

**REPORT**

Centre for  
Mental Health



# **A space to talk**

**EXECUTIVE SUMMARY**

**An evaluation of the WISH Centre's  
services with young people who self-harm**

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## Summary

The WISH Centre was founded around 15 years ago to support young people who were self-harming and has developed into a community-based service to support young people on a path to recovery. Centre for Mental Health evaluated the service, analysing two years of outcome data collected by WISH, and speaking to former and current users of the WISH Centre, as well as a range of key stakeholders. This short report summarises the results of our evaluation, as well as exploring how the positive features of WISH could be made available in other areas to support young people who self-harm.

The results of the evaluation demonstrate the success that has been previously demonstrated and continues in Harrow, which has been replicated in Merton. Over 80% of young people attending the WISH Centre had a measurable positive change. Young people (and other stakeholders) described a project that is holistic, that focuses on their strengths and in building resilience and that does so at

the young person's pace. The analysis of the hard outcome data collected by WISH also demonstrates the considerable success WISH has in helping young people turn their lives around. Attendance of A&E for self-harm was markedly reduced and statistically significant positive outcomes were demonstrated for young people in both Harrow and Merton across a range of outcomes (i.e. self-harm, suicidal ideation, abuse, trauma, anxiety/stress, depression/sadness, coping mechanisms & emotional resilience).

Centre for Mental Health concludes that the approach offered by WISH is successful, replicable and likely to be cost effective.

This report therefore recommends that services using the WISH approach should be commissioned across the country, drawing on the benefits of peer support networks and evidence-based psychological therapies, which were both found to have a positive impact on young people at WISH.

## Introduction

This short report describes the evaluation of the WISH Centre conducted by Centre for Mental Health, conducted over the Spring and Summer of 2018. The WISH Centre supports young people who self-harm and has developed into a community-based service to support young people with a range of difficulties on a path to recovery. It is aimed at people under the age of 18 but provides an opportunity for ongoing support for those over 18 through a former service user peer support group (X XPRESS).

WISH now also has a base in south London in the borough of Merton (open for two years) and is opening a service in Camden. The purpose of this expansion was not to grow the WISH Centre but to test the model in other settings and see if the outcomes could be replicated.

It provides one-to-one counselling and psychotherapy adapted to the needs of young people (Safe2Speak), delivered by qualified counsellors and psychotherapists; facilitated peer support groups (e.g. Self Harm Xpress); and outreach to young people in schools and the community. Some young people use one of these services, but others use two.

The WISH Centre has a range of funding sources – charitable and philanthropic grants (Children in Need and Comic Relief being significant amongst these), and some public sector grants from the local authorities and clinical commissioning groups. With recent austerity, the latter sources of funding have shrunk. Nevertheless, and despite a climate of fragile funding for charities, WISH have managed to make the case to test their model on other sites (Merton and Camden).

## The evaluation

The WISH Centre commissioned Centre for Mental Health to conduct an independent evaluation with a view to testing the model.

The evaluation methods included:

- A brief and rapid review of literature and written evidence to establish what we know about best practice;
- Engagement and collaboration with current and former services users in the evaluation, to advise of questions for interview and in sense checking findings;
- Analysis of available outcome data, on both therapeutic outcomes and broader social outcomes;
- Focus groups and one-to-one interviews with:
  - Young people who currently use WISH services in Harrow and Merton
  - Former service users who are part of X XPRESS (chiefly in Harrow)
  - A broader group of stakeholders including trustees and WISH Centre staff, local commissioners, and others locally with a role in ensuring children's wellbeing (Harrow, Merton & Camden);
- Dissemination of the findings through means which empower the young people who use the WISH Centre and who have collaborated with the evaluation, and which influence local and national policy.

The quantitative data used in the evaluation for both sites is for a two-year period, from when Merton was established (obviously Harrow has data collected for a much longer period).

## A brief update on the literature on self-harm and young people

*References are available in the full evaluation report*

### Prevalence of self-harm in young people

Prevalence is still not well understood. In a recent study, Morgan and colleagues reviewed general practitioner records from 674 GP practices and found that the annual incidence of self-harm in children aged 10-19 years was 37.4 per 10,000 girls, compared with 12.3 per 10,000 boys. But they also found there was a marked increase in self-harm in girls aged 13-16 between 2011 and 2014, rising from 45.9 per 10,000 to 77.0 per 10,000.

### Risk

Self-harm occurs in children from all communities and socio-economic groups, but there is an observed link to social deprivation (see Brooks *et al.*, 2017) and in the Morgan *et al.* study, there was a higher rate of incidence at GP Practices with greater social deprivation. Children from these practices were significantly less likely to be referred to mental health services. This is a real concern given that suicide in young people is the second highest cause of death (Patton *et al.*, 2009) and that previous incidence of self-harm is the most significant risk factor for suicide (Hawton

& Harris, 2007). The incidence of suicide in young people (particularly 15 to 19 year olds) is reported to have increased in recent years (between 2010 and 2015) (Office of National Statistics, 2016).

## Why do young people self-harm?

Social isolation has long been known to play a role in self-harm, and Brooks and colleagues recently reported that young people who got on with their neighbours, were happy with where they lived and had good facilities/places to go were less likely to have self-harmed (Brooks *et al.*, 2017).

Adverse incidents earlier in childhood are also strongly correlated with self-harm and the evidence for this is summarised by Lewis and colleagues (2017).

Brooks and colleagues found that 49% of young people who reported self-harm had been bullied (physically and emotionally in person) and 32% had been cyberbullied. In each case this was over a 2-month period (Brooks *et al.*, 2017).

## What works for supporting young people who self-harm?

It is recommended that interventions can include cognitive behavioural, psychodynamic or problem-solving approaches, all of which form the approaches used by psychotherapists and counselling staff at WISH.

NICE also recommends that young people collaborate in their risk management plans, and we have found evidence of this at WISH, too.

Saunders and Smith (2016) conducted an evidence review of what works in self-harm and included the evidence for children and young people. They found that there was little

evidence for what was effective. Saunders and Smith comment that the reliance on data from randomised control trials in systematic reviews, “while methodologically robust, leads to a limited summary of the available evidence and overlooks a number of important interventions for the reduction of self-harm” (page 3).

A recent study reviewed evidence on the perspectives of both young people who self-harm and parents of children who self-harm on what helps.

The views of young people found by Curtis and colleagues (2018) can be summarised as:

- Young people want to talk and be listened to by their parents, and though less commonly reported, also by professionals who could help them.
- Crucially the ‘talking and listening’ must be non-judgemental.
- Parents should make school staff and other family members aware of the problems they are facing and help find ways to resolve these problems.
- Stigma and the fear of a negative response are a barrier to a young person seeking help, and reassurance of a non-judgemental response is critical (see also Lewis *et al.*, 2018 for a recent review and summary of barriers).
- Understandably young people are sensitive to dynamics in the home and these impact on the incidence of self-harm in young people’s view.

Parents report that they lack information and often require support to help them help their child. Parents thought they would benefit from professional help but also by having strong and supportive social networks.

## Evaluation findings

The evaluation received data on 301 young people, almost evenly divided between the Harrow and Merton sites. The average age was 15.7 years, or 15.3 years if one excludes young people using the former service user group.

In terms of gender, most of the young people were girls: 82% in Harrow and 74% in Merton.

The proportion of overall cases from Black and minority ethnic communities was 43.9% (n=136); 50.6% (n=78) in Harrow and 37.2% (n=58) in Merton.

The vast majority of the young people who used WISH Centre services lived at home with a parent(s).

Most young people accessing WISH in both Harrow and Merton used just one of the WISH services and in the majority of cases, this was Safe2Speak, the one-to-one counselling service.

## Outcomes

### A & E Attendance

Data was supplied on 84 young people who had attended A&E because they had self-harmed, and these young people had attended A&E 138 times in total over a 12 month period, prior to attending WISH. Data for the same young people on A&E attendance for self-harm for the time they attended WISH was also collected (this typically covered a 6 or 12 month period) and this indicated a significant reduction in this follow-up period (only three young people attended A&E and these young people attended a total of seven times).

### End of Therapy rating

Young people are asked at the end of their period of therapy to rate themselves as to whether they have improved or otherwise on 9 domains: anxiety/stress; depression/sadness; emotional resilience; coping mechanisms; trauma; abuse; self-harm; suicide ideation; and sexual exploitation.

The results of these ratings for 123 young people for whom these scores were available are given in table 1.

**Table 1: End of Therapy – Improvements in wellbeing versus no change or further decline in wellbeing**

Domain	N =	Improved	No change/worse
Abuse	50	76.0%	24.0%
Anxiety/stress	90	70.0%	30.0%
Coping mechanisms	91	69.1%	30.8%
Depression/sadness	89	65.2%	34.8%
Emotional resilience	90	71.1%	28.9%
Self-harm	75	81.3%	18.7%
Sexual exploitation	31	64.5%	35.5%
Suicidal ideation	55	69.1%	30.9%
Trauma	64	64.1%	35.9%

Most young people who use WISH and have an End of Therapy rating show an improvement. Notably, the most marked positive change was for 'self-harm', with 81.3% of young people who had been actively self-harming at the outset having reduced self-harming behaviour by the end of therapy. Of these, over 90% had either reduced self-harming significantly or stopped all together.

### **Outcome score – WISH Psychosocial Assessment Tool (WPAT)**

WISH have adapted the Young People's CORE, a validated tool. This adapted tool, the WPAT, involves therapists agreeing a rating at the very outset of therapy and repeating this at intervals. It has nine identical domains to the End of Therapy form (see page 6). Statistical tests were performed on the differences between the first and last ratings with the WPAT for 115 individuals who collectively had 126 episodes of care in the two year period the evaluation focused on.

Statistically significant improvements were found in young people when the following areas were tested:

1. The differences in pre and post total WPAT score for the whole sample;
2. The differences in pre and post total WPAT score for young people in Harrow;
3. The differences in pre and post total WPAT score for young people in Merton;
4. The differences in pre and post total WPAT score for young people using the Safe2Speak Programme;
5. The differences in pre and post total WPAT score for young people using the Self Harm Xpress Programme;
6. The differences in pre and post total WPAT score for young people using the Outreach Programme<sup>1</sup>;
7. The differences in pre and post total WPAT score for those using a single WISH programme;
8. The differences in pre and post total WPAT scores for each of the nine WPAT domains was tested, i.e: anxiety/stress, abuse, coping mechanisms, depression/sadness, emotional resilience, self-harm, sexual exploitation, suicidal ideation & trauma.

<sup>1</sup> This is a small sample and caution should be taken when interpreting the statistic, i.e. one would not be confident to generalise from the result, but it may be indicative.

## Qualitative findings

Young people helped design the methodology for collecting interview and focus group data, and helped in deciding the questions both young people and other stakeholders were to be asked.

A total of 26 young people contributed to the evaluation by taking part in focus groups and interviews. There were also interviews with 14 wider stakeholders, including staff at WISH, trustees, referrers to WISH, local health and local authority commissioners and funders.

The interview and focus groups produced the following themes:

### Young people's outcomes

#### **Young people are better at coping with mental distress**

*"I still have the negative experiences and thoughts but, like, I am able to deal with them much better than I did before"*

[Young person in interview]

#### **Young people have made good friendships**

*"You know you're going to be able to take care of yourself, and you know you've got friends for life"*

[Young person in focus group]

#### **Young people are better at social situations or feel better in large groups**

*"Before I would just avoid talking to new people. I would just stand there, head down, say nothing. Now it's easier to socialise and to be myself – now I am less worried about people's judgement of me."*

[Young person in focus group]

#### **Young people are more able to talk about their issues**

*"...because I know that the things I talk about matter and they are worth listening to – things I have been able to put into words [once] I can put into words again [somewhere else]"*

[Young person in interview]

#### **Young people are more able to seek help**

*"Even if I have a bad couple of days, I'll message [group member] and say, 'I feel really shit', and they'll say, 'OK what happened? And tell me something good' – and I'll say '...and that happened and that made me happy'."*

[Young person in interview]

#### **Young people are achieving better at school, college and work**

*"Secondary school I definitely didn't like, but I think that's because of everything that was going on. But after WISH I realised that I kind of enjoy school and that's why I decided to go to the sixth form"*

[Young person in interview]

#### **Young people are more confident**

*"I think I'm more confident, especially with expressing my own opinions..."*

[Young person in interview]

#### **Young people are safer from suicide risk**

*"there is no question about it...you just have to sit down and talk to the young people...there is no question....it saves lives"*

[Wider stakeholder]

#### **Young people are more able to accept difficult situations**

*"I became a lot more accepting of myself. I stopped feeling I had to please everyone around me. I realised I have acceptance now. Before I used to panic...."*

[Former service user]

#### **Young people have improved self-esteem**

*"We make each other feel good"*

[Young person in focus group]

#### **Young people are happier**

*"I'm a little bit more perked up. Although I have my moments just like anyone else. I have my down days, but I more look forward to things"*

[Young person in interview]



**Young people stop self-harming, or self-harm less**

*“I haven't self-harmed now since March”*  
 [Young person in focus group]

**Young people can see a future**

*“It opened so many doors... it changed everything.”*  
 [Young person in focus group]

**Young people have skills to help others**

*“I feel like it's given us the confidence where we can go out and help other people: yes it helped me, and now I can help someone else”*  
 [Young person in focus group]

**Other outcomes**

Some less commonly mentioned outcomes for young people were:

- Body confidence – including confidence about weight and about scars from self-harming;
- Ability to do more and develop skills for adult life;
- Ability to form healthier relationships;
- A reduction in risk-taking behaviour;
- More self-awareness;
- A better understanding of how stereotypes including gender stereotypes affect mental wellbeing.

*“Confidence about my scars – before I used to hide it and stuff”*  
 [Young person in focus group]

*“Not following the line of drugs, alcohol, attempted suicides”*  
 [WISH Trustee]

**How WISH Works**

**Young people have control of their support**

*“There was never pressure to talk – some groups I just sat here and cried – and I never talked – and there was no pressure of ‘just because you are sad you have to share’”*  
 [Young person in interview]

**Young people have choice about how they leave WISH, and are enabled to stay connected**

*“When you leave WISH you're not really leaving. You know you can still contact [the staff]”*  
 [Young person in interview]

**WISH has positive relationships with other agencies**

*“The mum has a bit of an ambivalent relationship with children's services and the police, which impacted on her letting us know [what was happening with the child] but [WISH staff] helped with the meeting – and also gave advice to Mum”*  
 [External stakeholder]

**WISH campaigns for better awareness and services**

*“Raising awareness of the issues. We have been politically active over the years. Young people may not realise this - that they are feeding into informing people”*  
 [WISH Trustee]

**The young people have a sense of belonging and WISH has a “family feel”**

*“I feel like here you grow together. You don't really get a sense of other girls being horrible to you. We are all like family”*  
 [Young person in focus group]

### **The focus is on fun and positivity, not self-harm**

*“The main thing I remember is how chilled and relaxed group is – like we have a laugh – it’s not just all centred around depressing stuff”*

[Young person in focus group]

### **Staff have skills in engaging young people**

*“I wasn’t even up for admitting I had a problem. But then I thought, ‘oh my god, they’re really nice’ – and then I started coming”*

[Young person in focus group]

### **The environment is calm and relaxing**

*“I liked the fact that it was a really calming, relaxing atmosphere and I think that’s what I had been really worried about”*

[Young person in interview]

### **The staff have specialist knowledge**

*“[It’s] been really helpful in terms of developing social workers’ knowledge, understanding and practice around online grooming, and what young people have access to, and might be getting up to online. [Staff have] helped with strategy meetings, given advice. [Staff] have been helpful in talking through some CSE risk assessments we’ve done for [a] young person”*

[External stakeholder]

### **WISH offers a range of support in a flexible way**

*“I do the one-on-one sessions, I didn’t end up doing the group. I was allowed to choose in a sense, I did try and get into the group and then I didn’t get in for whatever reason. At first I was only given the option to do the one-on-one.”*

[Young person]

### **WISH and working with parents**

*“...parents can see change in that the young person is accessing support – and then they might see a change. Modelling might be happening – young person practices a*

*respectful relationship with me – I expect respect from them and I will respect them. They then learn that for another relationship. If you can do that with me, then that can happen with Mum. Though I don’t go into the home or work with parents. But we do have impact with parents”*

[WISH staff member]

### **Cost Benefits**

The overarching response was that WISH services were cost effective for two main reasons:

1. They are relatively low cost. Group activities in particular are seen as inexpensive, but the organisation as a whole was seen as being good at controlling costs.
2. There are cost savings to statutory services. These were described as being to:
  - **Health services:** reducing the number of GP appointments, A&E attendances, medication and paramedic call-outs;
  - **Local authority services:** keeping young people closed to social services or reducing social services referrals;
  - **School budgets:** reducing demand for in-school support in particular pastoral support and learning support.

*“It does prevention work – otherwise could be on a waiting list somewhere else. Referrers often don’t know what to do – like if someone does not reach the threshold for CAMHS. That has an effect on the referrers and on the young people; WISH has a holding role there”*

[External stakeholder]

*“They are great at picking up cases which otherwise might be open on a child in need plan – sometimes child protection, but we might be treading water and not actually having any impact or outcomes. They’re able to quickly make a difference to children and their families in a way that we don’t”*

[External stakeholder]

## Discussion

The findings from the focus groups, interviews, and analysis of the outcome data that WISH collects lend strong support for the model and approach that the WISH Centre offers, and demonstrate that WISH makes a significant and positive difference to the children and young people it supports. The view of WISH and its stakeholders has been, for years, that its approach was effective with the young people it worked with in Harrow and this evaluation supports those views, and has found that success has been replicated in Merton.

WISH faces challenges meeting the demand for its service, and expanding its peer support offer might be a cost effective and relatively easily replicable way of meeting this demand. This evaluation and particularly the interviews and focus groups have found strong support for the groups.

There is a strong argument for providing information and support to parents, and evidence that this might also reduce self-harm. This is not necessarily a service that

WISH needs to provide. Commissioners should explore the possibility of commissioning an offer for parents. One possibility alluded to in the literature review is a support group, perhaps a facilitated peer group equivalent for parents.

Young people who self-harm are at greater risk of prolonged poor mental health and, most importantly, are significantly more likely to have tragically short lives due to self-inflicted causes (suicide, but also through misuse of drugs and alcohol). Child and Adolescent Mental Health Services (CAMHS) have a function to play, but thresholds of entry and volumes of need suggest there is a huge gap. In Harrow and Merton, the WISH Centre is attempting to meet that gap and is able to do so in a way which overcomes some of the barriers that prevent young people from seeking help. It has a significant positive impact on the young people it is able to work with.

Centre for Mental Health conclude that the approach offered by WISH is both successful and replicable.

## Recommendations

### **1. Introducing the WISH approach to other areas**

Clinical commissioning groups (CCGs) and local authorities across the country should commission services similar to WISH to address the needs of young people struggling with self-harm.

The approach offered by WISH is highly successful in bringing about improvements across a range of outcomes for young people, and part of its success is that it is attractive to young people and engages with them.

### **2. Increase capacity**

CCGs & local authorities need to expand and develop the model used by WISH, to ensure

there is enough capacity to give all young people struggling with self-harm the timely support they need. Commissioners may especially wish to focus on the role of peer support groups, which could provide the most cost-effective means of increasing capacity and which this report has found to be highly effective.

### **3. Developing outcome reporting and achieving more understanding of the peer support offer**

Research funders should commission further studies, prospective in nature, specifically on the outcomes of young people who attend peer groups.

#### **4. Commissioning more for young men**

Commissioners should look at increasing their provision for young men struggling with self-harm, as well as young women.

This is based on the views of a range of interviewees and focus group members, who thought a broader offer was needed for young men.

#### **5. Commissioning a specific offer for young people identifying as LGBT**

Research funders should fund pilot studies to examine the benefits of LGBT-specific groups for young people struggling with self-harm.

Some people felt there should be an offer for lesbian, gay, bisexual and transgender young people, with a number suggesting that multiple groups might give young people a choice of groups to go to, including different gender mixes.

#### **6. Better promotion**

Public Health England should commission a national campaign on working with young people who self-harm, increasing awareness in young people and others of the issues, challenging the myths about self-harm and encouraging help-seeking among those who need support. This would require substantial funding, locally and nationally, both to fund the promotional activity and to build capacity in the sector to meet demand.

This is based on several group discussions in our research which centred on the promotion of WISH. Many young people said they had not recognised existing promotional material and had not known about WISH before they came. There was consensus that promotion should challenge stereotyping of young people who self-harm as being largely White British girls, and that the representation of young people should be positive and uplifting.

#### **7. Commissioning support for parents and carers**

CCGs and local authority commissioners should work with services across the country providing support similar to WISH, to explore the need for facilitated peer group offers for parents and carers, and to establish what this support might look like. Extending the support to parents and carers is likely to have benefits for young people too.

#### **8. Support for teachers and other professionals working with young people on self-harm**

Charitable funders should fund the development of a self-harm awareness training programme for teachers and professionals who work with young people.

The training offered by WISH is highly valued by delegates, but teams like WISH will always have limited capacity. A national programme to equip professionals across the sectors would improve the understanding and support given to young people struggling with self-harm, and would increase the likelihood of timely support.



## A space to talk EXECUTIVE SUMMARY

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