NHS
Greater Glasgow and Clyde

East Dunbartonshire multi-agency guidance for personnel working with young people at risk of self-harm and suicide

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East Dunbartonshire
Health & Social Care
Partnership

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Introduction

The purpose of this guidance is twofold: firstly, to support the implementation of the "On Edge" resource pack within East Dunbartonshire secondary schools and to provide an overview of self-harm and suicide. Secondly, 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. The target audience for the guidelines is professionals working with young people from 12-18 years throughout East Dunbartonshire. However, the principles within this document are 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 with suicide being the second most common cause of death in young people worldwide (Hawton et al 2012).

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 counseling for self-harm; however, a review of Childline conducted by NSPCC in 2014, found that counseling 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 Scottish Government have pledged to progress the work around the problem of self-harm and suicide through their Suicide Prevention Strategy 2013 - 2016 (Scottish Government, 2013). This strategy is currently under review and will be reflected in future updates of this guidance.

The majority of young people who self-harm do not take their own life 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, telephone calls to Childline reporting suicidal feelings increased by 36 percent (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).

This is a timely recognition following the recent publication of the Children and Young Person (Scotland) Act (2014) and the *Getting It Right for Every Child* approach which states:

It is the duty of all professionals to identify and support the needs of children and young people holistically (Scottish Government 2015).

This 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, as described in Wellbeing Wheel in appendix 1. Therefore, both research findings and recent legislative shifts 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. This guidance is also influenced by the National Inquiry into Self-Harm among Young People (2006) which found that: "over and over again, the young people we heard from told us that the experience of asking for help often made their situation worse. Many of them have met with ridicule or hostility from the professionals they have turned to" (Mental Health Foundation 2006).

The objectives of this guidance aims 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, have suicidal thoughts or 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 East Dunbartonshire to evidence their actions consistently.

Where there are concerns for professionals working with young people out with this range, it is recommended that the concerns are raised with the establishment's link Educational Psychologist, Social Work or local CAMHS team.

This guidance was developed following consultation with key stakeholders and written by:

- East Dunbartonshire Psychological Service
- East Dunbartonshire Health Improvement Team
- East Dunbartonshire HSCP Children's Social Work Services
- East Dunbartonshire Education Services

With thanks to:

- East Dunbartonshire Secondary Guidance Teams
- Child and Adolescent Mental Health Services (CAMHS)

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 is defined as: "A wide range of behaviours that people do to themselves in a deliberate and usually hidden way" (Mental Health Foundation 2004).

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/ unprescribed)
- 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

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 behavior 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

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;

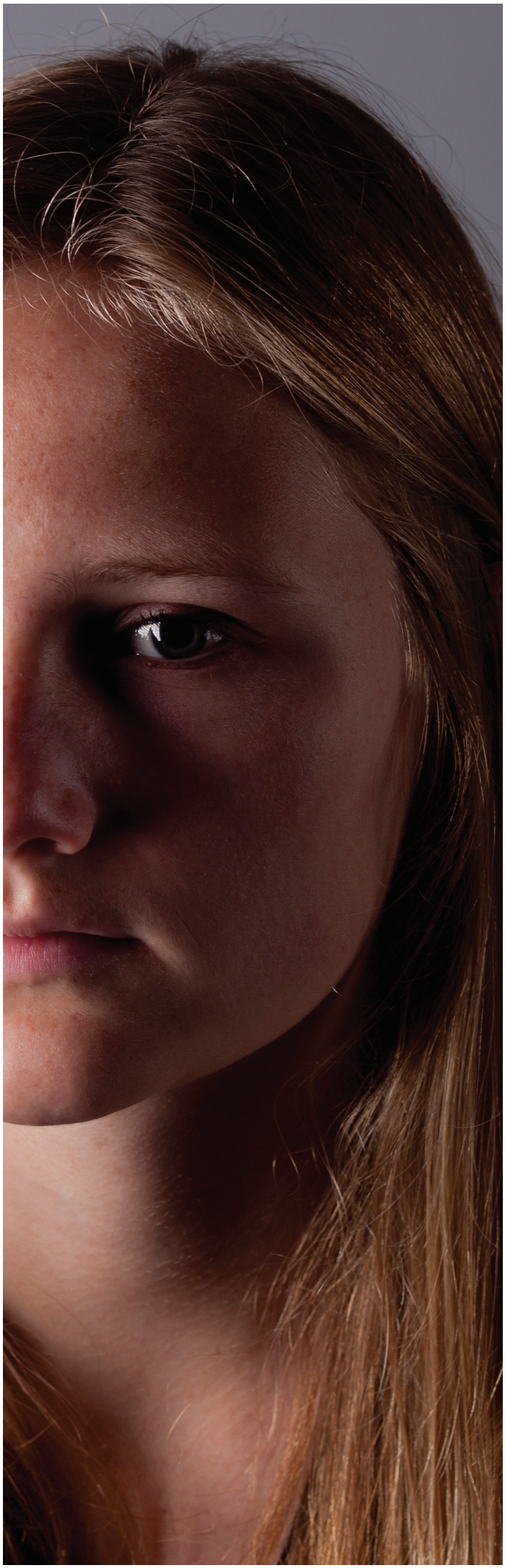
- Experiencing significant life adversity
- Young men
- Linked in with mental health service and experiencing significant mental health difficulties
- Previously attempted suicide
- A relative or friends who has attempted or completed suicide
- Been in a young offenders institution or prison
- Recently been bereaved
- Recently unemployed
- Living in isolated or rural communities
- Gender uncertainties
- Homeless

1.7 Why do Young People Attempt/ 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 due to an individual believing there is no point in living.

1.8 The Relationship 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 indictor 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.

Self-harm and/or suicide	Social withdrawal Evident changes in behaviour Discontinued hobbies or interests Noticeable changes in eating or sleeping patterns Alcohol or substance misuse Reduced concentration Self-defeating language Failure to take care of personal appearance General low mood/ mood swings Running away from home Difficulties with peer relationships
Self-harm	Wearing long sleeves at inappropriate times Unexplained cuts, bruises, burns or other injuries Spending more time in the bathroom
Suicide	Previous episodes of self-harm or suicide attempts Researching or talking about methods of suicide Seeming overly-cheerful following a bout of depression Comments such as 'I'll be off your back soon enough' or 'I won't cause you any more trouble'

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 and school
- The wider community

The My World Triangle (Page 8) provides a detailed overview of protective factors; however, some are highlighted below.

Individual to the young person

Protective factors that are individual to the young person include:

- 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

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 at Appendix 3.

Family

The quality and character of family support can be crucial to keeping young people engaging in self-harm or contemplation suicide safe. Good consistent family support can help ameliorate trauma, reduce risk and sustain protective messages. This can support young people to remain resident at home.

Family related protective factors include:

- young person has a secure attachment with parent or carer
- 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

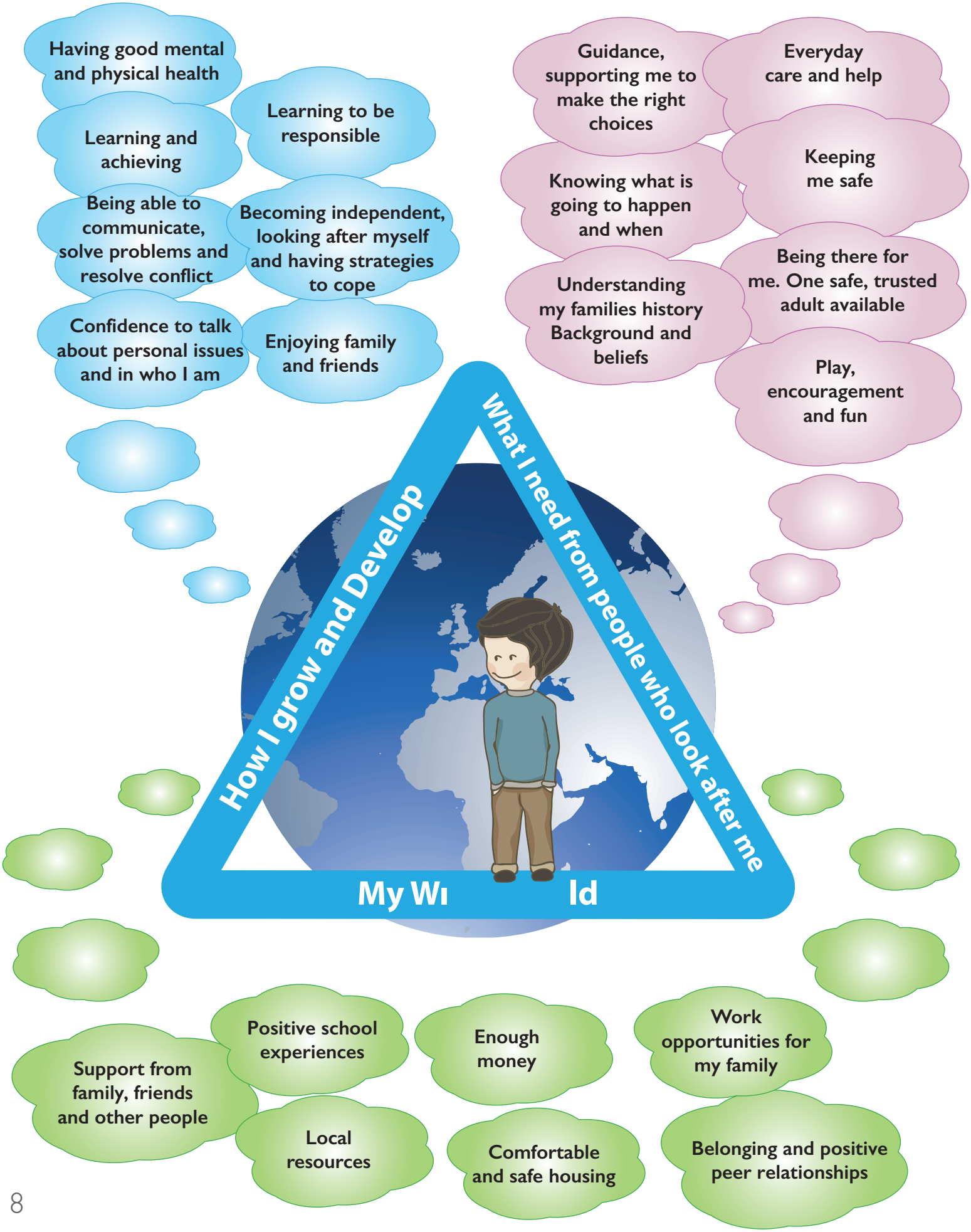
School/Wider Community

Protective factors related to school and the wider community include:

- Young Person has developed long-standing friendships
- Young Person feels a sense of connectedness with the school community
- has developed long-standing friendships
- 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; 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 4).

My World Triangle



Section Two - Legal Issues

Confidentiality, Consent, Child Protection, Information Sharing and Data Protection

There are two over-arching principles that should guide all decisions relating to issues of confidentiality, consent, child protection and information sharing:

- the best interests of the child or young person involved must guide decision-making at all times
- the child or young person should be consulted on their views at all times and these should be respected other than in exceptional circumstances (outlined below)

2.1 Confidentiality

Confidentiality is an essential requirement in supporting children and young people to work confidently with services at all times. The Right to confidentiality is however, not absolute, and may be conditional depending on the circumstances. The law recognises that, in certain circumstances, the duty of care to an individual or third person is greater than the duty to respect confidentiality. Staff have a duty to act to protect people. If a child or young person is at risk due to self-harming behaviour or suicidal ideation then staff should notify the relevant services.

Children and young people have a right to confidentiality whenever possible and appropriate. For this reason, it is essential to gain their consent before sharing information disclosed by them with parents, carers or other professionals. However, there are several exceptions when it is permissible to breach confidentiality without the child or young person's consent including:

- when staff cannot be certain that the child or young person has sufficient mental capacity to consent
- that withholding information may facilitate the prevention, detection or prosecution of a serious crime
- when there is reasonable cause to believe that the presenting issues may constitute a child protection issue urgent medical treatment is required
- and by virtue of a court order

As these factors might not be initially apparent, it is important to explain confidentiality procedures at the outset of any professional involvement. This explanation should aim to ensure that the young person understands that, whilst their views on privacy will generally be respected, this is not guaranteed given the reasons listed above. If it becomes necessary to breach confidentiality, it is important to provide a specific explanation of why this is necessary and to let the young person know who the information will be shared with.

2.2 Child Protection

Child Protection procedures should be followed when:

- there is reasonable cause to believe the young person may be at risk of seriously injuring themselves
- the young person has expressed suicidal ideations
- there is reasonable cause to believe a 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

2.3 Information Sharing

Professionals

Appropriate sharing of information is at the heart of Getting it Right for Every Child guidelines state that:

Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any difficulty – rather than only getting involved when a situation has already reached crisis point. This means working across organisational boundaries and putting children and their families at the heart of decision making – and giving all our children and young people the best possible start in life (Hawton et al 2012).

GIRFEC guidance, (Scottish Government, 2006) usefully summarises four 'golden rules' of information sharing:

1. Adhere to the principles of the Data Protection Act (1998)
2. Share information that is necessary, relevant and proportionate
3. Record your rationale
4. Make the child or family aware of why you are sharing information

In addition to these four 'golden rules', caution should be exercised when you intend to share the information regardless of gaining consent i.e. where there is a Child Protection concern. In such circumstances, staff should inform the child or young person of the intent to share information. Do not give a choice when, in reality, there is none.

2.4 Consent

It is important to encourage young people to give consent for the involvement of other professionals. It can also be helpful to provide the young person with information regarding the kind of support other professionals are likely to offer, enabling the young person to make an informed decision.

Importantly: in the absence of any exceptions to the young person's right to confidentiality, any request not to involve other professionals should be respected.

For the purposes of data protection, a person over 16 is judged to have the capacity to consent to confidentiality. A child under 16 can also have this capacity, if they are deemed to have a general understanding of what is involved. In the absence of any indication to the contrary, children aged 12 or over are generally expected to be old enough to have the understanding to give their consent. However, the understanding or capacity of the child needs to be considered individually. In most cases, where the child is unable to consent, a person with parental rights and responsibilities should be asked to give consent on behalf of the child unless this places the child or others at greater risk.

Parents and Carers

Professionals should work with the young person to explore the pros and cons of sharing information with parents and carers in the assessment and intervention process. However, where a young person does not wish their parents/carers to be informed following encouragement to do so, and none of the aforementioned confidentiality exceptions are present, then this right to privacy should be respected.

Managing Responses in Relation to Consent

When young people are approached regarding information sharing, reactions can be categorised into three responses – Agreeable, reluctant or refusal.

Agreeable

Most young people will be agreeable to sharing information with their family and/ or other relevant professionals. Families are generally an important source of support.

Reluctant

Anxiety, embarrassment and uncertainty about the responses of others can play a role in an individual being reluctant to share information with family and/ or other professionals. Therefore, it is pertinent that workers provide reassurance and support to young people in relation to sharing information. This may also include support and information for families.

Refusal

At times reluctance to share information with family is realistic and appropriate. Priority should be ensuring the young person continues to engage with supports while being encouraged to inform their family. As this process continues the person may be better placed to disclose to family members. There may be some cases where it will not be possible to inform or involve parents/ carers; however the following should be considered in relation to managing information sharing:

- Reassuring the young person of the potential value of involving their family
- Providing support to enable young person to find ways to inform their family
- Considering if a contributing factor to the young person's behaviour may be abuse perpetrated by a family member and the implications this may have in relation to disclosure. The young persons safety is paramount and therefore it is important to acknowledge that disclosure may put them at risk of further harm within this context. Social Work involvement would be sought in relation to any Child Protection issues.

While it is important to work at the pace of the young person, the best interest of the child or young person must always remain paramount.

2.5 Data Protection

There are several principles taken from the Data Protection Act (1998) that should be respected when sharing or storing information relating to young people who are involved with self-harm or suicide: These include:

- Personal data should be processed fairly and lawfully
- Personal data shall be obtained only for one or more specified lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data should be accurate and, where necessary, kept up to date.
- Personal data processed for any purpose or purposes shall not be kept longer than as necessary for that purpose or those purposes.
- Personal data should be processed in accordance with the rights of the Act.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss of, or damage to, personal data.

Finally, it should be noted that in cases of any doubt relating to the issues above, it is recommended that the professionals discuss the matter with a line manager while maintaining confidentiality at this stage. Legal advice should be sought when necessary.

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
- 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 they are feeling
- Listen to their worries and problems and take them seriously
- Try to remain calm and reassuring, however upset you feel about the behaviour
- Pay attention to the healthier coping strategies that the young person has
- Offer help with problem solving
- Highlight that it is normal to feel tension and anxiety when depressed of upset
- Help the young person to understand that talking about worries and feelings is the best way to reach a solution
- 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

3.2 How to talk about suicide

- Talk openly about suicide and don't avoid the issue.
- Be clear about language used – ensure the question is not ambiguous e.g. 'Are you thinking about ending your life?'
- Don't make promises to keep information secret
- Be willing to listen and accept the individuals 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 persons 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 is required

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 17.

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 a risk assessment as this will guide later decisions relating to intervention strategies and determine the urgency with which it may be necessary to involve other partners. Furthermore, a risk assessment can help professionals evaluate whether the young person is safe to leave alone or whether monitoring procedures may need to be implemented.

Self-harm Risk Assessment and Intervention

Low Risk	Action
o Self-harm injury is superficial o Underlying problems are short term and manageable o No signs of low mood o Current situation felt to be painful but bearable o Unlikely to cause serious harm o No thoughts of Suicide o No suicide plan	o Ease distress as far as possible o Empathetic listening o Joint problem solving for underlying issues o Discuss harm reduction – other strategies used (If you are unsure about harm reduction approaches, please discuss this with an appropriate manager) o Talk to the young person about their safety o Use safe plan resource o Link to other sources of support/counselling o Consider support from others who know about the young person's self-harm (peers/parents) o Make use of line management or supervision to discuss particular cases or concerns o Ensure there is on-going support for child/ young person and review and reassess at agreed intervals
Moderate Risk	**Action**
o Current self harm is frequent and distressing o Situation felt to be emotionally painful but no immediate crisis o Suicidal thoughts may be frequent but still with no specific plan or immediate intent to act o Drug and/ or alcohol use, binge drinking o Changes in the type of self-harm	o Ease distress as far as possible o Empathetic listening o Work with the young person and their support network to identify and reduce difficulties. o Consider safety of young person, including possible discussion with parents/carers or other significant figures o Use/ review safety plan o Consider consent issues for the above o Seek specialist advice, if relevant o Discuss initial concerns with your line manager o Consider support from others who know about the young person's self harm (peers/parents) o Make use of line management or supervision to discuss particular cases or concerns o Consider increasing levels of support/professional supervision o Ensure there is on-going support for child/young person and review and reassess at agreed intervals o Link person to existing resources o Discuss alternative coping strategies listed on page 22.

High Risk	Action
o Frequency of self-harm increases o Change in type of self-harm o Situation felt to be causing unbearable emotional pain or distress o Frequent suicidal thoughts, which are not easily managed by the individual o Specific suicide plan o Significant drug and/ or alcohol use o History of alcohol or drug misuse o Previous suicide attempt o Injury requires hospital visit	o Ease distress as far as possible o Empathetic listening o Work with the young person and their support network to identify and reduce difficulties o Use/review safety plan o Discuss initial concerns with your line manager o Discussion with parent/carers or significant figures o Involve GP and/ or seek CAMHS referral o Consider consent issues for referrals o Consider support from others who know about the young person's self-harm (peers/parents) o Make use of line management or supervision to discuss particular cases or concerns o Consider increasing levels of support/professional input o Link person to existing resources and monitor these o Ensure there is on-going support for child/ young person and review and reassess at agreed intervals

Suicide - Risk Assessment and Intervention

Follow your agency's Child Protection procedures. 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 aided 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 (Refer to section 2)
- Seek the support of a first aider if you are not trained.
- If a young person is at risk, ensure they are not left alone

4.2 Considerations when Talking to a Young Person about Self-harm and Suicide:

- 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

4.3 Recording Discussion with the Young person

It is important to help young people identify possible underlying factors that impact on their motivation to self harm. Appendix 2 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, considering who to share information with and establishing appropriate supports.

4.4 Developing a 'Safe Plan'

A template to create a 'Safe Plan' can be found within Appendix 4. 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 5, preferably based on identified functions. Finally, 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. These can be drawn from section 4.6 and/or include reliable family members, friends or staff whom they have 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.

4.5 Alternative Coping Strategies

Appendix 3, provides a list of alternative coping strategies that may be particularly effective, given the identified function that the self-harm or suicidal behaviours appear to serve for the young person.

4.6 Harm Minimisation and Prevention Approaches

A harm minimisation approach acknowledges self-harm as a coping strategy and contributes to creating environments that are condusive 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, 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
- 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

4.7 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, mental health stigma has left many people unwilling to openly share their struggles, resulting in mental distress being a largely hidden issue; this can often 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.

Support Services

Organisation	Service	Contact
Childline	Free and Confidential Help for Young People – available 24 hours a day	0800 1111 www.childline.co.uk
YoungMinds	YoungMinds, offer information to children & young people about mental health and emotional wellbeing. YoungMinds also provides information and advice to parents & carers about young people's mental health & well being	0808 802 5544 (Parents Helpline) Monday to Friday 9.30am-4pm parents@youngminds.org.uk www.edva.org
Head Meds	A website supported by YoungMinds: provides accessible and useful information about mental health conditions & medication	www.headmeds.org.uk
Choose Life	East Dunbartonshire's Choose Life suicide prevention programme is overseen by the Prevention, Promotion and Inclusion Group of the East Dunbartonshire Health and Social Care Partnership	0141 777 3000 http://www.chooselife.net/Inyourarea/localactionplanseastdunbartonshire.aspx#localactionplan
Breathing Space	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.	0800 83 85 87 info@breathingspacescotland.co.uk www.breathingspacescotland.co.uk
AyeMind	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.	ayemind.com
Samaritans - The Step by Step response service	Samaritans offers resources to support schools in the event of a suicide.	0808 168 2528 stepbystep@samaritans.org www.samaritans.org
LGBT	LGBT support lesbian, gay, bisexual and transgender young people. The website has a Live Chat that is monitored by trained youth workers.	0131 555 3940 Text: 07786 202 370 info@lgbtyouth.org.uk www.lgbtyouth.org.uk/young-people
LifeSIGNS	Self-Injury Guidance & 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.	07950705258 info@lifesigns.org.uk www.lifesigns.org.uk
Sandyford	Sandyford East Dunbartonshire offers a wide range of accessible reproductive, emotional and sexual health services that are supportive, non-judgemental and sensitive to the needs of young people. Monday & Thursday 2.30pm-4.30pm	0141 355 2367 www.sandyford.org/where-to-find-us/sandyford-east-dunbartonshire.aspx

Organisation	Service	Contact
ParentLine Scotland	The national, confidential helpline provides advice and support to anyone caring for or concerned about a child.	0800 28 22 33 parentlinescotland@children1st.org.uk www.children1st.org.uk
NHS24	NHS24 provides comprehensive health information and self-care advice to the people of Scotland.	111 www.nhs24.com
Children and Young People's Specialist Services (C&YPSS)	Children and Young People's Specialist Services (C&YPSS) includes all specialist services in Community Child Health and Child and Adolescent Mental Health. These services cover NHS Greater Glasgow and Clyde. 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.	CAMHS East: 0141 277 7515 West: 0141 207 7100 North: 0141 232 0418 www.nhsggc.org.uk
Children and Families Team	Health Visiting and School Nursing services are available top all children and young people aged 0-19 and families who are registered with a GP in East Dunbartonshire.	East Dunbartonshire 0141 201 9781 KHCC: 0141 304 7447 Milngavie: 0141 232 4820
Psychological Services	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.	0141 955 2325 www.eastdunbarton.gov.uk
Children and Families Social Work	Should there be Child Protection concerns, Social Work should be contacted.	Monday - Friday 9am - 5pm 0141 777 3000 Glasgow and Partners SW Emergency Services Mon-Fri 5pm - 9am and weekends 0300 343 1505
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.	0800 838587 www.thesite.co.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 to help keep their child safe on-line. Offers helpful tools and tips.	NSPCC 0808 800 5000 net-aware.org.uk
The Cybersmile Foundation	Provides support to young people who experience on-line bullying. Support is available for those who engage in bullying behaviour.	0207 241 6472 info@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
ED Community Assets Map	Online map of local resources which can support you to improve your wellbeing.	www.eastdunassets.org.uk
A.D.A.M.	Is a website for young people who are concerned about, or may be affected by, another person's drinking	www.chatresource.org.uk/adam
Place2Be	Provides emotional and therapeutic services in primary and secondary schools, building children's resilience through talking, creative work and play. Helps young people to cope with wide-ranging and often complex social issues	www.place2be.org.uk

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 compassionate 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 careful 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 Structurers

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

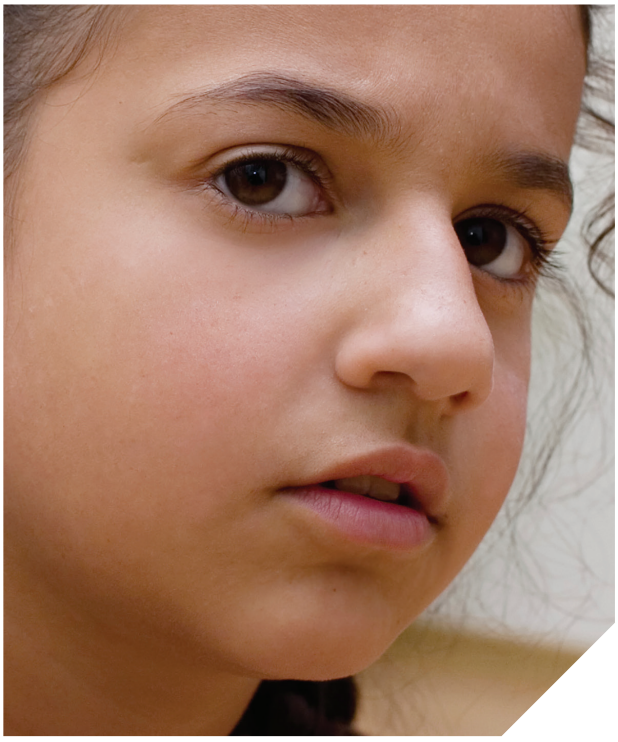
The negative impact of caring varies from individual to individual and can affect them in a number of different ways:

- **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 union's welfare service or your GP.

Similarly, if you are concerned about a colleague, approach it sensitivity 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.

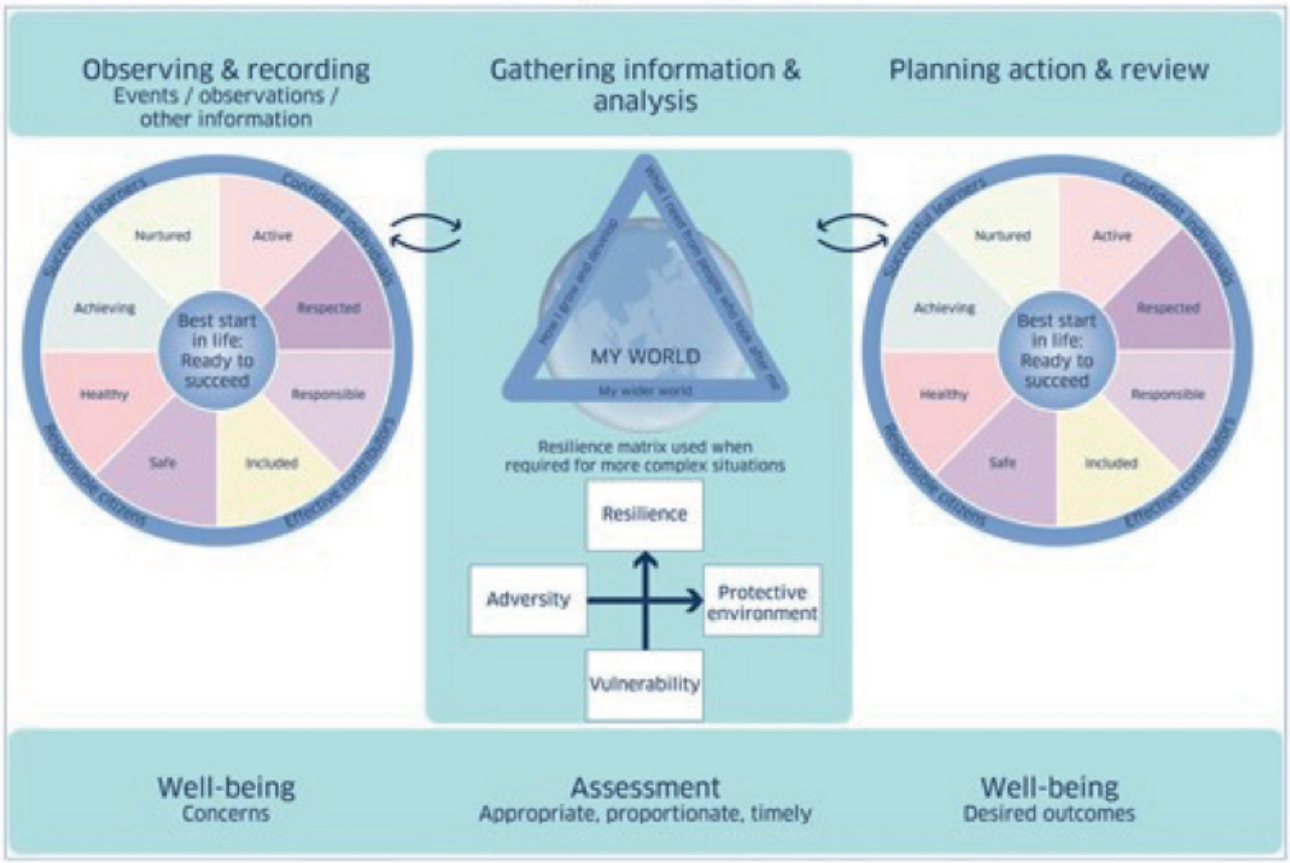


5.2 Training opportunities

Training	Audience	Outcomes	Contact
Applied Suicide Intervention Skills (ASIST)	Offered to all living or working in ED	ASIST is a two day workshop concentrating on suicide prevention and suicide alertness.	HR.recruitment@ eastdunbarton.gov.uk
safeTALK	Open to all	'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.	HR.recruitment@ eastdunbarton.gov.uk
Lifelines	Open to all	This online training provides an overview of self-harm and how to support people who self-harm.	www.selfharmlifelines.org.uk
Substance Misuse Toolkit	Open to all	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.	www.phru.net/smt
Seasons for Growth	Open to all	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.	www.notredamecentre.org.uk
Steps for Stress	Open to all	Scottish Government website which offers practical advice to people who are experiencing stress.	www.stepsforstress.org
What's the Harm	Open to all	This one day workshop aims to help dispel the myths about self-harm and equip participants to support people who may self harm.	HealthImprovementTeam@ ggc.scot.nhs.uk
Scottish Mental Health First Aid: Young People	Open to all	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 & Psychological services).	HealthImprovementTeam@ ggc.scot.nhs.uk

Appendix 1–

National practice model

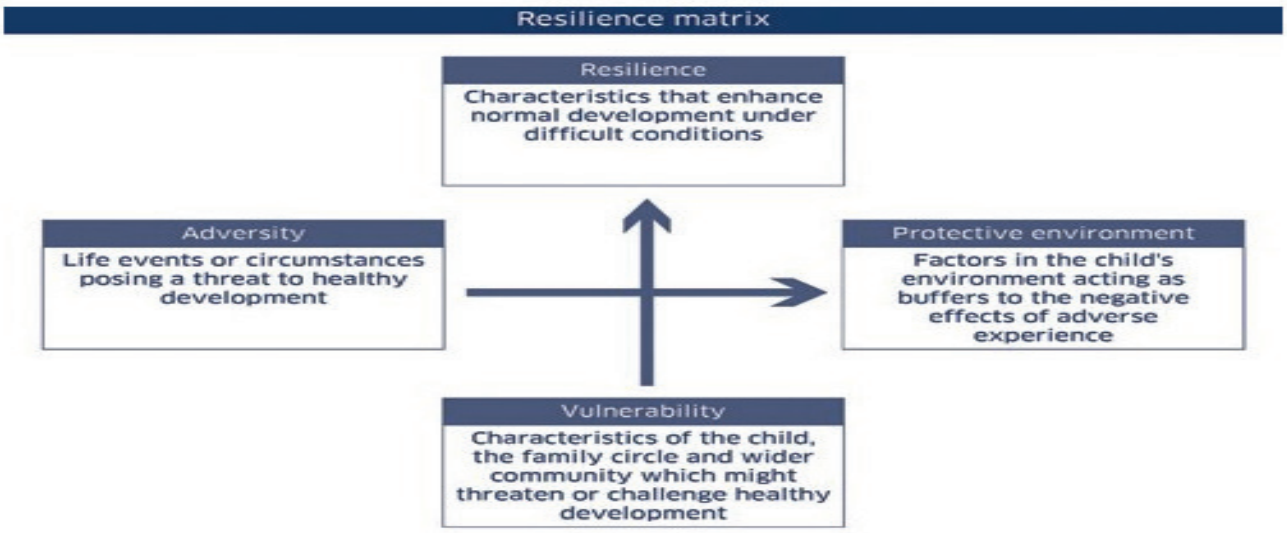


The GIRFEC National Practice Model provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand a child or young person's needs, the strengths and pressures on them, and consider what support they might need.

It defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action.

The National Practice Model is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people.

For more details on the National Practice Model and how the Resilience Matrix can be used please refer to www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model.



Adapted from Daniel, B., Wassell, S., and Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*, Jessica Kingsley Publishers Ltd., London and Philadelphia and Daniel, B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, Jessica Kingsley Publishers Ltd., London and Philadelphia.

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Appendix 2–

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 (agreeed 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

Appendix 3 - Alternative coping strategies – grouped by identified function

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

Appendix 4 –
My Safe Plan

Risks to avoid
How to keep myself safe

My resourses
Things that I can do that will help

Who can help me and how

Safety

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This version updated June 2017

Notes

Other formats

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Communications Team at:

East Dunbartonshire Council, 12 Strathkelvin Place, Southbank, Kirkintilloch, G66 1TJ Tel: 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhith oirbh. Cuiribh fòin gu 0300 123 4510

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