



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Self Injury Support's Lived Experience Urgent Care Follow-Up Service

Annual Service Report 2022-23

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Introduction

The purpose of this report is to review the 2022-23 annual activity on Self Injury Support's Lived Experience Urgent Care Follow-Up Service commissioned by Bristol, Bath and South Gloucestershire Integrated Care Board in December 2020.

The data included in this report runs from **4th April 2022** to **2nd April 2023** and will comment upon a mix of qualitative and quantitative data and feedback collected during this period.

Purpose of the Service

The objectives for this project are:

- To respond to increased need for self-injury mental health support in the BNSSG.
- To provide a targeted local service offering one-stop personalised support by phone and email, and signposting to information, self-help materials and other local services.
- To strengthen local capacity to support people affected by self-harm by evaluating the impact of the intervention to improve understanding of how to support for people affected by self-harm.
- To test whether an information and navigation service fills a gap in current services around self-harm

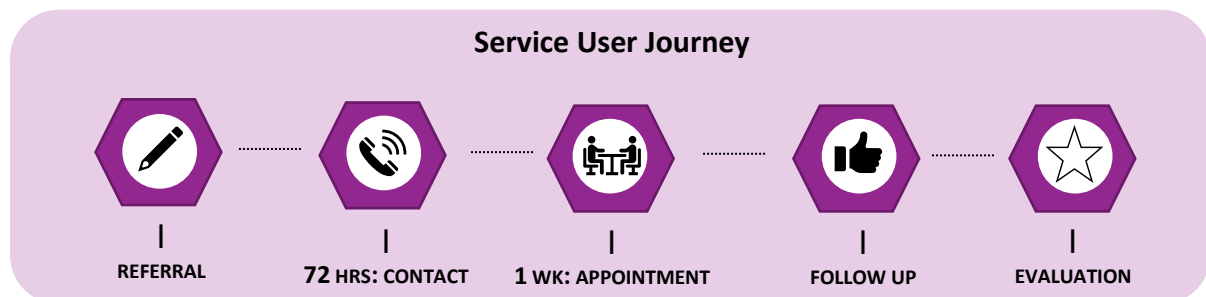
Service Updates

- In August 2022, we've partnered with VitaMinds NHS Talking Therapies to open up an additional pathway into our service. This means that we're able to provide confidential emotional support and practical resources, information and signposting to people who are not currently able to access or continuing accessing Talking Therapies due to self injury, alongside continuing to support people who have been discharged from A&E after attending for self injury.
- The addition of this pathway means that our service has been able to support significantly more people this year and our service is now operating at its full capacity (around 22 referrals in per month).
- We're really pleased to have a full lived experience staff team on service again after some staffing changes. The team currently consists of Jess Puplett (Support Service Director), Amy Cook (Urgent Care Follow-up Service Coordinator), Jen Price (Senior Support Worker), Murphy Pickard (Support Worker), and Sian Rance (Senior Support Worker).
- Over the last year, we've been sharing the story of our service and how we work far and wide. We presented the service at the University of Cork's '*critical perspectives on the lived experience of distress and mental health services*' conference in November 2022, and again at Healthcare Conferences UK's online '*Improving Services & Outcomes for People who Self Harm*' conference in January 2023, which we've been invited back to speak with later in 2023.

Service User Journey

On initial presentation to the A&E department, individuals may be referred directly into the service by a member of A&E or Psychiatric Liaison staff providing they meet the following criteria:

- are over 18;
- are residents of Bristol, North Somerset or South Gloucestershire
- have attended A&E for self harm or have been discharged from VitaMinds NHS Talking Therapies
- are not under care of secondary mental health teams, including crisis/home treatment teams;
- are not at high risk of suicide or significant self-harm.



Within 72 hours of referral	Service user contacted by support worker to book appointment
Within 1 week of initial contact being made	Support appointment held with service user unless service user availability requires a date outside of 1 week timeframe.
The support appointment	Face-to-face, video or phone appointments of up to 1.5 hours held with service user offering a non-medical, confidential space to explore their self injury. Support workers offer a person-centred, holistic approach allowing the service user to direct the appointment around what they would find most helpful. Service user and support worker work together to identify a range of local and online resources, services, and information helpful for managing self injury and other areas of life that may be impacting wellbeing.
Appointment follow-up	Resources sent out to service user along with appointment summary letter and discharge letter to GP.
2 weeks after appointment	Follow-up phone call appointment held with service user for up to 30 minutes to check-in, explore resources already provided and identify any additional support, resources or signposting needed. Service user asked to complete feedback form.
3 months after appointment	Email or letter sent out to client requesting completion of a second evaluation form.

Service Delivery 2022-2023

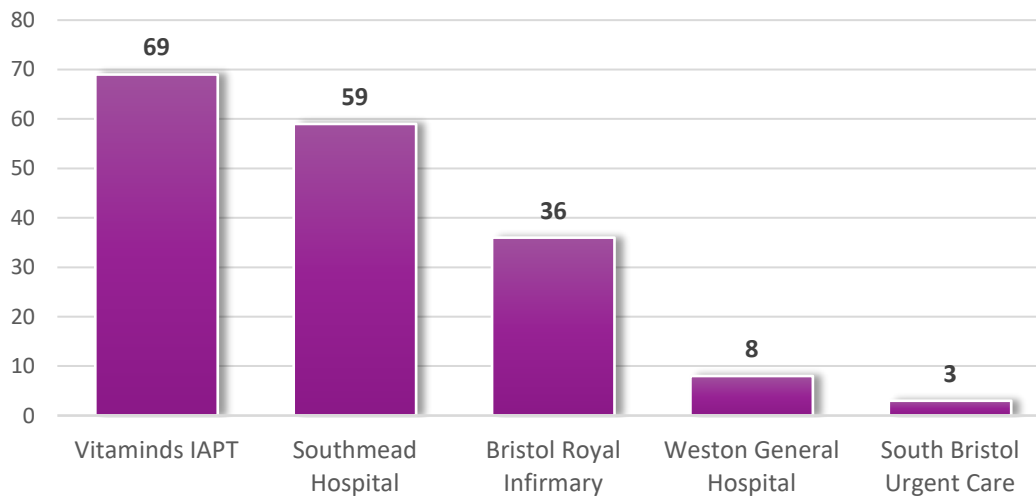
Service Activity

	Raw numbers	%
Total referrals 2022-2023	175	-
Repeat/ineligible referrals not offered appointment	5	
Total eligible referrals 2022-23	170	100%
Responded to initial outreach contact after referral	142	84%
Did not respond to any outreach contact attempts	28	16%
Responded to initial outreach but declined support	5	3%

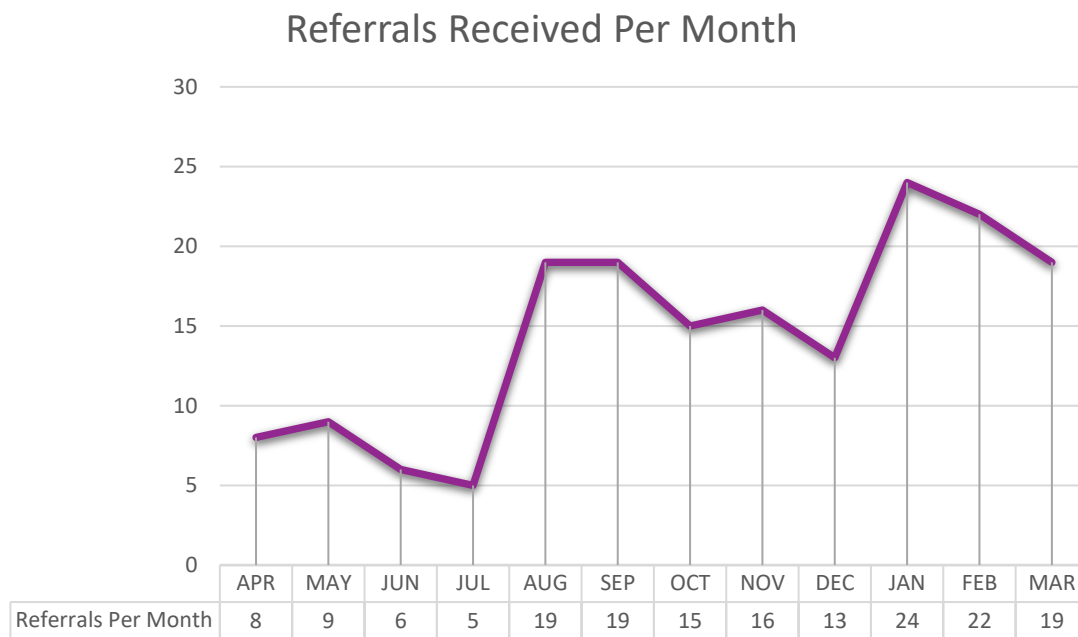
Total appointments booked	137	100%
Number of service users who attended appointment	119	87%
Number of service users who DNA appointment	18	13%
Number of service users who attended 2-week follow up	90	76%
Number of service users who DNA 2-week follow up	29	24%

Referral Sources

Total Annual Referrals by Source

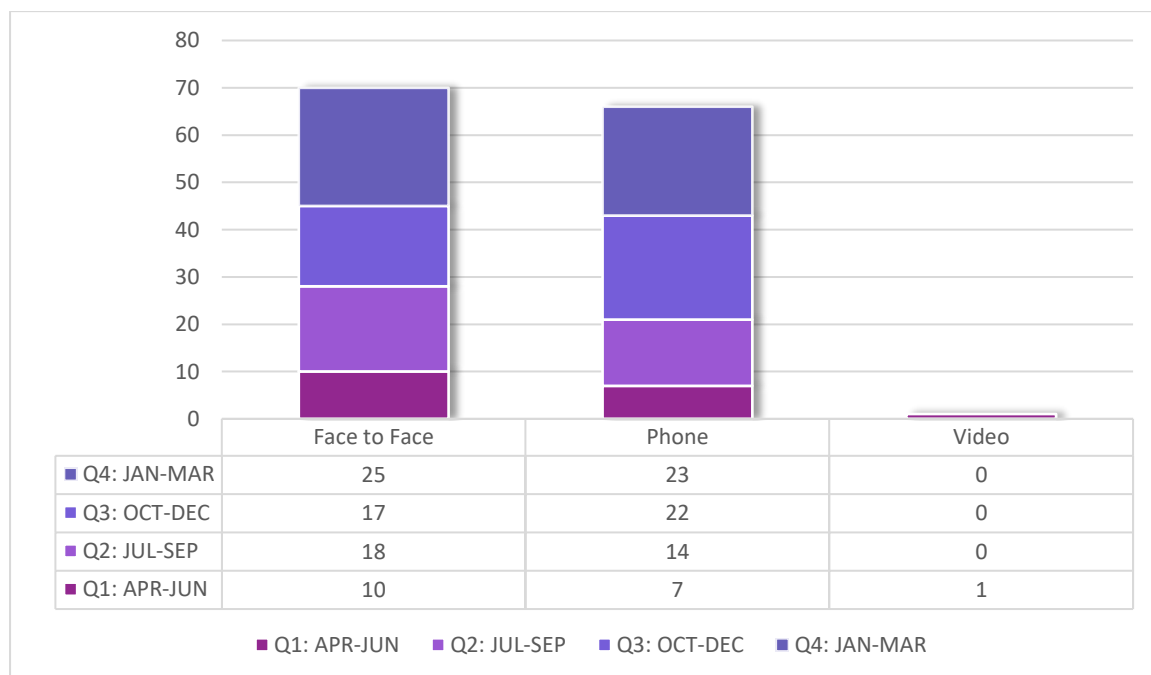


Annual referrals by month



Since partnering with VitaMinds in August 2022, our referrals have increased significantly, and we are now operating at capacity in line with our updated KPI targets. We're pleased that by expanding our referral pathways, we're able to offer holistic support with self harm to more people across BNSSG than ever before and we're so grateful to all the staff and practitioners for their referrals.

Method of appointments



There was a fairly even split between face-to-face and phone appointments over 2022-23, with 70 face-to-face appointments being booked and 66 phone appointments. Only 1 video appointment was booked over 2022-23, but we will continue to have this option available to service users who prefer this method of communication or who may have access needs.

KPIs

	Expected	Actual
Number of Service Users Referred	200+	175
% contacted to be offered one-off appointments within 72 hours of referral	100%	100%
% offered an appointment within one week	90%	99%
% of DNA's followed up	100%	100%
% of repeat/ineligible referrals	-	3%
% of service users accessing services where they have been referred to following their appointment	40%	65%

- Referral numbers are now on track with our updated agreed figure of 22 referrals per month. Since August 2022 we are on track and much closer to that figure, averaging 18.3 referrals per month from August 2022 – March 2023.
- All referrals made to us over 2022-23 were picked up within 72 hours and initial contact made or attempted within this timeframe, and all the service users who we were unable to reach or who didn't attend appointments were followed up.
- 99% of service users were offered appointments within 1 week of us successfully making contact with them. There were two occasions in January 2023 where we were unable to offer appointments within a week due to the service being oversubscribed.
- Around 65% of people who attended our 2-week follow up appointments (78% of all total appointment attendees) told us that they had been able to follow up on some or all services, resources or information that we connected them with as part the support we offer. A further approximate 25% of people who attended their follow-up appointments said that they hadn't followed up or access the services and resources we connected them with yet, but were planning to in the future when needed.

Service Impact

"I was able to talk openly and run through my thoughts of what was happening. able to connect with the person I was meeting with and feel heard for the first time."

Service User Feedback

We received 42 responses to our 2-week evaluation form in 2022-23, an equivalent of 35% of service users who attended appointments.

2-week evaluation form key feedback given 2021-22	Total
% clients rating the service 4 or 5 stars out of 5	100%
Average overall rating of service, out of 5 stars	4.9 / 5
% clients reporting following up on resources and services provided, or planning to	90.5%
Average rating of resource and information quality, out of 5 stars	4.5 / 5
% clients reporting feeling safer or somewhat safer (having more understanding/control of their self harm) since their appointment	74%

"I would like to say thank you and express my appreciation for this service and everyone involved in trying to help individuals like myself, it has given me some hope for the world of mental health professionals."

As seen in the table above, respondents rated the quality of our service very highly. Key themes included in feedback regarding the quality of the service focused on **feeling understood** and **feeling heard**, included reflections on the **importance of being able to talk openly about self injury** in a setting where they felt **safe** and **not judged**. Service users frequently commented on the **kindness and compassion of the support workers** during their appointment. Service users also commented on the **quick appointment timings** and the **flexibility surrounding arranging appointments**.

"I really liked that I felt like I could share and that I was really understood and I didn't feel so different and alone anymore"

Resources provided during and after our appointments are tailored to the needs of the service user. The resources, information, and services we were able to provide or signpost our service users to were given an average rating of 4.5 stars out of 5 in terms of their usefulness or relevance.

"I liked being able to talk openly about self harm in a way I haven't with anyone else before".

24% of respondents commented on possible improvements or additions to the services. These focused on **offering more appointments or longer term support (70%), being given more information about what to expect prior to the appointment (20%), and the quality or availability of external resources (10%).**

Impact of lived experience in offering support to those using self injury

“It was very reassuring and comforting to talk to someone who has experienced the same/similar thoughts and feelings. I often feel judged when I talk to people that haven’t experienced the things I’m currently going through and I didn’t at all feel judged talking to someone with personal experience.”

We asked respondents to provide opinions about this service being led by people with lived experience of self injury to gauge whether this was an important factor to our service users in terms of both willingness to engage and attend as well as the impact this had during appointments. The responses suggest that the lived experience element of this service plays an important role.

2-week evaluation form key feedback	Total
% clients more inclined to attend appointment due to knowing that the support worker they would be seeing had lived experience of self injury	79%
% clients reporting that the support worker having lived experience of self injury was very or somewhat helpful during their appointment	95%

“It helps me to attend as I know they understand, they actually get what I am going through, they won’t palm me off as attention seeking or faking, they’ll listen.”

It is clear from the responses that lived experience plays a vital role in the benefit of the service. A strong theme of qualitative responses indicates that lived experience creates a sense of **non-judgement, feeling understood, feeling safe and able to be honest, and feeling validated.**

“It was really nice to just have someone who you knew understood what you were going through”

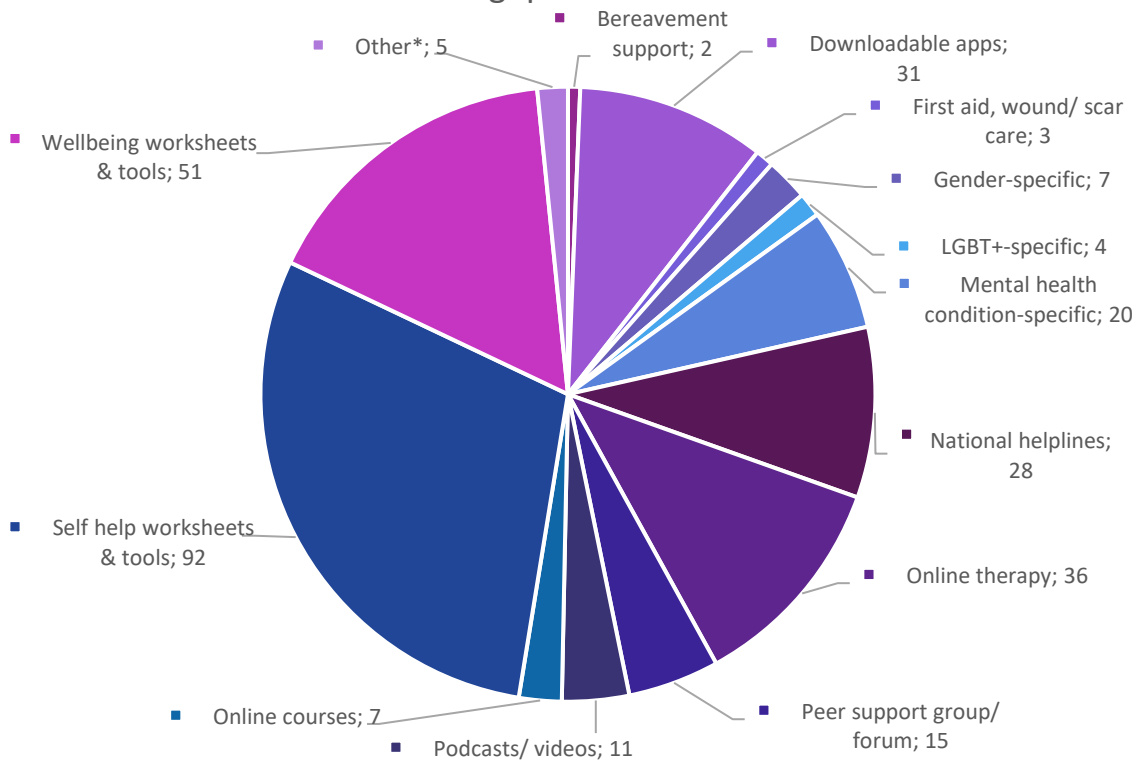
Resources, Information, and Services

Online, downloadable, and national services

93% of service users were referred or signposted to online, downloadable, and national services and resources.

68% of service users who attended our 2-week follow-up appointment reported that they had already **accessed some or all of the online resources** they were referred to, and a further **21%** of those that attended the follow up appointment said they **were planning to follow up on these resources**.

Types of online, downloadable, and national resources signposted to



**Other types of resources provided letter templates and resources for friends, family and employers, online blogs, and online money advice.*

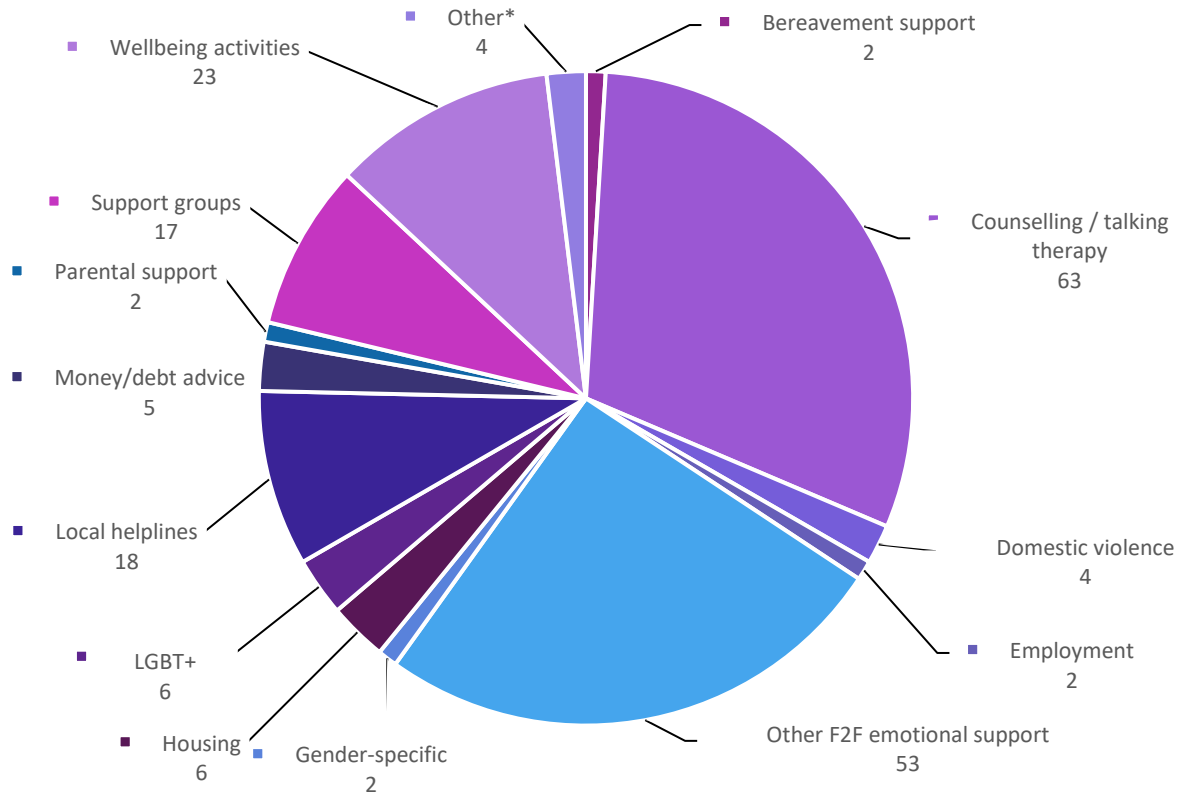
Local services

75% of services users supported were referred or signposted to local organisations and services that could be of additional support. On average, 2 – 3 local services were suggested to service users during appointments.

62% of service users who attended our 2-week follow-up appointment reported that they had already **accessed some or all of the local services** they were referred to, whilst an additional **30%**

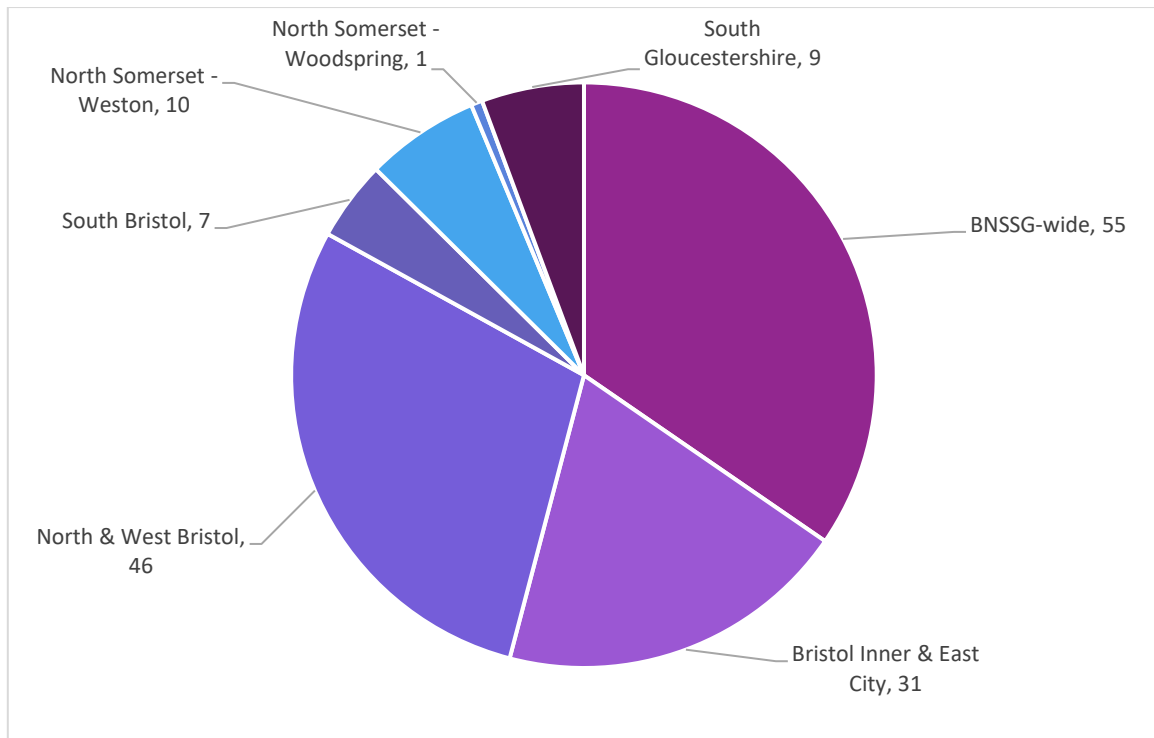
those that attended the appointment said they were **on waiting lists** or **were planning to make contact**.

Types of local support services referred to



**Other services suggested include sexual violence support, foodbanks, crisis teams and back to GP for referrals into secondary mental health services.*

Services and organisations signposted to were located across Bristol but it is worth noting that there a low or no numbers of services referred to based in South Bristol and North Somerset - Woodspring.



Resources discussion and gap analysis

Our support workers had difficulty finding or referring service users to some local services. The most common gaps identified were **support groups**. Specifically, the support groups sought after but unavailable were for **self injury, personality disorders, bereavement, hearing voices, autism, chronic fatigue/ME and young mothers**. Second to support groups, the availability of **face to face affordable/low-cost/free counselling, talking therapy and befriending services** was hard to come by, with most of these services having very long waiting lists. The areas in which services were absent or had long waiting lists were spread across BNSSG but the lack of a hearing voices support group in North Somerset was again noted, as it has been in previous service reports.

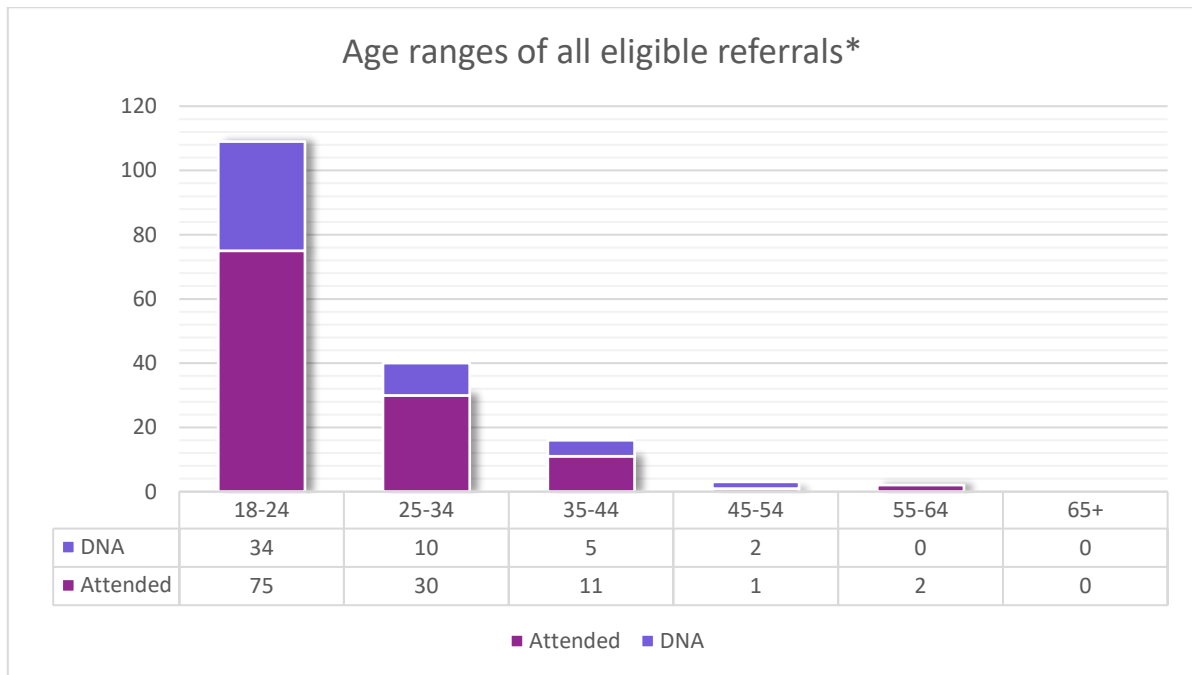
Online resources were significantly easier to obtain and refer service users to with no significant gaps reported in 2022-23.

Over 2022-23, our team have been redesigning and updating existing Self Injury Support resources as well as creating additional resources based on our continuous organisational learning. We launched the first of our redesigned self injury resources on Self Injury Awareness Day in March 2023 and will be continuing to update and develop our resources over 2023-24.

Service User Demographics

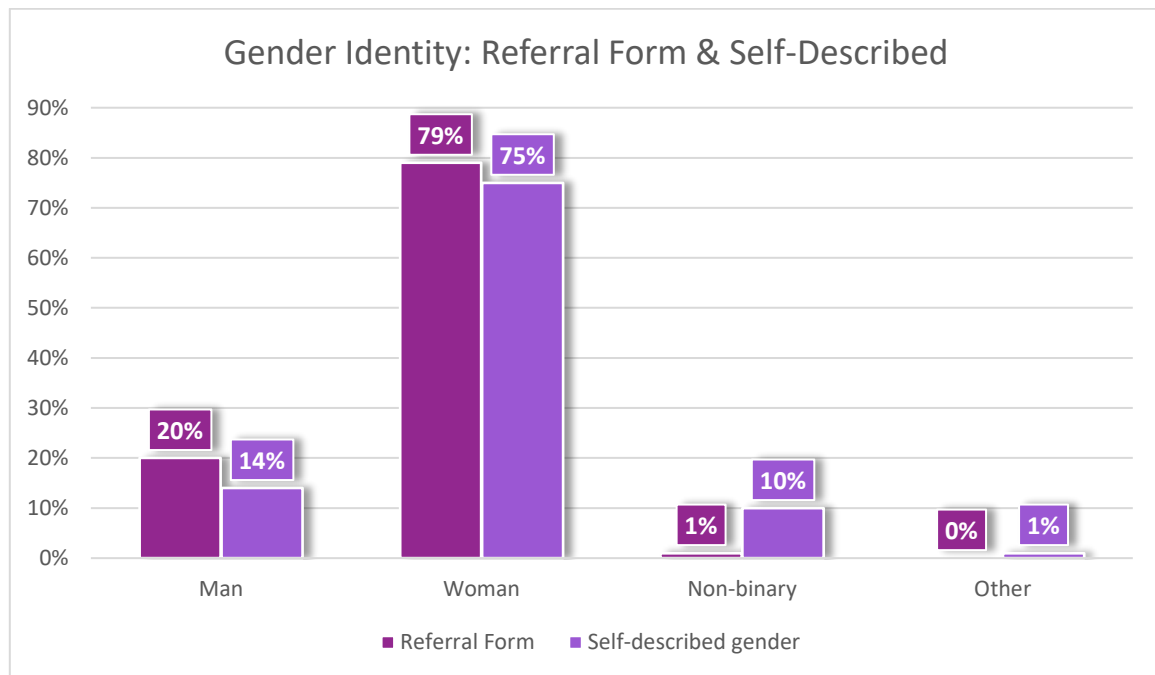
80% of people who attended appointments with us over 2022-23 (95 people out of 119) completed our demographic monitoring form. All demographics data below, with the exception of age and gender, is based on the results of this form.

Age



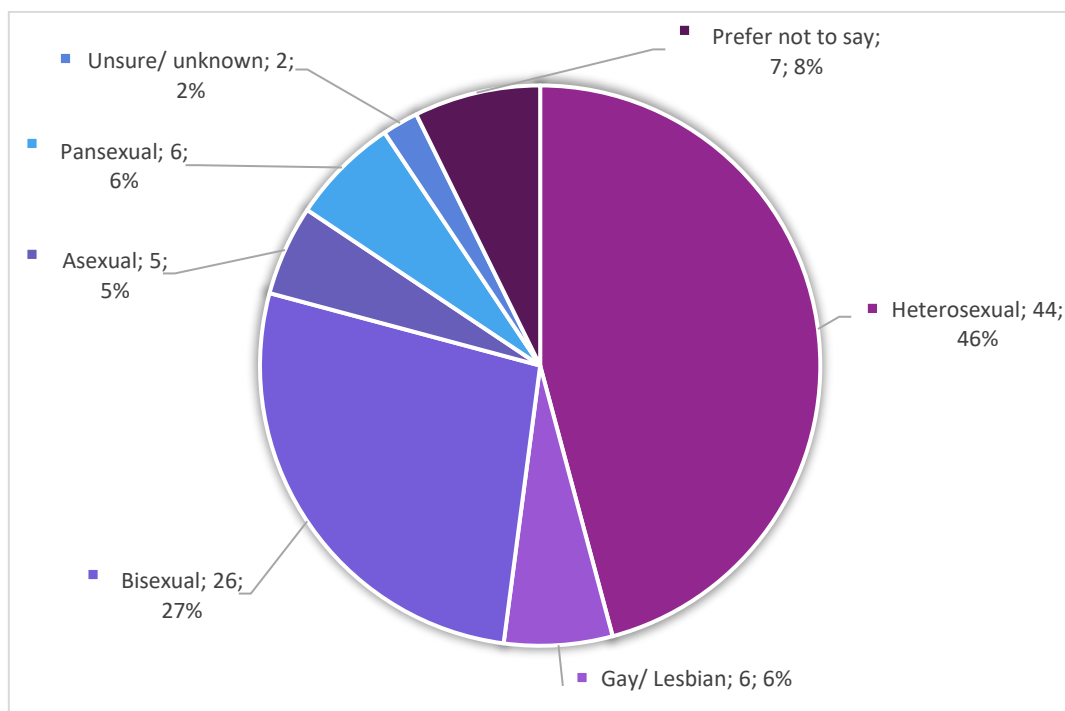
*Age data is based on 100% of eligible referrals made to our service over 2022-23 (170 referrals total).

Gender Identity

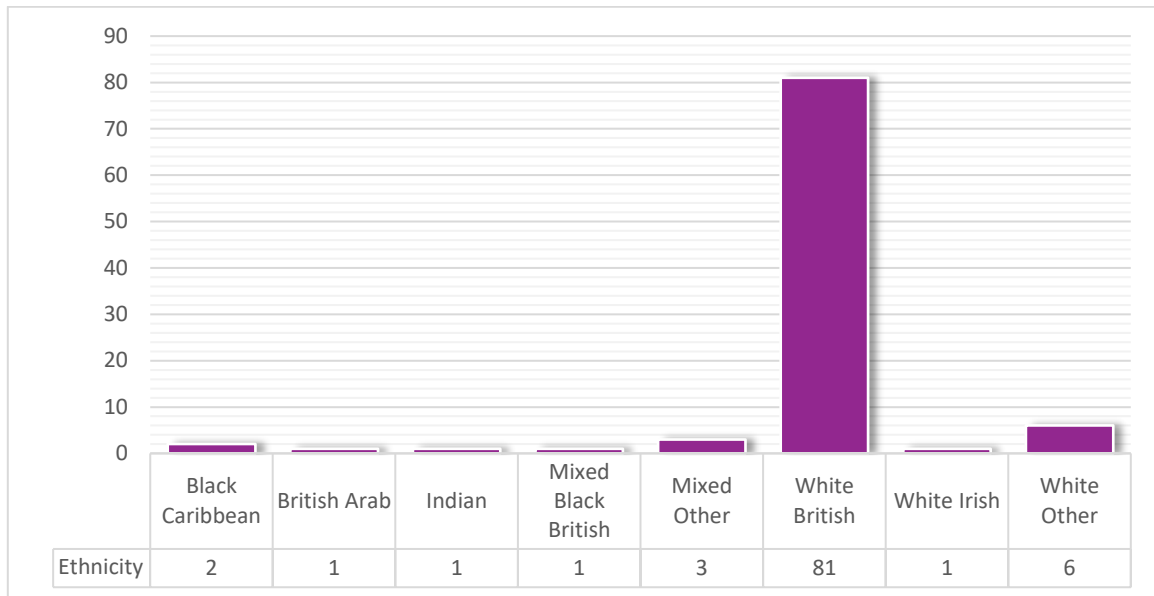


The graph above shows gender identity as stated on the referral form we receive from our NHS partners (based on 170 total referrals), and gender identity as stated in self-completed demographic forms (based on 96 responses).

Sexuality

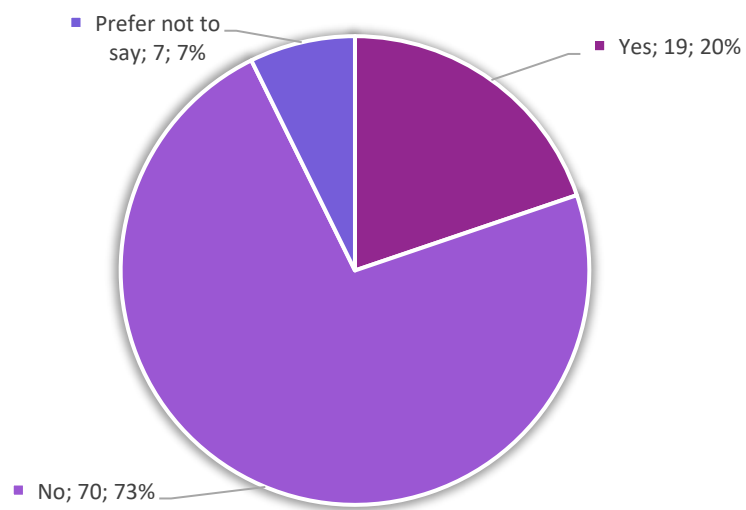


Ethnicity



Disability

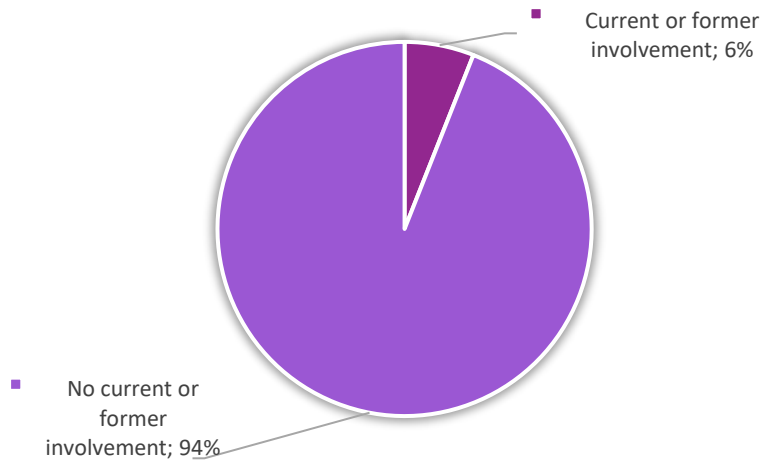
Identifies as having a disability



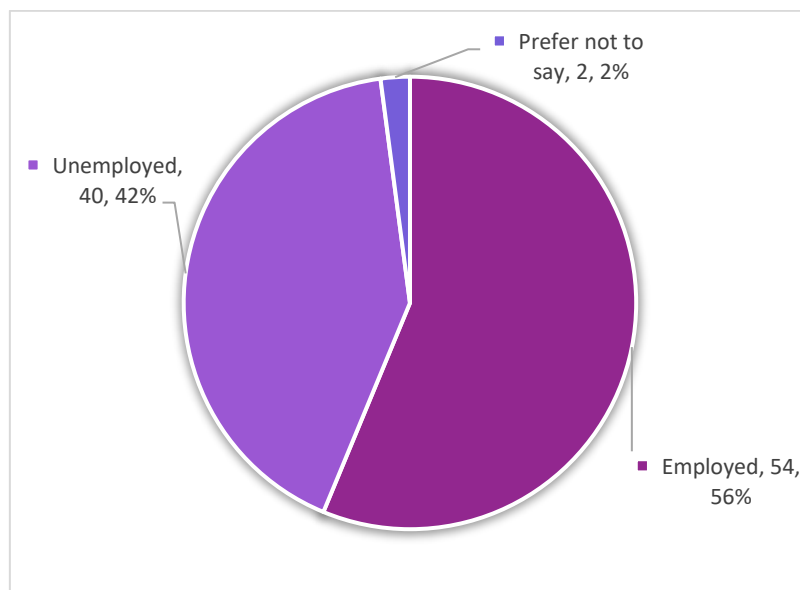
Disabilities referred to included: unspecified mental health issues, autism, ADHD, Crohn's Disease, fibromyalgia, dyslexia, and other chronic physical health conditions.

Current/former involvement with criminal justice/probation service

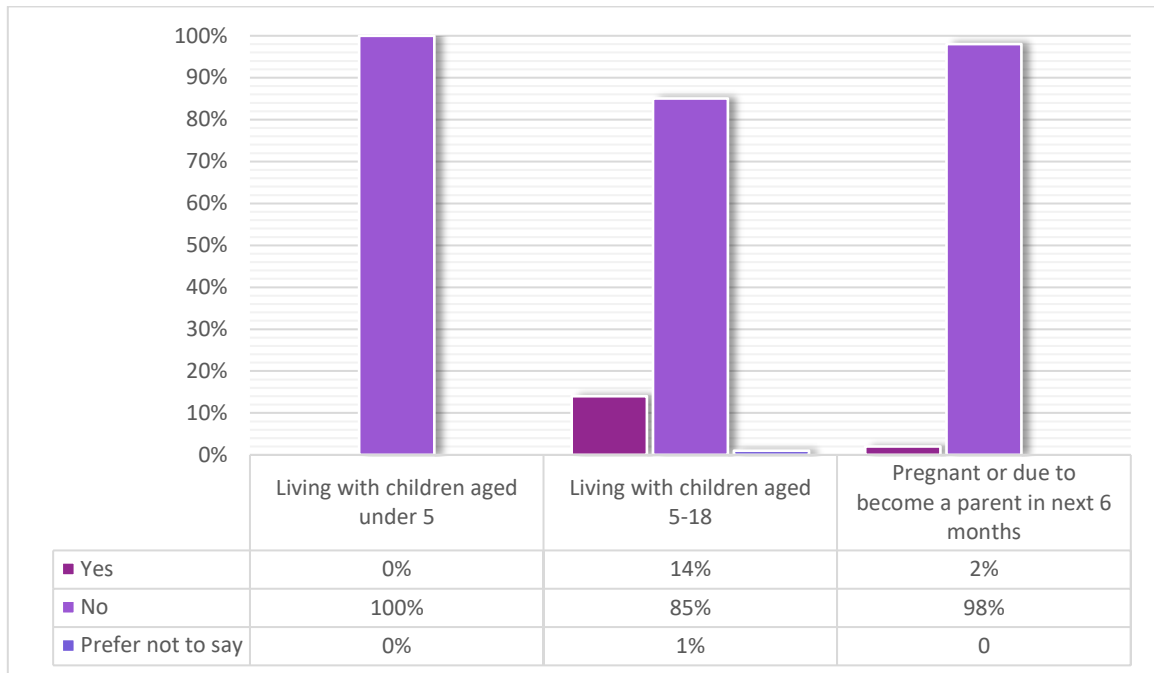
Current/former involvement with probation/criminal justice system



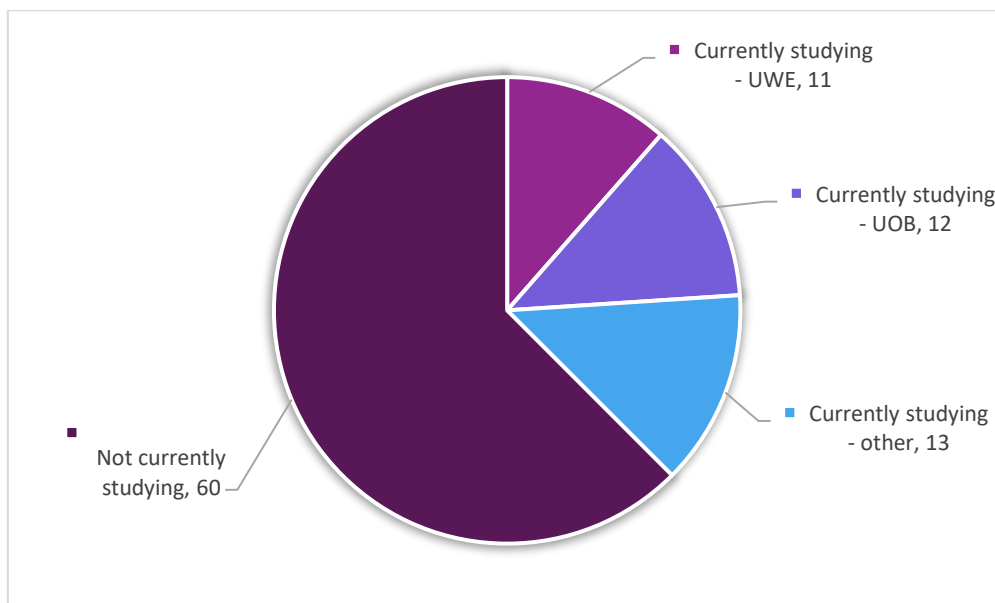
Employment status



Parental status



Student status



Future development

- As of summer 2023, we will be launching two pilot support groups in an endeavour to help meet the gap in long term support for people affected by self injury.
 - The first pilot group, Therapeutic Expressive Arts (TEA), will be a 12-week creative arts course delivered by a trained Creative Therapeutic Practitioner. This project is funded externally and will be open access, although we will be signposting people who have accessed this service to the group.
 - The second group will be a confidential open access support group for anyone affected by self injury who is able to attend a face-to-face support in Bristol. This group will be modelled on the now-closed self harm support group Self Injury Self Help (SISH). This group is also funded externally to this service, but we will be encouraging any service users who are looking for a self harm support group to make use of the space if they think it would be beneficial to them.
- We have begun offering some face-to-face appointments at our office in central Bristol in response to feedback from service users suggesting that a non-clinical setting outside a hospital setting would have been more encouraging for them. Although our offices are not big enough to offer all appointments here, we're pleased to start exploring this and to hear service user feedback on this.
- Over 2023-24, the service itself will continue working in line with the same ethos, aims, and KPIs as it has done over the last year, and we will be exploring future possibilities and sustainability as well investing time into researching the service's impact in more detail.

Final Remarks

We'd like to extend a huge thank you to everyone involved in making this service possible – our wonderful lived experience team for the support they offer, our service users, everyone who has sent referrals to us, our ICB funders, and everyone working behind the scenes at Self injury Support to keep the service running.