

SUPPORTING CHILDREN AND
YOUNG PEOPLE AT RISK OF

SELF-HARM AND SUICIDE

MIDLOTHIAN MULTI-AGENCY GUIDANCE

Midlothian



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Foreword

Midlothian Council, NHS and voluntary services are committed to ensuring that all our children and young people are given the best start in life and that they are supported to become successful learners, confident individuals, responsible citizens and effective contributors. Our focus is on prevention and early intervention that will enable us to prevent negative outcomes for all. We recognise that promoting good mental wellbeing is vital to doing just that.

Sadly, there is growing evidence to suggest that self-harm is one of the main concerns among children and young people in today's society. For example, Penumbra reported a 16% increase in referrals related to self-harm between April 2013 and March 2014¹. In their annual review for 2013-2014, ChildLine reported that self-harm was the third most common reason why young people contacted their service². This review also highlighted that suicidal thoughts were among the top ten reasons for young people contacting them³. Youth suicide is an area of great concern; however it is a relatively rare event with 'deliberate self-harm being more than 100 times more common than completed suicide in young people'⁴. So whilst this document contains information around both self-harm and suicide, it is well recognised that they are very different behaviours, each with very different intended outcomes⁵.

The rise in young peoples' self-harming behaviours is in itself concerning, however further attention should also be given to the evidence that 3 out of 4 young people report that if they were self-harming they would be unsure who to talk to. This suggests that there are many young people experiencing distress who do not come forward for support⁶. There is further evidence in the Northern Ireland Commissioner for Children and Young People's (NICCY) report which suggests that young people often do not wish for a "referral", but rather to be supported through supports already in place. This concludes that supporting the capacity to help people who are already part of a young person's life would significantly increase the likelihood of young people accessing the necessary support to address self-harming behaviour.

We are therefore pleased to introduce this guidance which has been drafted by a team of multi-agency colleagues. Its aim is to support those working with children and young people across a wide range of services to better understand how to respond appropriately to this very sensitive issue. Colleagues from the, Child and Adolescent Mental Health Service (CAMHS), Senior Teachers and Midlothian Choose Life steering group have worked together to produce this guidance, the principal purpose of which is to provide support for individuals and professionals supporting young people who are self-harming or at risk of self-harm and/or suicide.

This guidance aims to dispel the myths associated with self-harm and to support professionals to feel confident, informed and able to support those young people most at risk. When young people do access social, healthcare and other services, they need do so without fear, stigma and be safe in the knowledge that they will be given strong and appropriate support.

This guidance identifies common factors and offers tools and strategies for those working directly with children and young people. It also makes recommendations about systemic support for staff within organisations who are involved in working in this emotionally demanding environment.

The guidance is also aimed at developing a shared understanding and language around self-harm so that, by working together as services with and for our young people, we can ensure that they receive consistent and relevant support at the point at which it is most needed.

Emma Clark, Advanced Practitioner, Midlothian CAMHS and Simon Miller, Choose Life Development Worker, Health in Mind.

¹ Penumbra (2014).

² ChildLine (2015). Family relationships were the most common reason, and low self-esteem and unhappiness was second most common reason for contacting the service.

³ ChildLine (2015)

⁴ Bailey, S. & Shooter, M. (2009)

⁵ Scottish Government (2009)

⁶ Cello Group (2012)

Guidance

All agencies who have contact with children and young people have a key role and responsibility in providing support to children and young people who may be at risk of both self-harm and suicide⁷.

This guide aims to provide support to staff working in a variety of settings (health, education, voluntary organisations, and community groups) to help identify children and young people who are or are at risk of self-harm and/or suicide. The guide will enable staff to offer the most relevant intervention, based on an individual child/young person's level of distress or need.

We recognise that this document contains information and guidance around both self-harm and suicide, however it is well recognised that they are very different behaviours with very different intended outcomes⁸.

We would like to thank NHS Tayside and West Lothian Partnership for their permission to adapt their guidance to meet the needs of Midlothian.

Disclaimer

Every effort has been made to ensure that the information in this guidance is up-to-date and accurate. However, we are aware that information, and advice on what is best practice can change over time.

All staff members need to supplement this guidance with training appropriate to their role and setting

⁷ Scottish Government (2008).

⁸ Scottish Government (2009).

1. Introduction

In *Towards a Mentally Flourishing Scotland (TAMFS)*⁹, commitment 16 of Priority 5, (*Reducing the Prevalence of Suicide, Self-Harm and Common Mental Health Problems*), states that:

“The Scottish Government will work with partners to improve the knowledge and understanding of self-harm and an appropriate response. This document aims to increase awareness of self-harm and its determinants and offer guidance to those delivering both general and specific services.”

This document has also been informed by the following Scottish Government report and strategy:

- Responding to Self-Harm in Scotland: Mapping out the Next Stage of Activity in Developing Services and Health Improvement Approaches¹⁰
- Suicide Prevention Strategy (2013-2016)¹¹

⁹ Scottish Government (2009)

¹⁰ Scottish Government (2011)

¹¹ Scottish Government (2013)

1.1 Definitions of Suicide and Self-Harm

It is important to recognise that the two behaviours of suicide and self-harm are very different in nature, and often have very different motivations and outcomes behind them.

This document uses the following working definitions of each behaviour:

Self-Harm

Self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act.

Suicide

An act of self-harm, which results in death.

Suicide and Self-Harm Links

Self-harm is generally a way of coping with overwhelming emotional distress.

Many young people self-harm where there is no suicidal intent. However, research shows that young people who self-harm can be at a higher risk of suicide.

80% of young people stop self-harming, not with specialist interventions, but with natural supports such as having a hobby.

1.2 Aims

The aims of this guidance are to:

- Ensure the child or young person is seen as central to the whole process and accorded appropriate priority by the agencies involved;
- Ensure a **consistent response** to and understanding of self-harm across all agencies concerned with children and young people;
- Provide an agreed set of procedures for dealing with disclosure;
- Minimise harm and **support emotional health and wellbeing** of the child and young person through collaborative working;
- Provide children and young people with opportunities and strategies for **hope and recovery** from the effects of self-harming or attempting suicide and minimise the risk of future harm;
- Support services/agencies, schools and other organisations to carry out a risk assessment and make **appropriate referrals**.

1.3 Definition of Child or Young Person

There are a number of different definitions of a child in Scottish legislation. The United Nations Convention on the Rights of a Child framework defines a child as being under 18 years of age¹². For the purposes of this document, references to 'children' and/or 'young people' means all those under the age of 18.

This document has been developed for use in any organisation or setting for children and young people, including primary and secondary schools, LAC placements and voluntary services. It will also be appropriate in supporting young adults over the age of 18.

1.4 Information Sharing and Getting it Right for Every Child (GIRFEC)

All practitioners working with children and young people must play their part in supporting the wellbeing of children and young people to ensure they are *safe, healthy, achieving, nurtured, active, respected, responsible and included*.

To provide children and young people with the help they need, when they need it, for as long as they need it means moving away from crisis intervention towards early identification, intervention and support.

Effective early intervention necessitates appropriate and proportionate information sharing as well as consideration of confidentiality and consent.

Best practice is to work in partnership with the young person and the family, discussing the wellbeing concerns and sharing appropriate information with the family (unless this puts the child at immediate risk) in order to facilitate a support network.

The following general guidance about information sharing is included in *A Practitioner Guide to Information Sharing, Confidentiality and Consent to support Children and Young People's Wellbeing*¹³.

Confidentiality

- Confidentiality is not an absolute right – it cannot be promised.
- Confidentiality does not prevent you from sharing a concern about a child or young person's wellbeing – it actually empowers you to do so.
- Be aware of the constraints and limitations of confidentiality.
- Further guidance is included in the full information sharing document.

Information Sharing

- The wellbeing of children and young people is everyone's job and everyone's responsibility.
- Doing nothing is not an option; do not delay unnecessarily, take the appropriate action.

- Ask yourself the five key GIRFEC questions. If the answer is no or you do not know, gather information to find out:
 1. What is getting in the way of this child or young person's wellbeing?
 2. Do I have all the information I need to help this child or young person?
 3. What can I do now to help this child or young person?
 4. What can my agency do to help this child or young person? And
 5. What additional help, if any, may be needed from others?
- Adopt a common sense approach.
- Use your professional judgment, knowledge and skills – gut feelings.
- Seek help and support in doing so – Line Manager/Supervisor or if your concern is one of safety, follow the Inter-agency Child Protection Procedures Edinburgh and the Lothians (2012) and specific protocol in your area of work.
- Share what you consider only to be necessary, appropriate and proportionate – on a need-to-know basis only.
- Always share your concern with the child or young person's Named Person.
- Consider the alternatives and/or implications of not sharing information.
- Always record your decision and the reasons for it.
- Follow your agency's policies and procedures and your professional guidelines.

Consent with regards to Information Sharing

- There is no need to seek consent in situations where you are likely to share information in any case.
- Consent should only be sought when the individual has a real choice over whether the information should be shared.
- Consent should be informed and explicit.
- Children and young people, subject to their age and developmental capacity, can provide consent, if consent is necessary.
- Consent must always be recorded.

Legislation

Legislation does not prevent you from sharing information – it empowers you (full guidance can be found in the Information Sharing document).

¹²United Nations (1990).

¹³Lothian and Borders GIRFEC Regional Steering Group (2014).

2. Emotional Resilience

“The inner strength to deal competently and successfully with the day to day challenges and demands we encounter”¹⁴

Children and young people who have increased resilience have access to:

- Caring relationships which provide boundaries, consistency and love;
- Role models who demonstrate respect, empathy and guidance;
- Opportunities to contribute to activities – big and small;
- A sense of belonging both within the schools, clubs, families and communities of which they are part.

Children with good levels of resilience often:

- Demonstrate good communication skills;
- Believe that they have choices;
- Are able to use humour;
- Demonstrate problem solving skills;
- Demonstrate reasoning ability;
- Have skills which allow them to reflect;
- Reflect a sense of hope for their future.¹⁵

Children and young people affected by self-harm and/or suicide may not have any, or only have a few of the items listed above. Children and young people who self-harm or attempt suicide will have underlying factors that contribute to their feelings of distress and behaviours. These underlying factors may not always be obvious to someone else yet have significance to the child.

¹⁴Brooks, R. & Goldstein, S. (2001).

¹⁵Adapted from Section 3 of a ‘Confident Staff, Confident Children’ (2012) handout by the City of Edinburgh Council

Resilience does not develop on its own. Children and young people require support to develop resilience, this is dependent on the individual themselves their interactions with family, people and the environment that surrounds them.

Children and young people who experience the most adverse life circumstances can, and do, thrive with support and appropriate interventions to meet their needs.

3. Self-Harm

Remember: it is a behaviour, not a mental illness.

- Self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act.
- Self-harm is a behaviour, not a mental illness.
- Self-harm is a way of managing distress.
- NHS Health Scotland suggests that 1 in 10 young people self-harm¹⁶; that’s likely to be up to three in every secondary school class.
- Girls are 3–4 times more likely to report self-harm than boys.
- There is huge underreporting due to fear: in a recent study, 3 out of 4 people surveyed stated they would not know who to speak to for help¹⁶.

3.1 Why Do Young People Self-Harm?

One function of self-harm is that it is a way of managing emotions. It is a coping mechanism which enables a person to express difficult feelings. Young people who hurt themselves often feel that physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible. However, the behaviour only provides temporary relief and fails to deal with the underlying issues that a young person is facing. Another function of self harm is that it is a way of communicating something to others.

“I’ve always been angry at...everything, and things just build and build until I feel like I’m going to explode. I remember the relief I felt the first time I self-harmed, it made me feel like I didn’t want to punch the wall or the teacher, so for me it was about trying to keep myself from doing something I’d regret later. I attended a group once, I realised I couldn’t stop it and the most helpful thing for me was knowing that other people felt the same.” CAMHS

¹⁶ NHS Health Scotland (2013).

¹⁷Cello Group (2012).

For some people, self-harm may last for a short time. For others, it can become a long-term problem. Some people self-harm, stop for a while, and return to it months or even years later, in times of distress.

The reasons people gave for self-harming are varied and include:

- Self-harm temporarily relieves intense feelings, pressure or anxiety.
- Self-harm provides a sense of being real, being alive – of feeling something other than emotional numbness.
- Harming oneself is a way to externalise emotional internal pain (to feel pain on the outside instead of the inside).
- Self-harm is a way to control and manage pain (unlike the pain experienced through physical or sexual abuse).
- Self-harm is self-soothing behaviour for someone who does not have other means to calm intense emotions.
- Self-loathing: some people who self-harm are punishing themselves for having strong feelings or for a sense that somehow they are bad and undeserving (for example, following a period of abuse, some people may develop a belief that it was deserved).
- Self-harm followed by tending to wounds is a way to be self-nurturing, for someone who was never shown by an adult to express self-care.
- Harming oneself can be a way to draw attention to the need for help, to ask for assistance in an indirect way – this could be done in a very inviting or uninviting way, for example, angry outbursts or withdrawn behaviour.
- On occasions self-harm may be used to influence others: make other people feel guilty or bad, make them care, or make them go away.
- Self-harm can be influenced by alcohol and drug misuse.
- The function of self-harm for the individual can change for each episode of their self-harming behaviour.

3.2 Who Self-Harms?

Anyone can self-harm. This **behaviour** is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion.

However, there are some identified vulnerable ‘at risk’ groups.

Young people who self-harm are not ‘attention-seeking’ – but they are in need of attention.

These include:

- Children and young people who have experienced physical, emotional or sexual abuse during childhood;
- Girls and young women;
- Young people in a residential setting;
- Looked After Children (LAC);
- Lesbian, gay, bisexual and transgender (LGBT) people;
- Young Asian women;
- Children and young people in isolated rural settings;
- Children and young people who have a friend or family member who self-harms;
- Groups of young people in some sub-cultures who self-harm.

“Boys don’t talk about it, or show it much, like, or are as open to, like, self-harm. They won’t tell anyone or show anyone. They’ll deny it if they’re asked.” SASH Project

3.3 Types of Self-Harm

Self-harm is a response to a sense of emotional distress.

The most common ways that people self-harm are:

- Cutting;
- Biting oneself;
- Burning, scalding, branding;
- Picking at skin, reopening old wounds;
- Breaking bones, punching;
- Hair pulling; including eyebrows and lashes;
- Head banging;
- Ingesting objects or toxic substances;
- Overdosing with a medicine.

There are a variety of other, sometimes viewed as more socially acceptable, risk-taking behaviours which may also be associated with self-harm including:

- Practices such as tattoos, piercings;
- Rituals, for example, cultural behaviour or rites of passage;
- Unhealthy behaviours: alcohol, diet, risk-taking sexual behaviour for example;
- Risk taking such as driving too fast.

“You wouldn’t think that someone that drinks [...] you wouldn’t really think twice about it, but then someone that self-harms you would be like, oh.” Aged 15,

SASH Project

“If I drink it becomes 10, 20, 100 times harder to resist the urge – that’s happened a few times.” Aged 16, SASH Project

3.4 Influencing factors and signs to look out for:

Adults should be aware that children or young people who self-harm or attempt suicide may have underlying problems within the family/social environment which require to be addressed.

This list is not exhaustive, nor should one or more indicator be taken, of themselves, as ‘proof’ of risk of self-harm or suicide. Rather, the factors need to be woven into a proper assessment of the child or young person’s circumstances.

Please bear in mind that many of the factors are also symptoms of normal adolescent development.

- Life events such as – bereavement, abuse, exam stress, parental divorce, etc;
- Reaction to trauma or abuse;
- Low self-esteem;
- Poor body image;
- Bullying;
- Isolated or feeling rejected, not having someone to talk to;
- Difficulties associated with sexuality or gender identity;
- Any mood changes – unhappy, anger, sadness, mental health issues;
- Feelings of worthlessness;
- Peer pressure;
- Wearing long sleeves at inappropriate times;

Please note: some of these behaviours are typical during adolescence.

- Wearing clothing that is inappropriate for the activity;
- Spending more time in the bathroom;
- Unexplained cuts or bruises, burns or other injuries;
- Razor blades, scissors, knives, plasters have disappeared;
- Unexplained smell of substances such as Dettol, TCP, etc;
- Changes in eating or sleeping patterns;
- Losing friendships or changes in friendship circles or boyfriend/girlfriend relationship;
- Withdrawal from activities that used to be enjoyed;
- Increase or starting to use alcohol and/or drugs;
- Spending more time alone and becoming more private or defensive.

3.5 Taking Action

When a young person shares with you that they have been self-harming:

1. Take any report of self-harm seriously.
2. Keep calm. Make sure the child or young person is safe.
3. Listen empathetically.
4. Explain your role and the limits of your confidentiality.
5. Be aware of other related issues to consider (see section 3.6).
6. Perform first aid if appropriate, seek advice if unable to assess.
7. If serious injury, go straight to A and E or call 999 or NHS 24 as appropriate.

Your core skills and values of empathy, understanding, non-judgmental listening and respect for individuals are all vital in this area. It is noticeable that children or young people will seek out the adult of **their** choice when they are inviting help. Therefore it is important that **anyone** feel they can support the individual.

Commonly when children and young people are referred to other services or agencies for support they can fail to attend. This could be due to the uniqueness and trust of the relationship with the person they have initially chosen to disclose to.

Children and young people choose who they want to talk to.

“I approached Pupil Support but I felt that they thought I was just looking for attention. The woman I spoke to was quite disapproving of me and I started crying and ran out of the room. A really nice teacher came to get me and talked to me for ages and she didn’t ask me to stop but asked if I felt like doing it to come and talk to her first. She gave me some websites to look at and to help. I don’t self-harm anymore and I’m working on better coping strategies.” CAMHS

Good practice in providing empathetic listening includes:

<p>Reflecting... <i>‘You’ve said that you’re feeling... tell me more’</i></p>	<p>rather than ...Evaluating <i>‘Of all these issues this is the most important...’</i></p>
<p>Clarifying... <i>‘So what I’m hearing is...is that right?’</i></p>	<p>rather than ...Confronting <i>‘That’s ridiculous...’</i></p>
<p>Supporting... <i>‘I’m here to listen...’</i></p>	<p>rather than ...Problem solving <i>‘I think you should...’</i></p>
<p>Developing... <i>‘Tell me a bit more about...’</i></p>	<p>rather than ...Analysing <i>‘So I think what’s most important is...’</i></p>
<p>Sharing Some silence... <i>‘...’</i></p>	<p>rather than ...Filling the gaps <i>‘The weather’s nice...’</i></p>
<p>Summarising... <i>‘So let me check where we are at...’</i></p>	<p>rather than ...Interrupting <i>‘I think I’ve heard what you’ve said...’</i></p>
<p>Explore options... <i>‘You have told me about other times you managed not to self-harm, tell me a bit about them...’</i></p>	<p>rather than ...Telling to stop <i>‘You need to stop doing that’</i></p>

See appendix 1 for further examples of helpful questions.

Avoid telling the young person to stop, as this can make things worse.

“I felt like no one could see that I was really truly falling apart and no one was offering help, and if I self-harmed they would get that message.” SASH Project

3.6 Other things to consider

- Be aware that the child or young person may be feeling guilty and ashamed, so acknowledge how difficult it will have been for the young person to come to you.
- Check for associated problems such as bullying, bereavement, relationship difficulties, abuse, and sexuality. Follow up with child/young person and relevant agencies as appropriate.
- Advise the child or young person about the range of support available.
- Involve the young person actively in decision making.
- Make appropriate referrals if required.

It is vital that the young person:

- Has some control of their situation;
- Is fully aware of who needs to be informed and why;
- Is consulted on their views, and;
- Is allowed, wherever possible, to set the pace and make choices.

To do otherwise could result in a worsening of the self-harm.

Remember that self-harm is not an illness, it is a coping mechanism, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term.

Please see appendix 2 for advice and guidance on actions to take in the event of a self-harm incident (including disclosure).

4. Suicide

Self-harm is generally a way of coping with overwhelming emotional distress. Many young people self-harm where there is no suicidal intent.

The following section provides general guidance on suicide.

4.1 Why Do Young People Attempt/Complete Suicide?

Suicide attempts in young people nearly always follow a stressful event or life crisis or an inter-personal loss, for example relationship problems, bereavement or family break-up.

Completed suicides by children and young people are relatively rare

4.2 Who is at Risk?

Anyone is at risk of suicide but there are some specific vulnerable groups amongst young people who are more at risk. These include those affected by:

- Sexual/physical/emotional abuse;
- Bullying;
- Bereavement;
- Low socio-economic status, poverty;
- Care experienced children and young people. For further information please refer to the practice guide: Suicide prevention for looked after children and young people¹⁸,
- LGBT young people;
- Involvement in the criminal justice system;
- Parental neglect;
- Any type of loss including job, relationships/friendships, attainment, home or pet;
- Substance misuse;
- Previous suicide attempts;
- Previous or ongoing mental health difficulties;
- Previous or ongoing physical conditions, eg, chronic pain;
- A suicide in the family or close circle.

¹⁸Social care and social work improvement Scotland (2011)

MYTH:

“Those who talk about suicide are the least likely to attempt it.”

FACT:

Those who talk about their suicidal feelings do attempt suicide. Our experience shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death. It is important to take anyone talking about suicide seriously.

MYTH:

“Talking about suicide puts the idea in someone’s head.”

FACT:

On the contrary, giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die. To be in the present talking about dying is suggestive of life.

MYTH:

“You are mentally ill if you’re talking about suicide.”

FACT:

Most people who die by suicide do not have a diagnosable mental health condition. Most are experiencing distress caused by life events as mentioned previously.

MYTH:

“If someone is serious about wanting to die there is nothing that can be done to help.”

FACT:

Often thoughts of suicide can be temporary, but for others longer-lasting. Getting the right support and help at the right time is what’s needed. What they need is relief from the pain that they are experiencing.

4.4 Invitations for help/warning Signs (this is not an exhaustive list)

- Dwelling on insoluble problems.
- Talking about methods of suicide
- Giving away possessions.
- Hints that “I won’t be around” or “I won’t cause you any more trouble”.
- Change in eating or sleeping habits.
- Withdrawal from friends, family and usual interests.
- Violent or rebellious behaviour or running away.
- Drinking to excess or misusing drugs.
- Feelings of boredom, restlessness, self-hatred.
- Failing to take care of personal appearance.
- Becoming over-cheerful after a time of depression.
- Hints given on social media.
- Ongoing difficulties managing feelings following the loss of an important person or pet (including pop or sports idols).

4.5 Taking action

See appendix 2 for further information about taking action

If you’re concerned, here’s a way to **ASK** about suicide:

This is where your empathetic listening skills are crucial to be able to reflect back the language of the child or young person and **their** concerns. See page 14 for good practice in providing empathetic listening.

If you discover someone in the act of trying to take their own life:

- Keep safe – do not endanger your own life;
- Phone 999 immediately or take the person directly to A&E (if safe to do so);
- Perform first aid if it is necessary and safe to do so;
- If the person is drinking alcohol or taking drugs, try to get them to stop;
- Remove the means if possible;
- Continue to encourage the person to talk and listen empathetically.

“Sometimes when people are worrying about ‘...’, and are talking about ‘...’, they are thinking about suicide. Are you thinking about suicide?”

If you’re concerned the person may act on their thoughts of suicide, seek specialist advice. Contact:

- CAMHS.
- Children and Young People Team.
- Education Officer.
- Child Protection Officer.
- NHS 24 on 111. Do not leave a person alone who you feel might injure or kill themselves. Take them to someone or ask someone else to bring help.
- If safe to do so, remove potentially lethal means.

If the young person has suicidal thoughts but does not have a plan to act on their thoughts, and you do not think they are in imminent danger:

- **Listen non-judgmentally and take them seriously.**
- **Do not promise secrecy.** Encourage/support them to contact their GP for advice.
- If this arises out of hours, contact should be made with NHS 24 on 111 (open 24 hours).
- Encourage the young person to contact one of the Helplines such as:
 - The Samaritans (08457 90 90 90)
 - Breathing Space 0800 83 85 87
 - ChildLine 0800 1111.

See appendix 2 for further information about taking action

4.6 Completed Suicides

Any death of a young person is a tragic event. When that death is a suicide there can be increased sensitivities. Effective support for people following a suicide is very important.

Services involved in this area of work need to establish appropriate responses:

- To support children and young people, staff and parents as they grieve;
- To provide a safe environment for staff and other young people to express their feelings of grief, loss, anger, guilt, betrayal etc.;
- To prevent a copy-cat/modelling response from other vulnerable young people;
- To return the service/unit/school to its normal routine as quickly as possible following crisis intervention and bereavement support.

Clear Messages

It is critical to give these messages to staff members, children and young people:

- Expressing grief reactions is important and appropriate;
- Feelings such as guilt, anger, and responsibility are normal;
- There must be no secrets when suicide is a possibility and if any child or young person is worried about him/herself or anyone else, they should feel able to talk to you about it.

Groups who might be particularly at risk following a young person's suicide include:

- The affected class/year;
- Friends in other year groups/schools;
- Siblings in other year groups/schools;
- Children who have experience of loss;
- Children who are victims of abuse/bullying;
- Children who are in families under stress;
- Care experienced children and young people
- Eyewitnesses;
- History of suicide attempts or other mental health difficulties;
- Previous conflict with the deceased;
- Person in receipt of note or call from deceased.

A collection or memorial service may be considered but care should be exercised in the case of suicide – nothing should be done to glorify this event as in certain circumstances modelling behaviour can be triggered. There are particular safety concerns associated with social media and online memorials. Also it would not, for example, be advisable to set up a permanent memorial (benches or trees). Instead, a collection to be donated to an identified charity in the person's name is an appropriate gesture with the family's consent and within an agreed timeframe.

Care should also be taken with any media contacts, and agencies should refer to their media communication policies. For good practice in this area see the NUJ guidelines for responsible reporting on mental health, mental illness & death by suicide 2014 which can be found at: <https://www.nuj.org.uk/documents/nuj-guidelines-for-responsible-reporting-on-mental-health/>¹⁹

The attendance of children/young people and staff at funerals needs to be carefully considered. Decisions should take account of the wishes of the family of the deceased and the age of the affected children and young people. If pupil representatives are to go from school, permission from their parents should be sought and attention given to the emotional support available immediately after the funeral. Consideration should also be given to the preparation of staff both prior to the funeral and after the service for emotional support.

If you feel you need more support, make sure you bring this to the attention of your line manager.

The booklet published by the Scottish Association for Mental Health (SAMH) on 'After a Suicide'²⁰ can be a valuable resource to someone dealing with the aftermath of a suicide. It gives advice both on practical matters and emotional reactions to the situation. It can be accessed at: http://www.samh.org.uk/media/125564/after_a_suicide.pdf

Another useful document is from NHS Health Scotland: Supporting people bereaved by suicide: a good practice guide for organisations that respond to suicide It can be accessed at: <http://www.chooselife.net/Publications/publication.aspx?id=67>²¹

¹⁹NUJ guidelines for responsible reporting on mental health, mental illness & death by suicide (2014)

²⁰Scottish Association for Mental Health (SAMH): After a Suicide (2012)

²¹NHS Health Scotland: Supporting people bereaved by suicide: a good practice guide for organisations that respond to suicide (2014)

5. Ongoing self-care

5.1 Staff Health and Wellbeing

Staff need to care for their own mental wellbeing on an ongoing basis. Supporting a young person who is self-harming or who has attempted suicide can be upsetting as well as rewarding.

Staff may have feelings of:

- Shock;
- Guilt;
- Fear;
- Incomprehension;
- Anger and frustration;
- Distress and sadness;
- Powerlessness and inadequacy.

It is important for staff involved to be aware of their own mental wellbeing and to acknowledge any distress they may feel. Line managers can support staff by providing access to appropriate support whenever required.

Staff can try some of these self-care techniques to help relieve the stress they may feel:

- Talk to a friend, partner or a colleague about how you're feeling (without compromising the confidentiality of any child or young person involved);
- Try some relaxation techniques, such as yoga, tai chi, visualisation and breathing exercises;
- Listen to relaxing music or have a bath;
- Do something active, such as walking, dancing or going to the gym;
- Do something you enjoy (Mental Health. 10 ways to look after yourself Appendix).

5.2. Specific Guidance for Schools

It is acknowledged that staff in schools will often find themselves working with pupils who share their experiences of self-harm for the first time with a trusted adult in the school setting. It is also acknowledged that this can be particularly stressful for school staff who become anxious about giving the right response and support.

It is envisaged that this guidance document would therefore be used as part of a wider support plan within the school setting. The suggested arrangements are as follows:

1. Key staff from agencies working directly with children and young people should attend awareness and intervention skills training (details provided in Section 6: Training).
2. These key staff then establish a peer support network/working group within the school. This group would provide an opportunity to discuss individual circumstances as and when they arise with trained colleagues.
3. This group of staff also ensure that general information regarding self-harm support is shared with the wider staff team so that the school staff community know who to speak to for support should a young person share their experiences with a member of staff who has not received the training. As previously noted, this is important because children/young people may choose to open up to any member of the school staff community. Appendix 2 could be used to support this process.

6. Training

6.1 Information and training directly relating to self-harm and suicide

The following training can be accessed through CAMHS and Choose Life.

(Minds Well also offer courses at a cost – see website <http://www.mindswell.org.uk>)

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning Outcomes (What do you hope to achieve from the training?)
Self-Harm: Information Session CAMHS Midlothian (booking details to follow)	Open to key staff working alongside young people	Self-Harm: Information session aims to support participants to: <ul style="list-style-type: none"> • Explore and dispel the myth around self-harm; • Explore what self-harm is and why people do it. It informs participants of: <ul style="list-style-type: none"> • Adolescent brain development and the links to self-harm; • What can be done to support someone who self-harms.
Managing Self Harm To be confirmed	Suitable for all staff who may work with clients who self-harm.	A one day course that aims to raise awareness of the assessment and management of risk with self-harming clients. Participants learn skills for helping clients find alternatives to self-harming behaviour, and supporting their motivation for change.
Scotland's Mental Health First Aid	Open to all community and professionals	Scotland's Mental Health First Aid is a 12 hour course that aims to help participants to: <ul style="list-style-type: none"> • Preserve life; • Prevent the mental health problem or crisis developing into a more serious state; • Promote the recovery of good mental health; • Provide comfort to a person experiencing stress; • Promote understanding of mental health issues.

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning Outcomes (What do you hope to achieve from the training?)
Scotland's Mental Health First Aid: Young People Accessed through NHSL Health Promotion Service and CEC	Open to staff working with young people	Scotland's Mental Health first Aid: Young People is a 14 hour course that aims to support staff to be able to: <ul style="list-style-type: none"> • Provide young people with comfort when they are experiencing mental distress or crisis • Preserve life • Prevent mental distress developing in to a more serious state, and • Promote the recovery of good mental health.
Applied Suicide Intervention Skills (ASIST) Accessed through Choose Life	Open to all over the age of 18, communities or professionals	ASIST is a two-day comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to intervene to prevent the immediate risk of suicide. The course is designed to help anyone in a community to become more willing, ready and able to help people at risk of suicide.
SafeTALK Accessed through Choose Life	The course is open to anyone over the age of 15	SafeTALK is a 3.5 hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills, for example, someone who has completed ASIST, GP, CAMHS

6.2 Additional training and resources

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning Outcomes (What do you hope to achieve from the training?)	Who delivers the training?
Growing Confidence	Staff version (Primary school): Confident Staff, Confident Children. Parents' version: Raising Kids with Confidence	Growing Confidence is a 6 week, evidence-based programme to provide staff/parents with the most up-to-date research on: Understanding brain development; Promoting attachment; Building resilience; Developing empathy; Exploring beliefs and mindsets.	Educational Psychology Homelink teaching service
Parenting Teenagers ESCAPE teen parenting course	Anyone taking on a caring role for a young person aged between 12 and 16 years old and who would like support and learn strategies to solve particular parenting problems or simply to get support from other parents or carers.	The Parenting Teenagers Programme is delivered over 12 weekly sessions with each session lasting two hours. Some groups run during the day and some in the evening depending on the requests of parents and carers who register to attend. When attending the course, parents and carers are encouraged to reflect back to when they were a teenager. Participants will learn about why teenagers behave and interact the way they do, as well as learning some positive behaviour management strategies. During the course, parents and carers learn the importance of taking care of themselves. Using different strategies to interact with their teenager and the importance of teenagers needing to feel secure, loved and valued by their parents or carers.	Children and Families Team Or Chris Henderson (Parenting Co-ordinator, Midlothian)
On Edge	Teaching resource on self-harm aimed at S2 students and above	To tackle the myths that surround self-harm, reduce the stigma by increasing understanding of its function, reduce the barriers to help seeking by raising awareness of sources of support.	Delivered to students by teachers and other practitioner working with young people

7. Services – Advice and Information

Workers can keep up-to-date with current services and best practice from a variety of sources including websites, books and reports. They can also contact a range of national or local organisations for advice.

7.1 Local supports

Name of Service	Website and Email	Nature of service/purpose
SOBs (Survivors of Bereavement and Suicide)	Website: uk-sobs.org.uk Email: edinburghsobs@gmail.com	We exist to meet the needs and overcome the isolation experienced by people over 18 who have been bereaved by suicide.
Touched by Suicide	Website: touchedbysuicidescotland.org Email: touchedbysuicidescotland@hotmail.co.uk	We exist to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend.
Midlothian Young Carers Project	Children 1st Hardengreen Business Park Dalhousie Road Eskbank EH22 3NU Tel: 0131 654 9540 Website: http://www.children1st.org	We support, guide and advise young carers, between the ages of 8 and 18, on issues they have about being a young carer and a young person.
DAS	Children 1st (as above)	Supporting children and young people effected by parental substance misuse.
MYPAS (Midlothian Young Peoples Advice service)	Telephone 0131 454 0757 mypasenquiries@googlemail.com MYPAS, Tolbooth Hall, 176 High Street, Dalkeith EH22 1AY, Midlothian	We offer support, information and advice to young people aged 10 -21 years. Counselling, Art Therapy, Family Therapy, Sexual Health Drop-in and substance misuse service.

Name of Service	Website and Email	Nature of service/purpose
CAMHS (Child and Adolescent Mental Health Service)	CAMHS Eastfield Medical Practice Eastfield Farm Road Penicuik EH26 8EZ (01968) 671 330	Children and young people (0 – 18 years old but mainly school age children) are referred to CAMHS if there are significant concerns about their mental health or wellbeing and when difficulties are impacting upon their day to day functioning.
Midlothian children services Duty Team	(0131) 271 3860	Please contact the duty worker at your local social work office if you have any child protection issues or queries.
Child Protection – schools		Each school in Midlothian has an identified child protection officer who can be contacted for advice, information or support.
LGBT (Lesbian, Gay Bisexual, Transgender) Youth Scotland YP can text for support and advice – see website	Website: www.lgbtyouth.org.uk Email: info@lgbtyouth.org.uk	LGBT Youth Scotland's mission is to 'empower lesbian, gay, bisexual and transgender young people and the wider LGBT community so that they are embraced as full members of the Scottish family at home, school and in every community'.
Circle	Website: http://www.circle.scot Email: info@circlescotland.org	Circle works with children and families affected by their parents' drug and/or alcohol use.
Play Therapy Base	Linda Cuthbert (0131) 454 9713 playtherapybase@gmail.com	Play therapy service, working with individual children and their families.
CRUSE	Website: www.crusescotland.org.uk Email: info@crusescotland.org.uk	CRUSE are a charity, staffed by volunteers, which gives bereavement support to people throughout Scotland. Monthly Dalkeith drop in service.
Amber Mediation	Website: www.cyrenians.org.uk Email: amber@cyrenians.org.uk	Creates a safe space for everyone to have their say and be listened to. It is impartial, confidential, non-judgmental and completely voluntary.
Empowering Families Project in Midlothian	(0131) 654 0489 efp@midlothiansurestart.org.uk	Empowering families project is a partnership agency working with Families across Midlothian. Its aim is to provide early intervention to families in Midlothian to make positive changes.

Name of Service	Website and Email	Nature of service/purpose
Healthy Respect	Website: www.healthyrespect.co.uk Email: healthy.respect@nhslothian.scot.nhs.uk	Healthy Respect works to improve young people's sexual health and wellbeing, and supports them to enjoy healthy and respectful relationships. It co-ordinates drop-ins for young people aged 13-18 across Lothian.
Mayfield and Easthouses Youth 2000 project (Y2K)	http://youth2000project.com/	A range of youth services including support, street work and healthy living.
Richmonds Hope	http://www.richmondshope.org.uk/	Supporting bereaved children and young people.
Children and young people's Healthy Reading scheme?	http://midspace.co.uk/factsheet/healthy-reading-midlothian/	Self help books and resources for children, young people and families – in libraries and High schools.
Homelink Family Support	http://www.homelinkfamilysupport.org/	Systemic counselling for whole family in their own home, for families with children aged 0-18.
Midlothian Sure Start	http://www.midlothiansurestart.org.uk/	Peer support; individual, couple and post-natal counselling; advocacy; literacy and numeracy support (individual and group); confidence building; capacity building; play therapy; healthy living courses; complementary therapies; parenting and helping children meet their developmental milestones.

7.2 Help lines

Someone to talk to:

Breathing Space	0800 83 85 87
Samaritans	116 123
Childline	0800 1111
Relationship Helpline	0808 802 2088
NSPCC Helpline	0808 800 5000
Get Connected Helpline	0808 808 4994
Hope Line UK	0800 068 4141
Anxiety UK	0844 477 5774
Parentline	08000 28 22 33
Young Minds Parents Helpline	0808 802 5544
Women's self-injury Helpline	0808 800 8088

7.3 Helpful websites

Support for self-harming concerns:

www.selfharm.co.uk
www.lifesigns.org.uk
www.nshn.co.uk (National Self-Harm Network)
www.recoveryourlife.com
www.selfinjurysupport.org.uk

Support for depression and anxiety:

www.depressioninteenagers.co.uk
www.stressandanxietyinteenagers.co.uk
www.actionondepression.org
www.moodcafe.co.uk
www.firstsigns.org.uk
www.stepsforstress.org
<http://studentsagainstd Depression.org/>

General mental health and wellbeing:

www.midspace.co.uk (Midlothian website)
www.mind.org.uk
www.youngminds.org.uk
<http://www.themix.org.uk>
www.moodjuice.scot.nhs.uk

<http://breathingspace.scot/>
www.mentalhealth.org.uk
www.mwscot.org.uk (Mental Welfare Commission for Scotland)
www.penumbra.org.uk
www.samaritans.org
www.sane.org.uk
www.samh.org.uk (Scottish Association for Mental Health)
www.scottishrecovery.net
www.seemescotland.org
<http://www.health-in-mind.org.uk>

Support for lesbian, gay, bisexual & transgender concerns:

www.lgbtyouth.org.uk
www.genderedintelligence.co.uk
www.gires.org.uk
www.stonewall.org.uk

Support for bullying concerns:

www.beatbullying.org
www.respectme.org.uk

Support for loss and bereavement:

www.winstonswish.org.uk
www.crusescotland.org.uk

Support for suicidal thoughts:

www.chooselife.net
www.papyrus-uk.org

Support for eating disorder concerns:

www.b-eat.co.uk
www.needs-scotland.org
www.sedig.co.uk (Scottish Eating Disorder Interest Group)

Support and advice for children and young people:

www.childline.org.uk
www.handsonscotland.co.uk
www.healthyrespect.co.uk
<http://mypas.co.uk>

Support for substance abuse concerns:

www.talktofrank.com
<http://knowthescore.info/>
<http://www.crew2000.org.uk/>

Support for parents and families:

www.familylives.org.uk
www.children1st.org.uk/parentline-scotland

Support for housing concerns:

www.turningpointscotland.com
<http://scotland.shelter.org.uk/>

Support for domestic abuse:

www.mensadviceline.org.uk
www.scottishwomensaid.org.uk
<http://www.scottishdomesticabusehelpline.org.uk/>
www.abusedmeninScotland.org
www.shaktiedinburgh.co.uk
<http://www.womensaideml.org>
<http://www.ewrasac.org.uk> (Edinburgh Rape Crisis)

Information on therapeutic services:

www.counselling-directory.org.uk
www.lttf.com (Living Life to the Full)

Please note, there is also a curriculum resource available in all schools, called 'Getting the Lowdown (Scotland)'. This resource aims to engage and educate young people around the key issues of mental health and emotional well-being. It is suitable for primary school pupils (with topics on bullying, being active, anger management, friendships and relationships, and loss and bereavement – <http://bit.ly/lowdownprimary>) and secondary school pupils (stress and anxiety, loss and bereavement, eating disorders, self-harm depression, and bullying – <http://bit.ly/lowdownsecondary>).

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Appendix 1 – Helpful Questions to ask when assessing children and young people's levels of distress

Underlying Issues

- Explore the underlying issues that are troubling the child/young person which may include family, school, social isolation, bullying, and relationships.

General Distress

- Assess current level of distress.
- Ascertain what needs to happen for the child/young person to feel better.
- Ask about current support child/young person is getting.

Other Risk Taking Behaviours

- Explore other aspects of risk – fast driving, extreme sports, and use of drugs/ alcohol.
- Health.
- Ask about health issues such as eating, sleeping.
- Ask about mental states such as depression, anxiety.

Nature and Frequency of Injury

- Are there any injuries requiring immediate attention?
- Has the young person ingested/taken anything that needs immediate action?
- Establish what self-harming thoughts and behaviours have been considered or carried out and how often?
- Suicidal Intent
- Ask if there is any intention to complete suicide in a clear and straightforward way and persist if necessary.
- Consider the likelihood of imminent harm including means, plan and intention

Child Protection

23. Consider if there are child protection issues and, if so, discuss and/or refer.
24. Future Support.
25. Elicit current strategies that have been used to resist the urge to self-harm or stop it from getting worse.
26. Discuss who knows about this situation that may be able to help.
27. Discuss contacting parents if that would be helpful.
28. Discuss possible onward referral with child or young person (see Pathway).

Appendix 2 – Action required in the management of Self-harm and Suicide

If the injury is life-threatening, phone an ambulance (999).

If it is something you cannot assess, ask for advice. This could include contacting NHS 24 on 111 (open 24 hours).

Immediate Risk

- When child/young person has just self-harmed and is in need of significant medical treatment.

Action

- Call 999/seek first aider assessment.
- Keep calm and give reassurance to the child/young person and those who may have witnessed the self-harm incident.
- Follow Child Protection Procedures.
- Seek support from your line manager or other relevant person.

High Risk

- Increasing self-harm, either frequency, potential lethality or both.
- Situation felt to be causing unbearable pain or distress.
- Frequent suicidal thoughts, which are not easily dismissed.
- Specific plans with access to potentially lethal means.
- Significant drug or alcohol use (inappropriate for their age and stage).

Immediate action

- Ease distress as far as possible.
- Listen empathetically (refer to section 3.5 in supporting document).
- Problem solve jointly with the young person to resolve difficulties.
- Use/review school safety plan if developed or develop other appropriate safety plan with specialist input.
- Follow Child Protection Procedures.

Follow-up action

- Speak to other members of staff in your school/organisation who are trained in self-harm management.
- Consult with relevant agency for advice e.g. Mental Health Link worker, Child & Adolescent Mental Health Service (CAMHS), Educational Psychologist.
- Submit a referral for support to the Health and Wellbeing Screening Group.
- Ensure there is ongoing support for child/young person within the school/organisation and review and reassess at agreed intervals.
- Seek support from your line manager or other relevant person.

Moderate Risk

- Current self-harm is frequent and distressing.
- Situation felt to be painful, but no immediate crisis.
- Suicidal thoughts may be frequent but still fleeting with no specific plan or immediate intent to act.
- Drug or alcohol use, binge drinking (inappropriate for their age and stage).

Immediate action

- Ease distress as far as possible.
- Listen empathetically (refer to section 3.5 in supporting document).
- Consider safety of young person, including possible discussion with parents/carers or other significant figures.
- Problem solve jointly with the young person regarding underlying issues.
- Use/review school safety plan if developed or develop other appropriate safety plan with specialist input.

Follow-up action

- Speak to other members of staff in your school/organisation who are trained in self-harm management.
- Consult with relevant agency for advice e.g. Mental Health Link worker, Child & Adolescent Mental Health Service (CAMHS), Educational Psychologist.
- Consider referrals for support to the Health and Wellbeing Screening Group.
- Ensure there is ongoing support for child/young person within the school/organisation and review and reassess at agreed intervals.

Low Risk

- Self-harm is superficial.
- Underlying problems are short term and solvable.
- Mood appears typical for that person.
- Current situation felt to be painful but bearable.

Immediate action

- Ease distress as far as possible.
- Listen empathetically (see section 3.5 above).
- Problem solve jointly with the young person regarding underlying issues.

Follow-up action

- Speak to other members of staff in your school/organisation who are trained in self-harm management.
- Link to other sources of support/counselling.
- Make use of line management or supervision to discuss particular cases and concerns.
- Ensure there is ongoing support for child/young person and review and reassess at agreed intervals.
- Some young people find the 'five minute rule' helps: if they feel they want to self-harm they have to wait 5 minutes. Then another five minutes if possible – 'until the urge is over'²²

²²Mental Health Foundation (2006).



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