MULTI AGENCY GUIDANCE FOR STAFF WORKING WITH YOUNG PEOPLE AT RISK OF SELF-HARM AND/OR SUICIDE
# CONTENTS

## INTRODUCTION

## SECTION ONE – UNDERSTANDING SUICIDE AND SELF-HARM

### Self-Harm
1.1 Definition
1.2 Types of Self-harm
1.3 Risk Factors
1.4 Why do Young People Self-harm?

### Suicide
1.5 Definition
1.6 Risk Factors
1.7 Why do Young People Attempt/Complete Suicide?
1.8 The Relationship between Self-harm and Suicide?
1.9 Warning Signs
1.10 Protective Factors

## SECTION TWO – LEGAL ISSUES

2.1 Child Protection
2.2 Children and Young People’s Views
2.3 Data Protection
2.4 Information Sharing
2.5 Confidentiality

## SECTION THREE – HAVING CONVERSATIONS ABOUT SUICIDE AND SELF-HARM

3.1 How to talk about Self-harm
3.2 How to talk about Suicide

## SECTION FOUR – ASSESSMENT AND INTERVENTION

4.1 Risk Assessment
4.2 Considerations when talking to a Young Person about Self-Harm and Suicide
4.3 Recording Discussion with a Young Person
4.4 Developing a ‘Safe Plan’
4.5 Alternative Coping Strategies
4.6 Harm Minimisation and Prevention Approached
4.7 Completed Suicides/Post-intervention
4.8 Support and Resources

## SECTION FIVE – CARING FOR OURSELVES AS PROFESSIONALS

5.1 Looking After Ourselves and Others
5.2 Training Opportunities

## APPENDICES

Appendix 1 Recording Discussion with the Young Person and Distribution List
Appendix 2 Low Level of Concern Checklist
Appendix 3 Medium Level of Concern Checklist
Appendix 4 High Level of Concern Checklist
Appendix 5 Self-harm/Suicide Pathway Chart
Appendix 6 Recording of Meeting with the Young Person Form
Appendix 7 Alternative Coping Strategies
Appendix 8 My Safe Plan

## REFERENCES
FOREWORD

There is a recognition that mental health difficulties amongst children and young people appears to be on the increase in Scotland and across other developed countries. There is also a growing evidence base suggesting a link between adverse childhood experiences, childhood trauma and increased risk of developing mental health difficulties.

All agencies which come into contact with children and young people acknowledge their important roles and responsibilities in identifying and supporting children and young people who may be at risk of self-harm or suicide.

It is the intention of this guidance to provide a resource to all staff who are working with children and young people to help them to recognise and provide appropriate support when faced with self-harm or suicidal behaviours. It is important not to underestimate the value of the positive relationship you may already have with the young person. We feel this information will help improve the support given to children and young people and their families.

Jack Libby
Chair – GIRFEC Group
INTRODUCTION

The purpose of this guidance is to outline a recommended pathway to guide professionals through the process of supporting young people who may be at risk of self-harm or suicide, to work alongside the National Practice Model.

This guidance will not replace existing assessment, recording and reporting procedures within schools or other organisations. The target audience for the guidelines is professionals working with young people from 12-18 years throughout the Western Isles. The principles within this document are, however, applicable to professionals working with children in the upper primary level (P6 & 7), and young adults.

Self-harm and suicide are major public health problems for young people. Rates of self-harm are higher during teenage years. Suicide is the second most common cause of death in young people worldwide (Hawton et al 2012). The Scottish Government have pledged to progress work around the problem of self-harm and suicide through their Scotland Suicide Prevention Plan (Scottish Government, 2018). This strategy is currently under review and will be reflected in future updates of this guidance.

It is impossible to say how many young people are self-harming because very few talk about it; however, it is estimated that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16. It is widely acknowledged that the actual figure could be much greater. 14 year olds represented the majority of the young people accessing counselling for self-harm; however, a review of Childline conducted by NSPCC in 2014, found that counselling sessions with 12-15 year olds where self-harm was a factor, increased by 20% on the previous year. The age with the highest increase was in 12 year olds where a 44% increase was noted (NSPCC, 2014). The majority of young people who self-harm do not take their own life but some do.

The majority of young people who think about, or talk about, suicide do not attempt to take their own lives, but some do. In Scotland, it is estimated that 24% of young people experience suicidal ideation at some point during adolescence and 6% will experience suicidal behaviour (Deans & Black 2016). During the period of review by the NSPCC in 2014, telephone calls to Childline reporting suicidal feelings increased by 36 percent from the previous year (NSPCC 2014). This recent shift has influenced significant research enquiries in order to provide a better understanding of self-harm and suicidal behaviour. A common theme emerging from the research findings is that positive outcomes often arise when children and young people are supported by those who know them best, including family, teachers and other professionals. As a result, there has been collective recognition within the research literature that schools and other front-line children’s service agencies are well-positioned to provide support (Hawton et al 2012).
There are many myths associated with these issues, including fears that talking about self-harm or suicide may result in a young person self-harming or attempting suicide. This guidance aims to dispel that myth and support professionals to feel confident, informed and able to support those young people most at risk. Our experience shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death. Giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die. When young people do access social, healthcare and other services, they need do so without fear, stigma and safe in the knowledge that they will be given strong and appropriate support.

It is the duty of all professionals to identify and support the needs of children and young people holistically (HM Government 2014).

This duty includes assessing need against well-being indicators that aim to ensure all young people are supported towards being Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. Research findings and recent legislative shifts both highlight the important role that school employees and other front-line children’s service professionals can play in supporting children and young people who are at risk of suicide or self-harm.

It is the intention of this guidance to provide all employees working with children and young people a shared understanding of self-harm and suicide. This will facilitate a consistent and supportive approach for young people who self-harm, have suicidal thoughts or attempt suicide.

The objectives of this guidance aim to provide;

- A multi-agency shared understanding of self-harm and suicide in order to facilitate a consistent approach to support young people who self-harm, who have suicidal thoughts or who have attempted suicide
- Awareness of self-harming behaviours in young people
- Definitions, risk factors and warning signs of self-harm and suicide
- An understanding of the function of self-harm and suicide, acknowledging the differences and relationship between these
- Provide an understanding of the rights of the child, confidentiality, consent, child protection and information sharing in relation to self-harm and suicide and some of the issues related to this
- Appropriate guidance which indicates to employees how risk should be assessed
- Guidance relating to best practice and supports for young people, their families and employees
- Suggested assessment and intervention tools to support employees
- Recommended supports and training opportunities for employees
- A list of relevant local and national resources and contacts
- Guidance which promotes emotional wellbeing and resilience.

Within the guidance and appendices are assessment tools, recording forms and Safe Plans that can be used for record keeping purposes, and to enable professionals working across the Western Isles to evidence their actions consistently.

This guidance was developed following consultation with the Western Isles GIRFEC Implementation Group and other key stakeholders and written by:

- CnES Educational Psychology Service
- Child and Adolescent Mental Health Services (CAMHS)

With thanks to:

- Western Isles Secondary Guidance Teams
- Western Isles Health Improvement Team
- Western Isles Children’s Social Work Services
- Western Isles Education Services.

Terms Used
For the purpose of this document the term child refers to someone who is under the age of 16 years and the term young person refers to someone who is aged between 16 and 18 years.
SECTION ONE – UNDERSTANDING SELF-HARM AND SUICIDE

Self-Harm

“If I wanted attention, I’d walk out in the street naked” (Pembroke 2005)

1.1 Definition
Self-harm describes any behaviour where someone causes harm to themselves, usually as a way to help cope with difficult or distressing thoughts and feelings (Mental Health Foundation 2006).

The National Suicide Prevention Strategy (2013-16) considers self-harm as self-poisoning or self-injury, irrespective of the apparent purpose of the act (Scottish Government 2013). It is widely accepted that self-harm is a strategy for coping with overwhelming emotional distress that a person is unable to resolve in another way. Self-harm is often a way of releasing feelings such as anger, sadness, confusion and self-hatred. Favazza (1998) draws a distinction between the intentions of those who self-harm and those who attempt suicide; suggesting that a person who truly attempts suicide seeks to end all feelings whereas a person who self-mutilates seeks to feel better.

1.2 Types of Self Harm
Self-harm is a response to a sense of overwhelming emotional distress. The most common ways that people self-harm include:
- Cutting
- Burning/scalding
- Picking/scratching skin
- Hair pulling
- Ingesting objects or toxic substances
- Overdosing on medication (prescribed/un-prescribed)
- Head banging
- Breaking bones
- Punching
- Biting self
- Self-trolling
- Intentional risk taking behaviours which have a negative effect on a person’s physical health such as unprotected sex, alcohol consumption, over/under eating etc.

1.3 Risk Factors for Self-Harm
There do not appear to be any fixed rules about why people self-harm. Its' presence is not confined to any single age, gender, ethnicity or economic group. However, research findings indicate that certain social groups or environmental triggers are associated with increased vulnerability (Pembroke 2005).

Such risk factors include:
- family history of self-harm or suicide
- minority, social or ethnic groups
- childhood trauma or abuse
- socio-economic deprivation
- mental health problems (such as depression, anxiety or eating disorders)
- poor emotional regulation skills
- gender issues
- sexuality issues
- substance abuse
- experience of a significant adverse life event (such as parental separation, bereavement, relationship break-up or academic failure)
- exposure to self-harm or suicide via the media or peers
- increased pressure at work or school
- bullying or social isolation: including through use of social media
- feeling rejected
- offending behaviour.
1.4 Why do Young People Self-Harm
Self-harm is a coping mechanism which enables a person to manage their emotional distress. Young people who hurt themselves often feel the physical pain is easier to deal with than the emotional distress they are experiencing. However, self-harm only provides temporary relief and, as such, does not deal with the ongoing underlying issues that a young person is facing. It is important to establish the underlying reasons for an individual's self-harm. The most effective support strategies will come from identifying both the risk factors specific to the individual, and the function of the person’s self-harm behaviour.

Research studies have identified the following as potential reasons why people self-harm:
- Regulate emotions
- Prevent suicide
- Avoid feeling numb or disassociated
- Signal emotional distress to others
- Connect with a peer group
- Gain a sense of control
- Self soothe/self-care
- Self-punish.

Suicide

1.5 Definition
Suicide is defined as death that results from an intentional, self-inflicted act (NICE Guidelines 2004). Suicidal ideation is a term used when people have thoughts or an unusual preoccupation with suicide. This can range from fleeting thoughts to detailed planning. Suicidal behaviour is a term used to describe non-fatal acts of self-injury that are motivated by suicidal intent. Typically, this behaviour follows a period of suicidal ideation but only leads to completed suicide in a minority of cases.

1.6 Risk Factors for Suicide
Anyone can be at risk of suicide; however some groups of young people are more vulnerable. These include those who are;
- Misusing drugs and alcohol – not only in relation to regular abuse of substances, but also includes casual and recreational use. Young people can be particularly vulnerable in the ‘come down’ phase
- Looked After and Accommodated Children (LAAC.)

Or individuals who have or are;
- Experiencing significant life adversity
- Young men
- Linked in with mental health service and experiencing significant mental health difficulties
- Previously attempted suicide
- A relative or friends who has attempted or completed suicide
- Someone in the child’s school has taken their own life
- Been in a young offenders institution or prison
- Recently been bereaved
- Recently unemployed
- Living in isolated or rural communities
- Gender uncertainties
- Homeless.

1.7 Why do Young People Attempt or Complete Suicide
Suicide is attempted or completed in order to end life. Attempts to take one’s own life nearly always follow a life crisis or stressful event. Suicide is attempted/completed to stop pain or distress or due to an individual believing there is no point in living.

1.8 Distinguishing between Self-Harm and Suicide
The difference between self-harm and suicide is the intention of the act. Young people who self-harm, use it as a means of coping with, and responding to emotional distress with an intention to stay alive. Suicide relates to ending life. Establishing intent is paramount to understanding and managing risk as the severity of injury is not necessarily an indicator of intent. An individual may be confused about their motivation to harm themselves and therefore may need to be supported to gain understanding of their intentions.

1.9 Warning Signs

There may not be any obvious signs that a young person is self-harming, experiencing suicidal thoughts or engaging in suicidal behaviour as these are often secretive acts. However, warning signs may include those listed below:

<table>
<thead>
<tr>
<th>Self-harm and/or suicide</th>
<th>Self-harm</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social withdrawal</td>
<td>Wearing long sleeves at inappropriate times</td>
<td></td>
</tr>
<tr>
<td>Evident changes in behaviour or personal habits</td>
<td>Unexplained cuts, bruises, burns or other injuries</td>
<td></td>
</tr>
<tr>
<td>Discontinued hobbies or interests</td>
<td>Spending more time in the bathroom</td>
<td></td>
</tr>
<tr>
<td>Feeling hopeless about their situation/ the future</td>
<td>Previous episodes of self-harm or suicide attempts</td>
<td></td>
</tr>
<tr>
<td>Noticeable changes in eating or sleeping patterns</td>
<td>Researching or talking about methods of suicide</td>
<td></td>
</tr>
<tr>
<td>Alcohol or substance misuse</td>
<td>Seeming overly-cheerful following a bout of depression</td>
<td></td>
</tr>
<tr>
<td>Reduced concentration</td>
<td>Dwelling on insoluble problems</td>
<td></td>
</tr>
<tr>
<td>Self-defeating language</td>
<td>Giving away possessions</td>
<td></td>
</tr>
<tr>
<td>Failure to take care of personal appearance</td>
<td>Comments such as ‘I’ll be off your back soon enough’ or ‘I won’t cause you any more trouble’</td>
<td></td>
</tr>
<tr>
<td>General low mood/ mood swings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running away from home, or violent and rebellious behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulties with peer relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of boredom, restlessness, and self-hatred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unresolved feelings of guilt following the loss of an important person or pet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.10 Protective Factors

It is important to note that not all young people who are exposed to the aforementioned risk factors or other emotionally distressing events engage in self-harm or suicidal behaviour. Kassam & Mendes (2013) explored factors that may protect young people despite their adverse experiences. Getting it Right for Every Child (Scottish Government, 2006), reflects many of the identified protective factors within the three categories of the ‘My World Triangle’:

- Individual to the young person
- Family
- The wider community

**Protective factors individual to the young person**
- Good physical health that comprises adequate sleep, good nutrition and physical exercise
- Ability to exercise self-control of behaviour, thoughts and emotions
- Optimistic outlook on life/general sense of hopefulness
- Good problem-solving skills
- Sense of purpose/ aspirations (this could include academic motivation, positive relationships or
meaningful engagement with hobby or interest)
- Religious faith or spirituality
- High self-esteem
- Resilience
- Good peer relationships and feeling connected to others.
- Sense of purpose and belonging.

It is important to note that these individual factors are not fixed entities. Many of these skills or internal motivations can be learned or improved upon using techniques such as those described in the Appendix on Alternative Coping Strategies (Appendix 7).

**Family**

The quality and character of family support can be crucial to keeping young people safe even when they are engaging in self-harm or contemplating suicide. Consistently nurturing and reliable family support, can help ameliorate trauma, reduce risk and sustain protective messages.

Family related protective factors include:
- Young person has a secure attachment with parent or carer
- Parent or carer is willing to talk to their young person about their concerns
- Young person is willing to talk to family about their concerns
- Family is supportive and adopts a non-judgmental perspective
- Low level of stress in the home environment
- Family have a good network of social support.

**School/Wider Community**

Protective factors related to school and the wider community include:
- Young Person has developed long-standing friendships
- Young Person attends extra-curricular activities
- Young Person feels a sense of connectedness with the school community
- School has a positive and nurturing ethos
- School staff are aware of how best to support young people who engage in suicide and/or self-harm
- Access to suicide or self-harm support services is readily available within the local community.

Identifying existing protective factors and strengths that the young person can improve upon is essential; these can act as a powerful support strategy, and should always be considered when working with the young person to develop a ‘Safe Plan’ (See Appendix 8).
SECTION TWO – LEGAL AND PROFESSIONAL ISSUES

2.1 Child Protection
Child Protection procedures should be followed when:
- There is reasonable cause to believe the child or young person may be at risk of seriously injuring themselves
- The child or young person has expressed suicidal ideations
- There is reasonable cause to believe a child or young person has experienced, or is at risk of, significant harm from any form of abuse or neglect including sexual exploitation, trafficking and enforced labour
- Urgent medical treatment is required.

2.2 Children and Young People’s Views
Children and young people have the right to express an opinion. This right is enshrined Article 9 of the European Convention on Human Rights which relates to the right to freedom of thought conscience and religion. The weight given to children and young people’s views varies according to their age and level of understanding. In Scotland there is more specific legislation relating to the need to consider children and young people’s views: Under the Young Person Scotland Act 1995 the views of the child must be considered when someone with 'care or control' of the child (but not parental responsibilities/rights) is making 'any major decision' in relation to safeguarding the child's health, development and welfare. When working with children and young people who are self-harming or are at risk of self-harm or suicide it is important to seek their views and take these into consideration.

2.3 Sharing Information: What should I consider first?

“While it is acknowledged that practitioners need to be sure that their actions comply with all legal and professional obligations, fear that sharing genuine concerns about a child or young person’s wellbeing will breach the Act (Data Protection Act 2018) is misplaced. Rather, the Act promotes lawful and proportionate information sharing, whilst also protecting the right of the individual to have their personal information fairly processed.” Information Commissioners Office

First and foremost, you should ask yourself the following five key GIRFEC questions:

- What is getting in the way of this child or young person’s well-being?
- Do I have all the information I need to help child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person? And
- What additional help, if any, may be needed from others?

To answer all of these questions comprehensively, there may be a need to collate information and/or share information with the other appropriate practitioners. This is particularly important where the answer to any of these questions is no; or you do not know; or you are unsure of the answer to any one of the above questions.

Full guidance on Information Sharing, Confidentiality and Consent issues can be viewed within the explanatory document at Practitioners Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People’s Wellbeing.
SECTION THREE – HAVING CONVERSATIONS ABOUT SELF-HARM OR SUICIDE

It will be helpful when having conversations about self-harm and suicide to remain calm and patient no matter what the individual says or does. Try not to panic or show personal distress. It is important to offer support in a private and quiet space ensuring that any immediate medical assistance required is sought. Asking open questions and actively listening to responses will support staff to build a better understanding of what is going on for the young person and potential appropriate supports. Talk less than the young person and say no more than a few sentences at any one time. Try to be brief and caring. Be interested in what they have to say, more than what you want to tell them.

3.1 How to talk about self-harm

- Show compassion and respect
- Help the young person identify triggers to how he or she is feeling
- Don’t hold back on asking questions about self-harm, try to make the young person feel safe about discussing this, let them know you are available
- Recognise signs of distress and find a way of talking to the young person about how he or she is feeling
- Listen to his or her worries and problems, take them seriously and try not to make assumptions
- Try to remain calm and reassuring, however upset you feel about the behaviour
- Highlight that it is normal to feel tension and anxiety when stressed or upset
- Help the young person to understand that talking about worries and feelings is a good way to reach a solution
- Offer help with problem solving
- Explain that the relief experienced as a result of self-harm is temporary and it is important to address what is causing the difficult feelings
- Explain that self-harm can causes risks such as generating further negative feelings and risks of infection, scarring or other significant injuries
- Be understanding that once someone has become reliant on self-harm as a coping strategy, it can take time to replace this with a healthier coping strategy.
- Encourage the young person to focus on the healthier coping strategies that he or she has
- Encourage all young people to raise worries they may have about friends who seem depressed, either with school or parents
- Accept your limitations and seek advice if you feel stuck or out of your depth
- Ask the young person if they have any suicidal thoughts or plans
- Neither overstate or underplay the concerns raised.

3.2 How to talk about suicide

- Talk openly about suicide and don’t avoid the issue
- Be clear about the limits of confidentiality from the start
- Be clear about language used – ensure the question is not ambiguous
- Don’t make promises to keep information secret
- Be willing to listen and accept the individual’s feelings
- Seek support from your line manager and colleagues
- Be non-judgemental and don’t debate the rights and wrongs of suicide
- Don’t minimise the person’s thoughts, feelings, words or potential outcomes
- Try not to appear shocked
- Offer hope that alternatives are available
- Take action by removing any means they may have to complete suicide. Remember your own safety is paramount
- Get assistance from appropriate support agencies – contact emergency services immediately if required.
- Ask the young person what they want to happen next

During conversations about self-harm and suicide it is important to be aware of your own emotions and reactions to these subjects in order to manage how you engage appropriately with the young person you are talking with. This will be further explored in Section 5 ‘Caring for Ourselves as Professionals’, page 19.
Child Protection procedures must always be considered. Remember to follow your agency’s Child Protection procedures if you feel a child is at risk of significant harm.

SECTION FOUR – ASSESSMENT AND INTERVENTION

4.1 Risk Assessment
It is important to conduct an initial risk assessment at the first opportunity using the Outer Hebrides Interim/Short Term/Emergency Risk Assessment tool, as this will determine the urgency with which it may be necessary to involve other partners. Remember the level of risk can vary depending on the young person’s mood and their current circumstances. It is important to remember to follow your own services policies and procedures.

A more comprehensive Risk Assessment will be undertaken when the Initial Wellbeing Assessment or Childs Assessment and Plan is produced to help professionals evaluate what support the young person continues to require.

Self-Harm Risk Assessment and Intervention

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-harm injury is superficial</td>
<td>• Ease distress as far as possible</td>
</tr>
<tr>
<td>• Underlying problems are short term and manageable</td>
<td>• Empathetic listening</td>
</tr>
<tr>
<td>• No signs of low mood</td>
<td>• Joint problem solving for underlying issues</td>
</tr>
<tr>
<td>• Current situation felt to be painful but bearable</td>
<td>• Discuss harm reduction – other strategies used (If you are unsure about harm reduction approaches, please discuss this with a colleague/ manager who has this knowledge)</td>
</tr>
<tr>
<td>• Unlikely to cause serious harm</td>
<td>• Talk to the young person about their safety</td>
</tr>
<tr>
<td>• No thoughts of Suicide</td>
<td>• Link to other sources of support/counselling</td>
</tr>
<tr>
<td>• No suicide plan</td>
<td>• Consider support from others who know about the young person’s self-harm (peers/parents)</td>
</tr>
<tr>
<td></td>
<td>• Make use of line management or supervision to discuss particular cases or concerns</td>
</tr>
<tr>
<td></td>
<td>• Ensure there is on-going support for child/young person and review and reassess at agreed intervals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Moderate Risk</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Current self-harm is frequent and distressing</td>
<td>• Ease distress as far as possible</td>
</tr>
<tr>
<td>• Situation felt to be emotionally painful but no immediate crisis</td>
<td>• Empathetic listening</td>
</tr>
<tr>
<td>• Suicidal thoughts may be frequent but still with no specific plan or immediate intent to act</td>
<td>• Work with the young person and their support network to identify and reduce difficulties, Consider safety of young person, including possible discussion with parents/careers or other significant figures</td>
</tr>
<tr>
<td>• Drug and/or alcohol use, binge drinking</td>
<td>• Use/review safety plan</td>
</tr>
<tr>
<td>• Changes in the type of self-harm</td>
<td>• Consider consent issues for the above</td>
</tr>
<tr>
<td></td>
<td>• Seek specialist advice, if relevant</td>
</tr>
<tr>
<td></td>
<td>• Discuss initial concerns with your line manager</td>
</tr>
<tr>
<td></td>
<td>• Consider support from others who know about the young person’s self-harm (peers/parents)</td>
</tr>
<tr>
<td></td>
<td>• Make use of line management or supervision to discuss particular cases or concerns</td>
</tr>
<tr>
<td></td>
<td>• Consider increasing levels of support/professional supervision</td>
</tr>
<tr>
<td></td>
<td>• Ensure there is on-going support for child/young person and review and reassess at agreed intervals</td>
</tr>
<tr>
<td></td>
<td>• Link person to existing resources</td>
</tr>
<tr>
<td></td>
<td>• Discuss alternative coping strategies listed on Appendix 7.</td>
</tr>
</tbody>
</table>
### High Risk
- Frequency of self-harm increases
- Change in type of self-harm
- Situation felt to be causing unbearable emotional pain or distress
- Frequent suicidal thoughts, which are not easily managed by the individual
- Specific suicide plan
- Significant drug and/or alcohol use
- History of alcohol or drug misuse
- Previous suicide attempt
- Injury requires hospital visit

### Action
- Ease distress as far as possible
- Empathetic listening
- Work with the young person and their support network to identify and reduce difficulties
- Use/review safety plan
- Discuss initial concerns with your line manager
- Discussion with parent/carers or significant figures
- Involve GP and/or seek CAMHS referral
- Consider consent issues for referrals
- Consider support from others who know about the young person’s self-harm (peers/parents)
- Make use of line management or supervision to discuss particular cases or concerns
- Consider increasing levels of support/professional input
- Link person to existing resources and monitor these
- Ensure there is on-going support for child/young person and review and reassess at agreed intervals
- Consider referral to Children’s Reporter (discuss with Social Work)

### 4.2 Harm Minimisation and Prevention Approaches
A harm minimisation approach acknowledges self-harm as a coping strategy and contributes to creating environments that are conducive to openness and seeking support.

In recognition that many individuals self-harm, for example, by cutting, staff should encourage young people to keep and maintain a basic first aid kit with advice and support being offered.

A distraction box may be something that would allow a young person to distract themselves from how they are feeling. The distraction box can be any shape or size and can include anything (stress ball, picture, playlist of songs), whatever helps the young person to distract/move away from negative thoughts/behaviours.

**Advice on keeping safe**

Remembering self-harm is a coping strategy for young people. The worker can support them to stay safe by doing the following:

- Encourage them to have a basic first aid kit and care for their wounds.
- Encourage them to seek advice on safe places to cut
- Don’t ask the young person to stop self-harming but do inform them of the risks and alternative coping strategies
- Reduce the risk of greater harm. This may include NOT removing the implement used
- Seek additional support if there are any changes to the method and/or severity of self-harm.

### 4.3 Suicide – Risk Assessment and Intervention

If you discover that a person has made an attempt at their own life:

- Phone ‘999’
- Perform first aid if necessary and safe to do so.
- Seek the support of a first aider if you are not trained.
- Encourage the person to talk, and listen in an non-judgmental manner
- Contact someone they trust such as a Parent/Carer or family friend
- If a young person is at risk, ensure they are not left alone.
- Follow your agency’s Child Protection procedures
4.4 Considerations when talking to a young person
- Treat the young person with dignity and respect
- Avoid confrontation
- Go at their pace
- Explain your limitations
- Name the issue
- Respond to the injury
- Do not over-react or panic.

4.5 Recording Discussion with the Young Person
It is important to help young people identify possible underlying factors that impact on their motivation. Appendix 1 provides a template for recording discussions with young people. It is structured in a way which assists staff in identifying the level of risk present, and considers whom to share information with and establishing appropriate supports.

4.6 Developing a ‘Safe Plan’
A template to create a ‘Safe Plan’ can be found within Appendix 8. The Safe Plan should be used to help identify key supports or resources that the young person can reach out to in future times of difficulty. The purpose of developing a safe plan is to support the young person to identify factors that trigger their self-harm or suicidal behaviour with the aim of minimising or avoiding such behaviours. At this time, the young person should be encouraged to pick two or three alternative coping strategies from Appendix 7, preferably based on identified functions. Coping strategies could involve seeking support from reliable family members, friends or staff whom the young person has a good relationship with. It is recommended that no more than two or three strategies are identified for each section to begin with, as implementing too many changes at once can be overwhelming. New strategies can, however, be added in or removed at subsequent review meetings.

4.7 Completed Suicides/Post-intervention
The death of any young person is a tragic event. When that death is a suicide the situation is more complex due to exacerbating considerations. Effective post-intervention support for the aftermath of a death by suicide is very important.

Services involved in this area of work need to establish appropriate post-intervention responses to:
- Support service users, staff and parents as they grieve;
- Provide a safe environment for staff and other young people to express their feelings of grief, loss, anger, guilt, betrayal etc;
- Prevent other vulnerable young people being influenced to engage in suicide or significant self-harm;
- Return the service/unit/school to its normal routine as quickly as possible following crisis intervention and grief work.

Clear Messages
It is critical to give these messages to staff members and service users:
- Expressing grief reactions is important and appropriate;
- Feelings such as numbness, guilt, anger, and responsibility are normal;
- There must be no secrets when suicide is a possibility and if any child or young person is worried about him/herself or anyone else, tell an adult. If you feel you need more support make sure you bring this to the attention of your line manager.

The booklet published by SAMH on ‘After a Suicide’ can be a valuable resource to someone dealing with the aftermath of a suicide. It gives advice both on practical matters and emotional reactions to the situation. It can be accessed at: https://www.samh.org.uk/about-mental-health/suicide/after-a-suicide

4.8 Support and Resources: “Being silent isn’t being strong”
Researchers in California recently found that when placed in a challenging situation, participants who were asked to share their emotional state with others in the group reported feeling less stressed and produced less of the body’s stress hormones than those who were asked to keep any anxieties they had to themselves: suggesting a problem shared really is a problem halved (Kassam & Mendes 2013). However, cultural beliefs, such as a high value placed on being private, or strong and independent, and stigma around mental health leaves many people unwilling to openly share their struggles. This results in mental distress being a largely hidden issue; which can exacerbate the problem. Support services are a valuable resource as they can offer confidential and impartial advice and help young people understand that it is normal to go through periods of difficulty in life.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Service</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childline</td>
<td>Free and Confidential Help for Young People – available 24 hours a day</td>
<td>0800 1111 <a href="http://www.childline.org.uk">www.childline.org.uk</a></td>
</tr>
<tr>
<td>YoungMinds</td>
<td>YoungMinds, offer information to children &amp; young people about mental health and emotional wellbeing. YoungMinds also provides information and advice to parents &amp; carers about young people’s mental health &amp; well being</td>
<td>0808 802 5544 (Parents Helpline) Monday to Friday 9.30am-4pm <a href="mailto:parents@youngminds.org.uk">parents@youngminds.org.uk</a> <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></td>
</tr>
<tr>
<td>Head Meds</td>
<td>A website supported by YoungMinds: provides accessible and useful information about mental health conditions &amp; medication</td>
<td><a href="http://www.headmeds.org.uk">www.headmeds.org.uk</a></td>
</tr>
<tr>
<td>Breathing Space</td>
<td>Breathing Space specifically, but not exclusively, targets young men who are experiencing difficulties and unhappiness in their lives. The focus is to provide skilled assistance at an early stage and prevent problems escalating. Family members, partners and friends who are concerned about their own wellbeing and that of people they care about can also seek support.</td>
<td>0800 83 85 87 <a href="mailto:info@breathingspacescotland.co.uk">info@breathingspacescotland.co.uk</a> <a href="http://www.breathingspace.scot">www.breathingspace.scot</a></td>
</tr>
<tr>
<td>AyeMind</td>
<td>AyeMind: making better use of the internet, social media and mobile technology to support young people experiencing mental health issues and those working with young people.</td>
<td><a href="http://www.ayemind.com">www.ayemind.com</a></td>
</tr>
<tr>
<td>Samaritans - The Step by Step response service</td>
<td>Samaritans offers resources to support schools in the event of a suicide.</td>
<td>116 123 <a href="mailto:jo@samaritans.org">jo@samaritans.org</a> <a href="http://www.samaritans.org">www.samaritans.org</a></td>
</tr>
<tr>
<td>LGBT</td>
<td>LGBT support lesbian, gay, bisexual and transgender young people. The website has a Live Chat that is monitored by trained youth workers.</td>
<td>0131 555 3940 0141 552 7452 Text: 07786 202 370 <a href="mailto:info@lgbtyouth.org.uk">info@lgbtyouth.org.uk</a> <a href="http://www.lgbtyouth.org.uk">www.lgbtyouth.org.uk</a></td>
</tr>
<tr>
<td>LifeSIGNS</td>
<td>Self-Injury Guidance &amp; Network Support is an online, user-led voluntary organisation founded in 2002 to create understanding about self-injury and provide information and support to people of all ages affected by self-injury.</td>
<td><a href="mailto:help@lifesigns.org.uk">help@lifesigns.org.uk</a> <a href="http://www.lifesigns.org.uk">www.lifesigns.org.uk</a></td>
</tr>
<tr>
<td>ParentLine Scotland</td>
<td>The national, confidential helpline provides advice and support to anyone caring for or concerned about a child.</td>
<td>08000 28 22 33 <a href="mailto:parentlinescotland@children1st.org.uk">parentlinescotland@children1st.org.uk</a> <a href="http://www.children1st.org.uk">www.children1st.org.uk</a></td>
</tr>
<tr>
<td>NHS24</td>
<td>NHS24 provides comprehensive health information and self-care advice to the people of Scotland.</td>
<td>111 <a href="http://www.nhs24.scot">www.nhs24.scot</a></td>
</tr>
<tr>
<td>CAMHs</td>
<td>Community CAMHS Teams provide a multi-disciplinary outpatient service for children and young people (aged 0-18) who have moderate and severe mental health problems. They also have within the team a Community Mental Health Worker whose role is to provide advice to schools.</td>
<td><a href="http://www.wihb.scot.nhs.uk/">http://www.wihb.scot.nhs.uk/</a></td>
</tr>
<tr>
<td>Western</td>
<td>Health Visiting and School Nursing services are</td>
<td><a href="http://www.parentingwi.scot.nhs.uk">www.parentingwi.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Organisation</td>
<td>Service</td>
<td>Contact</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Isles School Nurses and Health Visitors</td>
<td>available to all children and young people aged 0-19 and families who are registered with a GP in the Western Isles</td>
<td></td>
</tr>
</tbody>
</table>
| Educaional Psychological Services          | Educational Psychological Services can offer assessment, advice and support to parents and teachers where there is a concern about child development, learning or behaviour. Every educational establishment has an identified educational psychologist. Referral is based upon the use of the Staged Intervention process, unless it is agreed that there is a need for an urgent assessment. | 01851 822737  
www.cne-siar.gov.uk |
| Children and Families Social Work          | Should there be Child Protection concerns, Social Work should be contacted. | Monday - Friday 9am – 5.15pm 01851 822749 or Faire (Out of hours)  
01851 701702 |
| Selfharm.co.uk                             | A project set up by people who have been affected by self-harm. It provides a confidential online chat forum, downloadable resources and training. | www.selfharm.co.uk |
| The Site                                   | Online ‘guide to life’ for 16-25 year olds. It provides non-judgmental support via moderated discussion boards, real-life stories and a rich database of articles. | 0808 808 4994  
www.themix.org.uk |
| Harmless                                   | A user led organisation that provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends and families, and professionals. | www.harmless.org.uk |
| Share Aware                                | A resource for parents from NSPCC to help keep their child safe on-line. Offers helpful tools and tips. | 0808 800 5002  
www.net-aware.org.uk |
| The Cybersmile Foundation                  | Provides support to young people who experience online bullying. Support is available for those who engage in bullying behaviour. | 0203 949 5592  
help@cybersmile.org  
www.cybersmile.org |
| Mindreel                                   | Mindreel is an initiative to create a valuable learning resource using educational films about mental health. | 0141 559 5059  
admin@mindreel.org.uk  
www.mindreel.org.uk |
| Cool2Talk                                  | The Cool2Talk site is a confidential place for young people to freely ask questions about things that are affecting them. Get a response within 24 hours. There is also a 121 online chat service. | www.cool2talk.org |
| C.H.A.T.                                   | Is a website for young people who are concerned about, or may be affected by, another person’s drinking | www.chatresource.org.uk/ada m |
SECTION FIVE – CARING FOR OURSELVES AS PROFESSIONALS

5.1 Looking After Ourselves and Others

Supporting young people who are engaging in self-harm and/or suicide behaviours can have an impact on our normal ability to function, psychologically, socially and emotionally.

Experience and research have identified the steps to be taken by staff to ensure they are able to cope with such difficulties, and their ability to bounce back as quickly as possible.

Personal

The steps that we should take to look after ourselves are straightforward and unsurprising. They include:

- Keeping alert to the potential for compassion fatigue
- Talking to others about these issues and how you feel
- If needed, looking for more professional support and debriefing after sessions
- Ensuring that you maintain a positive work-life balance
- Taking care of yourself - diet, sleep, exercise and being careful around the use of alcohol and medication.

Care of Colleagues

Ideally, your organisation will have formal support structures, in particular:

- Peer support where you have regular and formal session in which you and a colleague can take turns to discuss and reflect on your professional practice.
- Peer supervision where a colleague from your organisation or another provides regular sessions in which you are asked to discuss your professional activities and receive supervision, coaching or mentoring.

Organisation Structures

All the evidence underlines the reality that staff cope better and recover quicker if their organisation has the following characteristics:

- A positive and supportive ethos where staff feel supported and valued.
- The organisation encourages staff to discuss concerns and work collaboratively within a collegiate framework.
- The organisation recognises that there can be a cost to caring and providing pastoral care to vulnerable young people. Therefore there is an acknowledgment that staff’s need for support may increase in correlation to the support they are providing children and/or young people.
- Support plans and decisions about these young people should arise from careful discussions with other support staff and the responsibility for the care of these young people rests, not with one individual, but rather with the support team.

Warning Signs

The negative impact of caring varies from individual to individual and can affect them in a number of different ways:

- Physically - level of energy, ability to sleep, and tendency to fall ill.
- Cognitively - struggle with memory, difficulty in coping with demands of their post, and task avoidance.
- Emotionally - tendency to irritability, anxiety, depression and an overwhelming sense of sadness.
- Socially - avoidance of social situations, preference to be on one’s own or far more gregarious than before.

Rather than looking to a checklist of indicators, it is more important to be aware of significant and lasting changes in mood, behaviour and performance. If you are concerned about yourself, discuss these concerns with an understanding and helpful colleague, a colleague from another service who has psychological or counselling training, use your staff or staff Occupational Health service or your GP. Similarly, if you are concerned about a colleague, approach it sensitively but with the knowledge that you can find help and support for them.

When we look after ourselves, we are better able to care and support others.
<table>
<thead>
<tr>
<th>Training</th>
<th>Audience</th>
<th>Outcomes</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Suicide Intervention Skills (ASIST)</td>
<td>Offered to all living or working in ED</td>
<td>ASIST is a two day course concentrating on suicide prevention and suicide alertness.</td>
<td>Elaine Mackay Planning &amp; Development Officer <a href="mailto:elainemackay@nhs.net">elainemackay@nhs.net</a> 01851 708035 <a href="http://www.livingworks.net/programs/safetalk">www.livingworks.net/programs/safetalk</a></td>
</tr>
<tr>
<td>SafeTALK</td>
<td>Open to all</td>
<td>‘Suicide alertness’ Training – teaches skills such as how to recognise a person who is engaging in suicidal behaviour or having thoughts of suicide, and how to connect them to suicide intervention resources.</td>
<td><a href="http://www.safetalk.programs/safetalk">www.safetalk.programs/safetalk</a></td>
</tr>
<tr>
<td>Lifelines</td>
<td>Open to all</td>
<td>This online training provides an overview of self-harm and how to support people who self-harm.</td>
<td><a href="http://www.selfharmlifelines.org.uk">www.selfharmlifelines.org.uk</a></td>
</tr>
<tr>
<td>Substance Misuse Toolkit</td>
<td>Open to all</td>
<td>For staff wishing to increase their knowledge and understanding of the issues associated with children, young people and substance misuse. Also provides access to good quality resources to aid learning and teaching.</td>
<td><a href="http://www.nhsggc.org.uk/about-us/professional-support-sites/substance-misuse-toolkit/">www.nhsggc.org.uk/about-us/professional-support-sites/substance-misuse-toolkit/</a></td>
</tr>
<tr>
<td>Seasons for Growth</td>
<td>Relevant staff currently trained in schools, and other local agencies</td>
<td>Seasons for Growth is a peer support programme for children, young people and adults who have experienced significant loss or change. During this two day training course delegates become Seasons for Growth Companions enabling them to facilitate the programme in school and community settings.</td>
<td><a href="http://www.seasonsforgrowth.org.uk">www.seasonsforgrowth.org.uk</a></td>
</tr>
<tr>
<td>Steps for Stress</td>
<td>Open to all</td>
<td>Scottish Government website which offers practical advice to people who are experiencing stress.</td>
<td><a href="http://www.stepsforstress.org">www.stepsforstress.org</a></td>
</tr>
<tr>
<td>Scottish Mental Health First Aid: Young People</td>
<td>Open to all</td>
<td>The SMHFA:YP course is a 14-hour blended learning training course. The training is appropriate to partners working with YP aged 12-18yrs (including 3rd Sector, Voluntary, Education, Health &amp; Psychological services).</td>
<td><a href="http://youngpeople.smhfa.com">http://youngpeople.smhfa.com</a></td>
</tr>
</tbody>
</table>
Recording of Meeting with the Young Person

Concern: Self-harm and/or suicide behaviours

Name of young person: 

Place of meeting: 
Date and time: 

Interviewed by: 
Post: 

Overall Appearance

Description of suicide/self-harm behaviour, including injury (if applicable)

- Have there been previous incidents of self harm?
- Has there been a change in how the young person has self harmed?
- Does the individual have any thoughts of suicide?
- Does the young person have a plan to take their life?

Needs identified
Practical, physical and emotional support needed - both immediate and long-term.
Function of the young person's behaviour
Possible questions could include:
- How do you think your self-harm helps you?
- Do you know why suicide is important to you?
- Does that make sense?
- Do you know how it helps you?

Other points/issues from discussion

Next steps (agreed with the young person and professional steps).
Detail what information can be shared and with whom

Name of agreed adult contact

Telephone

Recommendations or advice given
Recording Discussion with the Young Person and Distribution List

It is important to help young people identify possible underlying factors that impact on their motivation to self-harm. Appendix 1 provides a template for recording discussions with young people. It is structured in a way which assists staff in identifying the level of risk present, and considers whom to share information with and establishing appropriate supports.

### Distribution List

<table>
<thead>
<tr>
<th>Distribution List</th>
<th>Young Person</th>
<th>Named or Lead Professional (School or External Agency)</th>
<th>Guidance Teacher</th>
<th>Pupil's School File (PPR7)</th>
<th>Other support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Plan</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Recording of Discussion</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Checklist</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
Checklist of action on self-harm or suicide at Low Risk

<table>
<thead>
<tr>
<th>Name of young person</th>
</tr>
</thead>
</table>

The following provides a quick overview of the action you should take when assessing and providing support to a person who is self-harming or has suicidal ideation with:

- fleeting reactive thoughts to taking own life/not being here
- No plan
- No desire to die
- Low or no stressors
- Future life plans
- Superficial Cutting

Please ensure you have applied sections 1.6 – 1.10 on the Multi-agency Guidance for Personnel working with Young People at Risk of Self-harm and Suicide within this document.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Task undertaken by</th>
<th>Date Completed &amp; Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional (e.g. school nurse, first-aider, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You have asked the young person if they have had any suicidal or other self-harm thoughts or plan. You have established that currently there is low concern. The self-harm is not likely to cause permanent harm or accidental death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Findings reported to Named Person/Lead Professional/Line Manager:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The support needed and who will provide the support is agreed with the young person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Person named who will continue to monitor the young person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the young person is between 16 and 18 years old, discussion and encouragement about involving parents has been extensive and parents are informed only if young person gives permission. For children up to the age of 16 years, parents/carers will be informed unless to do so would raise level or risk to the child. If in doubt, discuss with the Duty Social Worker. For young people between 16 and 18 years old with additional support needs, then consideration should be given to informing parents without seeking consent. Reasons for sharing/ not sharing information should be recorded. If in doubt, discuss with the Duty Social Worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Young person is supplied with details of support agencies which they can contact on a voluntary basis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral is made to supporting agencies if appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed at House Meeting in school or alternative support and monitoring system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All actions and findings are documented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased monitoring and support by Guidance staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strengths and Difficulties questionnaire completed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review circumstances of child and level of risk after 4 weeks.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checklist of action on self-harm or suicide at Medium Risk

The following provides a quick overview of the action you should take when assessing and providing support to a person who is self-harming or has suicidal ideation and:

- Talking about suicide
- Ideas of a plan or method
- No or poor access to means
- Possible past attempts
- Other risk factors present
- History of impulsivity
- Indicated hopelessness

Please ensure you have applied sections 1.6 to 1.10 on the Multi-agency Guidance for Personnel working with Young People at Risk of Self-harm and Suicide within this document.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Task undertaken by</th>
<th>Date Completed &amp; Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional (e.g. school nurse, trained first aider, etc).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You have asked the young person if they have had any suicidal or other self-harm thoughts or plan. You have established that currently there is medium concern. The self-harm is not likely to cause permanent harm or accidental death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Findings reported to Named Person/Lead Professional/Line Manager:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact other specialist services i.e. School Nurse (If school holiday, weekend or evening then GP) Education Psychology, Social Work for further assessment, advice and guidance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The support needed and who will provide the support is agreed with the young person. A Safe Plan should be developed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safe Plan is discussed with parents with Young person’s agreement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the young person is between 16 and 18 years old, discussion and encouragement about involving parents has been extensive and parents are informed only if young person gives permission. For children up to the age of 16 years, parents/carers will be informed unless to do so would raise level or risk to the child. If in doubt, discuss with the Duty Social Worker. For young people between 16 and 18 years old with additional support needs, then consideration should be given to informing parents without seeking consent. Reasons for sharing/ not sharing information should be recorded. If in doubt, discuss with the Duty Social Worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Young person is supplied with details of support agencies which they can contact on a voluntary basis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral is considered to other support services if appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed by Pupil Support Team in school or alternative support and monitoring system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All actions and findings are documented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASN Risk Assessment completed with 48 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initial Wellbeing Assessment completed with 21 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review circumstances of child and level of risk after 1 week.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checklist of action on self-harm or suicide at High Risk

The following provides a quick overview of the action you should take when assessing and providing support to a person who is self-harming or suicidal ideation to a degree which is likely to cause serious harm, has long term health implications or could result in death. When assessing level of risk, please ensure you have applied sections 1.6 – 1.10 on the Multi-agency Guidance for Personnel working with Young People at Risk of Self-harm and Suicide within this document.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Task undertaken by</th>
<th>Date Completed &amp; Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do not leave alone until immediate safety ensured and support available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional (e.g. trained first aider, school nurse, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within reason, you have tried to establish with the young person their suicidal or other self-harm thoughts or plan. You have established that currently there is a high level of concern. The self-harm is likely to cause permanent harm or death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Findings reported to Named Person/Lead Professional/Line Manager:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact other specialist services i.e. A&amp;E, GP, Social Work for further and immediate assessment, advice and guidance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The support needed and who will provide the support is agreed with the young person. An Interim/ Short Term/ Emergency Risk Assessment should be completed between Health and Social Work before the young person returns home or their place of care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the young person is between 16 and 18 years old, discussion and encouragement when appropriate about involving parents has been extensive and parents are informed only if young person gives permission. For children aged 15 years and younger, parents/carers will be informed unless to do so would raise level or risk to the child. If in doubt, discuss with the Duty Social Worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Young person is supplied with details of support agencies which they can contact on a voluntary basis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safe Plan is discussed with parents with Young person’s agreement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents are encouraged to contact mental health services through their GP. This is the case whether or not CAMHS have been involved in the initial assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral is made to supporting agencies if appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consider whether the child or young person will be safe going home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed by Pupil Support Team in school or alternative support and monitoring system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All actions and findings are documented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASN Risk Assessment completed with 48 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Assessment and Plan completed with 21 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Team Around the Child established and meets weekly until level of risk reduces to minimum or low.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the child/young person or family are uncooperative with the Child’s Plan to the extent that the risk is heightened further, then consider the option of a referral to the Children’s Reporter.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Concerns Identified
Through discussion with the young person, observation of behaviour or reports from others there is evidence of self-harm, suicidal thoughts or suicidal behaviours.

Risk Assessment
Except in cases of MEDICAL EMERGENCY, contact your line manager, Named Person or Lead Professional as a matter of priority to undertake a suicide/self-harm risk assessment.

Low Risk
- Fleeting reactive thoughts to taking own life/not being here
  - No plan
  - No desire to die
  - Low or no stressors
  - Future life plans
  - Superficial Cutting

Action
- Complete Low Risk Checklist
- Review Child’s wellbeing and level of risk after 4 weeks

Medium Risk
- Talking about suicide
- Ideas of a plan or method
- No or poor access to means
- Possible past attempts
- Other risk factors present
- History of impulsivity
- Indicated hopelessness

Action
- Complete Medium Risk Checklist
- Review Child’s wellbeing and level of risk after 1 week

High Risk
- Strong desire to die/decided to die
- Detailed plan and/or access to means, attempted or prevented attempt
- Possible past attempt
- Lethal method/history of impulsivity
  - Indicates hopelessness/sees no other option
  - Isolated from support
  - Impaired problem solving skills
  - Suicide attempt including any act of self-poisoning, laceration or other injury
  - Childhood adversities and vulnerabilities (sec 1.6 – 1.10 of Guidance)

Action
- Complete High Risk Checklist
- Review Child’s wellbeing and level of risk weekly
- Risk Assessment
- Referral to CAMHS

Concerns Identified
Through discussion with the young person, observation of behaviour or reports from others there is evidence of self-harm, suicidal thoughts or suicidal behaviours.

Risk Assessment
Except in cases of MEDICAL EMERGENCY, contact your line manager, Named Person or Lead Professional as a matter of priority to undertake a suicide/self-harm risk assessment.

Low Risk
- Fleeting reactive thoughts to taking own life/not being here
  - No plan
  - No desire to die
  - Low or no stressors
  - Future life plans
  - Superficial Cutting

Action
- Complete Low Risk Checklist
- Review Child’s wellbeing and level of risk after 4 weeks

Medium Risk
- Talking about suicide
- Ideas of a plan or method
- No or poor access to means
- Possible past attempts
- Other risk factors present
- History of impulsivity
- Indicated hopelessness

Action
- Complete Medium Risk Checklist
- Review Child’s wellbeing and level of risk after 1 week

High Risk
- Strong desire to die/decided to die
- Detailed plan and/or access to means, attempted or prevented attempt
- Possible past attempt
- Lethal method/history of impulsivity
  - Indicates hopelessness/sees no other option
  - Isolated from support
  - Impaired problem solving skills
  - Suicide attempt including any act of self-poisoning, laceration or other injury
  - Childhood adversities and vulnerabilities (sec 1.6 – 1.10 of Guidance)

Action
- Complete High Risk Checklist
- Review Child’s wellbeing and level of risk weekly
- Risk Assessment
- Referral to CAMHS
# ALTERNATIVE COPING STRATEGIES

## Emotional distress
- Watch some comedy or other light-hearted show
- Draw or paint
- Listen to uplifting music
- Write out thoughts or feelings in a journal
- Carry ‘safe’ objects in pockets, anything that feels right that can occupy hands and distract attention when the urge to self-harm occurs (for example a precious stone or stress ball to rub or squeeze when feeling anxious or low)

## Prevent suicide
- Don’t keep your feelings to yourself – reach out to someone you trust. Don’t let shame or embarrassment prevent you from seeking help
- Make your environment safe – remove things that you could use to cause harm to yourself such as knives, pills, razors
- Call a helpline such as Childline (section 4.6)
- Promise not to do anything right now – create some distance between your thoughts and action by pledging not to do anything within the next 24 hours. Re-evaluate your feelings once the time has elapsed.

## Signal emotional distress
- Have regular check-ins with a trusted adult perhaps a teacher, sports club leader or family friend
- Write down a list of your strengths and talents – aim to spend more time on these so that attention can be gained for positive achievements
- Spend time with people who love and value you

## Escape from feeling numb
- Chew something with a strong taste (chilli or mint)
- Draw on yourself with a red pen
- Have a cold shower
- Squeeze ice

## Gain a sense of control
- Write down your main goals in life, whether it be achieving something or improving your mental health, then try to break each goal into the small steps that are required to get you there. Start working through this list to give you a sense of control over where you are heading in life
- Take on a role that carries responsibility or elements of decision making such as a part-time job, pupil council representative, team sport or work in the voluntary sector

## Connect with others
- Call, text or arrange to meet up with a friend
- Create a list with a close friend of positive things you want to do or achieve in the next year or before you finish high school
- Avoid triggering media content such as pro self-harm or suicide websites. Try joining more positive online forums such as a recovery group or general chat for young people

## Self-care
- Have a warm bath
- Have a massage or give yourself a manicure
- Volunteer in your local community
- Spend time with people who love and value you

## Self-punishment
- Do some physical exercise
- Write down how you feel on paper, then rip it up
- Create a memory box which contains a list of the good things in your life, achievements and photographs of happy times. Look through this when you are feeling down.
- Have a hot shower
- Try to release negative energy by hitting a punch bag or pillow
My Safe Plan

Risks to avoid
How to keep myself safe

My resources
Things that I can do that will help
Who can help me and how
REFERENCES


