

Responding to Issues of Self-Harm and Thoughts of Suicide Policy and Procedures

Any child/young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention should be offered at the earliest point. Whenever a counsellor, therapist, or member of staff, is made aware that a child/young person has self-harmed, or is contemplating this or suicide, they should follow the following procedure without delay.

This policy is informed by [The Safeguarding Board for Northern Ireland \(SBNI\)](#)

Table of Contents

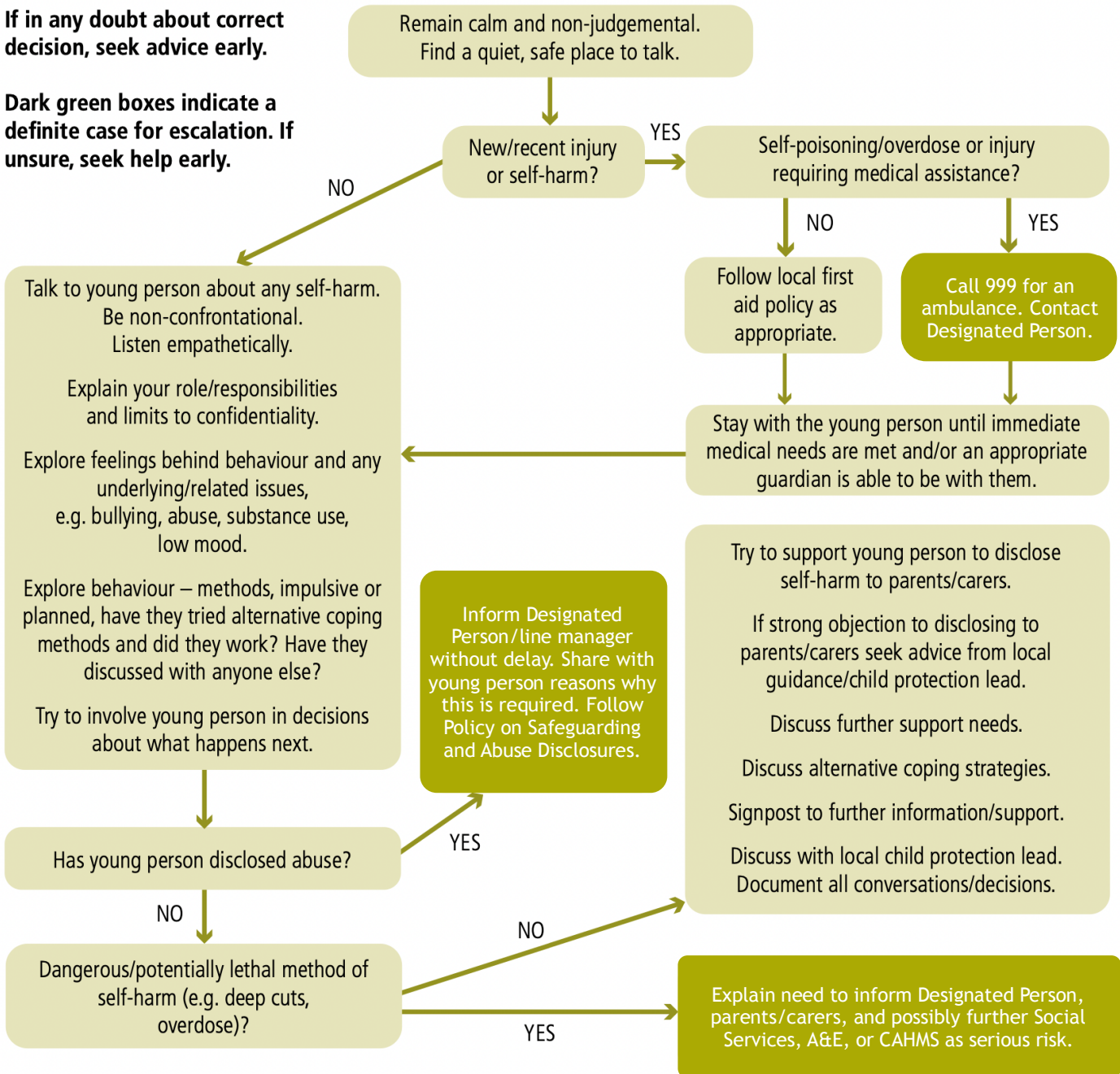
Quick Guide Flowchart: Self-harm	2
Quick Guide Flowchart: Suicidal Thoughts/Behaviour	2
Introduction.....	4
Definition.....	4
Indicators	5
Risks	6
Step-by-step guidance for managing self-harm in young people	7
Step-by-step guidance for managing suicidal thoughts and behaviour in young people	11
Protective and Supportive Action	15
Referral to Children’s Social Services:	16
Where hospital care is needed:.....	16
Information Sharing and Consent	18
Appendix A: Additional resources.....	19
Appendix B: Apps.....	20
Appendix C: Safety Plan Template.....	21

Quick Guide Flowchart: Self-harm

This flowchart provides summary guidance on responding to disclosure of self-harm. For more detailed information about self-harm and how to respond, please see pages 7-10.

If in any doubt about correct decision, seek advice early.

Dark green boxes indicate a definite case for escalation. If unsure, seek help early.



Always complete Note of Concern, and after, complete 'Note of Concern' in Clinical Record and follow procedure.

Quick Guide Flowchart: Suicidal Thoughts/Behaviour



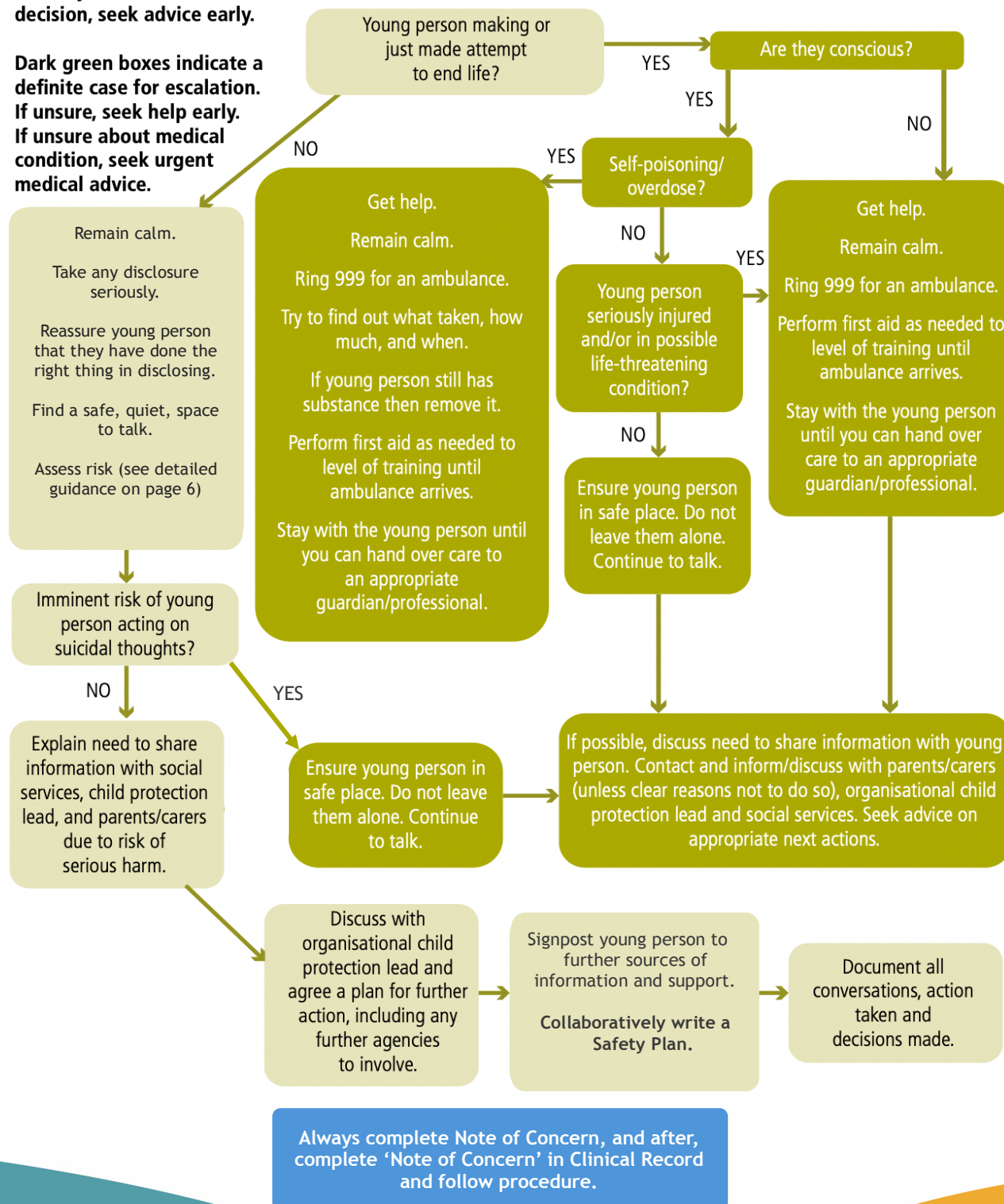
MAKE A MELODY

Arts Therapy and Counselling

This flowchart provides summary guidance on responding to disclosure of suicidal thoughts and behaviour. For more detailed information about suicidal thoughts/behaviour and how to respond, please see pages 11-14.

If in any doubt about correct decision, seek advice early.

Dark green boxes indicate a definite case for escalation. If unsure, seek help early. If unsure about medical condition, seek urgent medical advice.



Introduction

Aims of this guidance

This Policy aims to provide a quick and practical guide to safely managing self-harm and suicidal thoughts/behaviour in young people. Practitioners working, or likely to be working, with young people who self-harm or have suicidal thoughts will have received specific training in the management of these issues. This Policy can be used as a fast and accessible aide-memoire to the general principles of best practice. In this policy, we explore some of the key communication and relational issues that must be closely attended to in order to be effective in helping children and young people found to be self-harming.

Attitudes and values

If a young person approaches you and talks about self-harm, it will have taken them a considerable amount of courage to do so, and they are putting a great deal of trust in you. It's important that you respond to them appropriately. While you may not be able to solve all their problems in one conversation, non-judgmental listening can pave the way to future help-seeking.

At times, it has unfortunately been the experience of some people who have sought help for self-harming behaviour and/or thoughts of suicide that some professionals, services and other avenues of assistance that they have come into contact with have treated them in a way that makes them feel embarrassed, guilty, frightened and stigmatised. Being made to feel like this could prevent a young person from engaging with services, or even from seeking help at all in the future.

Definition

Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

The term self-harm rather than deliberate self-harm is the preferred term as it a more neutral terminology recognising that whilst the act is intentional it is often not within the child/young person's ability to control it.

Self-harm is a common precursor to suicide and children/young people who deliberately self-harm may kill themselves by accident.

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children/young people may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. Advice should be sought e.g. from Occupational Therapy in cases where perceived self-harming may be due to underlying sensory issues. Where significant cognitive/communication impairments exist self-harm behaviour can result as the only means by which issues are communicated.

Indicators

The indicators that a child/young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, family problems such as domestic violence and abuse or any form of child abuse as well as conflict between the child/young person and parents.

Self-harm and suicidal behaviour should at all times be recognised and taken seriously. Practitioners should have easy and identifiable access to experienced Mental Health advice before making key management decisions are taken so that the response is proportionate and measured.

The signs of the distress the child/young person may be under can take many forms and can include:

- Cutting behaviours;
- Other forms of self-harm, such as burning, scalding, banging, hair pulling;
- Self-poisoning;
- Not looking after their needs properly emotionally or physically;
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
- Staying in an abusive relationship;
- Taking risks too easily;
- Eating distress (anorexia and bulimia);
- Addiction for example, to alcohol or drugs;
- Low self-esteem and expressions of hopelessness.

Risks

An assessment of risk should be undertaken at the earliest stage and should enquire about and consider the child/young person's:

- Level of planning and intent;
- Frequency of thoughts and actions;
- Signs or symptoms of a mental health disorder such as depression;
- Evidence or disclosure of substance misuse;
- Previous history of self-harm or suicide in the wider family or peer group;
- Delusional thoughts and behaviours;
- Feeling overwhelmed and without any control of their situation.

Any assessment of risks should be talked through with the child/young person and regularly updated as some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.

The level of risk may fluctuate and a point of contact with a backup should be agreed to allow the child/young person to make contact if they need to.

The research indicates that many children/young people have expressed their thoughts prior to taking action but the signs have not been recognised by those around them or have not been taken seriously. In many cases the means to self-harm may be easily accessible such as medication or drugs in the immediate environment and this may increase the risk for impulsive actions. A plan for safe storage of medication in the household and other potential items which may be used by young people to self-harm should be made with all at risk children/young people and their parents/carers. GPs should be aware of risk of self-harm when prescribing medication for the young people who self-harm and their family. Whilst no medication is safe taken in this context, certain medication may pose a much greater risk of harm, or death, and this should be considered when prescribing to at risk young people and others in the household. If the child/young person is caring for a child/young person or pregnant the welfare of the child or unborn baby should also be considered in the assessment.



Step-by-step guidance for managing self-harm in young people

Step-by-step guidance for managing self-harm in young people: With Current Injury

Immediate assistance – current injury

If you know or suspect that a young person has self-harmed and has a new or untreated injury, and/or you know or suspect that a young person has self-poisoned/taken an overdose the following steps will help you deal with the situation.

1. Stay calm.
2. Take the young person somewhere safe and quiet, with privacy.
3. If you suspect self-harm but the young person has not disclosed it, then explain your concerns to them.
4. Explain that it is important that you know about any injuries or overdose so that you can make sure they are safe. Be calm, non-confrontational, non-judgemental, and patient. Try to avoid making the young person feel ashamed, attacked or 'in trouble'.
5. If the young person has self-poisoned/taken an overdose, then ring 999, and contact the Designated Person. There is no 'safe' level of overdose. Do not panic. Calmly explain that you need to seek medical help. Try to find out exactly what has been taken, how much of it, and when.
6. If the young person has an injury, then assess it if competent to do so. If in doubt, seek help.
7. If the injury is minor, then follow local first aid policy for minor wounds. Avoid seeming dismissive – the severity of the injury has no relation to the degree of emotional pain that led to it.
8. If the young person has a serious or life-threatening injury, then ring 99, request an ambulance, and contact the Designated Person immediately. Do not panic, but calmly explain that you need to seek medical help.
9. If the young person needs to attend hospital for medical assistance, then stay with them until the appropriate help arrives. Keep talking to them and actively listening.
10. If the young person discloses that self-harm is the result of abuse, then contact the Designated Person/line manager without delay. Share with young person reasons why this is required. Follow Policy on Safeguarding and Abuse Disclosures.
11. Contact the young person's parents/carers (unless the young person has disclosed that they are the source of any abuse) at the appropriate stage, in line with the Safeguarding Procedures.



12. Make sure that the young person is safe until an appropriate person (usually a parent/carer but note point 11 above) is with them.
13. Plan your next actions with the Designated Person, and Line Manager in line with your local child protection policy. As a minimum, meet with the young person when they return to your setting and explore/discuss any support needs. Try to involve the young person in any decisions, and signpost them towards sources of information and help (see Appendix A).
14. Make sure you look after your own well-being. You may find formal debriefing in supervision to be helpful.
15. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.
16. Think about the young person's peer group. They may need support too.

Step-by-step guidance for managing self-harm in young people: With No Current Injury

Immediate assistance – no current injury

If you know or suspect that a young person is actively self-harming, but there is no current injury requiring medical attention and no self-poisoning/overdose the following will help you deal with the situation.

1. Stay calm. Take the young person somewhere safe and quiet, with privacy.
2. If you suspect that the young person is self-harming but they have not disclosed it, then explain your concerns to them. Explain that it is important that they let you or another appropriate person know about any injuries or overdose so that you can make sure they are safe.
3. Be calm, non-confrontational, non-judgemental, and patient. Try to avoid making the young person feel ashamed, attacked, or 'in trouble'.
4. Try to find out the motives behind the self-harm. Most people who self-harm are not trying to die. If the young person does disclose that they are suicidal, then refer to the guidance on pages 11-14.
5. Find out what methods the young person uses to self-harm, and if it was impulsive or planned. Discuss any triggers for self-harm, and whether they can be avoided or minimised.
6. Explore the young person's vulnerability.
7. Explore any alternative coping strategies that they may have tried, and whether these have been helpful.
8. Find out if anybody else is aware of the young person's self-harm.
9. If the young person has disclosed that the self-harm is the result of abuse, then contact the Designated Person/line manager without delay. Share with young person reasons why this is required. Follow Policy on Safeguarding and Abuse Disclosures.
10. If parents/carers are not aware of the self-harm, then try to encourage and support them to disclose this to them (if appropriate – see point 13).
11. Contact the Designated Person and Line Manager, then they should be involved. Make sure that you tell the young person this, and explain that you need to do so to make sure that you are helping in the best way.



12. If more dangerous methods of self-harm (e.g. deep cutting, overdose) mean that there is an ongoing risk of serious harm, then you must inform parents/carers if appropriate (see point 13), and relevant professionals. Explain to the young person that you are obligated to share information to prevent serious harm, and let them know who you are telling and what you are sharing. Gain consent if possible, but you must share the information even if this is refused. For further guidance on who to share information with, consult local child protection guidelines, your Line Manager, or the Designated Person. General guidance on information sharing and confidentiality is found on page 18.
13. If you do not feel that there is an ongoing risk of serious harm, and the young person strongly disagrees with informing their parents/carers, then follow local guidance on competence to refuse consent and confidentiality. Seek further advice your Line Manager.
14. Explore/discuss any other support that you or the young person feel may be helpful, and signpost them to sources of information and help (see Appendix A). Consider discussing possible distraction techniques and alternatives to self-harm.
15. Make sure you look after your own well-being. You may find formal debriefing in supervision to be helpful.
16. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Step-by-step guidance for managing suicidal thoughts and behaviour in young people

With Suicidal Behaviour

Immediate assistance – suicidal behaviour

If you know or suspect that a young person has just made or is currently making an attempt to end their life the following will help you deal with the situation.

1. Remain calm. Talk to the young person if they are conscious and try to calm them down. If they are unconscious then ring 999 immediately for an ambulance. Shout for help, and perform first aid in line with your level of training until the ambulance arrives.
2. If the young person has taken an overdose then ring 999 immediately for an ambulance. Try to find out what they have taken, when it was taken and how much. If they still have the substance on their person, then remove it.
3. If the person is seriously injured or in a life-threatening condition as a result of a suicide attempt, then ring 999 immediately for an ambulance. Get help, and perform first aid in line with your level of training until the ambulance arrives.
4. If the young person requires urgent medical assistance but refuses to be taken to hospital, then try to calmly persuade them. If you cannot persuade them, and the young person is at risk of immediate harm, then consider contacting the police for assistance.
5. If there is no immediate risk to the young person, do not leave them alone. Make sure they are in a safe place, and keep talking to them.
6. Once the young person is receiving qualified medical help, or is otherwise safe, then contact the Designated Person and Line Manager to make them aware.
7. Unless there is a clear reason not to (such as known or alleged abuse), contact the young person's parents/carers to inform them about the situation.
8. Immediately contact social services, as this is a child protection issue. They will be able to advise you about appropriate next steps.
9. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.



With Suicidal Thoughts

Immediate assistance – suicidal thoughts

If a young person discloses suicidal thoughts the following will help you deal with the situation.

1. Remain calm. Take any disclosure seriously. Reassure the young person that they have done the right thing in telling you.
2. Take the young person somewhere safe and quiet, with privacy.
3. Ask questions to try to assess the risk of the young person acting on any suicidal thoughts. Do not interrogate them, but be patient and give them time to talk. Important questions to ask include the following.
 - Are they saying that they have a desire to end their life?
 - How often do they feel like this? Is it constant, frequent, occasional or rare?
 - Are they talking about wanting to end their life now?
 - Have they thought about how they intend to attempt suicide?
 - Have they made definite plans? If so, have they already started preparing (e.g. writing a note, gathering medication, etc.)? The greater the evidence of planning for a suicide attempt, the greater the risk of the young person acting on their thoughts.
 - Have they already taken an overdose or other steps to end their life? (If they disclose that they have then refer to the step-by-step guidance on page 11.)
 - Have they made any attempts in the past? Was there something that helped to keep them safe?
 - Are there any protective factors which can help to keep the young person safe? (Protective factors are very varied and specific to the individual, but could include family, friends, pets, a sense of responsibility, religious/spiritual beliefs, etc.)
 - Do they have any plans for the future? How far into the future? For example, are they thinking about a holiday planned for next year, an event in a few months (a birthday or festival, etc.) or is there no evidence that they plan to be around for future events?
 - Are they alone or is there someone protective (e.g. a parent/carer) with them?
4. The answers to these questions can help to give some idea of risk. Generally speaking, higher risk correlates with greater frequency of suicidal thoughts, greater evidence of planning and preparation for suicide, less evidence of future plans, and less access to support and protective factors.

Imminent risk of acting on suicidal thoughts

Imminent risk of acting on suicidal thoughts

1. Keep talking to the young person calmly. Make sure that they are in a safe place, and do not leave them alone.
2. If at any point it becomes clear that the young person has already taken an overdose or other steps to end their life, then refer to the step-by-step guidance on page 11.
3. Contact the Designated Person, and your Line Manager to make them aware, discuss the case, and agree a plan for further action, including agencies to involve.
4. Unless there is a clear reason not to (such as known or alleged abuse), contact the young person's parents/carers to inform them about the situation. Do not let the young person leave alone.
5. Contact social services, as this is a child protection issue.
6. Seek advice from the Designated Person, and Line Manager, local policy/guidelines and social services about appropriate next steps and referral. Agencies and professionals that may be appropriate to refer to include the young person's GP (or the out of hours GP if outside working hours), A&E and CAMHS.
7. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Non-imminent risk of acting on suicidal thoughts

Non-imminent risk of acting on suicidal thoughts

1. Keep talking to the young person. Make sure that they know that you are available to talk in future if they need to.
2. Signpost the young person to sources of information, support and help (see Appendix A).
3. Discuss the importance of sharing the information with the designated person in your organisation with responsibility for child protection, and with the young person's parents/carers (unless there is a clear reason not to, such as known or alleged abuse). The information needs to be shared because there is a risk of harm to the young person.
4. If possible, try to support the young person to share information with their parents/carers themselves.
5. Contact the person in your organisation with responsibility for child protection to make them aware, discuss the case, and agree a plan for further action, including any agencies to involve.
6. Make a plan with the young person about actions to take if suicidal feelings recur or persist. It can be helpful to write this down and to give a copy to the young person to use as a 'safety plan' that they can refer to if needed. An example template for this sort of plan is found in Appendix B.
7. Keep records of all information, meetings and conversations. Record any decisions made and the reasons for them.

Protective and Supportive Action

A supportive response demonstrating respect and understanding of the child/young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability may find it more difficult to express their thoughts.

Practitioners should talk to the child/young person and establish:

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

And explore the following in a private environment, not in the presence of other pupils or patients depending on the setting:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the child/young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

Do not:

- Panic or try quick solutions;
- Dismiss what the child/young person says;
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
- Disempower the child or young person;
- Ignore or dismiss the feelings or behaviour;
- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress.

Referral to Children's Social Services:

The child/young person may be a Child in Need of services (s17 of the Children (NI) Order 1995), which could take the form of an assessment under the UNOCINI Framework where they may need support service or they may be likely to suffer significant harm, which requires child protection services.

The referral should include information about the background history and family circumstances, the community context and the specific concerns about the current circumstances, if available.

Where hospital care is needed:

Where a child/young person requires hospital treatment in relation to physical self-harm, practice should be as follows, in line with the National Institute of Health and Clinical Excellence (NICE) June 2013 (see **NICE website**):

Triage, assessment and treatment should be undertaken by paediatric nurses and doctors trained to work with children/young people who self-harm in a separate area of the emergency department for children/young people.



Special attention should be given to:

- Confidentiality;
- Children/young person's consent (including Gillick/Frazer competence);
- Parental consent;
- Child protection issues;
- Use of the Mental Health Order and the Children (NI) Order 1995;
- Admission.

All children/young people should normally be admitted into a paediatric ward under the overall care of a paediatrician and assessed fully the following day.

Alternative placements may be needed, depending on:

- Age;
- Circumstances of the child/young person and their family;
- Time of presentation;
- Child protection issues;
- Physical and mental health of the child/young person;
- Occasionally, an adolescent psychiatric ward may be needed.

After admission, the paediatric team should obtain consent for mental health assessment from the child/young person's parent, guardian or legally responsible adult.

During admission, the CAMHS team should:

- Provide consultation for the child/young person, their family, the paediatric team, Social Services, and education staff;
- Undertake assessment addressing needs and risk for the child/young person (similar to adults, see assessment of needs and assessment of risk), the family, the social situation of the family and child/young person, and child protection issues.

For all children/young people, advise carers to remove all means of self-harm, including medication, before the child/young person goes home.

Information Sharing and Consent

The best assessment of the child/young person's needs and the risks, they may be exposed to, requires useful information to be gathered in order to analyse and plan the support services. In order to share and access information from the relevant professionals the child or young person's consent will be needed.

Professional judgement must be exercised to determine whether a child/young person in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the child/young person's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child/young person at serious risk of self-harm may lack emotional understanding and comprehension and the Fraser guidelines should be used. Advice should be sought from a Child and Adolescent Psychiatrist if use of the mental health act may be necessary to keep the young person safe.

Informed consent to share information should be sought if the child/young person is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the child/young person;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the child/young person or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing; and
- There is a pressing need to share the information.

Professionals should keep parents informed and involve them in the information sharing decision even if a child/young person is competent or over 16. However, if a competent child/young person wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply. Where a child/young person is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Appendix A: Additional resources

Public Health Agency Directory of Services to Help Improve Mental Health and Emotional Well-being

Lifeline website

Samaritans

A totally confidential, twenty-four hour support service for anyone experiencing emotional distress and/or suicidal thoughts.

24-hour national support line: 116 123

e-mail support: jo@samaritans.org

Website: www.samaritans.org

Cruse Bereavement Care

For anybody needing support after the death of a loved one.

Support line (09:00-17:30): 0808 808 1677

Website: www.cruse.org.uk

Papyrus

A service for young people who are thinking about suicide, or for anyone worried that a young person may be contemplating suicide.

Support line (10:00-22:00 weekdays/14:00-22:00 weekends): 0800 068 41 41

Text support: 07786 209697 **e-mail:** pat@papyrus-uk.org **Website:** www.papyrus-uk.org

Charlie Waller Memorial Trust

Foundation dedicated to raising awareness of depression and suicide that provides resources for schools and parents/carers.

Resource: https://docs.wixstatic.com/ugd/b5791d_b3807e6a2cd643ed8b29456602afcc01.pdf

Appendix B: Apps

Calm Harm

Private, password-protected app that gives tasks which help distract from thoughts of self-harm.

Website: www.stem4.org.uk/calmharm

Stay Alive

An app that provides help and support to people with suicidal thoughts, or people worried about someone else.

Website: www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

Headspace

Meditation and mindfulness app.

Website: www.headspace.com

BeyondNow

Free safety planning app.

Website: www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

Safety Plan

These feelings will pass

Keep the plan where you can easily find it when you'll need it.

What I need to do to reduce the risk of me acting on the suicidal thoughts:			
What warning signs or triggers are there that make me feel more out of control?			
What have I done in the past that helped? What ways of coping do I have?			
What I will do to help calm and soothe myself:			
What I will tell myself (as alternatives to the dark thoughts):			
What would I say to a close friend who was feeling this way?			
What could others do that would help?			
Who can I call?			
Friend or relative:	Name: Tel:	Another:	Name: Tel:
Health Professional:	Name: Tel:	Another:	Name: Tel:
Telephone Helpline:	Name: Tel:	Another:	Name: Tel:
A safe place I can go to:			
<p>If I still feel suicidal and out of control:</p> <ul style="list-style-type: none"> - I will go to the A&E Department - If I can't get there safely, I will call 999 			