Written evidence submitted by the Samaritans (MHS0001)

1 Introduction

1.1 Samaritans is the UK and Ireland's largest suicide prevention charity. Every day, our volunteers respond to around 10,000 calls and, in 2020, Samaritans volunteers spent over one million hours supporting people who called us for help. We work directly with people in emotional distress in prisons and in community settings, we provide training in workplaces across the country, we work locally to increase safety in high risk locations, we work with the media to ensure that suicide is reported responsibly, we host coalitions of civil society, statutory organisations and the private sector working to reduce suicide, and we publish ground-breaking industry guidance on how different sectors can contribute towards preventing suicide, including looking at the safety of their own operations.

1.2 We welcome the opportunity to support the Panel's review of mental health services. Our submission focuses on mental health support for people who self-harm. While everyone who self-harms does not go on to take their own life, it is a strong risk factor for suicide.

2 Children and Young People's Mental Health

2.1 During 2020, 1 in 12 emotional support calls to Samaritans involved discussion of self-harm. In England, self-harm rates have more than doubled since 2000 (from 2.4% to 6.4%).[1] Rates are highest among young women, with 1 in 4 (26%) having self-harmed at some point. This compares to 1 in 10 (10%) young men.[2] Whilst suicide is complex and is rarely caused by one thing, self-harm can lead to suicidal thoughts developing and, among young people, it is one of the strongest predictors of transition from suicidal thoughts to behaviours.[3]

2.2 Young people were struggling to access mental health support prior to the pandemic, but Covid-19 has furthered these challenges. In the first year of the pandemic, Samaritans supported people who were struggling to cope 2.3 million times, with coronavirus specifically mentioned in one in five of those conversations. Our volunteers recorded key issues that were affecting young people: family tensions, lack of peer contact, negativity about the future and access to mental health and self-harm support.[4]

2.3 Alongside concerns and fears of the future, one of the predominant themes that our volunteers heard from young people was the lack of access to mental health support, including services that they previously relied upon. For our callers, this was often compounded by a reduced access to community support provided in schools, social activities or physical activity groups.

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[1] S. McManus, D. Gunnell, C. Cooper, P. E. Bebbington, L. M. Howard, T. Brugha, R. Jenkins, A. Hassiotis, S. Weich, and L. Appleby. 'Prevalence of Non-Suicidal Self-Harm and Service Contact in England, 2000–14: Repeated Cross-Sectional Surveys of the General Population'. *The Lancet Psychiatry* 6, no. 7 (2019): 573–81. https://doi.org/10.1016/S2215-0366(19)30188-9

[2] S. McManus, *et al.* 'Mental Health and Wellbeing in England', *Adult Psychiatric Morbidity Survey 2014*, (2016)

[3] B. Mars, J. Heron, D. Klonsky, P. Moran, R. C. O'Connor, K. Tilling, P. Wilkinson, and D. Gunnell. 'Predictors of Future Suicide Attempt among Adolescents with Suicidal Thoughts or Non-Suicidal Self-Harm: A Population-Based Birth Cohort Study'. *The Lancet Psychiatry* 6, no. 4 (2019): 327–37. https://doi.org/10.1016/S2215-0366(19)30030-6.

[4] Samaritans (2021) *One year on: how the coronavirus pandemic has affected wellbeing and suicidality*

Volunteers also reported a rise in callers who had returned to self-harm as a way of trying to cope in light of this lack of access to support. Whilst we do not record the specific ages of callers, we do know that discussion of self-harm was much higher among under 18s, with a third (35%) of our callers under 18 discussing self-harm, compared to 7% of adults.

2.4 Our research has found that young people who self-harm are finding themselves falling between the gaps by being considered too high risk for community services and GPs, and not high risk enough for specialist mental health services. One young person told us that "GPs will just refer you on to other services which do not deal with people who are actively self-harming or at risk of suicide."[5]

2.5 The APPG on Suicide and Self-Harm Prevention, which Samaritans provides the secretariat for, held an inquiry into the support available for young people who self-harm which found that shortfalls in service provision are pushing young people into crisis. As a young person who gave evidence to the inquiry put it: "I wouldn't have cost the NHS so much if I was helped earlier. I was in a much better place when I presented than when I was admitted."[6]

2.6 The Government has recently announced additional investment in both IAPT and Community Mental Health services, but our understanding is that there are no plans to use this resource to specifically offer better support to people experiencing self-harm[7]. Given that the rates of suicide and self-harm among young people were on the rise before the pandemic, and emerging evidence of the enduring impact of the pandemic on young people's health, this decision is difficult to understand.[8]

3 Adult common mental illness

3.1 As detailed in the previous section, we have evidence that people who self-harm are being excluded from IAPT services, and that this may be the case even if they have a long-term mental illness.[9] To better understand these barriers, we asked 12 NHS Trusts in England about how their IAPT services support people who self-harm.

3.2 Some services in certain areas of England told us that they could treat someone for depression or anxiety who self-harms, and that they would provide advice around self-harm itself. Others, however, told us that treating someone who self-harms are not what IAPT is meant for. Amongst those who are currently not offering support to individuals who self-harm, some services stated that individuals are unlikely to benefit from the treatment that IAPT offers.

3.3 Stigma and misunderstanding around self-harm continue to be a problem. Services shared documents with us relating to assessing and managing the perceived risks associated with self-harm. This focus often results in services overlooking the individual circumstances and preferences of

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[5] Ibid.

[6] APPG on Suicide and Self-Harm Prevention (2020). *Inquiry into the support available for young people who self-harm*

[7] Department of Health and Social Care (2021), *Mental health recovery plan backed by £500 million* (https://www.gov.uk/government/news/mental-health-recovery-plan-backed-by-500-million)

[8] NHS Digital (2021), *Mental Health of Children and Young People in England 2021 – wave 2 follow up to the 2017 survey* (https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey)

[9] Samaritans. (2020). *Pushed from pillar to post: Improving the availability and quality of support after self-harm in England.*

patients. This reflects what those with lived experience have told us – including circumstances where individuals have been told that their treatment would stop if self-harm was discussed: "you're not allowed to say the words self-harm, and you're not allowed to talk about any situations, like, you can't use examples, using self-harm."[10] The blanket perception of suicide risk is therefore resulting in some IAPT services wholesale rejecting people who self-harm.

3.4 IAPT service treatment for those who self-harm is therefore currently inconsistent across England, the quality of support available to people who self-harm depends on where an individual lives. For those who self-harm and cannot receive support through IAPT, there are no immediately obvious alternative services available for them to receive direct support for their self-harm.

3.5 Recently, in August 2021, the IAPT manual wording was updated to clarify that, "historic or current self-harm, without suicidal intent, should also not automatically excluded someone from accessing the support of an IAPT service where clinical assessment indicates that the client's presenting problem is one suitably treated by IAPT".[11] This is a welcome step forward for ensuring that people who self-harm can access IAPT services where these are an appropriate source of support. We would welcome further assessment by the expert panel of what this change will mean in practical terms for the support that those who self-harm will receive.

[10] Ibid.

[11] National Collaborating Centre for Mental Health/NHS The Improving Access to Psychological Therapies Manual

Appendix: Example of a young person's journey to access support for self-harm

Mental health services

Figure 3: Freya's experience of accessing NHS care for self-harm