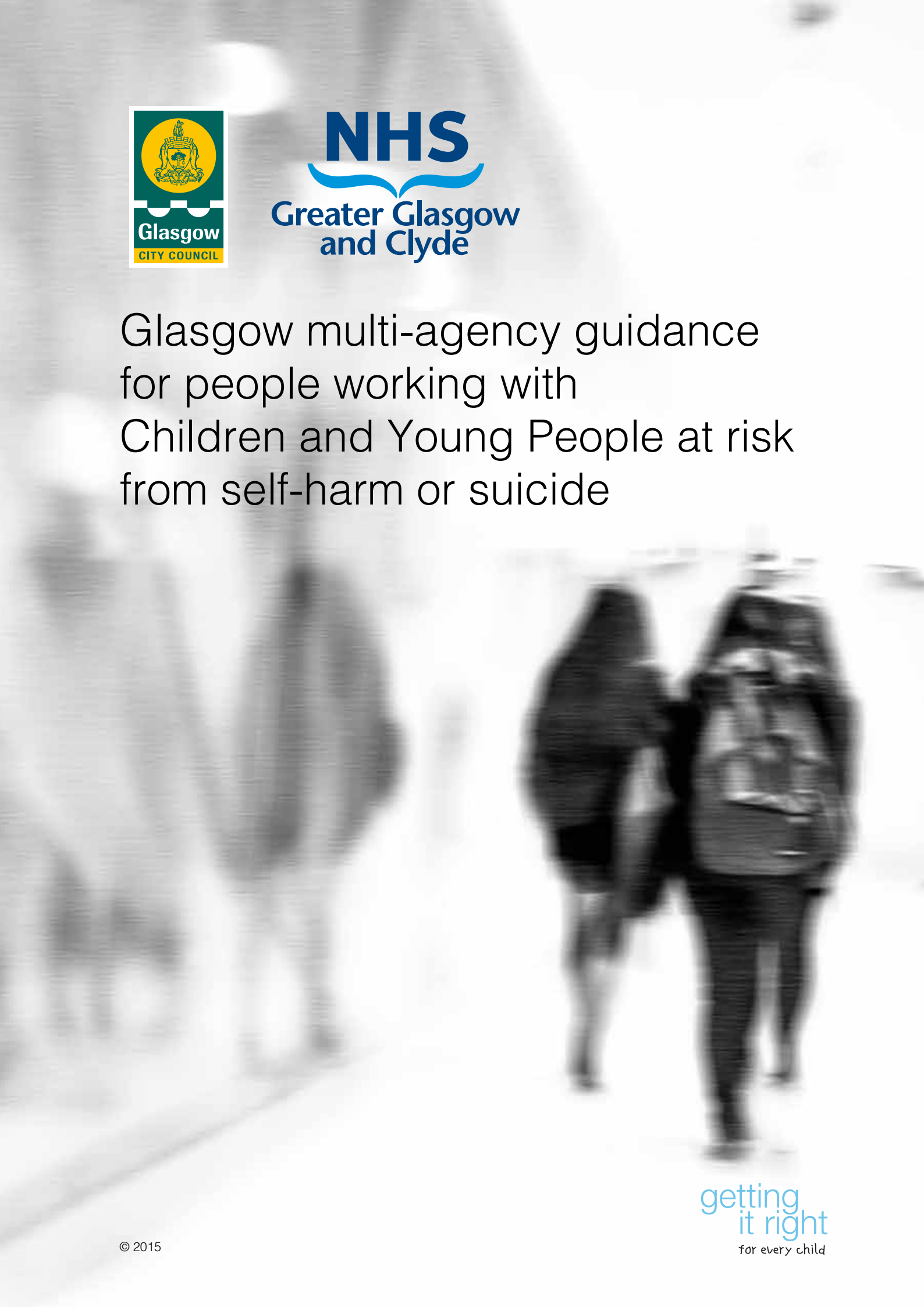
Glasgow multi-agency guidance for people working with Children and Young People at risk from self-harm or suicide



getting it right for every child

Glasgow multi-agency guidance for people working with Children and Young People at risk from self-harm or suicide

Contents

Foreword

Improving the mental health and wellbeing of children and young people has been highlighted as a priority action area in a number of strategy and policy developments (Scottish Government 2009-2011, DPH 2011, Scottish Government 2012-2015)[1, 2, 3]. Our Government want to create a more successful Scotland with a thriving society that offers everyone the opportunity to reach their full potential. Promoting good mental wellbeing, reducing the occurrence of mental illness and improving the quality of life of those experiencing mental illness is vital to doing this (Scottish Executive, 2009-2011).[1] Unfortunately self-harm among young people is a growing public concern prompting the *Suicide Prevention Strategy* (Scottish Executive 2013-2016)[4] to make a commitment to take forward further work on self-harm through the work on responding to people in distress.

Self-harm is complex; it can be difficult to understand, both for the young people involved and for those around them who want to provide support. The stigma attached to the issue of self-harm and suicide leads to challenges in disclosure and seeking support. The majority of people who self-harm do not go on to take their own life but some do. A proportion of people who deliberately self-harm themselves are at increased risk of subsequently completing suicide.

These multi-agency guidelines aim to support staff across all partner agencies to provide a caring and appropriate response to children and young people experiencing emotional distress and who may be at risk of self-harm or have thoughts of suicide. The document has been developed to encompass guidance for staff for both self-harm and suicide in a single document.

Our hope is that this guidance will enable staff working with children and young people to better understand self-harm and suicide, why it happens, how to respond and how best to ensure that children and young people get the help and support they need.

1 Introduction and Acknowledgements

Self-harm among young people is a significant and growing public health concern. On average two teenagers in every secondary school classroom will have hurt themselves in response to the pressure of growing up in an increasing complex and challenging world.[5] Staff working with children and young people must feel confident and equipped to deal with those experiencing emotional distress and who may be at risk of deliberate self-harm or have thoughts of suicide.

This guidance intends to give information on self-harm and/or suicide and to provide clear and straightforward procedures which support staff to use their expertise to the full and to engage with other professionals and partner agencies to ensure that children and young people's needs are sensitively and safely met.

A working group was established in January 2014 and were tasked with updating past guidance. The guidelines have been developed to replace Glasgow's *CPC Inter-agency Guidance – Suicide and Self-harm* developed in 2006.

Working Group Membership

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During development of the guidelines, consultation was carried out with partners from Health, Education, Social Work and Voluntary agencies across Glasgow City. The views of young people with personal experience of self-harm were also sought to help develop these guidelines. All views and information gathered in these consultations were used to ensure the guidance was fit for purpose. We would like to thank all the young people and voluntary agencies who contributed their views to the guidelines and we appreciate your input.

The working group would like to acknowledge and thank Ayrshire, North Lanarkshire and West Dunbartonshire Community Planning Partnerships for sharing their own guidance from which some of the content has been incorporated into this guidance.

> *As children and young people progress on their journey through life, some may have temporary difficulties, some may live with challenges and some may experience more complex issues. Sometimes they – and their families – are going to need help and support. No matter where they live or whatever their needs, children, young people and their families should always know where they can find help, what support might be available and whether that help is right for them.* (Scottish Government, 2008)[6]

Getting it right for every child (GIRFEC) ensures that anyone providing support puts the child or young person and their family at the centre.

GIRFEC is important for everyone who works with children and young people – as well as many people who work with adults who look after children. 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. It is widely recognised that no one organisation is solely responsible for the wellbeing of children and young people and that a shared multi-agency approach is the best possible practice when protecting child and young people.

These guidelines encompass GIRFEC principles and aims to support all professionals across partner agencies in Glasgow to provide a caring and appropriate response to children and young people who are experiencing emotional distress and who may be at risk of self-harm or suicide. The aims and objectives of these guidelines are to:

- raise awareness of self-harming behaviours in young people
- provide definitions of self-harm and suicidal behaviour, and the relationship between them
- provide information on risk factors and warning signs
- provide clear guidance for recording, monitoring and reviewing the child and young person's progress
- ensure a consistent, multi agency response to and shared understanding of children and young people who self-harm, have suicidal thoughts or have attempted to commit suicide
- support and encourage all agencies and third sector organisations to work collaboratively in delivering an integrated service to these children and young people and assume a shared responsibility
- provide appropriate guidance which will indicate to staff how risk should be assessed
- provide guidance on confidentiality and information sharing
- provide guidance for staff in dealing with disclosure
- provide information on coping strategies for the child/young person
- provide a flow chart indicating a clear pathway for all staff to follow after disclosure has been made
- provide a list of relevant resources and contacts.

Children and Young People will be referred to as Young People in these guidelines.

2 Self-harm

2.1 Definitions of self-harm

"Self-harm describes a wide range of behaviours that people do to themselves in a deliberate and usually hidden way." (Mental Health Foundation 2004)[5]

Self-harm can be seen as a coping mechanism and/or way of expressing difficult emotions. People who hurt themselves often feel the physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible. Through self-harm, people seek to gain some respite from what is troubling them. However, the behaviour only provides temporary relief and fails to deal with the underlying issues that the young person is facing.

> **I feel that I am doing something to cope, if I don't do it I feel like I'm going to struggle more.**
>
> **It takes away the bad thoughts.**
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> **It's a way to distract from the things that are more difficult to think about.**
>
> **It relieves the pain inside!**

(Quotes from Young People attending Glasgow CAMHS)

- The *National Clinical Practice Guideline* (2004)[7] and the *National Suicide Prevention Strategy* (2013-2016)[4] adopt the definition of *"self-poisoning or self-injury, irrespective of the apparent purpose of the act"*. In the *National Strategy* (2013-2016)[4] this excludes accidents, substance misuse and eating disorders. The Strategy (2013-2016)[4] also distinguishes self-harm from suicidal behaviour which *"comprises both deaths by suicide and acts of self-harm that do not have a fatal outcome, but which have suicidal intent".*

- The *NICE clinical guideline* (2011)[8] use a slightly expanded version of the same definition, that is *"refers to any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. This commonly involves self-poisoning with medication or self-injury by cutting. There are several important exclusions that this term is not intended to cover. These include harm to the self arising from excessive consumption of alcohol or recreational drugs, or from starvation arising from anorexia nervosa, or accidental harm to oneself".*

- The Basement Project defines self-injury (non-lethal deliberate self-harm) as *"any act which involves deliberately inflicting pain and/or injury to one's own body, but without suicidal intent. It is usually an attempt to stay alive in the face of great emotional pain.[9]"*

- Choose Life make the distinction between self-harm as *"self poisoning or self injury irrespective of the purpose of the act" and suicide as "an act of self-harm resulting in death".* They note that the level of suicidal intent may vary along a continuum (none-complete) (Scottish Government, 2010)[11]

- The *National Choose Life Strategy* (2002)[10] highlights that many people who die of suicide will have a history of self-harm, but most people who self-harm will not go on to die by suicide. However, research has shown that people who self-harm are at increased risk of suicide (Cooper *et al*. 2005)[26] and risk is further elevated in those repeating self-harm and utilising violent or dangerous methods of self-harm (Runeson *et al*. 2010).[27]

The relationship between self-harm and suicide is complex. Horton and Fortune (2008)[28] highlight that operational definitions are the subject of much debate in both suicide research and clinical practice.

2.2 Self-harm terminology

Self-harm can involve a wide range of behaviours, therefore, the terminology surrounding it is complex and reflects the ongoing learning of the subject.

These are some generally accepted definitions:

Self-harm

Usually considered to be behaviours associated with deliberately inflicting an injury to oneself without suicidal intent. Technically often used to encompass all types of behaviour that involve injury and suicide, that is suicide is self-harm, cutting is self-injury.

Self-injury

Considered to be behaviours such as cutting, self-poisoning, hitting oneself, banging, scratching. Often used only when the term 'self-harm' is used in its wider context as above.

Self-destructive behaviour

Often cited as behaviours that impact negatively on a person's physical health such as eating disorders, unprotected sex, but are not usually associated with the generally accepted most common examples of self-harming.

Body enhancement

Behaviours such as piercing and tattooing are often debated as possible forms of self-harm during training or policy development. This is usually considered by most to be outside the common understanding of self-harm. However, they are frequently referred to during wider debate about self-harm and can be categorized similarly to the debate around smoking or dangerous driving.

2.3 The relationship between self-harm and suicide attempts

For the majority of young people, self-harm is not the same as a suicide attempt. In fact it is often something very different: an attempt to cope and to stay alive in the face of emotional pain. Young people who self-harm usually do not wish to die, only to rid themselves of unbearable feelings. Even so, sometimes an individual may feel confused about their own motivation for hurting them self. They may need to talk through what has happened and what led up to it before they can clarify for themselves whether their intention was to die or to try to deal with their feelings.

The difference between self-harm and a suicide attempt may not be apparent to others, since often the same sort of injury (such as cutting of the wrist area) could be interpreted in either way. However, most people who self-harm, if asked, are clear about their intention.

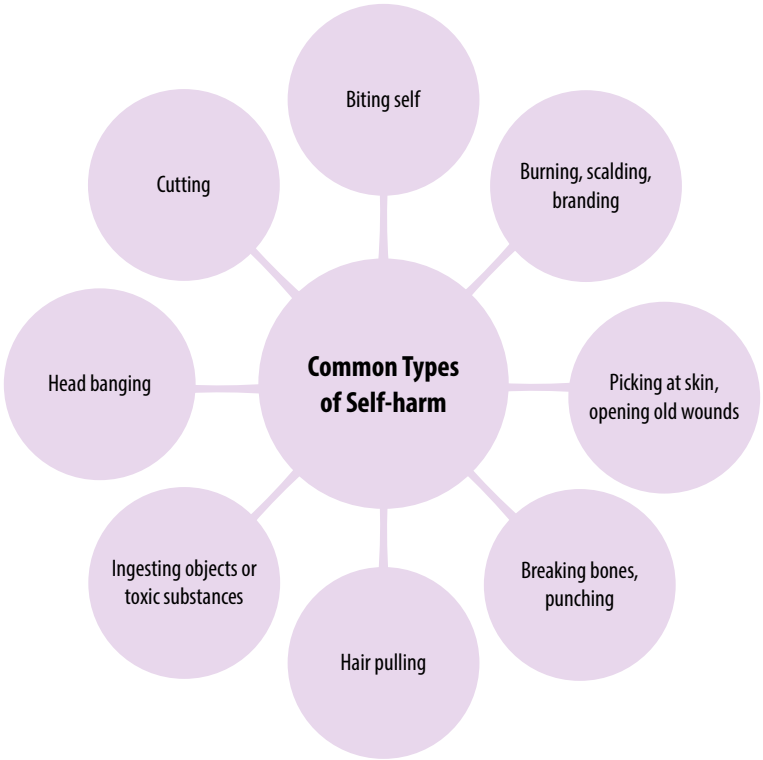
Therefore the difference between suicide and self-harm is about the intention. The severity of the injury is not necessarily an indicator of intent.

When working with a young person who has engaged in self-harm, it is important to establish at an early stage whether there is suicidal intent or not. This is important in determining the level of risk.

You are more likely to have to deal with self-harm than suicide prevention.

2.4 Types of self-harm

Self-harm is generally a response to overwhelming emotional distress. The most common ways that people self-harm are:



2.5 Who self-harms?

Self-harm rates in the UK have increased over the past decade and are amongst the highest in Europe (NICE 2002)[12]. Statistics vary on the incidence of self-harm; as many self-harming acts do not come to the attention of healthcare services it is difficult to obtain an accurate picture. Research by the Samaritans and the Centre for Suicide Research (University of Oxford, 2002)[13] suggest that 1 in 10 teenagers self-harm. The average age of onset is 12 years old (Fox & Hawton, 2004)[14]. Statistics from the Glasgow-wide adolescent self-harm service found that 84% of the referrals they had received were from girls and young women. In the Samaritans study (2002)[13] there were far more females than males in the younger adolescent age group but the gender ratio declined with increasing age.

A self report survey of self-harm in Scottish adolescents by O'Connor, Rasmussen, Miles and Hawton (2009)[15] showed that although within the general population the suicide rate in Scotland is twice as high as in England, within the adolescent population the prevalence of self-harm is similar north and south of the border. In this study self-harm was reported by 13.8% of respondents. The majority (71%) of those who had self-harmed had done so in the past 12 months and girls were approximately 3.4 times more likely to report self-harm than boys.

Self-harm occurs in all sections of the population but it is more common among people who are disadvantaged in socio-economic terms (Meltzer *et al*, 2002)[16]. Cultural differences also seem to have an impact with Raleigh (1996)[17] reporting that in England and Wales *"Asian women aged between 15-35 are 2-3 times more vulnerable to suicide and self-harm than their non Asian counterparts".*

Other groups who are thought to be at greater risk of self-harming include young people:

- who have eating disorders, mood disorders, anxiety
- experiencing psychiatric problems such as borderline personality disorder, depression, anxiety disorder, bipolar disorder and schizophrenia
- involved with drug and alcohol misuse
- involved in anti-social behaviour and offending
- in local authority care
- living with parental illness/substance abuse
- who are lesbian, gay, bisexual and transgender people
- living in isolated rural settings
- who have a friend who self-harms
- in some subcultures who tend to self-harm, for example Goths
- with learning disabilities
- who have experienced neglect, physical, emotional or sexual abuse
- who are not in Education, Training and Employment
- caught up in family disharmony
- who are homeless.

King *et al*, (2008)[29]; Haw *et al*, (2001)[30]; Skegg (2005)[31]; Hawton & James, (2005)[32]; Gindhu and Schonert-Reichl (2005)[33]; Young *et al*, (2006)[34]; Harriss and Hawton (2011)[35]; Rourke *et al*, (1989)[36]; Gratz (2006)[37]

2.6 Why do young people self-harm?

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> **It takes away the bad thoughts.**
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(Quotes from Young people attending Glasgow CAMHS)

Young people told the Truth Hurts Enquiry (2004)[5] that there are often multiple triggers for their self-harm, often daily stresses rather than significant changes or events. These might include feelings of isolation, academic pressures, not getting on with parents, a suicide or self-harm by someone close to them, difficulties with peer relationships, re-location of family home, low self-esteem and poor body image. We acknowledge however that some young people have had significant life experiences such as trauma and abuse, and that this can be associated with self-harm (Nock, 2009[38]; Glassman *et al*, 2007[39]).

Given the complexity around this topic and the multiple range of triggers and factors associated with self- harm, the act of self-harm could be considered as a way of coping with and responding to difficult day to day and significant life experiences.

The reasons young people give 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.

2.7 Common myths about self-harm

Self-harm is a failed suicide attempt

People who self-harm do not usually intend to die, although some self-harm may be a failed suicide attempt. Self-harm can also be a strategy which some young people consider makes it possible for them to continue with life. Sometimes people who self-harm may also attempt suicide, but they can often clearly differentiate between the two different intentions.

Self-harm is attention seeking or manipulative behaviour

Most young people self-harm in private. However, some young people harm themselves in a way that can be noticed by others as a way of asking for help when they can't find the words, or when they don't know why they are experiencing difficulties. It is preferable to acknowledge that the young person has needs, rather than labelling them at this time.

Self-harm is a group activity

Self-harm sometimes happens in groups. Self-harm should not be ignored in any young person. Self-harm is usually a sign that something is wrong and any incident warrants further exploration.

Only girls self-harm

Self-harm is often thought to be more common among girls and women than among boys and men. However, research shows that boys also self-harm but it may be harder for them to ask for help.

It is best not to mention self-harm

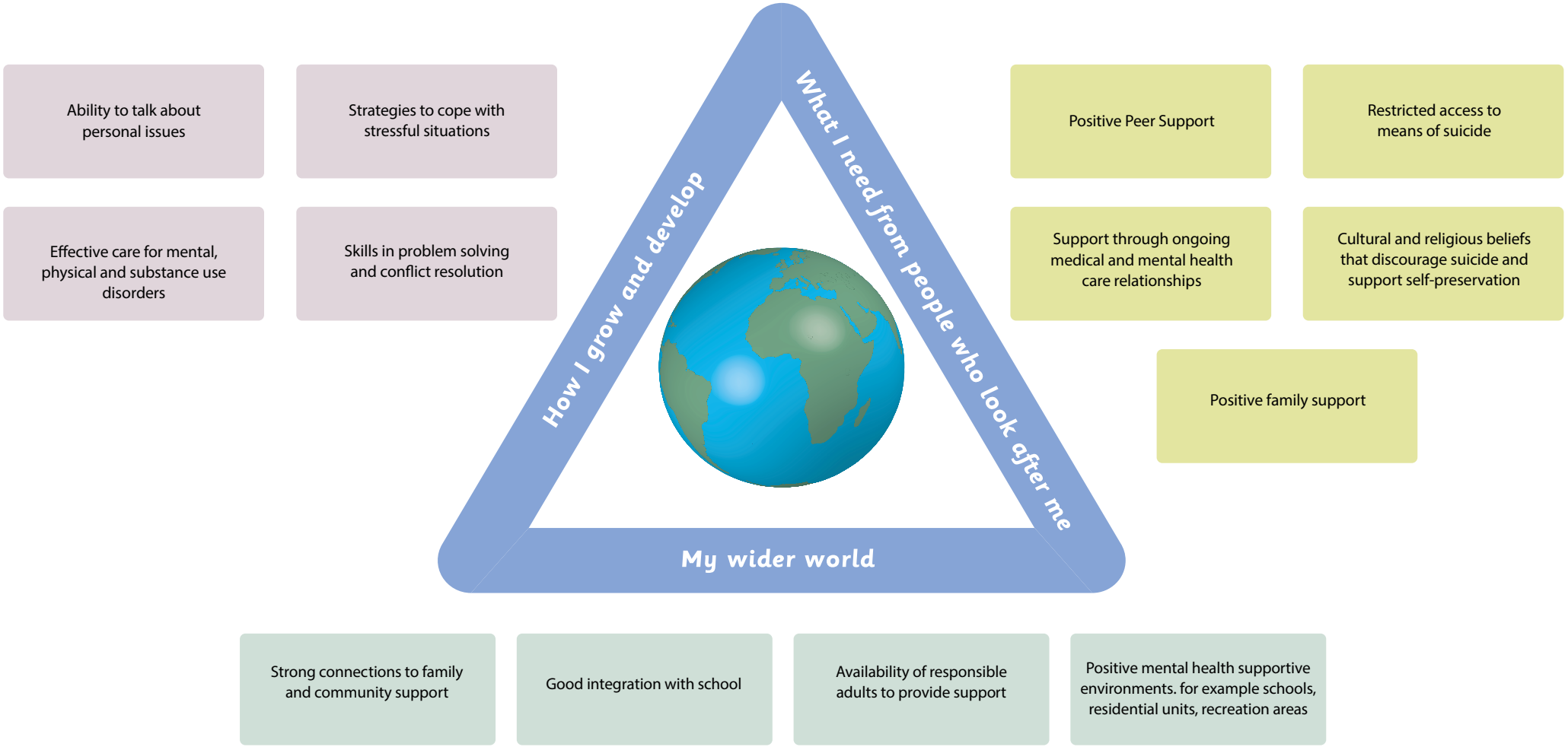
Talking and emotional support is helpful. Self-harm indicates a young person is experiencing difficulties and could be ready to talk about the issues with someone who can provide support and is a good listener, such as a trusted adult or a friend.

People who self-harm have a mental illness

Self-harm is not a mental illness; it is likely to be a sign of distress. Some young people who self-harm may have mental health problems. The majority of young people who self-harm require emotional support to help them seek alternative coping strategies and to address the underlying problems.

2.8 Protective factors

Findings from the Adolescent Self-harm Team (2012)[18] suggest the following protective factors in effecting and maintaining a reduction in incidents of self-harm.



2.9 Issues for staff

Working with young people who are involved in self-harming behaviours can be personally and professionally challenging as it inevitably raises many difficult feelings. Arnold and Magill (1996)[19] have identified these as follows:

Shock, horror and disgust

Workers often feel shocked and disturbed when first encountering someone who has self-harmed. It can be traumatic to see or hear about a young person's wounds or scars. These feelings may be experienced every time a worker encounters a new incident of self-harm.

Incomprehension

Workers may find it difficult to understand why someone could hurt themselves. They might try to find some explanation that could help them understand and cope with something so unsettling.

Fear and anxiety

It is natural to react with alarm on seeing or hearing about injury and blood. Staff may worry about the wounds themselves and also about the knowledge that a young person can do such things to themselves. Workers may also fear what the person may do next, for example will they harm themselves more seriously or even kill themselves?

Distress and sadness

Working with a young person who self-harms may be very upsetting. Self-harm cannot easily be ignored, it shouts to us of someone's distress. It may also remind us uncomfortably of some of our own pain and sadness, the hurts in our own lives.

Anger and frustration

Workers may feel angry and frustrated when working with a young person who self-harms; particularly if they feel they have put a lot of time and care into working with them. Workers have indicated that this can result in their minimising the self-harm or indeed viewing the young person as being manipulating or attention seeking. It can be hard to admit these feelings but anger can be a response to the feelings of shock, fear and upset discussed above. Workers might also feel angry towards the people in the young person's life who have caused the underlying distress.

Powerlessness, manipulated or inadequate

Working with young people who self-harm can evoke feelings of powerlessness and inadequacy as staff might feel their input and efforts appear to have little effect. They might begin to believe that the person cannot be helped or that they themselves do not have the skills or knowledge to do so. Workers may also experience pressure from the expectations of service users' families and other professionals that they should be able to stop someone from injuring themselves.

In fact a young person might have made significant improvements in their life but continue to hurt themselves. This means that 'helpers' could be doing really good work with the young person, but that this might not be acknowledged in the face of the continued self-harm. This can lead workers to lose confidence and/or to avoid working with these issues or individual young people.

3 Suicide

- There were 746 deaths by suicide in Scotland in 2013 (deaths from intentional self-harm and events of undetermined intent). This equates to an age-standardised rate of 14.3 deaths per 100,000 population.
- In 2013, the suicide rate for males was more than three times that for females.
- Suicide rates are strongly related to deprivation level.
- Suicide rates vary among NHS Board and Local Authority (LA) areas.
- The numbers and the rates of suicides have decreased in 2013 from the previous year in females whilst the rates and numbers for males have increased.
- In 2013, 76% of suicides were amongst males (570), compared with 24% among females (176).
- Between 2012 and 2013, the age-sex-standardised rate for females completing suicide decreased from 7.4 to 6.4 per 100,000; for males, the suicide rate increased from 21.6 to 22.1 per 100,000.

(Source NHS Scotland – Choose Life Programme 2013)[20]

3.1 Why do young people attempt suicide?

Suicide attempts in young people are complex but often follow a stressful event or life crisis: interpersonal loss such as relationship problems, bereavement or traumatic grief, family break-up; or issues relating to sexual orientation and homophobic bullying. However, sometimes the young person will have shown no previous signs of mental health problems. Sometimes, the young person has had serious problems, for example, with the police, their family or school for a long time. These are the young people who are most at risk of further attempts. Some will already be seeing a counsellor, psychologist, psychiatrist or social worker. Others may have refused or struggled to use help and appear to be trying to run away from their problems.

One young person attending Glasgow CAMHS said, *"I had feelings of loneliness and worthlessness. I did not see a point in trying to be alive as I did not think I would succeed anymore."*

Many of the risk factors associated with suicide can also be part of normal teenage behaviour. Many young people live with some or many of the factors listed below but

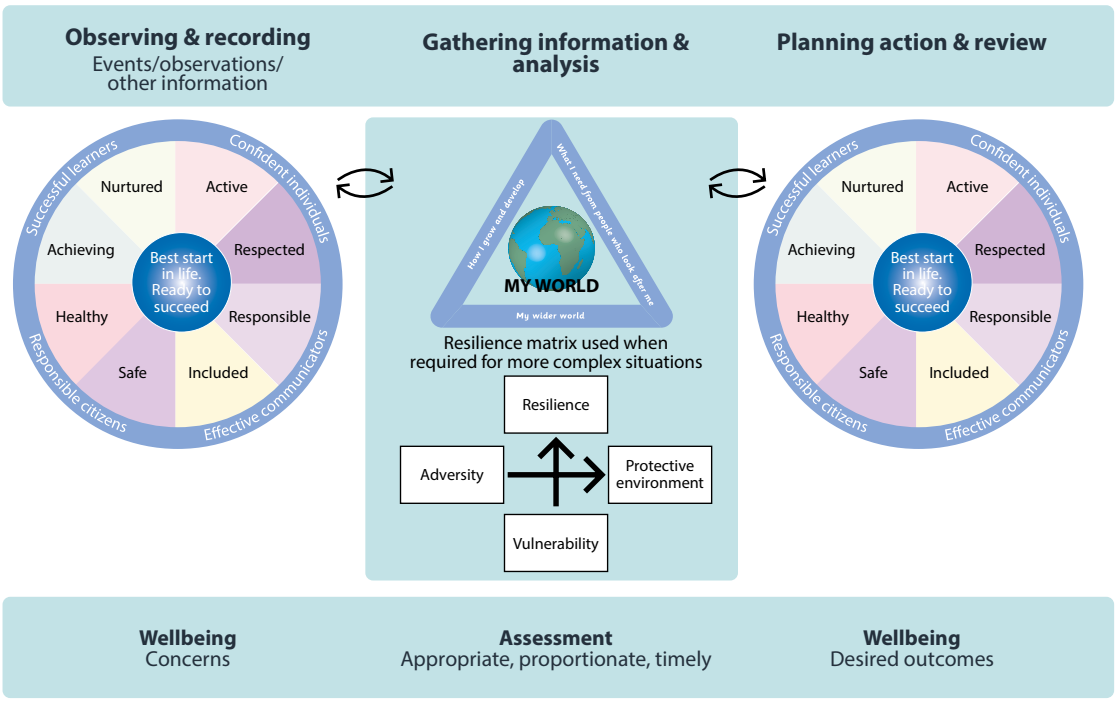
it does not automatically mean they will consider suicide. Their response to difficulties depends on many factors such as their resilience, support networks and information they have. Some young people may have one risk factor but have difficulty coping, while other young people may live with many risk factors and cope well. Some acts of self-harm may result in death with no intent.

"Protecting children and young people from contemplating suicide is not an isolated activity; it needs to be part of a holistic approach to their overall care and development." (SCSWIS 2011)[21]

Getting it Right for Every Child (GIRFEC)

The ***Getting It Right for Every Child*** *National Practice Model and Resilience Framework* can be used in a single or multi-agency context to assess the risk and protective factors. It provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand a child or young person's needs, the strengths and pressures on them and consider what support they might need.

National practice model



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

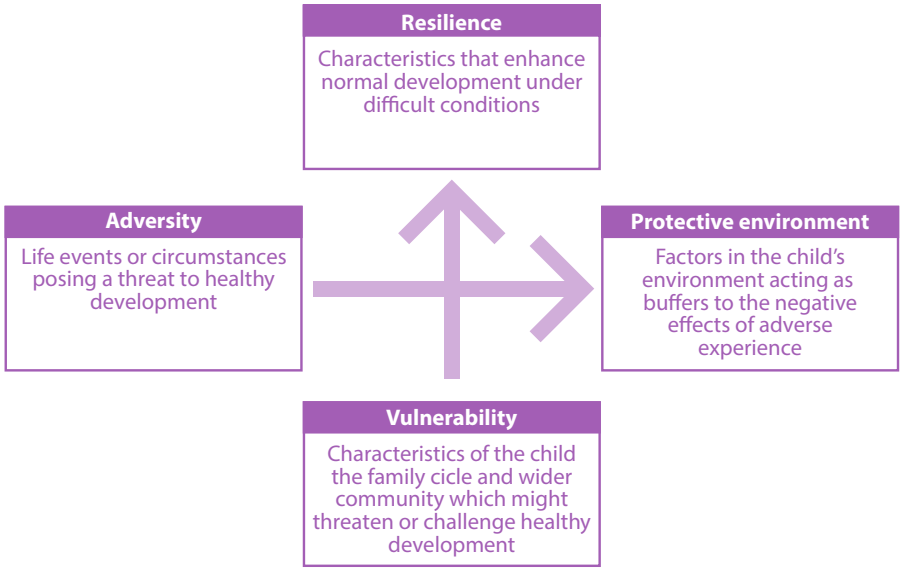
It provides a shared understanding of a child or young person's needs by identifying concerns that may need to be addressed. The *National Practice Model* is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people.

It is a way for all agencies and workers who support children, young people and their families to begin to develop a common language within a single framework, enabling more effective inter and intra-agency working.

For more details on the *National Practice Model* and how the Resilience Matrix can be used please refer to:

www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model

RESILIENCE MATRIX



Adapted from Daniel, B., Wassell, S. and Gilligan, R. (1999) *Child Development for Child care and Protection Workers*, Jessica Kingsley Publishers Ltd., London and Philadelphia and Daniel, B., Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, Jessica Kingsley Publishers Ltd., London and Philadelphia.
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3.2 Who is most at risk?

Anyone can be at risk but there are some specific vulnerable groups among young people. Those who:

- misuse drugs or alcohol are at risk of death by suicide. This is not just linked to those with a substance misuse habit, but includes casual recreational users too. Young people can be particularly vulnerable in the 'come down' phase
- have or are experiencing significant adversity in their life
- are looked after children
- are young men
- have mental health problems (in particular those in contact with mental health services). These might include psychiatric problems such as borderline personality disorder, bipolar disorder, schizophrenia, depression or severe anxiety disorders
- have attempted suicide before
- have a relative or friend who tried to kill themselves or completed suicide
- have been in young offenders institute/prison
- have been recently bereaved
- have recently lost employment
- are living in isolated or rural communities
- are homeless
- self-harm over a long period of time. Self-harm increases the likelihood that a person will eventually die by suicide by between 50- and 100-fold.

3.3 Signs that someone you know may be at risk

- Previous deliberate self-harm or suicide attempt.
- Talking about methods of suicide.
- Dwelling on insoluble problems.
- Making final arrangements such as giving away prized possessions.
- Hints that *"I won't be around"* or *"I won't cause you any more trouble".*
- Unresolved feelings of guilt following the loss of an important person or pet (including pop or sports idols).
- Marked changes in behaviour, for example:
  - 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.
- Physical signs, for example weight loss or gain, decreased sexual interest, or muscular aches and pains.

3.4 Common myths about suicide

There are a number of commonly held incorrect beliefs about suicide. These myths about suicide may stand in the way of providing assistance for those who are in danger.

Young people who talk about suicide never attempt or complete suicide

Talking about suicide can be a plea for help and it can be a sign in the progression towards a suicide attempt. Talking about suicide is one of the factors suggesting a risk of attempted suicide.

People who threaten suicide are just seeking attention

Do not dismiss a suicide threat as simply being an attention-seeking exercise. It is likely that the young person has tried to gain attention and this attention is needed. The attention may save their lives.

Talking about suicide encourages it

Responsible talk about suicide does not encourage people to attempt suicide. If you are noticing warning signs chances are the person has already thought about suicide.

If a person attempts suicide and survives, they will never make a further attempt

A suicide attempt is regarded as a probable indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.

If someone has decided to kill themselves there is nothing anyone can do about it

If appropriate help and support is offered to the person with suicidal thoughts and they are willing to accept this help their risk of suicide can be reduced.

4 Specific issues linked to self-harm and suicide

Children and young people looked after away from home

Children and young people who are looked after away from home are particularly vulnerable. While some young people are settled with permanent carers, others may have few, if any, stable or long term relationships. They may not have had a positive experience of adults responding to their needs or treating them with respect. In addition, some young people may be in a new placement and not feel that they have a home anywhere. Many of the protective factors discussed, in section 2.8 of this document, may be missing. These young people are vulnerable because their new carers may not have had an opportunity to get to know them and to tune into their emotional lives. Holding back information acts to raise the risks to these children.

All looked after children have a care plan which is usually monitored by their social worker. It is important that their needs are articulated in the care plan and those interventions to support them are appropriate and meet their level of need. It is essential that their social worker is informed of any suicidal ideation, self-harm or suicide attempts. This will ensure that the care plan is able to meet the young person's needs and keep them safe. Some young people may make repeated acts of self-harm or suicide attempts and staff should respond to each incident appropriately without over reacting. It is often helpful to call a multi-professional meeting to review concerns and ensure that the care plan is understood and effective.

Sometimes when young people move placement, they also lose contact with their previous Child and Adolescent Mental Health Service (CAMHS) and have to be referred to the local CAMHS. Every effort should be made to ensure that there is a careful transfer of care from one service to another. It is essential that any clinical assessment of suicidal intent or self-harm is passed on to the new CAMHS team and is clearly stated in the care plan and passed on to the new placement. This is to ensure that each new placement can make fully informed and appropriate risk assessments and safety plans.

Every effort should be made to inform the placement if a young person self-harms or is suicidal. We must ensure that professionals and carers work together and information is shared with the social worker, foster carer or residential staff.

We need to remember that some placements may involve other children or young people. When a new placement is arranged there needs to be a written plan about what is expected of staff and carers when a young person is in crisis. If the young person's behaviour may have a negative impact on other children and young people then this needs to be considered while making placement decisions and describing safety plans for all of the young people involved.

If your agency is working with a looked after child, there may already be an individual care plan available to you and if at all possible you should refer to this, with the young person, to think about how this might inform what actions you should take (SCSWIS, 2011)[21].

5 Confidentiality and information sharing

The sharing of information and concerns is essential to a collaborative approach and the protection of children. Glasgow's *Inter-Agency Child Protection Guidance* states that:

> *'inter-agency work in child protection raises complex issues about consent and confidentiality… (and)… emphasises the importance of considering the child's welfare as paramount…(however recognises)… the child's interests will over-ride the general rule of professional confidentiality'.''*

Best practice should ensure that children have a right to privacy and confidentiality, unless the information suggests that a child may be at risk.

Self-harm raises issues about confidentiality and about reporting and recording. Each agency working with children and young people in Glasgow will have established policies and working practices. Children and young people who are involved in self-harming behaviours should expect the same level of confidentiality expected by other service users. However, it is important that the degree of confidentiality, which can be maintained, will be governed by the need to protect the child or young person.

It is crucial that young people are aware that certain information will require, at times, to be shared with relevant key individuals/agencies. Wherever possible the child/young person should be encouraged to be involved in this sharing of information. The child/young person should always be made aware when information is being/has been shared.

The vulnerability of the child/young person must be taken into account when deciding whether a child/young person has the capacity to decide who should 'share' their personal information.

It is important that staff do not make assumptions about injuries, that is that the injuries may not always be self-inflicted. Staff should refer to relevant child protection policies and procedures when dealing with a child/young person who presents with an injury.

Information given in confidence should not be disclosed for any other purpose without consulting with the person who provided it (*Glasgow Inter-Agency Child Protection Guidance*, 2000).[22] Disclosure of information should be justifiable, according to the particular facts of the case and legal advice should be sought in cases of any doubt.

The Age of Legal Capacity (Scotland, 1991)[23], the *Data Protection Act* (1998)[24] and *Children and Young People Act* (2014)[25] make it very clear that the views of all children and young people must be both listened to, respected, and their views taken into account. This is regardless of the age and ability of the child or young person.

Whenever we work with young people and we ensure them of confidentiality, we also have to help them understand that there may be occasions when they need to share information with other people including their parents. While we want to ensure a comprehensive support system is in place for young people at risk of self-harm or at risk of suicide, we also need to listen to young people if they tell us they live with parents who may have mental health issues, substance misuse problems or are verbally, physically or emotionally abusive to them.

We need to recognise that we could make an already difficult family situation worse or risk the child or young person from disengaging with us. Therefore, it is very important to identify whether the child or young person wants their family to be a source of support for them. They may prefer to identify another adult family member or even an older brother or sister to be their support. What is important is that the child or young person's feelings are documented and that all staff engaged with the young person are aware of their wishes. Without the agreement of the child or young person to include their family in their support network, it will not be possible to disclose or discuss their behaviours with family members.

The exception would be if the child or young person poses a risk to themselves or other people.

5.1 GIRFEC: Role of Named Person and Lead Professional

For all those aged 5-18, the Named Person is a professional in the universal service of education, most often known to them and their parents/carers, and available to support them, creating a single agency Child's Plan as appropriate, when there is a need. The Named Person acts as a point of contact for other practitioners who may have a concern about the young person. Their role is to promote, support and safeguard the wellbeing of the young person, with appropriate and proportionate sharing of information. The Named Person will make a reasoned, professional judgement as to the further sharing of such information.

For a young person who is receiving support from a number of different agencies, planning for that young person will be multi-agency but will be discussed and reviewed in a single forum: the Child's Plan meeting. In these circumstances, the role of the Lead Professional is key to ensuring that support is co-ordinated across agencies, the young person and family are kept informed and are actively involved in the process, and the agreed support is being taken forward in line with the plan. The Lead Professional will be the professional who is best placed to carry out that co-ordinating role and work with the family to improve outcomes for the young person. The Named Person will work with the Lead Professional and should always be involved in the decision to initiate the Child's Plan even if they do not work for the agency leading on preparation of the plan.

6 Disclosure

Young people report that self-harm and suicidal thoughts are very difficult issues to disclose and seek support and help on.

6.1 Reasons young people have given for not asking for help:

For young people to disclose issues around self-harm and suicide, they need to know that their confidentiality is respected and that staff will support them and not punish or judge them in any way. There are things staff can do to make it easier for young people to feel able to ask for help.

6.2 Creating a supportive environment

Confidentiality

Let young people know that their disclosure will be kept confidential unless they are at risk of significant harm and that no one will know why they are seeking help/support.

Space

Ensure that services and support facilities are available in an area that is private and in a quiet location.

Services

Include partner agencies and invite them to provide information to young people.

Information

Make leaflets and posters easily accessible and visible to young people.

Ethos

Health and Wellbeing within Curriculum for Excellence – including an awareness of self-harm and suicide in the formal and informal curriculum. See Resources section.

Training

Relevant interagency staff have been trained in how to respond to self-harm and suicide. Support staff have been offered training in SafeTALK and ASIST.

Support

Information about self-harm and suicide should be included in all health support services, including the voluntary organisations.

Responding to young people when they tell us they are self-harming and/or have suicidal thoughts

The reaction of staff at this stage is vital as it may determine whether the young person involved continues to discuss their self-harm and underlying issues.

6.3 Talking about suicide and self-harm: advice for staff

How to talk about self-harm

- Show compassion and respect.
- Don't hold back on asking questions about self-harm, try to make the young person feel safe about discussing it, let them know you are available.
- Recognise signs of distress and find a way of talking to the young person about how they are feeling.
- Listen to their worries and problems and take them seriously.
- Try to remain calm and reassuring, however upset you feel about the behaviour.
- Pay attention to the healthier coping strategies the young person has.
- Offer help with problem solving.
- Highlight that it is normal to feel tension and anxiety when depressed or upset.
- Help the young person to understand that talking about worries and feelings is the best way to reach a solution.
- Encourage all young people to raise worries they may have about friends who seem depressed, either with school or parents.
- Accept your limitations and seek advice if you feel stuck or out of your depth.

How to talk about suicide

- Talk openly about suicide and don't avoid the issue.
- Don't be sworn to secrecy and seek support.
- Be willing to listen and accept the individual's feelings.
- Be non-judgemental and don't debate the rights and wrongs of suicide.
- Be there for the person and be involved.
- Don't dare them to do it.
- Try not to appear shocked.
- Offer hope that alternatives are available.
- Take action by removing any means they may have to commit suicide, your own safety is paramount.
- Get assistance from appropriate support agencies.

7 Self-harm: Taking Action

Don't Panic
Assess the situation. Make sure the young person is safe.
Does the young person require urgent medical attention?

YES

Act

- Ensure that emergency procedures are followed.
- Go to the nearest Accident and Emergency Department or contact emergency services (999).
- The young person may refuse to accept referral for urgent medical treatment, if they are seriously injured and withhold consent; staff have a duty of care to call NHS.
- If this occurs the parent/guardian or carer should be contacted to inform them of steps taken to assist the young person (refer to sections 5 and 6).
- Staff must follow standard organisation protocol when dealing with such incidents.

NO

Gather Information

- If non-urgent medical attention is required, that is the young person presents with minor injuries, do not over-react. Treat injuries proportionately, for example, encourage the young person to clean their wounds. If in any doubt, seek advice by contacting NHS 24 on 111 (open 24 hours) or seek advice from the young person's GP.
- Whether non-urgent medical attention is required or not, staff should gather and record appropriate information about the self-harm behaviour.
- Allow the young person space and time to talk about how they are feeling and listen non-judgementally.
- Staff should follow the guidance: How to speak to someone who is self-harming (Section 6.3).
- Once appropriate information has been collected, staff should look at ways to help support the young person who is self-harming.

Contact Line Manager/Head of Establishment

- Schools, Residential Children's Units, Social Work Services and other agencies will have their own procedures for managing vulnerable young people. Staff should inform their line manager as soon as possible of the situation and what steps have been taken to support the young person. The Named Person should be advised of any steps taken and supports should be recorded in the young person's Wellbeing Assessment and Plan.
- Ensure there is ongoing support for the young person. Review and assess the support at agreed intervals with the young person.

Provide Support

- There may be an underlying issue that is causing the self-harming behaviour. Reassure the young person that help is available to them, give emotional support and understanding. Involve them in any decision making about seeking help.
- Signpost to age appropriate resources (see section 10).
- Encourage the young person to seek appropriate professional help. This could include a referral to CAMHS from your GP, school, Social Work or other professionals.
- If staff are in doubt, ask for advice; see the useful contacts section 10.3. Staff can contact organisations for advice on young people who are self-harming.
- Agree an action plan with the young person, this may involve considering ways of harm minimisation. In the first instance this is unlikely to involve removal of the means or tools they are using to self-harm as this may increase the possibility of further harm. Support should focus on seeking to understand why the person is using self-harm as a coping strategy and entering into a dialogue with them where safer alternatives can be explored, negotiated and agreed. Appendix 1 explores this further.
- Arrange a follow up meeting with the young person.

8 Suicide: Taking Action

Organisations must follow their respective protocols for supporting the young person when suicide may be an issue.

Suicide Attempt

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

- Keep Safe – do not endanger your own life.
- If the person's life is in danger, telephone 999 immediately or if possible take the person directly to the nearest Accident and Emergency department.
- Perform First Aid if it is necessary and if it is safe to do so.
- Remove the means if possible.
- If the person is drinking alcohol or taking drugs, try to get them to stop.
- Encourage the person to talk and listen non-judgementally.
- Continue as below.

Suicidal Thought (Ideation)

If a young person voices suicidal thoughts and is not in imminent danger as above:

- Don't panic.
- Ask the young person if they are thinking of killing themselves.

The answer is NO

The answer is YES

- Have they a plan or taken steps towards ending their life?

The answer is NO

The answer is YES

- Spend time listening to them and try to ensure they are safe.
- Encourage them to call a helpline (see Useful Contacts Section 10.3) or contact someone they trust.
- Follow up with the young person.
- Parent/carer may need to be contacted at this point (refer to section 5).

- Spend time listening to them and try to ensure they are safe.
- If someone in your team has participated in ASIST training (see Chapter 10) consider involving them to help carry out a suicide intervention (with the young person's agreement).
- If an ASIST trained member of staff is not available then encourage the young person to make contact with a Health Professional, for example, General Practitioner, Duty Worker at local CAMHS Team, NHS 24 or Accident and Emergency.
- If you believe the young person is at immediate risk do not leave them until appropriate support has been sought.
- Parent/carer may need to be contacted at this point (refer to section 5).

8.1 Completed suicides/post event action

Organisations must follow their respective protocols for responding to a critical incident.

Glasgow Education Services refer to *Critical Incident Guidelines*

www.goglasgow.org.uk/pages/show/569

Social Work Services

http://connect.glasgow.gov.uk/CHttpHandler.ashx?id=19907&p=0

National Health Service Greater Glasgow & Clyde

http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Clinical%20Risk/Pages/ClinicalIncidentR.aspx

The death of a young person is a tragic event. When that death is a suicide there are extra considerations.

Effective post event support for the aftermath of a death by suicide is very important.

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

- Support service users, staff and parents as they grieve
- Refer to Glasgow's *Whole School Approach to Loss and Bereavement Toolkit* (Glasgow Online http://www.goglasgow.org.uk/Pages/Show/569)
- Provide a safe environment for staff and other young people to express their feelings of grief, loss, anger, guilt, betrayal and so on
- Consider what needs to be done to prevent a copy-cat response from other vulnerable young people
- Return the service/unit/school to its normal routine as quickly as possible following crisis intervention and grief work
- Deal with any media enquiries.

8.2 Clear messages

It is critical to give these messages to staff members and service users:

- Expressing grief reactions is important and appropriate
- Feelings such as 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 themselves or anyone else, tell an adult
- No-one is to blame

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'* can be a valuable to 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/77846/after_a_suicide.pdf

Or contact the Glasgow Choose Life Coordinator for more resources:

http://www.glasgow.gov.uk/chooselife

9 Support

9.1 Staff Support

There are a number of safeguarding procedures that organisations must provide which will help staff in response to a completed suicide or suicide attempt and to reduce the risk of workers themselves becoming overburdened or distressed.

Policies, procedures and guidelines

For example Managing Critical Incidents, Management Circulars, Child Protection Guidelines.

Training

Refer to Section 9.

Support/ Supervision

Line manager, Supervisor, Peer Support, Occupational Health, Voluntary Organisations.

Staff need support and supervision to work confidently, professionally and effectively with young people who are at risk of suicide. The safety and well being of young people and members of staff are paramount. It is recognised that unresolved issues and concerns experienced by workers due to lack of support or opportunities for debriefing may affect the worker's ability/effectiveness in responding to subsequent incidents of suicide by young people. The levels of support required will vary according to the individual worker's particular circumstances, for example role, experience. In addition to formal supervision and training workers may find some or all of the following helpful.

Workers need opportunities to meet with others who undertake similar work.

- Offloading: Opportunities to 'let off steam' and discuss the difficult issues and feelings around working with self-injury.
- Recognition: Acknowledgement and appreciation of the challenges of this work and for efforts and progress made.
- Sharing ideas: The chance to discuss the work with others, sharing ideas and gaining insights.
- Support in the work itself: At times young people require an intensive level of contact. It is helpful if colleagues can 'share the load' (Arnold and Magill 1996).[19]

10 Resources and training

10.1 Resources for promoting the mental health and wellbeing of children and young people

"All staff working with children and young people have a responsibility to promote positive mental wellbeing within their role."

Although the purpose of this guidance focuses on self-harm and suicide it is important to recognise and further emphasise the importance of preventative and early intervention in promoting the emotional wellbeing and resilience of children and young people. Curriculum for Excellence aims to ensure that all children and young people develop the attributes, knowledge and skills they will need to flourish in life, learning and work. As one of the eight curriculum areas, Health and Wellbeing establishes a set of mental, social, emotional and physical wellbeing outcomes which are the responsibility of all. Therefore organisations working with children and young people should provide an environment that fosters social and emotional wellbeing. This should include:

- Social and emotional wellbeing features within improvement plans, policies, systems and activities
- Providing a curriculum and programs that promote positive behaviours, successful relationships and helps reduce disruptive behaviour and bullying
- Training and continuing professional development to ensure staff have the knowledge, understanding and skills they need to develop children and young people's social and emotional wellbeing
- Working with parents, carers and families to help develop parenting skills to help promote social and emotional wellbeing

There are numerous curriculum resources available to promote and support positive mental health and wellbeing in children and young people:

Resource	Age	Description	Additional information
Positive Futures	P1-P7	A Whole School Approach to promoting social, emotional, mental health and wellbeing being. A flexible framework for health and wellbeing with a clear emphasis on emotional, social and mental wellbeing.	Available on Glasgow online. http://www.goglasgow.org.uk/pages/show/635
Your Body Matters	P1- P7	A Whole School Approach to Nutrition and Physical Activity incorporating emotional and social wellbeing.	All primary schools including ASL have been provide with a hard copy of the revised Your Body Matters pack.
On Edge	S2/S3	The resource aims to tackle the myths that surround self harm; reduce the stigma associated with it by increasing understanding of its function; reduce the barriers to help seeking by raising awareness of sources of support and promote a consistent humane response to a behaviour which is a manifestation of distress.	Can be downloaded from: https://www.seemescotland.org/young-people/working-with-young-people/on-edge/
Positive Mental Attitudes	S1-S6	This pack raises awareness of what mental health is and the key factors supporting good mental health or put at risk good mental health.	Can be downloaded from http://mindreel.org.uk/video/positive-mental-attitudes-%e2%80%93-schools-curriculum-pack
See Me: What's on your Mind Resource	S3-S6	This resource provides you with a short 5 minute film aimed at getting young people to thinking about mental-ill health. This is supported by 16 fun thought-provoking activities.	Can be downloaded from: https://www.seemescotland.org/young-people/working-with-young-people/on-edge/
Sound Sleep	S1- S6	A teaching pack to help raise awareness in schools of the importance of sleep for emotional and physical wellbeing.	Staff need to attend training in order to deliver pack. Cost attached to pack. For further information visit http://www.sleepscotland.org/our-services/sound-sleep/
Samaritans (DEAL with Poetry)	S3-S6	The pack contains four 45 minutes session plans, each with 15 minutes activities.	Resource can be downloaded from: http://www.samaritans.org/your-community/supporting-schools/deal-teaching-resources

In addition to curriculum activity, staff working with children and young people can also provide other activities and programmes to further support and promote mental health and wellbeing:

Resource	Age	Description	Additional information
Seasons for Growth	P2-S6	An educational programme which aims to promote the social and emotional wellbeing of children and young people coping with significant loss and change in their lives, usually as a result of death, separation or divorce. The core emphasis of the programme is the development of resilience and emotional literacy through developing skills in communication, decision making and problem solving.	For further information visit http://www.notredamecentre.org.uk/
Emotional Literacy Activities	S1-S6	Providing opportunities to explore emotional literacy principles and to develop the skills to support young people to become more emotionally literate within their lives.	
Peer Support/ Mentoring Programmes	S1- S6	Young people who offer supervised support to other young people to help them think through and reflect on concerns which they may be experiencing.	
Circle Time	P1-P7	Develops a wide range of skills and attitudes including confidence, self-esteem, talking and listening.	
Anti-Bullying Initiatives	P1-S6	Aim to create a culture that encourages respect, values opinions, celebrates difference and promotes positive relationships, making it all the more difficult for bullying behaviour to flourish or be tolerated.	
Aye Mind	13-21 years	Aye Mind is on a mission to improve the mental health and wellbeing of young people – by making better use of the internet, social media and mobile technologies.	For further information visit www.ayemind.com

10.2 Child and youth self-harm pathway

Ensuring that frontline staff are confident and supported to intervene and provide support for children and young people in situations of distress, including self-harm and risk of suicide.

Name of training	Duration	Course details	Who delivers training?	Universal (open to all staff)	Targeted	Cost	Additional Information
ENTRY LEVEL TRAINING							
Online introduction to mental health (e-learning module)	Six sections to progress	For people who have no previous training in mental health. It will give you a broad overview of the area of mental health improvement from promoting positive mental health to recovery from mental health problems.	Online	✓		Free	www.northlanmindset.org.uk/index.php?pageid=78
Self-harm (e-learning module)	Six sections to progress	For people who have no previous training in this area. It will give you an overview of the area of self-harm and how those who do self-harm can be supported.	Online	✓		Free	www.selfharmlifelines.org.uk
CORE TRAINING							
Scottish Mental Health First Aid (Young People)	14 hours	The aim of the course is to better understand mental health, how it affects young people, and to learn mental health first aid skills. After completing the training, participants will be able to, recognise the signs of mental distress in a young person, provide initial support and guide a young person towards appropriate help.	**Local trainers** South: Michelle Guthrie 0141 232 8096 michelle.guthrie@ggc.scot.nhs.uk North West: Carol Beckwith 0141 211 0317 carol.beckwith@ggc.scot.nhs.uk North East: John Marshall 07769920595 John.Marshall2@ggc.scot.nhs.uk	✓		Free	**Blended Learning** Part 1: Self-study module – 3 hours. Understanding the context for mental health first aid for young people. Part 2: Face to face training – 7 hours. Developing the skills to apply mental health first aid with young people. Part 3: Self-study – 4 hours. Deepening understanding of mental health problems and young people.

Name of training	Duration	Course details	Who delivers training?	Universal (open to all staff)	Targeted	Cost	Additional Information
ADVANCED LEVEL TRAINING							
safeTALK	½ day	A four-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.	Choose Life Co-ordinator Glasgow City Pauline Toner pauline.toner@sw.glasgow.gov.uk 0141 276 5968	✓		Free	www.northlanmindset.org.uk/index.php?pageid=78
Applied Suicide Intervention Skills (ASIST)	2 days	In the same way that skills are needed for physical first aid, ASIST develops the skills necessary for suicide first aid. A 2-day intensive, interactive and practice dominated course aimed at enabling people to spot the risk of suicide and provide immediate help to persons at risk.	Choose Life Co-ordinator Glasgow City Pauline Toner pauline.toner@sw.glasgow.gov.uk 0141 276 5968	✓		Free	www.selfharmlifelines.org.uk
ADDITIONAL TRAINING							
Seasons for Growth	2 days	The Notre Dame Centre. For details please contact your local Area Co-ordinator.	South: Michelle Guthrie 0141 232 8096 michelle.guthrie@ggc.scot.nhs.uk North West: Stephanie Allan 0141 276 2070 Stephanie.Allan@glasgow.gov.uk North East: Vicky Greenwood 0141 276 2170 vicky.greenwood@glasgow.gov.uk	✓		£270	Staff must have the capacity to deliver an 8 week programme.

Name of training	Duration	Course details	Who delivers training?	Universal (open to all staff)	Targeted	Cost	Additional Information
ADDITONAL TRAINING							
Loss and Bereavement	1 day	Explores children and young people's understanding of loss, grief and bereavement, strategies for fostering hope and coping with change and discusses the professional's role in supporting someone facing loss.	Glasgow City Loss and Bereavement Working Group South: Michelle Guthrie 0141 232 8096 Michelle.guthrie@ggc.scot.nhs.uk North West: Carol Beckwith 0141 211 0317 carol.beckwith@ggc.scot.nhs.uk North East: Jane Kelly 0141 232 0167 Jane.Kelly2@ggc.scot.nhs.uk	✓		Free	Available on Glasgow Online CPD manager (x 2 per year) for education staff. http://www.goglasgow.org.uk/pages/show/1656
Working with Young People: Emotional Literacy (11-16)	4 days	To provide participants with the opportunity to explore emotional literacy principles and to develop the skills to support young people to become more emotionally literate within their lives.	Lifelink 0141 552 4434 Contact for information	✓			Staff with the capacity to deliver 5 week EL programme.

10.3 Useful organisations, resources and links

These organisations provide a range of information and support for young people who engage in self-harm. Organisations that offer information and support to schools, families and friends of those who self-harm are also included.

Contact	Information	Contact details/website	Local	National	Provides information /support for those who engage in self-harm	Provides information /support to schools, families and friends of those who self-harm
Breathing Space	A free confidential helpline you can call when feeling low. Provides support and a listening ear when you need it (16+).	Freephone 0800 838 587 (charges from mobiles will apply) Mon-Thurs (6pm – 2am) Fri 6 pm-Mon 6am www.breathingspacescotland.co.uk	✓	✓	✓	✓
Child and Adolescent Mental Health Services (CAMHS): Locality Based Teams	Work with children and young people (0-18) and their parents, carers and families where the child / young person is experiencing moderate to severe mental health difficulties (self-harm included). In relation to self-harm, CAMHS offer a range of interventions including emergency risk assessments, safety planning, support for parents/carers/ families, advice to professionals, multi-agency consultation and a range of evidence-based therapeutic interventions for CYP.	Available Mon-Fri (9am-5pm) to discuss concerns that professionals may have about a young person. A duty worker is available each day to give advice and to discuss possible referrals for assessment and direct work. North West (West Centre Drumchapel): 0141 207 7127 North West (Possilpark Health Centre): 0141 531 6107 North East (Templeton on the Green): 0141 277 7450 South (TwoMax Building 5th Floor): 0141 300 6300 Renfrewshire (Renfrewshire House): 0141 618 7642 Inverclyde (Greenock Health Centre): 01475 501258 East Renfrewshire (Barrhead Health Centre): 0141 800 7013 West Dunbartonshire (Child Health Office Suite): 01389 817448	✓		✓	✓

Contact	Information	Contact details/website	Local	National	Provides information /support for those who engage in self-harm	Provides information /support to schools, families and friends of those who self-harm
Childline	A free confidential helpline you can call when feeling low. Provides support and a listening ear when you need it (16+).	Free phone 0800 1111 (charges from mobiles will apply). www.childline.org.uk	✓	✓	✓	✓
Get Connected	Provides a free, confidential helpline service for young people under 25 who need help, but don't know where to turn.	Free phone 0808 808 4994 Open from 1pm-11pm every day www.getconnected.org.uk Text: FREE on 80849 Texts will usually be answered within 24 hours. By email: Emails will usually be answered within 24 hours. By web chat: open 1pm-11pm everyday.		✓	✓	✓
Get the Lowdown	Free and confidential information line. Provides details on health information services available to young people in the local area.	Free phone 0808 802 4444 (charges from mobiles will apply). Mon-Fri 10am-6pm www.getthelowdown.co.uk		✓	✓	

Contact	Information	Contact details/website	Local	National	Provides information /support for those who engage in self-harm	Provides information /support to schools, families and friends of those who self-harm
HOPELineUK	A specialist telephone helpline service staffed by trained professionals who give non-judgmental support, practical advice and information to: 1. Children, teenagers and young people up to the age of 35 who are worried about themselves 2. Anyone who is concerned about a young person.	Free phone 0800 068 41 41 (charges from mobiles will apply). Or email: pat@papyrus-uk.org Or text: 07786 209697 * You do not have to give your name or whereabouts.		✓	✓	✓
Lesbian, Gay, Bisexual and Transgender Youth Scotland	Provides a range of services and opportunities for young people, families and professionals, which aims to increase awareness and confidence as well as reducing isolation and intolerance.	Phone 0131 555 3940 www.lgbtyouth.org.uk		✓	✓	
National Self Harm Network	Offers support to individuals who self-harm to reduce emotional distress and to improve their quality of life.	http://www.nshn.co.uk/		✓	✓	
NHS Living Life	A free telephone support service, based on Cognitive Behavioural Therapy approach, available to anyone over the age of 16 feeling low, anxious or depressed. Can be accessed with be GP referral or by phoning the number directly.	Free phone: 0800 328 9655 (charges from mobiles will apply) NHS Living Life can arrange to call you back if you are phoning from a mobile		✓	✓	✓
NHS 24	Health Information and Self Care Advice for Scotland. Provide an online and telephone-based service. Can answer your questions about your health and offer advice.	Free phone 111 Website: www.nhs24.com		✓	✓	✓

Contact	Information	Contact details/website	Local	National	Provides information /support for those who engage in self-harm	Provides information /support to schools, families and friends of those who self-harm
Penumbra	Penumbra provides essential projects for young people and adults who self-harm, offering a safe, non-judgmental space in which to explore feelings and worries. Service users are offered one-to-one and group support for as long and as often as is desired.	Phone 0131 475 2380 Website: www.penumbra.org.uk		✓		
Samaritans	Provides confidential emotional support, for those who are experiencing feelings of distress or despair. The website also contains information on self-harm.	Freephone 116 123 www.samaritans.org.uk		✓		
See Me	See Me is Scotland's national campaign to end the stigma and discrimination of mental ill-health. Provides information on a range of mental health issues including self-harm.	https://www.seemescotland.org/stigma-discrimination/		✓		
The Site	This site offers key information on a whole range of health and wellbeing issues including self-harm.	Website: www.thesite.org		✓	✓	
Young Minds	Committed to improving the emotional wellbeing and mental health of children and young people.	Website: www.youngminds.org.uk		✓	✓	✓ Parent helpline: 0808 802 5544
Young Scot	Online resource that provides health information including self-harm for 11-26 year olds.	Website: www.youngscot.org		✓		

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Appendix 1

The following material has been adapted from the *What's the Harm: Self-harm awareness and skills training pack* and is used with the permission of the authors.

In a short appendix it is not possible to cover all the issues around adopting a Harm Minimisation approach to supporting people who are using self-harm as a coping strategy. The following therefore, offers some material for consideration and some suggestions regarding strategies which might be employed. The main point to consider is, if the person's chosen method of self-harm is what they are using to help them cope, to manage over whelming feelings and help them to feel better, what will happen to them if you take this away before a suitable alternative is in place? The following quotes expand on this theme.

> ***If we recognise self-harm as a coping strategy, a response to distress and a means for many people to keep living, then it follows that a harm minimisation approach should be part of our toolkit of interventions. A harm minimisation approach acknowledges self-harm as a coping strategy and contributes to creating environments that are conducive to openness and seeking support.***
>
> *What's the Harm: Self-harm awareness and skills training'*

> ***Harm minimisation should be seen as a recovery approach, empowering individuals to define their own recovery and set their own goals. It promotes safety and positive risk taking by openly discussing these issues and offering advice and support where required. It links to the '10 Essential Shared Capabilities for Mental Health'.***
>
> *NHS Education for Scotland, 2011*

> ***Harm minimisation is about… "accepting the need to self-harm as a valid method of survival until (own emphasis) survival is possible by other means."***
>
> *Louise Roxanne Pembroke: Harm Minimisation: Limiting the damage of self-injury.*

The literature on self-harm generally accepts that suicide is an attempt to end all feelings, while self-harm is an attempt to cope and to feel better. Mike Smith (2005)[40] suggests that, in order to ascertain the intent of the person who is self-harming, practitioners should ask *"these things that you do, do you do it to feel better or to end all your feelings?".*

Brief Summary of Harm Minimisation Considerations

Understand the purpose of the self-harm

If, for example, the purpose of cutting is to see the blood (perhaps to make the internal pain visible) then suggesting to a person that they ping their wrist with an elastic band will at best be irrelevant and, at worst, appear condescending and stupid. However, if the purpose is to feel pain, then suggesting use of an elastic band may be appropriate.

> ***Only when ready introduce alternative coping strategies related to the function of the self-harm.***

This is crucial. Alternative coping strategies must be the client's agenda and not ours. Talk to them about what would be appropriate. Never underestimate the importance of being a 'compassionate witness' to another person's distress.

Examples of possible alternatives

Triggers Diary

Asking the person to keep a diary may help them to gain some insight into the circumstances or events which trigger their self-harm. The aim is that they can then consider avoiding these circumstances or seek help to understand why these circumstances trigger their urge to self-harm.

One minute rule

The idea here is that the person puts sometime between their urge to self-harm and the action. Over time it is hoped that they develop the capacity to sit with their feelings and that they increase the time between the urge and the action. Some people who self-harm slow the process down by wrapping the implement they use in tape or folding it in paper with affirmations in each fold. It is recommended that the time is increased at the individual's pace and slowly so that the person doesn't lose control completely and use an unfamiliar implement to self-harm.

Safety Box

This is a box containing items which promote healing and hygiene such as antiseptic creams, sterile wipes, bandages, and so on. Talking to the person about wound care, and encouraging them to take responsibility for this themselves, is an important part of a harm minimisation strategy.

Affirmations

These can be used by the individual to promote self-esteem and to slow down the process leading to self-harm by promoting self-soothing.

Distraction Box

Some people who self-harm find creating their own distraction box is a useful way of helping to tackle the strong emotions which may lead them to self-harm. A distraction box is a very individual thing but examples of what it may contain include:

- A stress ball
- Soft toys
- A blanket or piece of material which you can touch and admire
- Making a chain of paper clips
- Pictures that mean something to you, give you inspiration and hope
- Something which makes you smile or laugh
- A favourite DVD
- Some music which lifts your mood.

Distraction might also involve more physical activities such as dancing to loud music, going for a walk or run, doing the housework, gardening, and so on.

Also, individuals should be encouraged to identify supportive people whom they can talk to about how they are feeling.