions, and the provision of longer-term peer support groups could be an option to consider in the future if longer-term support is required.

It is recommended that the service works with an evaluation professional to put monitoring and evaluation processes into place to enable more detailed and focused outcomes measurement in future. Further evaluation (or self-evaluation) will be helpful as the service delivery model continues to develop and change in response to covid-19 guidelines.