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East Dunbartonshire
inter-agency guidance
for educational establishments
working with young people at risk
of self-harm or suicide

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Introduction

The purpose of this guidance is twofold: firstly, to support the implementation of the “On Edge” resource pack, 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 and suicide. The target audience for the guidelines is professionals working with young people from 12-18 years in secondary education establishments. However, the principles within this document are applicable to professionals working with children in the upper primary level (P6 & 7), and young adults attending post-school or further education services.

Self Harm and Suicide are presenting increasing concern for professional staff and each require support services to be skilled, sensitive and informed as to how best to intervene to manage and reduce the risks they can present. That said each are different and while sometimes co-occurring this is not generalised nor deterministic. Self harm and suicide can be associated but the presence of one is not a sign that the other is either present or likely.

Rising trends in the reported incidence of self-harm and suicide amongst children and young people has become a topic of national concern. 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 not only by professional agencies, but also by teachers and those who know them best. 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 support¹.

This is a timely recognition following recent publication of the Children and Young Person (Scotland) Act (2014) and *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*¹. 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. Therefore, both research findings and recent legislative shifts highlight the important role that school staff and other front-line children’s service professionals can play in supporting children and young people who are at risk of suicide and self-harm. Within the East Dunbartonshire context, it has become evident that there is a need to support professionals by developing a shared understanding of self-harm and suicide and provide guidelines which

outline how best to respond to any incidence that involves self-harm or suicidal behaviour.

The first section of this guidance aims to share an understanding of self-harm and suicide including definitions, prevalence figures, risk factors, functions of self-harm, physiological factors and warning signs. The second section offers an overview of important legal issues such as confidentiality, consent, child protection and information sharing. The third section describes best practice inter-personal skills, such as how to have a conversation with young people or their families. The fourth section moves on to describe the assessment and intervention process including an overview process flowchart, how to conduct a risk assessment, assessing the functions of self-harm, developing a ‘safe plan’, alternative coping strategies and available supports and resources. The final section recommends supports for staff and training opportunities.

Appended to the guidance are forms and questionnaires that can be used for record keeping purposes and to ensure professionals working across East Dunbartonshire can evidence 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 or local CAMHS team.

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

- East Dunbartonshire Health Improvement Team
- East Dunbartonshire Psychological Service
- East Dunbartonshire Council Social Work
- 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

1.1. Definitions and Prevalence

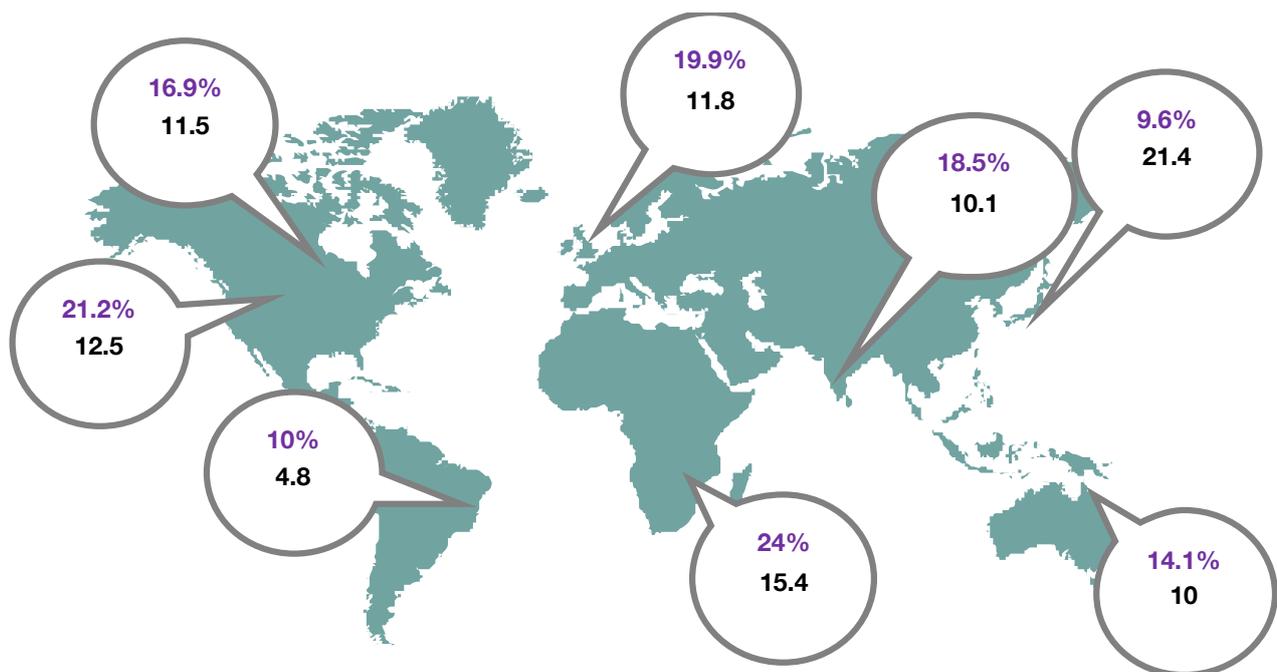
Self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose of the act³. It is widely accepted that self-harm is generally a way of coping with overwhelming emotional distress that is difficult to resolve in another way. Self-harm can include; cutting, burning, biting or picking skin, self-trolling, taking an overdose, pulling out hair or intentional risk-taking. Research suggests that almost 14% of Scottish 14-15 year olds have self-harmed in the past 12 months and the ratio of girls to boys is 4:1⁴.

Suicide is defined as death that results from an intentional, self-inflicted act⁵. 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. In Scotland it is estimated that 24% of young people experience suicidal ideation at some point during adolescence and 6% will

experience suicidal behaviour⁶. Childline has reported a 116% increase in the number of young people who required telephone counselling sessions about suicide over the past three years⁷. In the past 10 years 1602 registered deaths of Scottish 10-25 year olds were classified with the cause of 'intentional self-harm'⁸. This makes suicide one of the leading causes of death for this age group, second only to road traffic accidents.

International analysis suggests that self-harm and suicidal behaviour are not unique to any single culture or society (Figure 1). Whilst prevalence rates appear varied, it is difficult to ascertain whether this is a result of demographic influences or research methodology. However, researchers have suggested that the highest rates appear to emanate from the most deprived areas within western nations⁹.

Figure 1 – International Prevalence of self-harm and suicide⁹



Key -
 % of the population estimated to engage in non-suicidal self-injury
 Suicide rates per 100,000 people per year

1.2 Why do young people self-harm?

“If I wanted attention, I’d walk out in the street naked.”¹⁰

Risk Factors

There do not appear to be any fixed rules about why people self-harm, moreover 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 vulnerability¹⁰. 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

Functions of Self-harm and Suicide

A common theme that arises from these identified risk factors is their potential to increase vulnerability and cause emotional distress to the individual. This understanding has led researchers to question what function self-harm or suicidal behaviour might serve for young people. Studies suggest that self-harm or suicidal behaviour can operate at a physiological or psychological level (as outlined below). This is important because it demonstrates that the most effective support strategies will come from identifying the risk factors that are specific to the individual.

Physiological

Research studies have found that young people who self-harm typically exhibit a more intense physiological reaction to stress (as measured by skin conductivity) than those who do not. This has been attributed to subtle differences in chemical brain transmitters that regulate emotional responses. In addition, neurological studies suggest that self-harm can trigger the release of brain chemicals which are designed to naturally counteract any experience of physical pain¹². However, further studies have revealed that these signals can also influence experiences of emotional pain – thus posing a possible function that self-harm may also serve in alleviating short-term experiences of emotional pain¹².

Psychological

In addition to the biological accounts a large-scale review identified distinct psychological functions of self-harm¹³, these include:

- emotional regulation
- suicide prevention
- avoid feeling numb or dissociated
- signal emotional distress to others
- connect with a peer group
- heightened sense of control
- self-care
- self-punishment

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. Researchers have explored factors that may protect young people despite their encounters with adversity. Factors identified from such studies can be categorised under the following three headings: Individual to the young person, Family and School/ Wider Community¹⁵:

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

It is important to note that these individual factors are

not fixed entities but rather many of these skills or internal motivations can be learned or improved upon using techniques such as:

Mindfulness

http://www.eastdunbarton.gov.uk/content/education_and_learning/schools/schools_psychological_serv/mindfulness.aspx

Cognitive Behavioural Therapy (CBT)

<http://www.nhs.uk/Conditions/Self-injury/Pages/Treatment.aspx>

Family

For many young people experiencing vulnerability generally, engaging in self-harm or thinking about suicide; the quality and character of family support can be critical to keeping them safe. Good consistent family support can help mediate trauma, reduce risk potentials and sustain protective messages where young people remain resident at home.

- 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

- 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 that could be created or improved upon can act as a powerful support strategy and should therefore be considered when working with the young person to develop a 'Safe Plan' (See section 4.4).

1.3 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 in table 1 below:

Table 1: Warning Signs

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 Hints such as 'I'll be off your back soon enough' or 'I won't cause you any more trouble'

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 children 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 supporting the ability of children and young people to work confidently with services at all times. Rights of confidentiality are however not absolute but conditional at times. The law recognises that in certain circumstances the duty of staff to the individual or third person is greater than the duty to respect confidentiality. Staff have a duty to act to protect people so that if a child or young person is at risk due to their 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 disclosed information 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:

- when it 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 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

Note: CHILD PROTECTION PROCEDURES MUST ALWAYS BE CONSIDERED. Please contact your Child protection Officer for further information.

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 exactly who the information will be shared with.

2.2 Consent

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 that 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, then a person with parental responsibilities and parental rights, such as a parent, guardian or carer, should be asked to give consent on behalf of the child unless this places the child or others at greater risk.

2.3 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 the young person may have been subject, or be at risk of being subject, to physical, emotional or sexual abuse
- neglect, child sexual exploitation, child trafficking, enforced labour
- when urgent medical treatment required

2.4 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!

Therefore, 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, so that the young person

is able to make an informed decision. Importantly, it is key that in the absence of any exceptions to the young person's right to confidentiality, any request not to involve other professionals should be respected.

Sharing information that is relevant and proportionate about children and young people who are in need or at risk of harm, is fundamental to promoting their well-being and keeping them safe. Best practice indicates that, where possible and appropriate, this should be done taking account of the child's best interests, their views and with the provision of consent. However, in some instances – even after taking the latter into account – it may be necessary to share information against stated views and in absence of consent in order to secure the child or young person's best interests. Confidentiality is a right in law but it is a qualified right. The Children's and Young Persons (Scotland) Act 2014 – Part 4 Section 23, 26, 27 – places a duty on all services to share information to promote, support or safeguard a child/ young person's well-being.

Parents and Carers

Professional 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.

GIRFEC guidance usefully summarizes five 'golden rules' of information sharing:

1. Adhere to the principles of the Data Protection Act (1998)¹⁴
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
5. Seek consent but only where appropriate

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:

- 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 anonymously with an experienced colleague, line manager or consult their professional regulatory body.



Section Three - Having Conversations about Self-Harm or Suicide

3.1 Things that may help

- Remain calm and patient no matter what they say or do. Do not panic or become dramatic
- Offer support in a private and quiet space
- In conversation, 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
- Ask simple questions and try to understand what helps the young person feel better and what makes things worse such as:
 - is there anything in particular that triggered self-injury
 - how do they make sense of unfair or unkind treatment by others
 - if they can think about something positive about themselves
 - to imagine a positive they would like to have
 - is there anything different they can do instead of self-harming
- Thank them for talking and telling you what they think and feel
- Make leaflets of support services easily accessible

3.2 Things to avoid

- Avoid saying anything which might make the young person feel guilty, ashamed or unworthy
- Discourage the young person from dwelling or repeatedly reliving any experience of trauma or adversity as this can maintain a negative emotional state
- Do not ask the young person to promise to stop immediately. Recovery takes some time and this request might therefore further fuel their feelings of shame and hopelessness
- Avoid telling the young person how awful their behaviour makes you feel - again this can further fuel their feelings of guilt or unworthiness - negative emotional states are likely to heighten risk of maladaptive coping strategies. Rather, it is important to minimize stress and encourage positive emotions whilst alternative coping strategies are learned



Note: CHILD PROTECTION PROCEDURES MUST ALWAYS BE CONSIDERED. Please contact your Child protection Officer for further information.

Section Four – Intervention Flowchart and Assessment

4.1 – Intervention Flowchart

Concerns Identified

- Concerns have been raised indirectly through peers, family members or staff
- Young person (YP) has disclosed an incident of self-harm
- An incidence of self-harm or suicidal behaviour has been witnessed

Is there evidence that the young person has made a serious suicide attempt, serious laceration or self-injury, ingested drugs or taken an overdose?

NO ↓

YES ↓

Initial Actions

- Provide basic first aid, if required
- Arrange to speak with the YP in a private setting
- Explain confidentiality protocol to young person (section 2.1)
- Conduct risk assessment to determine level of concern (section 4.2)
- Encourage YP to allow disclosed information to be shared with their parents/ carer and other professionals
- Complete incidence form to summarise initial findings

Initial Actions

- Dial 999
- Provide first aid
- Inform parents/ carers (even if YP protests - follow Child Protection procedures) section 2.1 & 2.2)

Low level of concern (Not all have to be ticked)

- Any act of self-harm
- Unlikely to cause serious harm or death
- No thoughts of suicide
- No suicide plan

Action

Inform parents and carers if young person has the capacity to consent and agrees this is okay

Medium level of concern (Not all have to be ticked)

- Any act of self-harm
- No suicide plan
- History of alcohol or drug misuse
- Multiple risk factors are present
- Changes in the type of self-harm

Action

(Low level actions plus): Consider suitability of referrals to other agencies (e.g. CAHMs/Social Work)

High level of concern (Not all have to be ticked)

- Any act of self-harm
- Injuries require hospital visit
- Has plans for suicide
- Previous suicide attempt
- History of alcohol or drug misuse

Action

Inform Social Work and parents and carers
Access emergency medical intervention
Refer YP to other agencies (e.g. CAHMs/Social Work)

Emergency (Not all have to be ticked)

- Evidence of serious suicide attempt
- Serious laceration/ self-injury
- Ingestion/ drugs overdose

Action

Complete risk assessment and incident form to summarise findings
Inform Social Work and refer YP to other agencies

Next steps for all levels of concern

- Share suicide and self-harm information leaflet with YP and parents/ carers (if relevant)
- Encourage the YP to complete the Functional Questionnaire (section 4.3)
- Support the YP to develop a 'Safe Plan' (section 4.4)
- Record all actions taken and supporting rationale
- Maintain contact with young person and if appropriate with parents and carers
- Store forms in Pupil Profile Record
- Be alert to changes that might increase identified level of concern. Work through the flowchart again if situation changes
- Refer to PSG (or other equivalent multi-agency forum if relevant)

Note: CHILD PROTECTION PROCEDURES MUST ALWAYS BE CONSIDERED. Please contact your Child protection Officer for further information.

4.2 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. A risk assessment pro-forma can be found in Appendix 1. Once completed, this will help to determine the level of concern and direct the appropriate next steps, as outlined in section 4.1.

4.3 Functional Questionnaire: Exploring the underlying reasons

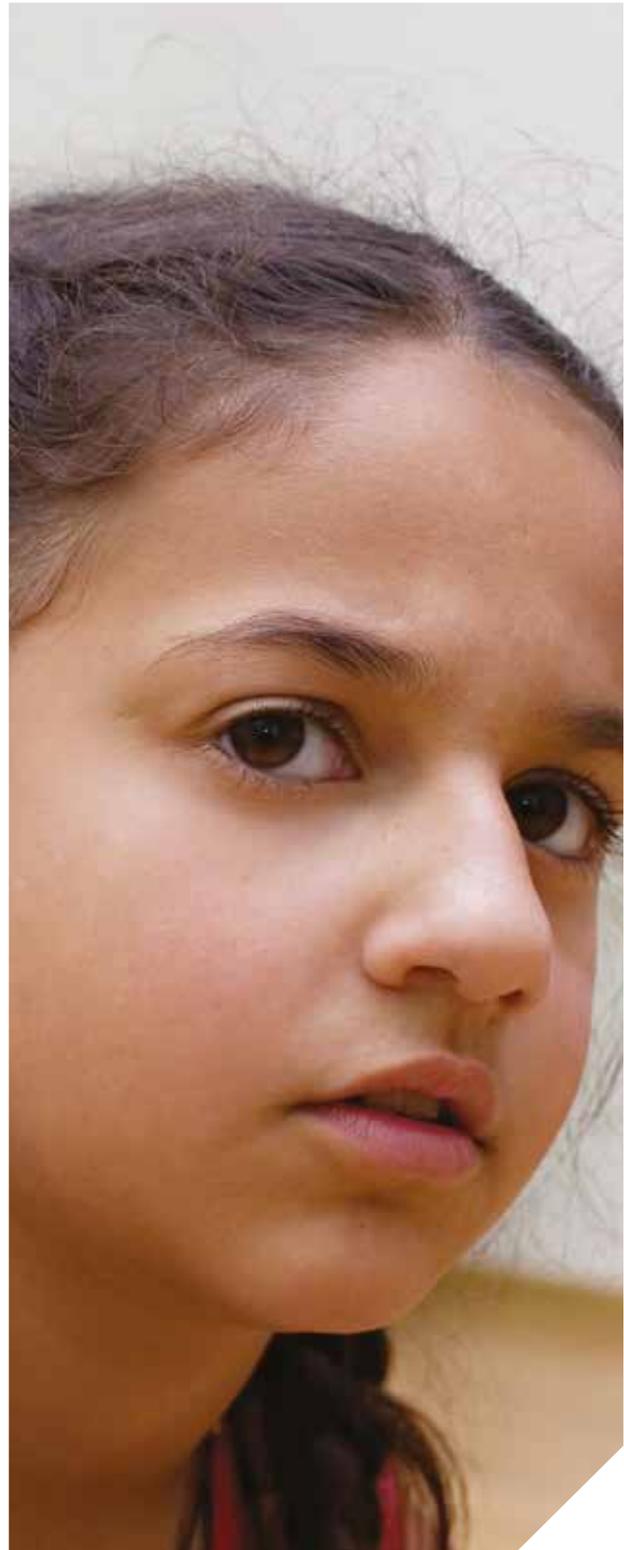
This is an optional exercise that aims to help young people identify possible underlying factors that may be motivating their urge to self-harm. Appendix 2 provides a template questionnaire that the young person can fill in. Once completed, transfer and total the score for each question. This will provide a total score for each of the main functions which research has shown underpin self-harm¹³. Functions with high scores can be used to guide selection of alternative coping strategies outlined in section 4.5. If the young person scores highly across multiple domains, it might be useful to encourage them to trial coping strategies from one domain to begin with, evaluate progress and then switch to another category and re-evaluate progress.

4.4 Developing a 'Safe Plan'

A template to create a 'Safe Plan' can be found in Appendix 4. The purpose of developing a safe plan is to support the young person to identify factors that appear to trigger their self-harm or suicidal behaviour, so that this behaviour can be avoided or minimised. Where it is not possible, the young person could plan alternative coping strategies or seek support. At this time, the young person should be encouraged to pick two or three alternative coping strategies from section 4.5, 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

Following the use of the Functional Questionnaire (Appendix 2), table 2 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.



Note: NO YOUNG PERSON CONSIDERED TO BE AT RISK SHOULD BE SENT HOME ALONE

Table 2 - Alternative coping strategies – grouped by identified function

<p>Emotional distress</p> <ul style="list-style-type: none"> • 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)
<p>Prevent suicide</p> <ul style="list-style-type: none"> • 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.
<p>Signal emotional distress</p> <ul style="list-style-type: none"> • Have regular check-ins with a trusted adult at school • 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
<p>Escape from feeling numb or disconnected</p> <ul style="list-style-type: none"> • Chew something with a strong taste (chilli or mint) • Draw on yourself with a red pen • Have a cold shower • Squeeze ice
<p>Gain a sense of control</p> <ul style="list-style-type: none"> • 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
<p>Connect with others</p> <ul style="list-style-type: none"> • 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
<p>Self-care</p> <ul style="list-style-type: none"> • 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
<p>Self-punishment</p> <ul style="list-style-type: none"> • 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

4.6 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 halved¹⁵. However, mental health stigma has left many people

unwilling to openly share their struggles – resulting in the mental distress of others being largely hidden; this behaviour 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.

Table 3: 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. Young Minds 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 ran by YoungMinds which 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 Community Health 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
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 your needs. Monday & Thursday 2:30pm-4:30pm	0141 355 2367 www.sandyford.org/where-to-find-us/sandyford-east-dunbartonshire.aspx

Organisation	Service	Contact
Sandyford	Sandyford East Dunbartonshire offers a wide range of accessible reproductive, emotional and sexual health services that are supportive, non-judgemental and sensitive to your needs. Monday & Thursday 2:30pm-4:30pm	0141 355 2367 www.sandyford.org/where-to-find-us/sandyford-east-dunbartonshire.aspx
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. The multidisciplinary team is a mixture of staff from different areas including Psychiatry, Psychology, Allied Health Professionals, Nursing, Family Therapy and Psychotherapy	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 to children and young people aged 0-19 and their families who are registered with a GP in East Dunbartonshire. The team consists of Health Visitors/Public Health Nurses, Community Staff Nurses, School Nurses, Nursery Nurses and Health Support Workers	East Dunbartonshire CHP HQ: 0141 201 9781 KHCC: 0141 304 7447 Milngavie : 0141 282 4800
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
Selfharm.co.uk	A project setup 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 parent's resource to help keep their child safe online. Helpful tools and tips.	NSPCC 0808 800 5000 net-aware.org.uk
The Cybersmile Foundation	Support for young people bullied online, changing the behaviour of the bullies themselves and through education.	0207 241 6472 info@cybersmile.org www.cybersmile.org
Mindreel	Mindreel is an initiative to create a valuable learning resource using educational films that about mental health.	0141 559 5059 admin@mindreel.org.uk www.mindreel.org.uk
ED Community Assets Map	Online map of local assets which can support you to improve your wellbeing.	www.eastdunassets.org.uk
EDC Supporting Families Service	www.eastdunbarton.gov.uk/content/education_and_learning/schools/schools_general_information/supporting_families_service.aspx	
Parents and Carers	Suicide and Self-harm Information Leaflet www.eastdunbarton.gov.uk/content/social_care_and_health/mental_health/schools_-_psychological_servic.aspx	

Section Five – Support for Professionals

5.1 Strategies to support staff

Working with young people who are engaging in self-harm or suicidal behaviour is often demanding and challenging, therefore it is important to ensure professional well-being is protected by providing staff with adequate support. Helpful supports include:

- policies and procedural guidelines which clearly outline expected ways of working
- the opportunity for peer supervision with colleagues who have experience in working with similar issues
- the back-up and support of service colleagues, if issues arise
- training opportunities to ensure continuous professional development
- recognition of efforts, for example, if working with a particularly challenging case

5.2 Training opportunities

Table 5: 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.	Carole.Anderson@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 term 'blended' means that the course is a mixture of self-study, which is undertaken online using NHS Health Scotland's Virtual Learning Environment (VLE) together with a one-day face to face component. The training is appropriate to partners working with YP aged 12-18yrs (including 3rd Sector, Voluntary, Education, Health & Psychological services).	Carole.Anderson@ggc.scot.nhs.uk
SMHFA:YP Instructor T4T	Available to participants who have completed the SMHFA:YP training within previous 12mths	Attend a 3 consecutive day training course Deliver 1 day SMHFA:YP training within 3mths of completing the course Available to deliver a minimum of x3 - 1 day SMHFA:YP trainings per year to educational establishments Mentored during delivery of first training	Carole.Anderson@ggc.scot.nhs.uk

Appendix 1 – Risk and Resilience Initial Assessment

(page one of three)

Date Completed

Section One – Child/Young Person’s Details

Name		Date of Birth	
SEEMIS Number		Age	
School		Class	
Reason for Assessment			

Section Two – Details of Involved Professionals

Initial assessment completed by:			
Name		Role	Establishment
Named Person			
Name		Role	Establishment
Lead Professional (if applicable)			
Name		Role	Establishment
Other relevant involved professionals (if applicable)			
Name		Role	Establishment
Name		Role	Establishment

Section Three – Nature of the Concern

Has disclosed self-harmed?		Details	
Previously self-harmed?		Details	
Any change in type of self-harm?		Frequency	Method
Has disclosed any suicidal behaviour?		Details	
Any concerns/suspicions raised?		Details	
Type of self-harm (please circle all relevant)		Biting Hitting Cutting Other:	Taking an overdose Pulling hair Self-trolling Burning Pinching Picking wounds
Has received hospital treatment in relation to any self-inflicted act?			

Appendix 1 – Risk and Resilience Initial Assessment

(page two of three)

Known Risk Factors			
Individual	Tick	Environmental	Tick
Has previously self-harmed or attempted suicide		Has been the target of bullying/cyber bullying or peer victimisation	
Has made a plan for suicide		Lives in an area of high socio-economic deprivation	
History of alcohol or substance misuse		Is struggling with schoolwork	
Has a diagnosed mental health disorder		Has experienced abuse or trauma	
Has a diagnosed neuro developmental disorder (i.e. ADHD/ASD)		Has experienced significant adverse life event (i.e. bereavement, parental separation, relationship breakup, academic failure)	
Has expressed feelings of gender uncertainty		Parental mental health concerns	
Has poor emotional self-regulation skills		Belongs to a minority social group	
Has low self-esteem		Has experienced significant change (i.e. moving house/school)	
Has a family history of suicide and/or self-harm		Has exposure to self-harm or suicide via the media or peers	
Protective Factors	Tick		Tick
Maintains hobbies and interests		Has developed long-standing friendships	
Is achieving at school		Young person is willing to share their problem with their family	
Maintains good physical health: Nutrition Exercise Sleep		School has a positive and nurturing ethos	
Has good emotional self-regulation skills		Home life stable and secure	
Has high self-esteem/optimistic outlook		Access to suicide/ self-harm support in the community	
Has good problem-solving skills		Low level of stress in the home environment	
Has religious faith or spirituality		Family accepts there is a problem, has a non-judgmental perspective and is supportive	
Other/ further details:			

Note: CHILD PROTECTION PROCEDURES MUST ALWAYS BE CONSIDERED. Please contact your Child protection Officer for further information.

Appendix 1 – Risk and Resilience Initial Assessment

(page three of three)

What things are going well for you at the moment?

Consider things like important relationships, interests or hobbies or personal strengths...

What things are not going so well for you at the moment?

Consider anything that is particularly worrying you, recent events that have felt upsetting or difficult relationships.

Are there any things that you think may help?

Consider any people, activities, support or even things people can say when you are not feeling so good.

Hopes for the future...

Consider any hopes or wishes you have for the future or things that you would like to change.

I give permission for this to be shared with other professionals working with me:

Signature

I give permission for this to be shared with my parents

Signature

Appendix 2– Functional Questionnaire: Exploring the underlying reasons

Self-harm helps me to...

		Never	Sometimes	Often
1	calm down	0	1	2
2	let other people know that I am not coping	0	1	2
3	lessen thoughts of suicide	0	1	2
4	feel more independent	0	1	2
5	focus on looking after myself by treating a physical injury	0	1	2
6	strengthen friendships	0	1	2
7	experience feeling something, even if it is painful	0	1	2
8	escape from overwhelming emotions	0	1	2
9	respond to feelings of unhappiness with myself	0	1	2
10	create a way to care for myself	0	1	2
11	ensure I have control over something in my life	0	1	2
12	avoid feeling numb	0	1	2
13	punish myself	0	1	2
14	reduce anxiety or anger	0	1	2
15	identify with a social group	0	1	2
16	escape from thoughts of suicide	0	1	2
17	feel more alive	0	1	2
18	respond to suicidal thoughts without attempting suicide	0	1	2
19	forget emotional worries by treating a physical injury	0	1	2
20	enhance a bond with friends	0	1	2
21	control my emotions or feelings	0	1	2
22	prevent people from leaving me	0	1	2
23	express anger towards myself	0	1	2
24	seek help from family or friends	0	1	2

Are there any other reasons that you believe might motivate your self-harm behaviour?

Appendix 3 – Interpreting the Functional Questionnaire

Transfer the score for each question and then total the sum for each category. The two or three with the highest total scores indicate possible psychological functions.

		Score	Total
	Regulate emotional distress		
1	calm down		
8	escape from overwhelming emotions		
16	reduce anxiety or anger		
	Prevent suicide		
3	lessen thoughts of suicide		
18	respond to suicidal thoughts without attempting suicide		
16	escape from thoughts of suicide		
	Signal emotional distress		
2	let other people know that I am not coping		
22	prevent people from leaving me		
24	seek help from family or friends		
	Gain a sense of control		
4	feel more independent		
11	ensure I have control over something in my life		
21	control my emotions or feelings		
	Connect with others		
6	strengthen friendships		
15	identify with a social group		
20	enhance a bond with friends		
	Escape from feeling numb/ disconnected		
7	experience feeling something – even if it is painful		
12	avoid feeling numb		
17	feel more alive		
	Self-care		
5	focus on looking after myself by treating a physical injury		
10	create a way to care for myself		
19	forget emotional worries by treating the physical injury		
	Self-punishment		
9	respond to feelings of unhappiness with myself		
13	punish myself		
23	express anger towards myself		

Appendix 4 – Safe Plan Template

Name (optional)

Date

Date to be reviewed

Lead Professional

Identified Risk Factors (see section 1.3):

What is going well (existing or to be a focus for improvement) (see section 1.3):

What helps (see section 4.5):

Who can help (see section 4.6):

Note: It is recommended that no more than two or three strategies or supports are identified for each section to begin with as changing too many things at once can be overwhelming. New strategies can, however, be added in or removed at subsequent review meetings. **NO YOUNG PERSON AT RISK SHOULD BE SENT HOME ALONE.**

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A review of this document will take place summer 2016.
Please send your comments to Carole.Anderson@ggc.scot.nhs.uk

