Self-Harm in Harrow
Health Needs Assessment

August 2024

Summary

- Self-harm is widely defined as 'intentional self-poisoning or self-injury, irrespective of the apparent purpose of the act' [1, 2]. It includes acts with little or no suicide intent as well as suicide attempts [3], and 'should alert us to an underlying problem, difficulty or disorder' [4].

- Data indicates that the rate of self-harm in Harrow is lower than the national rate in England, but higher than the regional rate in London; and those who appear to be at particular risk of self-harm in Harrow include children and young people, young adults, females, Asian ethnic groups, Black ethnic groups, LGBT people, people who have complex emotional needs and/or emotionally unstable personality disorder (due to previous traumatic/adverse life experiences), people with comorbid eating disorders, people newly diagnosed with autism, people who misuse alcohol and drugs, adults with current accommodation difficulties, asylum seekers, children transitioning from primary to secondary school and/or with exam pressures, young people accessing harmful self-harm content online/on social media, and people who experienced social isolation and loss of protective factors during the COVID-19 pandemic lockdowns.

- There are a number of organisations working together to deliver a range of services for people who self-harm or are at risk of self-harm in Harrow, and as part of this needs assessment stakeholders from several of these organisations provided suggestions on possible areas to improve in the local system for preventing and treating self-harm:

  - Greater emphasis on preventing self-harm by addressing underlying causes.
  - Promote protective factors for mental wellbeing in groups at risk of self-harm, for example by creating more community activities for young people (and involving them in the design of these activities).
  - Ensure that helpful self-harm resources and sources of support are tailored towards and reach all at risk groups (as well as their family members and carers) – this could possibly include expanding the roll out of Making Every Contact Count mental health training in all local communities.
  - Local stakeholders to work together to develop or identify a consistent and specific training offer for all frontline professionals who may work with people who self-harm (appropriate to their role) – this could possibly be incorporated into existing mental health training offers.
  - Set up a designated space for professionals to discuss emerging trends in self-harm and share up to date knowledge.
  - Tackle harmful self-harm content online and on social media – the Molly Rose Foundation are active in advocating for online safety and are currently working with partners to develop an online safety program.
  - There is currently strong collaboration and partnership between the organisations that deliver services for people who self-harm in Harrow – this is encouraging and could be further enhanced by increased agreement on referral pathways/criteria between all local services (to reduce barriers to access).

Acknowledgments

Introduction

Aim

The aim of this needs assessment is to review the needs of the Harrow population with regards to self-harm and to suggest recommendations on addressing these needs; which can then be considered by the relevant stakeholders when developing local priorities, actions, and services; thereby hopefully contributing to improving health and wellbeing and reducing health inequalities in Harrow.

Methods

This self-harm needs assessment was undertaken as part of the Harrow Joint Strategic Needs Assessment (JSNA) schedule for 2023/24. A Harrow Self-Harm Needs Assessment Working Group was formed in February 2024 to oversee the work and included members of the London Borough of Harrow Public Health Team (Sunil Patel, Public Health Registrar ST1; Laurence Gibson, Public Health Consultant; Sandy Miller, Principal Public Health Analyst; Patrick Simon, Public Health Analyst; Andrea Lagos, Public Health Strategist). Updates were presented to the Harrow JSNA Steering Group, the Harrow Borough Based Partnership MHLDA (Mental Health, Learning Disability, Autism) & Wellbeing Workstream, and the London Borough of Harrow Mental Health Prevention Group throughout the course of the project.

Information for this needs assessment was gathered through:

- A literature review – to understand the background of self-harm, national guidance and local services.
- Quantitative data analysis – emergency hospital admissions for intentional self-harm and hospital admissions as a result of self-harm (from Fingertips, Public Health Profiles, Office for Health Improvement and Disparities), How Are You Harrow survey 2022/23 (Young Harrow Foundation), and 2019 English Indices of Deprivation Harrow Summary (London Borough of Harrow).
- Semi-structured interviews with professionals from a variety of organisations involved in the care of people who self-harm in Harrow (from May 2024 to July 2024) to obtain qualitative data on their insights and perspectives based on their experience and expertise in this area – Harrow Mental Health Support Team in schools, a School Counsellor, The Wish Centre, Molly Rose Foundation, Harrow Cove, Central and North West London NHS Foundation Trust Mental Health Services, Social Prescribers from several Primary Care Networks in Harrow, and London Borough of Harrow Adult Social Care Mental Health Service.

Background

Self-harm: definition, description, and possible consequences

The National Institute for Health and Care Excellence define self-harm as 'intentional self-poisoning or self-injury, irrespective of the apparent purpose of the act' [1,2]. This definition is widely used and includes acts with little or no suicide intent as well as suicide attempts [3]. Self-harm is a potentially broad term, and therefore in the context of this needs assessment it does not refer to harm arising from smoking, excessive alcohol consumption, recreational drug use, overeating, undereating, body piercing, or body tattooing [4,5].

The National Collaborating Centre for Mental Health explain that 'self-harm is not an illness, but is a more or less dangerous behaviour that should alert us to an underlying problem, difficulty or disorder' [4]. It is likely that the majority of people who self-harm do not have a formal psychiatric illness, however, the rates of diagnosed mental illness are higher in those who persistently self-harm [3]. Service users often describe an act of self-harm as a coping or distraction mechanism that brings some relief to the emotional distress they are feeling [6,7]. The motivations behind acts of self-harm vary – some individuals may be attempting to end their life, some may be ambivalent about living, and some may be attempting to communicate with others and elicit care to preserve their life [8,9].

The most common form of self-harm is cutting (with a variety of different implements and with varying severity) [3]. However, of the people who present to the emergency department after self-harming, approximately 80% have taken an overdose of over-the-counter or prescribed medication [10], as people who have self-poisoned are more likely to seek help compared to people who have self-injured [11,12]. Of the people who present to the emergency department with self-harm, approximately one in six of them will self-harm again in the next year [13].

Self-harm is a significant risk factor for suicide [14], with the risk of suicide following an act of self-harm estimated to be at least 50 times higher than the rest of the population [15], and therefore reducing and preventing self-harm can support suicide reduction and prevention [16]. In addition, there can be physical health complications of self-harm – including acute liver failure following a paracetamol overdose; and scarring, disfigurement, and damage to nerves and tendons following self-cutting [3,4].

Harrow population

The London Borough of Harrow is a borough in North West London, England. According to the 2021 census, the population of Harrow is approximately 261,200 – with a median age of 38 years (30.1% of residents aged below 25, 54.5% of residents aged between 25-64, and 15.4% of residents aged 65 and over); and a diverse ethnic composition (percentage of residents by ethnic group: 45.2% 'Asian, Asian British or Asian Welsh', 36.5% 'White', 7.3% 'Black, Black British, Black Welsh, Caribbean or African', 7.2% 'Arab' or 'Any other ethnic group', and 3.8% 'Mixed or Multiple ethnic groups') [17]. According to the 2019 English Indices of Deprivation, Harrow has a national ranking of 207 out of 317 local authorities (where 1 is the most deprived) – however there is variation within the borough with some neighbourhoods being in the most deprived 20% category nationally, and other neighbourhoods being in the least deprived 20% category nationally [18].

Local services

Statutory providers of health and care services in Harrow are Harrow Council and North West London Integrated Care System (ICS) including: the mental health service provider for Harrow, the main acute service provider for Harrow, the primary care networks of Harrow, the GP federation for Harrow, the community health service provider for Harrow, the local hospice, and the nominated organisation for the voluntary and community sector for Harrow [19].

The NHS website has a 'Where to get help for self-harm' page which states that 'it's best to speak to a GP about self-harm, but you may also find it helpful to speak to a free listening service or support organisation'; and provides information on how a GP can help with self-harm, free listening services (such as Samaritans, Shout Crisis Text Line, Calm, HOPELINE247, Childline), and organisations which offer information and support (such as Mind, Harmless, YoungMinds Parents Helpline, National Self Harm Network forums, Health for Teens, Staying Safe) [20]. The page also has a link to a 'Where to get urgent help for mental health' page which states that 'if you need help for a mental health crisis or emergency, you should get immediate expert advice and assessment'; and provides information on getting advice from 111, asking for an urgent GP appointment, calling 999, and going to A&E [21]. For people who present with self-harm to the emergency department in Harrow, Central and North West London NHS Foundation Trust (CNWL) have 'fully integrated liaison psychiatry services that offer 24-hour specialist assessment and follow-up for all self-harm patients' with 'a policy in place for all patients who self-harm to have a skilled psychosocial assessment of risk of future self-harm and suicidal behaviour' and 'protocols for managing self-harm patients who are under mental health care highlight the short-term risk of suicidal behaviour' [22].

CNWL also provide several other mental health services in Harrow, many of which offer support for people experiencing a mental health crisis or distress [23]. These include: Single Point of Access ('a Mental Health Crisis Line which offers emotional support and advice to people who require urgent mental health attention, 24 hours a day, 7 days a week') for people of all ages [24], The Coves ('an alternative community-based crisis service for people experiencing a crisis or mental distress') for people aged 16+ [25], adult inpatient care and community teams [23], Child and Adolescent Mental Health Services (CAMHS) inpatient care and community teams, and Mental Health Support Team in schools [26]. CNWL have also created a Complex Emotional Needs Pathway, and they are committed to utilising trauma-informed approaches across their mental health services [27].

The Joy platform provides an online directory of local services (including voluntary and community sector organisations) [28], and when searching for 'self harm' local services in Harrow the top three results are: The Wish Centre, Mind in Harrow, and Young Harrow Foundation [29]. The Wish Centre 'is a London Borough of Harrow based charity that prevents self harm, abuse and exploitation of young people' [30], and their self-harm support services are promoted by Mind in Harrow (of which it is a partner organisation) [31] and Young Harrow Foundation (of which it is a member organisation) [32].

How common is self-harm?

National context

The self-harm rate in the UK is one of the highest in Europe [33]. Moreover, the 2014 Adult Psychiatric Morbidity Survey reported that in England the percentage of people aged 16-74 who have ever self-harmed is increasing (from 2.4% in 2000, to 3.8% in 2007, to 6.4% in 2014) [34]. Many people do not attend hospital after self-harming, but there are still an estimated 170,000 self-harm presentations at hospitals in England each year [3, 35].

Self-harm numbers in Harrow

Figure 1: Emergency hospital admissions for intentional self-harm per 100,000 in Harrow (2022/23), with comparisons to London and England
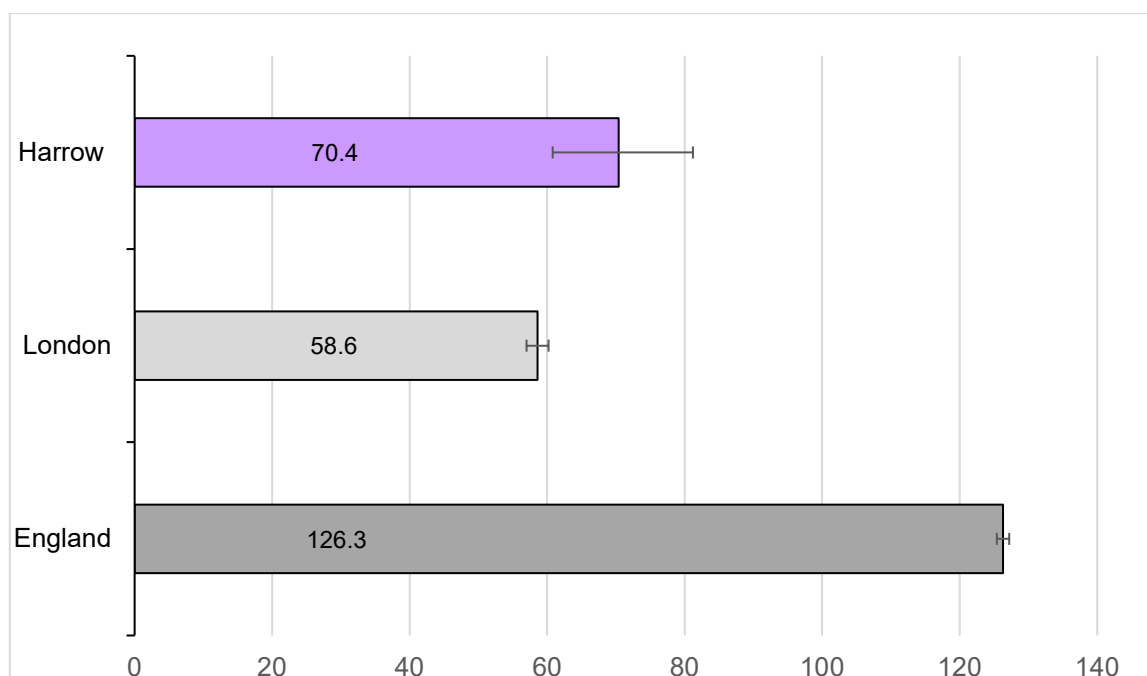
Data source: Fingertips, Public Health Profiles, Office for Health Improvement and Disparities – https://fingertips.phe.org.uk/ (accessed July 2024)

Figure 1 shows that the rate of emergency hospital admissions for intentional self-harm in 2022/23 in Harrow (70.4 per 100,000) is higher than the rate in London (58.6 per 100,000), but lower than the rate in England (126.3 per 100,000) [36].

Figure 2: Trend in rate of emergency hospital admissions for intentional self-harm in Harrow (2010/11 to 2022/23)
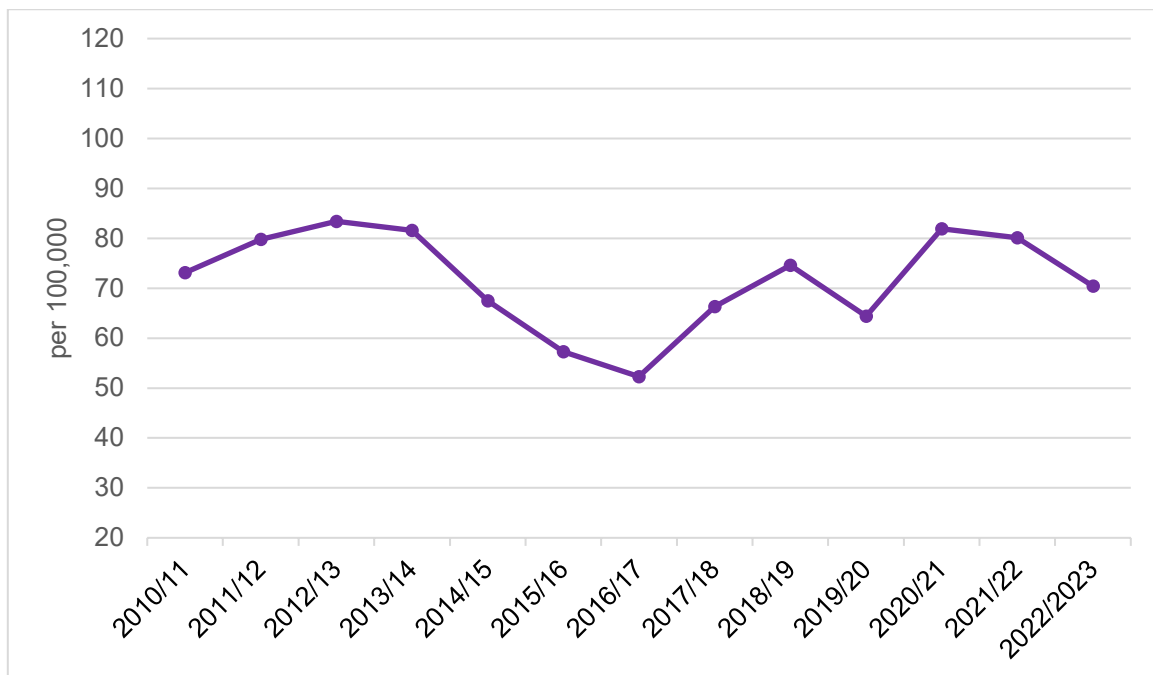
Data source: Fingertips, Public Health Profiles, Office for Health Improvement and Disparities – https://fingertips.phe.org.uk/ (accessed July 2024)

Figure 2 shows that there has been no significant change in the recent trend in the rate of emergency hospital admissions for intentional self-harm in Harrow based on the most recent five points [36].

It is important to note that while this indicator measures the incidence of intentional self-harm severe enough to require emergency admission to hospital (which is approximately 99 percent of hospital admissions for intentional self-harm) as a proxy of the prevalence of severe self-harm, it is only a small proportion of the overall episodes of self-harm [36].

Who is at risk of self-harm?

Groups at risk in Harrow

Figure 3: Hospital admissions as a result of self-harm per 100,000 in Harrow (2022/23) – age group comparison
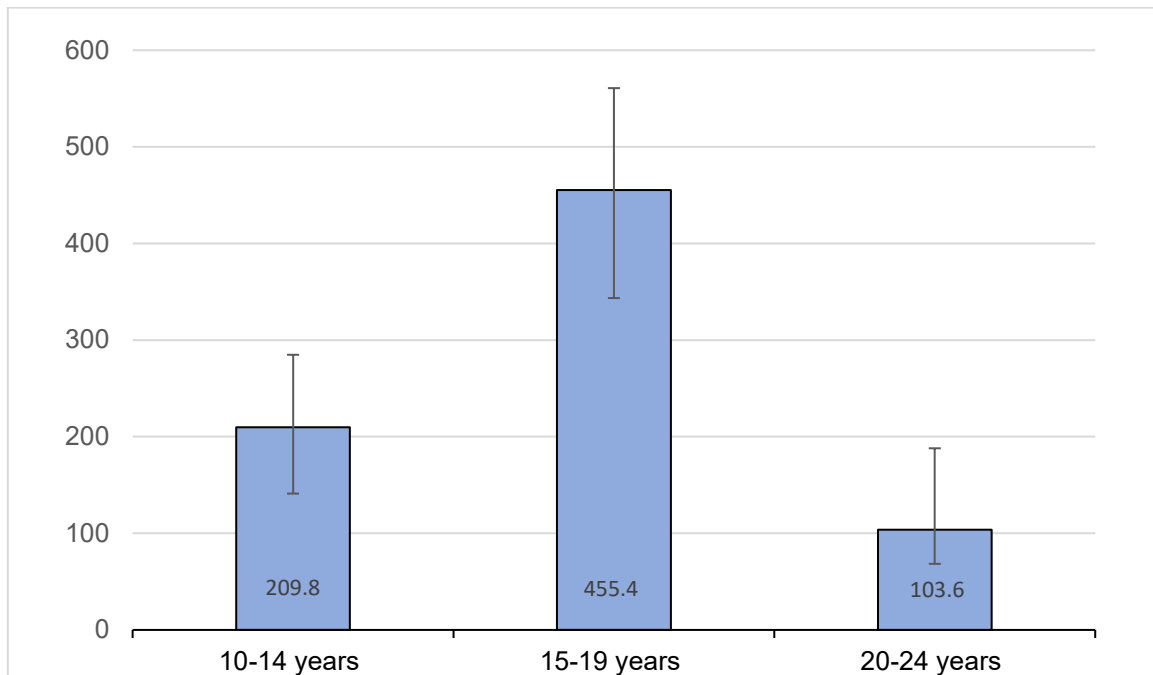
Data source: Fingertips, Public Health Profiles, Office for Health Improvement and Disparities – https://fingertips.phe.org.uk/ (accessed July 2024)

Figure 3 shows that the rate of hospital admissions as a result of self-harm in 2022/23 in Harrow in the 15-19 years age group (455.4 per 100,000) is higher than the 10-14 years age group (209.8 per 100,000), which in turn is higher than the 20-24 years age group (103.6 per 100,000) [36]. Notably, the rates of hospital admissions as a result of self-harm in each of these children and young people age groups are all higher than the rate of emergency hospital admissions for intentional self-harm in the overall Harrow population (70.4 per 100,000) – it is recognised that the indicators being compared here are different (hospital admissions versus emergency hospital admissions), but approximately 99 percent of hospital admissions for self-harm are emergency admissions and both indicators defined self-harm by the ICD10 codes for intentional self-harm X60 to X84 [36], suggesting that some tentative comparisons can be made.

Figure 4: Percentage of children and young people who answered 'yes' or 'I used to' when asked 'do you hurt yourself in some way, e.g. cut or hit yourself on purpose' in the How Are You Harrow survey (2022/23)
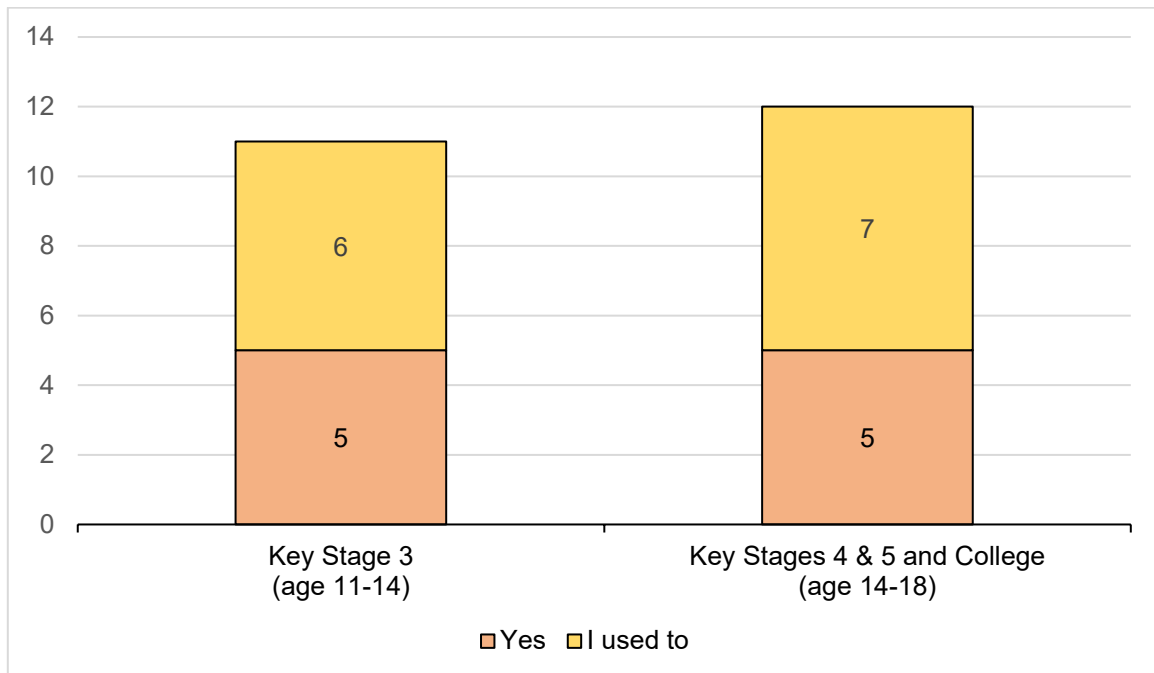
Data source: HAY Harrow Borough Dashboard Breakdowns by Keystage, Young Harrow Foundation –
https://youngharrowfoundation.org/hayharrow (accessed March 2024)

Figure 4 shows the answers of children and young people studying and living in Harrow when asked about self-harm (by asking if they hurt themselves in some way e.g. cut or hit themselves on purpose) – in the 11-14 years age group 5% are currently self-harming and 6% used to self-harm, and in the 14-18 years age group 5% are currently self-harming and 7% used to self-harm [37]. The percentage of those currently self-harming in the survey equates to a rate of approximately 5,000 per 100,000, which is several times higher than the rate of hospital admissions for self-harm in similar age groups (as seen in Figure 3), highlighting that a large proportion of self-harm episodes in Harrow do not result in hospital admissions (and are therefore not represented in hospital admission data).

Figure 5: Number of emergency hospital admissions for intentional self-harm in Harrow (2022/23) – female and male comparison
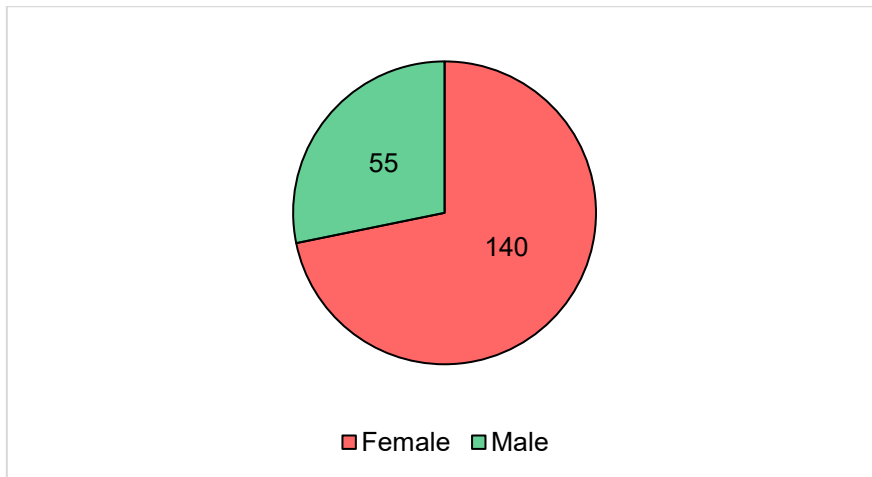
Data source: Fingertips, Public Health Profiles, Office for Health Improvement and Disparities – https://fingertips.phe.org.uk/ (accessed July 2024)

Figure 6: Number of hospital admissions as a result of self-harm in 10-24 year olds in Harrow (2022/23) – female and male comparison
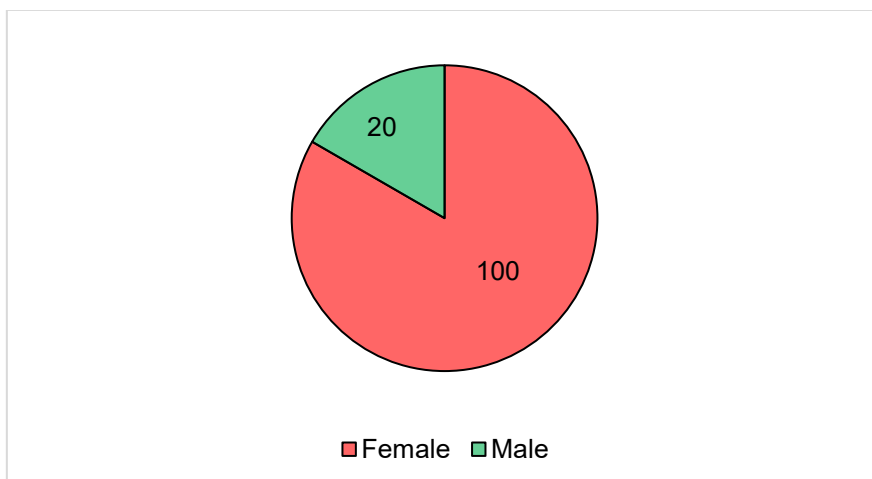
Data source: Fingertips, Public Health Profiles, Office for Health Improvement and Disparities – https://fingertips.phe.org.uk/ (accessed July 2024)

Figure 5 shows that out of the 195 emergency admissions for intentional self-harm in 2022/23 in Harrow, the number of admissions is higher for females (140) than males (55) [36].

Figure 6 shows that out of the 120 admissions as a result of self-harm in 10-24 year olds in 2022/23 in Harrow, the number is also higher for females (100) than males (20), with the difference being even more accentuated in this age group [36].

Figure 7: Correlation between emergency hospital admissions for intentional self-harm standardised admission ratio (2016/17-20/21) and multiple deprivation average score (2019) in the electoral wards of Harrow
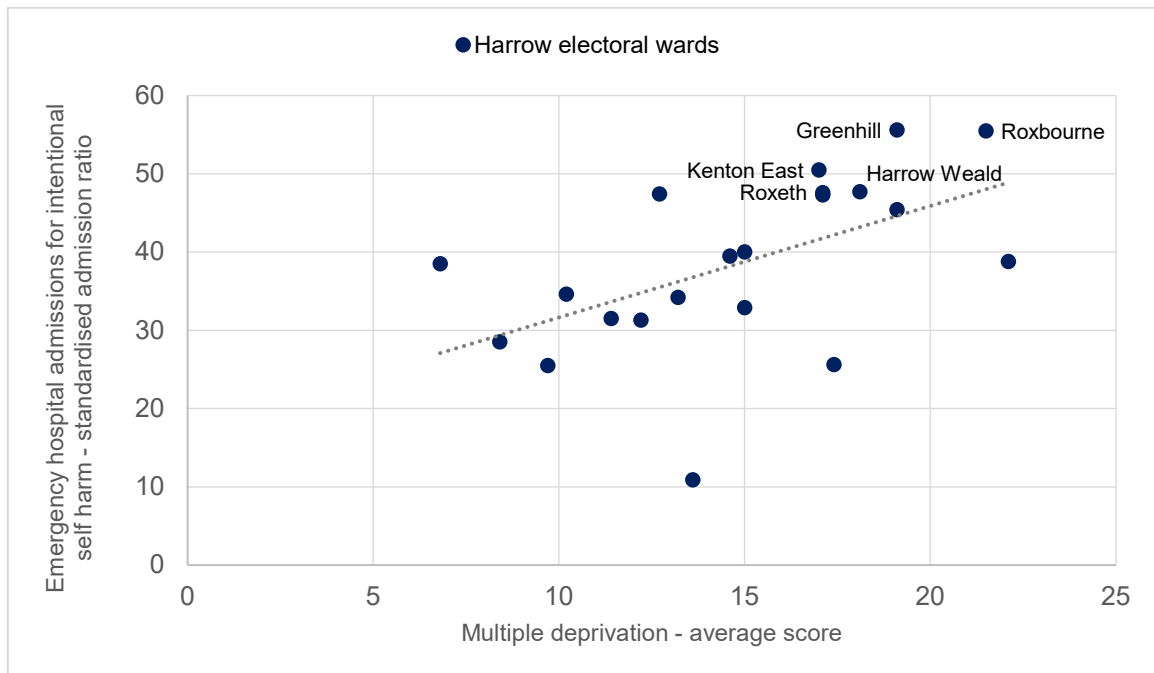
Data sources: Fingertips, Public Health Profiles, Office for Health Improvement and Disparities – https://fingertips.phe.org.uk/ (accessed July 2024); 2019 English Indices of Deprivation Harrow Summary, London Borough of Harrow

Figure 7 shows that there appears to be some correlation between the emergency hospital admissions for intentional self-harm standardised admission ratio and the multiple deprivation average score (which is made up of seven domains - income, employment, education, health, crime, barriers to housing and services, and living environment; and the higher the score the more deprived the area) in the electoral wards of Harrow [36, 18] – however there are confounders which will affect this and therefore the graph should be interpreted cautiously. Out of the twenty-one electoral wards in Harrow, the five with the highest emergency hospital admissions for intentional self-harm standardised admission ratio (2016/17-20/21) were (1) Greenhill, (2) Roxbourne, (3) Kenton East, (4) Harrow Weald, and (5) Roxeth [36]; and they were the 3rd, 2nd, 9th, 5th, and 8th most deprived wards in Harrow (2019) respectively [18].

Table 1: Summary of most commonly identified groups at particular risk of self-harm in Harrow from semi-structured interviews with local professionals in stakeholder organisations (qualitative data)

Category	Group
Age	• Children and young people • Young adults
Sex	• Females
Ethnicity	• Asian ethnic groups • Black ethnic groups
Gender identity and sexual orientation	• LGBT people
Mental health diagnosis	• People who have complex emotional needs and/or emotionally unstable personality disorder (due to previous traumatic/adverse life experiences) • People with comorbid eating disorders • People newly diagnosed with autism
Lifestyle factors	• People who misuse alcohol and drugs
Social circumstances	• Adults with current accommodation difficulties • Asylum seekers • Children transitioning from primary to secondary school and/or with exam pressures • Young people accessing harmful self-harm content online/on social media • People who experienced social isolation and loss of protective factors during the COVID-19 pandemic lockdowns

Data source: Semi-structured interviews with professionals from a variety of organisations involved in the care of people who self-harm in Harrow (May 2024 to July 2024) – Harrow Mental Health Support Team in schools, a School Counsellor, The Wish Centre, Molly Rose Foundation, Harrow Cove, Central and North West London NHS Foundation Trust Mental Health Services, Social Prescribers from several Primary Care Networks in Harrow, London Borough of Harrow Adult Social Care Mental Health Service

Table 1 summarises the most commonly identified groups at particular risk of self-harm in Harrow from semi-structured interviews with local professionals in stakeholder organisations (qualitative data), and shows that there are a wide array of factors which underlie self-harm. These findings corroborate the quantitative data in Figures 3, 5, 6 and 7 (which suggested that the rate of self-harm in Harrow is higher in children and young people and females, and may be linked to some of the indicators of deprivation); and are largely in keeping with the established literature on self-harm risk factors and wider determinants (which is summarised below).

Risk factors and wider determinants

Self-harm can occur in people of all ages, but it is more common in adolescents and young adults [11]. Adolescent girls are more likely than boys to self-harm [12]; and self-harm in adolescents is associated with problems at school and arguments with friends [38], confusion over sexual orientation [39], and relationship difficulties with partners [3]. People aged over 65 are less likely to self-harm, but those who do harm themselves are more likely to be attempting to end their life [4]. In comparison to younger people, older people who self-harm have higher rates of social isolation, physical illness, and depression [40, 41, 42].

Women are more likely to self-harm than men [43]. Experiences of childhood sexual and physical abuse and domestic violence are associated with self-harm in adolescence and adulthood, particularly for females [3, 4, 11, 12, 44]. Rates of self-harm have been found to be higher than average in women of South Asian ethnicity, which may be due to cultural and family difficulties [45], and in black females [46, 47].

Lesbian, gay, bisexual, and transgender (LGBT) people have a higher risk of self-harm [48, 49]; and this may be due to these groups experiencing bullying, discrimination, and prejudice [49, 50].

There are strong links between self-harm and mental illnesses such as personality disorders (including borderline personality disorder), major depressive disorder, anxiety disorders, post-traumatic stress disorder, eating disorders, schizophrenia, and substance misuse [3]. Approximately half of the people who attend the emergency department after self-harming will have consumed alcohol immediately prior to or during the self-harm episode [10, 51], and about a quarter of those who self-harm have a diagnosis of harmful use of alcohol [52].

Self-harm is more common in people who are disadvantaged socioeconomically (such as those who are unemployed and/or in debt), and those who lack social support and are socially isolated (such as those who are single, divorced, have experienced relationship breakdown and/or live alone) [4, 11, 53]. Self-harm also occurs more often in veterans of the armed forces, asylum seekers, and people within the criminal justice system; due to their life experiences and social circumstances [3, 4, 49]. Adverse experiences during the COVID-19 pandemic were also linked to an increased risk of self-harm in adults [54] and young people [55].

Recommendations

NICE guidance and standards

The National Institute for Health and Care Excellence (NICE) 'Self-harm: assessment, management and preventing recurrence' guideline makes recommendations for staff from all sectors that work with people who have self-harmed [1]. It is supported by the NICE Self-harm Quality standard, which provides quality standards on 'the initial management of self-harm and the provision of longer-term support for children and young people (aged 8 to 18) and adults (aged 18 and over) who self-harm' [2].

The NICE self-harm guideline and quality standard largely focus on the clinical assessment and management of people who have self-harmed, and Central and North West London NHS Foundation Trust (CNWL) have formed a self-harm prevention steering group to benchmark local services against these guidelines and standards.

A public health and preventative approach

The wide array of factors which underlie self-harm (as demonstrated locally in the previous section) highlights the need for a cross-organisational public health approach specifically to address self-harm [3]. Public mental health practice aims to improve population mental health through coordinated partnership working involving different levels of mental ill health prevention and mental wellbeing promotion [56]:

- mental wellbeing promotion – promotion of good mental wellbeing and protective factors,
- primary prevention – preventing occurrence of mental health conditions by addressing risk factors and wider determinants,
- secondary prevention – preventing progression of mental health conditions by early detection and intervention,
- tertiary prevention – preventing relapse and impacts of mental health conditions through treatment and management [56, 57].

This is in accordance with the Transforming Children and Young People's Mental Health Provision Green Paper which emphasises the importance of the 'promotion of good mental health and wellbeing' and 'early intervention and ongoing help'; and supports local areas to use a 'collaborative' approach 'to increase the focus on prevention and the wider determinants of mental health' [58]. The Prevention Concordat for Better Mental Health also encourages 'cross-sector, prevention-focused action through the adoption of public mental health approaches' to help in 'achieving a fairer and more equitable society' [59]. The London Borough of Harrow is committed to this preventative approach, and has developed a Mental Ill Health Prevention and Mental Health Promotion Plan, as well as leading a Mental Health Prevention Group which collaborates with partner organisations across the borough.

The Royal College of Psychiatrists College Report 'Self-harm, suicide and risk: helping people who self-harm' makes recommendations on particular areas to address within a public health approach to self-harm, including:

- raising awareness of self-harm,
- ensuring that helpful and user-friendly information is available for diverse audiences,
- addressing the issue of monitoring of harmful websites,
- ensuring appropriate training for front-line staff,
- strengthening the relationships between third-sector and statutory-sector providers,

- considering research into self-harm [3].

Stakeholder suggestions

As part of this needs assessment, stakeholders from a variety of organisations involved in the care of people who self-harm in Harrow* provided suggestions on possible areas to improve in the local system for preventing and treating self-harm, and these have been summarised below:

- Greater emphasis on preventing self-harm by addressing underlying causes.
- Promote protective factors for mental wellbeing in groups at risk of self-harm, for example by creating more community activities for young people (and involving them in the design of these activities).
- Ensure that helpful self-harm resources and sources of support are tailored towards and reach all at risk groups (as well as their family members and carers) – this could possibly include expanding the roll out of Making Every Contact Count mental health training in all local communities.
- Local stakeholders to work together to develop or identify a consistent and specific training offer for all frontline professionals who may work with people who self-harm (appropriate to their role) – this could possibly be incorporated into existing mental health training offers.
- Set up a designated space for professionals to discuss emerging trends in self-harm and share up to date knowledge.
- Tackle harmful self-harm content online and on social media – the Molly Rose Foundation are active in advocating for online safety and are currently working with partners to develop an online safety program.
- There is currently strong collaboration and partnership between the organisations that deliver services for people who self-harm in Harrow – this is encouraging and could be further enhanced by increased agreement on referral pathways/criteria between all local services (to reduce barriers to access).

Harrow Mental Health Support Team in schools, a School Counsellor, The Wish Centre, Molly Rose Foundation, Harrow Cove, Central and North West London NHS Foundation Trust Mental Health Services, Social Prescribers from several Primary Care Networks in Harrow, London Borough of Harrow Adult Social Care Mental Health Service

Next steps

This needs assessment has endeavoured to review the needs of the Harrow population with regards to self-harm and to suggest recommendations on addressing these needs. It is recognised that there are some gaps in the data gathered (as there were challenges in obtaining more detailed quantitative data on self-harm prevalence in Harrow with a full demographic breakdown, and qualitative data from service-users and experts by experience), and it is hoped that this can be remedied in future practice.

The next step is for this report to be presented to the Harrow Borough Based Partnership MHLDA (Mental Health, Learning Disability, Autism) & Wellbeing Workstream and the London Borough of Harrow Mental Health Prevention Group in September 2024, so that these stakeholders can build upon this work moving forwards, thereby hopefully contributing to improving health and wellbeing and reducing health inequalities in Harrow.

References

[1] National Institute for Health and Care Excellence. Self-harm: assessment, management and preventing recurrence. NICE Guideline NG225. September 2022.

[2] National Institute for Health and Care Excellence. Self-harm. NICE Quality standard QS34. September 2022.

[3] Royal College of Psychiatrists. Self-harm, suicide and risk: helping people who self-harm. College Report CR158. 2010.

[4] National Collaborating Centre for Mental Health. Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. National Clinical Practice Guideline Number 16. 2004.

[5] Lucy O'Loughlin. Self-Harm in Devon: A Health Needs Assessment. Devon County Council. 2015.

[6] Klegg K. Self–harm. Lancet. 2005; 366: 1471-1483.

[7] Chapman AL, Gratz KL, Brown MZ. Solving the puzzle of deliberate selfharm: the experiential avoidance model. Behaviour Research and Therapy. 2006; 44: 371-394.

[8] Hjelmeland H, Hawton K, Nordvik H, et al. Why people engage in parasuicide: a crosscultural study of intentions. Suicide and Life-Threatening Behavior. 2002; 32(4): 380-393.

[9] Swales M. Pain and deliberate self-harm. The Wellcome Trust. 2005.

[10] Horrocks J, Price S, House A, et al. Self-injury attendances in the accident and emergency department: clinical database study. British Journal of Psychiatry. 2003; 183: 34-39.

[11] Meltzer H, Lader D, Corbin T, et al. Non-Fatal Suicidal Behaviour Among Adults aged 16 to 74 in Great Britain. The Stationery Office. 2002.

[12] Hawton K, Rodham K, Evans E, et al. Deliberate self-harm in adolescents: self report survey in schools in England. BMJ. 2002; 325(7374): 1207-1211.

[13] Owens D, Horrocks J, House A. Fatal and non-fatal repetition of self-harm. Systematic review. British Journal of Psychiatry. 2002; 181: 193-199.

[14] Department of Health & Social Care. Suicide prevention in England: 5-year cross-sector strategy. Available from: https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy [accessed June 2024].

[15] Hawton K, Zahl D, Weatherall R. Suicide following deliberate self-harm: long-term follow-up of patients who presented to a general hospital. British Journal of Psychiatry. 2003; 182: 537-542.

[16] Thrive LDN. Impact Report 2022-23. Available from: https://thriveldn.co.uk/wp-content/uploads/2023/07/Thrive-LDN-Impact-Report-2022-23.pdf [accessed July 2024].

[17] Office for National Statistics. How life has changed in Harrow: Census 2021. Available from: https://www.ons.gov.uk/visualisations/censusareachanges/E09000015/ [accessed May 2024].

[18] London Borough of Harrow. 2019 English Indices of Deprivation Harrow Summary. 2019.

[19] NHS North West London. Harrow Borough Based Partnership. Available from: https://www.harrowbbp.nhs.uk/ [accessed June 2024].

[20] NHS. Where to get help for self-harm. Available from: https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/getting-help/ [accessed June 2024].

[21] NHS. Where to get urgent help for mental health. Available from: https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/ [accessed June 2024].

[22] Central and North West London NHS Foundation Trust. Suicide and self-harm prevention strategy 2022-25. 2022.

[23] Central and North West London NHS Foundation Trust. CNWL Mental health services. Available from: https://www.cnwl.nhs.uk/services/mental-health-services [accessed June 2024].

[24] Central and North West London NHS Foundation Trust. Help in a mental health crisis. Available from: https://www.cnwl.nhs.uk/patients-and-carers/help-mental-health-crisis [accessed June 2024].

[25] Central and North West London NHS Foundation Trust. The Coves. Available from: https://www.cnwl.nhs.uk/services/coves [accessed June 2024].

[26] Central and North West London NHS Foundation Trust. Welcome to CAMHS. Available from: https://www.cnwl.nhs.uk/camhs [accessed June 2024].

[27] Central and North West London NHS Foundation Trust. CNWL Trauma-Informed Approaches (TIA). Available from: https://www.cnwl.nhs.uk/services/mental-health-services/cnwl-trauma-informed-approaches-tia [accessed June 2024].

[28] Healthy Harrow. Local Services. Available from: https://healthyharrow.org.uk/local-services/ [accessed June 2024].

[29] Joy. Local Services. Available from: https://services.thejoyapp.com/ [accessed June 2024].

[30] The Wish Centre. About Us. Available from: https://thewishcentre.org.uk/about-us/ [accessed June 2024].

[31] Mind in Harrow. Self harm service. Available from: https://www.mindinharrow.org.uk/self-harm-service/ [accessed June 2024].

[32] Young Harrow Foundation. The Wish Centre. Available from: https://youngharrowfoundation.org/organisations/the-wish-centre [accessed June 2024].

[33] Horrocks J, House A, Owens D. Attendances in the accident and emergency department following self-harm; a descriptive study. University of Leeds, Academic Unit of Psychiatry and Behavioural Sciences. 2002.

[34] National Institute for Health and Care Excellence. Self-harm: How common is it? Available from: https://cks.nice.org.uk/topics/self-harm/background-information/prevalence/ [accessed May 2024].

[35] Kapur N, House A, Creed F, et al. Management of deliberate self poisoning in adults in four teaching hospitals: descriptive study. BMJ. 1998; 316: 831-832.

[36] Office for Health Improvement and Disparities. Public health profiles. Available from https://fingertips.phe.org.uk/ [accessed July 2024].

[37] Young Harrow Foundation. What's HAY Harow? Available from: https://youngharrowfoundation.org/hayharrow [accessed April 2024].

[38] Samaritans and Centre for Suicide Research, University of Oxford. Youth and Self-Harm: Perspectives Report. 2003.

[39] Rehkopf D, Buka S. The association between suicide and the socio-economic characteristics of geographical areas: a systematic review. Psychological Medicine. 2006; 36: 145-157.

[40] Draper B. Attempted suicide in old age. International Journal of Geriatric Psychiatry. 1996; 11: 577-587.

[41] Merrill J, Owens D. Age and attempted suicide. Acta Psychiatrica Scandinavica. 1990; 82(5): 385-388.

[42] Pierce DW. Suicidal intent in self-injury. British Journal of Psychiatry. 1977; 130: 377-385.

[43] Hawton K, Harriss L. The gender ratio in occurrence of deliberate self-harm across the life-span cycle. Crisis. 2008; 29: 4-10.

[44] Bebbington P, Cooper C, Minot S, et al. Suicide attempts, gender and sexual abuse: Data from the British psychiatric morbidity survey 2000. American Journal of Psychiatry. 2009; 166: 1135-1140.

[45] Bhugra D, Desai M. Attempted Suicide in South Asian Women. Advances in Psychiatric Treatment. 2002; 8: 418-423.

[46] Dickson S, Steeg S, Donaldson I, et al. Self-Harm in Manchester. 1st September 2005 to 31st August 2007. The University of Manchester. 2009.

[47] Al-Sharifi A, Krynicki CR, Upthegrove R. Self-harm and ethnicity: A systematic review. International Journal of Social Psychiatry. 2015; 61(6): 600-12.

[48] King M, Semlyen J, Tai SS, et al. Mental disorders, suicide and deliberate selfharm in lesbian, gay and bisexual people, a systematic review. BMC Psychiatry. 2008; 8: 70.

[49] Royal College of Psychiatrists. Self-harm. Available from: https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/self-harm?searchTerms=self%20harm [accessed April 2024].

[50] King M, Mckeown E. Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales. Mind. 2003.

[51] Merrill J, Milner G, Owens D, et al. Alcohol and attempted suicide. British Journal of Addictions. 1992; 87(1): 83-89.

[52] Haw C, Hawton K, Houston K, et al. Psychiatric and personality disorders in deliberate self-harm patients. British Journal of Psychiatry. 2001; 178(1): 48-54.

[53] Haw C, Hawton K. Life problems and deliberate self-harm: associations with gender, age, suicidal intent and psychiatric and personality disorder. Journal of Affective Disorders. 2008; 109: 139-148.

[54] Paul E, Fancourt D. Factors influencing self-harm thoughts and self-harm behaviours over the first year of the COVID-19 pandemic in the UK: a longitudinal analysis of 49,324 adults. The British Journal of Psychiatry. 2022; 220(1): 31-37.

[55] John A, Lee SC, Solomon S, et al. Loneliness, coping, suicidal thoughts and self-harm during the COVID-19 pandemic: a repeat cross-sectional UK population survey. BMJ Open. 2021; 11(12).

[56] Campion J. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health. 2019.

[57] Public Health Scotland. Public health approach to prevention. Available from: https://publichealthscotland.scot/our-areas-of-work/public-health-approach-to-prevention/the-three-levels-of-prevention/ [accessed July 2024].

[58] Department of Health and Department for Education. Transforming Children and Young People's Mental Health Provision: a Green Paper. 2017.

[59] Office for Health Improvement and Disparities. Prevention Concordat for Better Mental Health. Available from: https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health [accessed August 2024].