Getting it Right in East Renfrewshire

Multi-Agency Summary Guidance
for Practitioners & Managers

Self-harm and Suicide: Guidance for Staff Working with Children & Young People (2015)

Working Together to Keep Our Children Safe

www.eastrenfrewshire.gov.uk/ercpc
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Section 1: Rationale and Aims

Promoting the mental health and emotional well-being of children and young people is of paramount importance in East Renfrewshire. This is reflected in the East Renfrewshire Child Protection Committee (ERCPC) commitment to Getting It Right for Every Child (GIRFEC). This self-harm and suicide multi-agency guidance should therefore be referred to alongside existing GIRFEC practice and procedural guidance to ensure children and young people are effectively supported and are at all times Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included.

The ERCPC has developed this guidance to help guide and support staff from all services who work with children and young people to respond in situations where a child or young person is considered at risk of suicidal or self-harming behaviours, or when faced with a suicide related crisis.

Therefore, the principal aims are to:

- Provide staff with procedures for dealing with self-harm and suicidal behaviour
- Support staff to carry out an initial risk assessment and make appropriate referrals
- Minimise immediate risk and harm by guiding staff to give effective support to the child or young person as a first response.

The Scottish Suicide Information Database Report (2014) suggests that 3059 deaths from ‘probable suicide’ occurred in Scotland between 2009 and 2012. According to the Samaritans Suicide Statistics Report (2015), there were 6,233 suicides in the UK in 2013, a rate of 11.9 per 100,000 people. The suicide rate among men is nearly four times higher than in women, with rates of 19.0 and 5.1 per 100,000 respectively. In Scotland, the suicide rate has declined, yet there were 795 deaths from suicide in 2013, 611 of whom were men. Among young people aged 15-24, the overall rate in Scotland was 9.6 per 100,000, with 15.1 per 100,000 male and 4.1 per 100,000 female.

“Self-harm is a response to underlying emotional and psychological distress. The full extent is unknown but more than 7,000 people are treated in hospital every year in Scotland following non-fatal deliberate self-harm.”

Towards a Mentally Flourishing Scotland 2009-2011

Self-harm rates in the UK are amongst the highest in Europe (NICE, 2002). There are various statistics available on self-harm but it is important to note that much self-harming behaviour is never reported. The Health and Social Care Information Centre (2014) looked at hospital admissions for self-harm among children aged 10 to 14. The centre found that numbers were increasingly dramatically across a four year period in England, with 5953 girls and 659 boys admitted to hospital in 2013/14, compared to 3090 girls and 454 boys in 2009/10. The Multicentre Study of Self Harm in England (2015) notes that there are over 200,000 general hospital presentations for self-harm (intentional self-poisoning or self-injury) per year in England and Wales. A study by the University of Oxford Centre for Suicide Research (Hawton, 2012) analysed self-harm cases at the John Radcliffe Hospital, Oxford, where there were 1538 presentations in 2012. They found that 1126 people
accounted for these presentations, and that within this population the female to male ratio was 1.4:1 overall. Self-harm rates were highest and apparently rising among women aged 15-24. There were 127 children under the age of 18 who accounted for 267 episodes of self-harm. Within this group 82.7% were female. Paracetamol overdoses and self-cutting were common methods of self-harm among this group, and relationship difficulties at home or with peers were a common risk factor. The majority (81.0%) were offered psychiatric or psychological care, especially via CAMHS services.
Section 2: Definitions

**Definition of child or young person**

- References herein to ‘children’ and/or ‘young people’ include everyone under the age of 18, as defined under the United Nations Convention on the Rights of a Child.
- Young people have rights of self-determination under ‘The Age of Legal Capacity (Scotland) Act 1991’, including the legal capacity to consent to surgical and medical treatment.
- Some services involved with children and young people have different age criteria. When seeking advice or making referrals, please ascertain with the agency in question, which age ranges they deal with. Consideration should be given to vulnerability and whether adult or child protection processes apply between the ages of 16 – 18yrs.

**Definition of suicide and self-harm**

The following definitions are outlined in the Scottish Government’s Suicide Prevention Strategy 2013-2016:

- **“Suicide** is death resulting from an intentional, self-inflicted act.
- **Suicidal behaviour** comprises both death by suicide and acts of self-harm that do not have a fatal outcome, but which have suicidal intent.
- **Self-harm** is self-poisoning or self-injury, irrespective of the apparent purpose of the act (excluding accidents, substance misuse and eating disorders).”

The relationship between deliberate self-harm and suicide is complex and the overlap between the two needs to be acknowledged. For example:

- Some completed suicides may have been accidental.
- Some acts of deliberate self-harm may have been intended to result in death.
- Many acts of deliberate self-harm are not intended to cause death.

Examples of self-harming behaviours can include:

- Cutting
- Burning
- Head banging
- Hair pulling
- Self-poisoning
- Scratching
- Severe bruising or breaking bones by inflicting blows to the body
- Inserting objects into the body
- Ingesting harmful substances
- Swallowing objects
- Using ligatures
Asphyxiation / suffocation

Other risk-taking behaviours which may also be associated with self-harm include:

- Eating disorders
- Drug and alcohol misuse
- Dangerous driving/sports
- Unsafe sex/multiple sexual partners (Risks of Child Sexual Exploitation)

Best Practice Note: Issues relating to Under – Age Sexual Activity must be considered in relation to child protection and potential harm or abuse. Further information is available here:


ERCPC Guidance is available by contacting the Lead Officer Child Protection.

A variety of factors might motivate someone to self-harm, including:

- Temporary release from intense feelings, pressure or anxiety
- To experience the sense of being real / alive - of feeling something other than emotional numbness
- To externalise emotional internal pain - to feel pain on the outside instead of the inside
- To control and manage pain - unlike the pain experienced through physical or sexual abuse
- To self-sooth for those who do not have other means to calm intense emotions
- Self-punishment for having thoughts or feelings for which the person has been made to feel guilty, or bad or undeserving (some people who have experience abuse feel that it was deserved)
- To self heal, tending to wounds is a way to be self-nurturing for someone who never was shown by an adult to express self-care
- To draw attention to the need for help, to ask for assistance in an indirect way
- On rare occasions, to influence others to feel guilty or bad, make them care, or make them go away

Best Practice Note – “Children and Young People who place themselves at Risk” is an Indicator of Concern in the National Guidance for Child Protection in Scotland (2010)

CHILD PROTECTION PROCEDURES MUST ALWAYS BE CONSIDERED
Section 3: Risk Factors

For some people who deliberately self-harm, there may be an increased risk of subsequent suicidal behaviour; however, it would not be appropriate to regard all deliberate self-harming behaviour as suicidal behaviour. Rather than any intent to die, deliberate self-harm may be used as a coping mechanism, for example, to release tension, to feel some control, to communicate distress or to overcome emotional numbness. In fact, a young person may have made significant improvements in their life but continue to hurt themselves. This means that those who are helping them could be doing good work with the young person, but this can often fail to be acknowledged in the face of continued self-harming behaviour.

Multi-Agency support must be considered and improving outcomes noted in care planning.

Self-harming behaviours indicate underlying social, emotional or mental health problems and always require further consultation or discussion with multi-agency colleagues. It is important to recognise that most of us have various strategies to help us cope with life. Young people may begin deliberately self-harming for a number of reasons. Research has shown that there are often traumatic life experiences that may have contributed to the development of deliberate self-harm as a way of coping and expressing inner pain. However, this is not always the case, nor is it automatic that all those who have experienced trauma will go on to self-harm. The Samaritans have carried out research looking at young people who self-harm and have found that the following issues were cited:

- Sexual / physical abuse
- Family / friends death or illness
- Parental divorce
- Family / friend’s suicide
- Sexuality
- Bullying
- In trouble with the police
- Making friends
- Family / friends deliberate self injury
- Parents fighting
- Fights with parents / friends
- Boy / girlfriend problems
- School work

Vulnerable groups of young people have also been identified as more susceptible to self-harm and suicidal behaviour (Platt 2009), including:

- those in local authority care
- those experiencing social disadvantage
- those experiencing parental separation/divorce
- those living with parental discord/disharmony
- those living with parental mental health difficulties (depression, substance use)
• those with a family history of suicidal behaviour
• those who have experienced physical and/or sexual abuse during childhood
• those who experience poor relationships with parents (poor communication, extremes of high/low parental control and expectations)

Finally, the following predisposing risk factors have been cited in research (Platt, 2009):

• genetic predisposition
• neurological and biological processes (e.g. low serotonin levels linked to increased risk of depression and suicide)
• personality and cognitive factors (including low self-esteem, low control, hopelessness, impulsivity, aggression, anger)
• affective disorders (especially depression)
• substance use disorders (alcohol, illicit drugs)
• antisocial behaviours
• anxiety disorders

Where there are multiple risk factors, the risk increases. It is important to also acknowledge that suicide clusters can tend to occur, predominantly among adolescents and young adults, and particularly where there is inappropriate reporting of suicide in the media.

**Warning signs**

People who self-harm are often secretive about the behaviour, however there are often indicators, including:

• Wearing long sleeves at inappropriate times
• Reluctance to participate in physical activity in school
• Spending more time in the bathroom
• Unexplained cuts or bruises, burns or other injuries
• Razor blades, scissors, knives, plasters have disappeared
• Unexplained smell of Dettol, TCP and other similar products
• Low mood – seems to be depressed or unhappy
• Any mood changes – anger, sadness
• Negative life events that could have prompted these feelings – for example, bereavement, abuse, exam stress, parental divorce
• Low self-esteem
• Feelings of worthlessness
• Changes in eating or sleeping patterns
• Losing friendships
• Withdrawal from activities that used to be enjoyed
• Abuse of alcohol and or drugs
• Spending more time alone and becoming more private or defensive.

Equally, there are warning signs that someone may be at risk of suicide, including:

• Previous deliberate self-harm or suicide attempt
Talking about methods of suicide
- Dwelling on unsolvable problems
- Giving away possessions
- Hints that “I won’t be around” or “I won’t cause you any more trouble”
- Unresolved feelings of guilt following bereavement or loss
- Marked changes in behaviour, including:
  - A 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.
Section 4: Risk Assessment and Response Procedures for Self-harm or Attempted Suicide

Emergency Procedures

A medical emergency exists when a young person:

- Has attempted suicide on the premises or
- Has disclosed that they have attempted suicide prior to coming onto the premises and have not received any professional intervention (this includes any acts of self-poisoning) or
- Is exhibiting life-threatening behaviour

In a medical emergency:

1. Keep the young person safe and under close supervision. Never leave them alone.
2. Designate at least one member of staff to stay with them and support them whilst help is being sought. Remove any potentially harmful objects from the young person and from the vicinity.
3. Where the young person has taken an overdose or unknown quantities of any medication, or where they have a serious physical injury, seek urgent medical attention. Staff members have a duty of care to call NHS services where a young person is refusing urgent medical treatment.
4. Where the young person needs to be transported to a hospital this should be arranged as deemed appropriate to their condition. Two members of staff should accompany the young person if using a personal vehicle.
5. Notify your Line Manager who should inform the Social Work Children and Families Team / Duty Team
6. Notify parents/carers of what has occurred and arrange to meet with them if and when appropriate. It should be stressed to the parents/carers that they can access urgent medical attention through their G.P. or local accident and emergency department if at any point in the future this is required.
7. If the young person does not require emergency medical attention and the immediate crisis is under control, release the young person to the parents/carers with arrangements for necessary medical treatment and/or mental health assessment and counselling.
8. Inform the parent/carers that Social Work have been contacted as a procedural part of the agency response plan. Explain any decisions made by Social Work as advised by the Duty Social Worker. If the parent/carer refuses to obtain services for a young person, and the young person is believed to be at risk, this should be reported to Social Work immediately. East Renfrewshire CHCP Child Protection Procedures / Single Agency Procedures should be invoked.

Further support is available here: http://www.online-procedures.co.uk/westofscotland/

Best Practice Note – “Children and Young People who place themselves at Risk” is an Indicator of Concern in the National Guidance for Child Protection in Scotland (2010).
Risk Assessment and Intervention – Suicide

When the risk of suicide has been raised by any person, risk assessment procedures should be undertaken by a senior member of staff or child protection coordinator, preferably and wherever possible by someone who is ASIST trained. A risk may be raised by a peer, a staff member, the parent / guardian of a young person, or the young person themselves. This can be when a young person has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs.

In all situations where a child or young person is considered to be at risk the following course of action should be taken by staff as a first response:

1. Remain calm.
2. Take the threat of suicide seriously.
3. Ensure the young person is kept safe and under close supervision. Never leave them alone. Designate at least one member of staff to stay with them and support them at all times. Remove any potentially harmful objects from the young person and from the vicinity.
4. Take immediate action. Contact your Line Manager or Child Protection Coordinator to inform them of the situation.
5. The Line Manager / Child Protection Coordinator should:
   - appoint a first aider if required
   - invoke Child Protection procedures, where necessary
   - ensure that all the procedures outlined herein are followed
   - contact East Renfrewshire Local Social Work Children and Families Team / Duty Team to instigate a thorough risk assessment where appropriate.
6. Where the young person needs to be transported to a hospital this should be arranged as deemed appropriate to their condition. Two members of staff should accompany the young person if using a personal vehicle.
7. If the young person does not require emergency medical attention and the immediate situation is under control, contact the young person’s parents/carer and ask them to attend, unless to do so would place the young person at greater risk, in which case CP procedures should be invoked.
8. Provide the parents/carers with a full report when they arrive. Include details of all agencies that have been contacted and consulted, and agreed steps to be taken for the young person’s continued safety and support. It should be stressed to the parents/guardians that they can access urgent medical attention through their G.P. or local accident and emergency department if at any point in the future this is required.
9. Release the young person to the parents/carers with arrangements for necessary medical treatment and/or mental health assessment and counselling. Inform the parent/carer that Social Work have been contacted as a procedural part of the agency response plan. Explain any decisions made by Social Work as advised by the Duty Social Worker. If the parent/carer refuses to obtain services for a young person, and the young person is believed to be at risk, this should be reported to Social Work immediately. East Renfrewshire CHCP Child Protection / Single Agency Procedures should be invoked.

   **NO YOUNG PERSON IN THESE CIRCUMSTANCES SHOULD BE SENT HOME ALONE.**

10. Debrief all staff who assisted with the intervention.
Risk Assessment and Intervention – Self-harm

Risk assessment procedures should be undertaken when self-harming behaviour has been raised by any person. This includes any peer, any member of staff, the parent / guardian of a young person, or the young person themselves. This can be when a young person has directly or indirectly disclosed self-harming behaviour or demonstrated other clues or warning signs (see section 3). In all situations where a child or young person is considered to be at risk the following course of action should be taken by staff:

1. Remain calm.
2. In the immediate aftermath of a self-harm episode, make sure a member of staff stays with the person and identify whether there is a need for a first aider.
3. If the young person needs to be transported to a hospital this should be arranged as deemed appropriate to their condition. Two members of staff should accompany the young person if using a personal vehicle.
4. Contact your Line Manager or Child Protection Coordinator to inform them of the situation if an episode of self-harm has occurred on the premises or if self-harming behaviour is suspected in the case of a young person. Line managers should contact the East Renfrewshire Local Social Work Children and Families Team / Duty Team to seek further advice on necessary risk assessments that may be required (e.g. from Accident & Emergency services, CAMHS).
5. If the young person does not require emergency medical attention and the immediate situation is under control, contact the young person’s parents/carer and ask them to attend, unless to do so would place the young person at greater risk, in which case CP procedures should be invoked.
6. Provide the parents/carers with a full report when they arrive. Include details of all agencies that have been contacted and consulted, and agreed steps to be taken for the young person’s continued safety and support. It should be stressed to the parents/guardians that they can access urgent medical attention through their G.P. or local accident and emergency department if at any point in the future this is required.
7. Release the young person to the parents/carers with arrangements for necessary medical treatment and/or mental health assessment and counselling. Inform the parent/carers that Social Work have been contacted as a procedural part of the agency response plan. Explain any decisions made by Social Work as advised by the Duty Social Worker. If the parent/carer refuses to obtain services for a young person, and the young person is believed to be at risk, this should be reported to Social Work immediately. East Renfrewshire CHCP Child Protection / Single Agency Procedures should be invoked.

**NO YOUNG PERSON IN THESE CIRCUMSTANCES SHOULD BE SENT HOME ALONE.**

8. Debrief all staff who assisted with the intervention.
Section 5: Roles and Responsibilities of Staff

Confidentiality, Information Sharing and Views of Children and Young People

Staff should refer to their agency guidance on confidentiality and information sharing. GIRFEC best practice prescribes that children and young people should be consulted and their views included as part of any decision making process that affects them. The views of all children and young people must be listened to, respected, and taken into account, regardless of the age and ability of the child or young person. This is outlined in The Age of Legal Capacity (Scotland) 1991 and Data Protection Act 1998. Staff should also however take account of the child or young person’s age and understanding about matters that affect them in their life, care and treatment.

Confidentiality is extremely important in protecting the young person. Information about their condition can assist staff to provide appropriate support. It is good practice to obtain signed permission from the young person (where they are over 12 and deemed capable of understanding the consequences of such permission being granted) or from the parents/guardians (where 11 or under or deemed not capable of understanding the consequences of such permission being granted) to communicate with any other appropriate agencies involved e.g. their doctor, psychiatrist, psychologist or counsellor. Reasonable effort should be made to involve parents of all young people under 16, however it is recognised that some competent young people may not want this and that indeed this could damage the trust that the young person has shown in a staff member. GIRFEC guidance in relation to information sharing should be referred to where permission is not granted. There are a number of circumstances where information will need to be passed on to their parents or to another agency, including:

- Where there are concerns over the safety and wellbeing of any child or young person
- Where a child is not competent to take responsibility for themselves
- Where urgent medical treatment is required
- Where there is a serious risk to public health
- For the prevention, detection or prosecution of serious crime

Where a staff member is concerned that a child or young person is at risk of harm this will always supersede requirements to maintain confidentiality. If it is deemed necessary to pass information on, staff should clearly explain to the child or young person that the information needs to be passed on and explain why.

The Role and Responsibilities of Staff When Supporting a Child or Young Person

In working with a child or young person who either self-harms or is believed to be at risk of suicide, all staff should be reassured that, regardless of their background or professional discipline, they can contribute to creating an effective climate for support. The following principals should be helpful in fulfilling your role:
- Remain calm
- Take all threats of suicidal behaviour and self-harm seriously
- Resist asking a self-harming person to stop, as this can make things worse
- Respond to any injuries in a typical way from a first aid and from a health and safety perspective
- At all times treat the young person with dignity and respect, be empathic and non-judgemental
- Encourage the person to talk, and actively listen to what they have to say. Clarify to ensure you understand them and to demonstrate that you are listening to them
- Know that it is ok to ask the child or young person if they are contemplating suicide, or if they are self-harming
- Avoid confrontation and go at their pace
- Explain your own limitations and your responsibilities
- Involve the young person actively in any decisions that are being made with regards to their risk assessment and also in encouraging them to seek help
- Let the child or young person know about the range of available support (see section 11)
- Be aware of the child or young person’s feelings, which may include guilt, shame, and concern over being stigmatised
- Provide reassurance that problems can often be addressed with help from others
- Be prepared to discuss associated problems such as bullying, bereavement, relationship difficulties, abuse, and sexuality
- Assess if, how and when parents will be involved
- Make referrals to appropriate agencies such as social work and health if required
- Bear in mind any impact the situation may have on other young people or staff.

**Involving and Supporting Parents**

When a family is in distress, it is often difficult for them to take action. They may be feeling that their world has turned upside down and they are paralysed by fear, anger, denial, shame or disbelief.

Parents or guardians might need support to recognize the importance of obtaining professional help. Additionally, parents might require help to identify support systems and resources available to them in their family, among their friends and in the community.

Family members also benefit from having someone who can listen as they work their way through their issues. Showing care and concern when working with the parent or guardian of a self-harming or suicidal young person is incredibly important.

One of the most effective ways to help a parent or guardian prevent a young person’s suicide is to convince them to remove lethal means from the young person’s environment. Removing prescription and non-prescription drugs and alcohol are important steps to prevent an impulsive act from ending a life. Many young people feel sad and alone. Parents and the young person should be encouraged to seek help from their G.P. for initial assessment and advice, and for onward referral to CAMHS where this is appropriate.
Removing harmful objects

As part of any intervention staff members are required to ask the young person if they have anything in their possession that they intend to use to harm themselves. This should be documented accordingly. In the event it is suspected that they are in possession of such an item (e.g. it has been seen by a witness) and they refuse to hand it over the Line Manager should consider the possibility of searching the young person’s belongings. This can be justified on the grounds of their duty of care to the young person. However this course of action has the potential to be extremely inflammatory, affecting any trust staff are trying to build with the young person and as such should be considered as a last resort following the failure of negotiation. Alternatively a request for assistance from the police may be considered. This will also have an impact upon trust but may be seen as necessary when considering the duty of care to the young person.

Keeping the young person supervised

If the young person leaves or wishes to leave the premises before, during or after the assessment, and they are deemed to be a risk to themselves, staff should endeavour to dissuade them from doing so. However, staff do not have the right to detain the young person and so should establish the direction the young person has moved off in and to contact the local police station, requesting an urgent response. The young person’s parents/carers must also be informed where possible.

Assessing the need for parental involvement

In almost all cases, the young person’s parents/carers should be contacted. In some cases making contact with parents/carers may put the young person at greater risk. In such circumstances Child Protection procedures should be invoked and the Social Work department must be contacted and included in establishing appropriate next steps. Record all such decisions in line with your agency child protection procedures.

The Role of the Social Work Department

Social Work Department personnel have an important role in assisting with the physical and emotional well-being of young people and providing support to families. It has a statutory requirement to promote social welfare and enable the protection of children and young people from harm. This includes protection from harm from oneself. Self-harm or suicidal ideation is a child protection “Indicator of Concern”. If practitioners (named/lead professional) determine that they are required to contact Social Work, ask to speak to the Duty Social Worker, who will advise on appropriate supports, procedures and next steps. Contact details for local social work area teams are enclosed within section 11 of this guidance. The Social Work Standby Service can be contacted on 0800 811 505. Police Scotland can be called for emergency situations out-with normal office working hours on 101.
Section 6: Response Plan in the Event of a Completed Suicide

The Samaritans resource entitled ‘Help When We Needed It Most’ gives advice both on practical matters and emotional reactions to the situation. It can be accessed at:

http://www.samaritans.org/your-community/supporting-schools/step-step

The death of any person is a tragic event. When that death is a suicide there are exacerbating considerations. Effective planning for the aftermath of a death by suicide is a very important strategy, which may help prevent another suicide. Managing the environment after a suicide presents significant challenges to personnel. To meet these challenges, the following should be considered:

- Maintain control of the environment.
- Ensure that children, young people, parents and staff are appropriately supported as they grieve.
- Provide a safe environment for children, young people and staff to express their feelings of grief, loss, anger, guilt, betrayal etc.
- Acknowledge the risk posed by copy-cat responses from other vulnerable individuals.
- Return the environment to its normal routine as quickly as possible following crisis intervention and any appropriate grief work.
- Clear messages offer stability in a difficult situation. Death by suicide has a profound impact on both the children, young people and staff. In order to help reduce the likelihood of sensationalizing or glorifying suicide, key personnel need to step forward in a straightforward manner to let the community know that this situation will be handled.

It is critical for managers to give these messages:

- 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 person is worried about him/herself or anyone else, they should speak with someone (including staff).
- Explain available crisis and grief services.
- Announce funeral arrangements as information becomes available.
- Thank the children, young people and staff for being supportive of each other.
- Explain your wish to protect the family and the agency from media attention and outline the procedure for working with the media.
- Attend to yourself. Self-care is especially important for staff in dealing with a suicide crisis. Typically, personnel concentrate on doing what is necessary for others, leaving little energy for self-care.
- Organise a meeting for staff to debrief, to discuss management of the incident, recognise what staff did well and what challenges were posed, and make plans for any changes needed in the event of a future crisis response.
- Conduct debriefings with staff during and after the crisis.
Staff may wish to represent the agency at the person’s funeral service; this should be taken into consideration through debriefings or through individual supervision and support.

A return to some form of normality is an important aspect of creating a supportive climate. Try to re-establish work routines where possible and appropriate.

The death of a child or young person can often lead to memorial activities. Where death occurs in the event of a suicide, organisation of memorial activities needs to be considered carefully.

Grieving families and young people may insist that their deceased loved one be honoured. These energies are best channelled into constructive projects that help the living. Appropriate memorial activities might include; donations to the bereaved family, favourite charities or suicide prevention efforts.

Avoid large scale memorial activities, special plaques, or permanent markers. Unfortunately these have the potential to encourage others at risk to consider suicide.
Section 7: Staff Support and Managing Media

This may be the first experience with death for some people. Staff need opportunities to express their grief within safe, comfortable settings individually or in small groups. Strong feelings may need to be expressed and heard.

Take the following factors into account when organising staff support:

- Grieving is an important part of healing and provides an opportunity to learn how to cope with loss.
- When suicide is the cause of death, there is a fine line between encouraging people to express their feelings and giving the death so much attention that it encourages at risk people to consider suicide. It is a delicate balance that requires a thoughtful approach.
- Grief is a complicated process. People are likely to respond in different ways.
- Feelings of guilt, rejection, and desertion are also common in those close to the individual, as is the unhelpful tendency to begin attributing blame.
- Special events and anniversaries of the death may be especially significant and difficult for those close to the person who died by suicide.
- Staff can be at risk of becoming overburdened or distressed. In addition to procedures and guidelines, staff may require specific training, supervision and support. Training options are suggested in Section 10, while local and national supports are detailed in section 11.
- Staff require supervision and support to work confidently, professionally and effectively with vulnerable young people. It is recognised that unresolved issues and concerns experienced by staff due to lack of support or opportunities for debriefing may affect their ability/ effectiveness in responding to subsequent incidents.

Self-harm and suicidal behaviour can evoke strong responses in others, and these should be taken into account. They can include:

- Shock, horror and disgust.
- Incomprehension
- Fear and anxiety
- Distress and sadness
- Anger and frustration
- Powerlessness and inadequacy

Use supervision and other opportunities to check staff feel supported or discuss these feelings, and if necessary suggest other ways to seek support – for example, staff counselling.

Managing Media

At the time of a significant incident involving a child or young person it is usual for Police Scotland to take forward any media involvement around criminal matters. Not all circumstances are based on criminal activity however, and the Child Protection Committee or Local Authority may need to make a statement in some circumstances. This would be authorised by the Chief Officers.
Whilst ERCPC has its own media strategy, we encourage all those working in East Renfrewshire to carefully follow the guidance set by East Renfrewshire Council about media relations and where media interest is likely:

- Unless you have been specifically authorised to deal with the media, all media relations, both proactive and reactive, should be conducted through the East Renfrewshire Council Communications Manager, Louis Mahon (0141 577 3851, 07899 878 669). You must immediately refer all requests for information from the media to the East Renfrewshire Council Communications Manager; you must also inform your own line manager.

- Partners of East Renfrewshire Child Protection Committee who are not part of East Renfrewshire CHCP / Council should refer to their own agency guidance and contact the Lead Officer Child Protection in the first instance for advice and support.

You MUST NOT make any statement to the media unless you have been specifically authorised to do so.

- When speaking to the media, this nominated spokesperson should focus on the positive steps of the agency’s response through the immediate crisis period and offer the warning signs of suicide and several resources where people can turn to for help. A written copy of all statements to the media should be made available.
Section 8: Additional Guidance for Pastoral Staff within Schools

Additional Suicide Guidance Flowchart for Pastoral Staff within Schools

**SUICIDE INTERVENTION FLOW CHART FOR SCHOOLS**

- **CONCERN IDENTIFIED**
  - Through discussion with the young person, observation of behaviour or reports from others, senior management are informed and a coordinator is appointed. The young person is supported by an ASIST worker where possible.

- **MEDICAL EMERGENCY**
  - (Suicide attempt including ANY act of self poisoning)
  - DO NOT LEAVE ALONE
  - ACCESS IMMEDIATE MEDICAL INTERVENTION
  - INFORM PARENTS*
  - REVIEW AND DOCUMENT AS APPROPRIATE
  - *(Unless to do so would place the young person at greater risk - where this is the case inform social work and agree a joint plan.)*

**DETERMINE RISK**

- **NONE**
  - No indicators of suicidal thoughts or behaviours.
  - Strong desire to live.
  - Future life plans.
  - No contra-indicators from others.

- **LOW**
  - Vague reactive thoughts to not being here.
  - No plan.
  - No desire to die.
  - Low or no stressors.
  - Future life plans.

- **MODERATE**
  - Talking about suicide.
  - Ideas of a plan or method.
  - No or poor access to means.
  - Possible past attempt.
  - Other risk factors present.
  - History of impulsivity.
  - Some support structures.

- **HIGH**
  - Strong desire to die / decided to die.
  - Detailed plan and / or access to means.
  - Lethal method / history of impulsivity.
  - Indicates hopelessness / sees no other option.
  - Isolated from support.
  - Impaired problem solving skills.

**IN ALL CASES**

- Arrange a review within one week and make a referral to the Joint Support Team.
- Follow up with the young person and make a referral to the Joint Support Team.
- Liaise with appropriate agencies.
- Document fully and give consideration to opening a wellbeing plan.

*Note: In cases of a MEDICAL EMERGENCY, the coordinator must contact an appropriately trained Assessor (ASIST trained) to attend as a matter of priority and undertake a risk assessment. The Assessor should communicate their findings to the coordinator, agree the level of risk posed by the young person, and collaborate with the coordinator to plan a way forward. Where necessary contact the Social Work Request for Assistance Team for advice and guidance.
Additional Self Harm Guidance for Pastoral Staff within Schools

Supporting a young person with self-harming behaviour can be challenging. Seek advice and support from your Child Protection Coordinator and colleagues within school and make use of the school’s links with other agencies. In consultation with your Child Protection Coordinator or Line Manager, discuss onward referral to a health professional such as GP, school nurse and CAMHS team. In addition, children and young people who self-harm should, without exception, be referred to the school Joint Support Team. In some circumstances a child or young person will be offered support from one or more agencies, and in other circumstances agencies will support staff with advice through consultation.

School staff, particularly those with direct pastoral care responsibilities and some additional training in self-harm assessment and management, can often be involved in supporting children and young people with self-harming behaviours. Generally, people who self-harm have no intention of killing themselves; rather the self-harm is usually a way of coping with some form of distress. People who self-harm are, however, approximately ten times more likely to complete suicide than people who do not self-harm. When supporting someone with their self-harming behaviour on an on-going basis, it is important to have a management plan to work to.

Self-Harm - Taking Action

Step 1: Assess the need for urgent action

a. If the young person has injuries that require medical treatment or has ingested any substance then emergency procedures should be followed. Go to the nearest Accident and Emergency or contact emergency services.

b. If the young person is seriously injured but refuses to accept referral for urgent medical treatment staff have a duty of care to call NHS

c. For both of these situations above follow the procedures outlined in Section 4

Step 2: Gather initial information about the background to the incident/disclosure

Unless emergency medical treatment is required, staff should try to obtain some information about the self-harming behaviour. Allow the young person space and time to talk about how they are feeling and listen non-judgementally. Try to remain calm and reassuring, even if you feel upset about the behaviour yourself. Encourage the young person to talk about their worries, problems and feelings, and assure them that this is the best way to reach a solution. If possible, try to gather helpful information including:

- any worries and problems that they are experiencing at school or at home
- any other issues that may have contributed to the self-harm e.g. bullying, family situation and social situation
- what they are doing to self-harm e.g. cutting or using substances
- what did they think would happen when they self-harmed – did they want to die?
- have they self-harmed or used substances before?

**Step 3: Provide initial 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.

- Sign post to age-appropriate resources (Section 11: Sources of Support)

- Encourage the young person to seek further help

- Discuss that you will consult with your Line Manager/Child Protection Coordinator and JST

- Agree an initial plan of what you are going to do next. The plan may also involve the young person considering ways of harm reduction (See appendix 1)

- Arrange a follow up meeting with the young person

**Step 4: Consultation**

- Consult with your Line Manager/Child Protection Coordinator. Discuss onward referral to GP, school nurse, CAMHS or social work. The young person needs to agree to be referred to health professionals, so permission should be gained before referral unless the young person is at imminent risk of serious self-harm. In many instances it is preferable to consult with the parent/guardian before making a referral.

- Referral to Joint Support Team.

- The named person should be advised of any steps taken and supports should be recorded in the person’s wellbeing assessment plan.
Section 9: Common Myths

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

Those who talk about their suicidal feelings may also attempt suicide. Many people who take their lives will have told someone about their suicidal feelings in the weeks prior to their death.

“Talking about suicide encourages it”

Serious talk about suicide does not create or increase risk – it can help reduce it. Giving someone the opportunity to explore their worst fears and feelings, may provide them with a lifeline which makes all the difference between choosing life and choosing to die.

“If a person has made previous attempts they won’t do it for real”

Those who have attempted suicide once are at risk of attempting again. They need to be taken seriously and given support and help to find a safe resolution for their suicidal thoughts and actions.

“People who self-harm only do it for attention.”

Very few people self-harm for attention, and if this is a factor at all, it suggests that the person needs caring attention and support.

“Self-harm is caused by the internet.”

A young person’s online activity can be unhelpful, however in most cases self-harm is caused by underlying emotional needs, not on-line exposure to other people self harming.

“People who self-harm are mentally ill.”

Self-harm is a response to an emotional need. It is not a clinical disorder. People with self-harming behaviour need support for their mental health and wellbeing, but that doesn’t mean that they have mental illness.

“Self-harm only affects girls.”

Research indicates that more females self-harm than males in the younger adolescent population, but the gender ratio declines with increasing age – the ratio of 18:1 females to males in 12 year olds was found to reduce to 2:1 by the age of 18.
“People who self-harm are trying to kill themselves.”

Deliberate self-harm is essentially a way of coping. However, the relationship between deliberate self-harm and suicide is complex – some completed suicides may have been accidental, some acts of deliberate self-harm may have been intended to result in death and many acts of deliberate self-harm are not intended to cause death.

(With thanks to Penumbra, NHS Ayrshire & Arran, North, South & East Ayrshire)
Section 10: Training, Learning and Development

The following courses are available to practitioners and managers across services who support children and young people in East Renfrewshire.

**Applied Suicide Intervention Skills (ASIST)**
This two day course is a comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to intervene to prevent the immediate risk of suicide. The course is designed to help all in communities to become more willing, ready and able to help people at risk of suicide.

**safeTALK**
Open to anyone, safeTALK is 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. It is designed for organisations that already have ASIST trained helpers in place to maximise intervention as the main suicide prevention focus.

Other available training courses on the subject of mental health and self-harm include:

- Self-harm awareness
- Mental Health First Aid
- Mentally Healthy Workplace Training

Contact the local Choose Life Manager/Co-ordinator for information and options locally and nationally.

**EAST RENFREWSHIRE CHILD PROTECTION COMMITTEE (ERCPC) - Suicide & Self-harm in Children and Young People**

You can access full course details on the above course and information on a variety of child protection courses available to ERCPC partners by visiting the *Improving Practice* page of our website and viewing the ERCPC Child Protection Learning and Development Programme here:

[www.eastrenfrewshire.gov.uk/ercpc](http://www.eastrenfrewshire.gov.uk/ercpc)

For further information or support about training contact the ERCPC Child Protection Training Officer.
Section 11: Sources of Support

Local Services
Contact your local General Practitioner or in an emergency dial 999 and ask for an ambulance.

East Renfrewshire Child and Adolescent Mental Health Services (CAMHS)
Address: Barrhead Health Centre, 211 Main Street, Barrhead, G78 1SY
Telephone Number: 0141 880 7886
Website: www.eastrenfrewshire.gov.uk

East Renfrewshire Educational Psychology Service
Address: Council Offices, 211 Main Street, Barrhead, G78 1SY
Telephone Number: 0141 577 8510
Website: www.ea.e-renfrew.sch.uk/psychologicalservice

Local Social Work Children and Families Team (Barrhead)
Address: 211 Main Street, Barrhead, East Renfrewshire G78 1SY
Telephone Number: 0141 577 8300
Website: www.eastrenfrewshire.gov.uk / www.eastrenfrewshire.gov.uk/ercpc

Local Social Work Children and Families Team (Clarkston)
Address: 56 Busby Road, Clarkston, East Renfrewshire G76 7AT
Telephone Number: 0141 577 4000
Website: www.eastrenfrewshire.gov.uk / www.eastrenfrewshire.gov.uk/ercpc

Police Scotland
101 / 999

Social Work Standby Service
Telephone Number: 0800 811 505
Website: www.nhsggc.org.uk/content/default.asp?page=s1257

Looked After and Accommodated Children (LAAC) Health Teams
Address: 211 Main Street, Barrhead, East Renfrewshire G78 1SY
Telephone Number: 0141 577 3917/8367
Website: www.eastrenfrewshire.gov.uk

East Renfrewshire Council Communications Department
Telephone Number: 0141 577 3851
**National Services**

**Action on Depression**

[www.actionondepression.org/](http://www.actionondepression.org/)

**Breathing Space**

0800 83 85 87

[www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

Breathing Space is a free, confidential phone helpline for those experiencing low mood or depression. Available Monday to Thursday from 6pm - 2am and Friday to Monday 6pm - 6am.

**CELCIS Centre for Excellence for Looked After Children in Scotland**

0141 444 8500

[www.celcis.org](http://www.celcis.org)


**Choices for Life**

[www.chooselife.net](http://www.chooselife.net)

Choose life is the National Strategy and Action Plan to prevent Suicide in Scotland.

**Childline Scotland**

Telephone 0800 11 11

[www.childline.org.uk](http://www.childline.org.uk)

Childline is a UK confidential helpline for children and young people – available 24hours.

**Cruse Bereavement Care Scotland**

0845 600 2227

[www.crucescotland.org.uk](http://www.crucescotland.org.uk)

**Cool to Talk**

[www.cool2talk.org/health-info-zone/](http://www.cool2talk.org/health-info-zone/)

**Families Outside**

[www.familiesoutside.org.uk](http://www.familiesoutside.org.uk)

For children and young people who have parents in prison.

**NHS 24**

08454 24 24 24

**Papyrus**

Telephone: 0800 068 41 41 (HOPELineUK)

[www.papyrus-uk.org](http://www.papyrus-uk.org)
Papyrus is an organisation working towards the prevention of young suicide

**Penumbra**

Telephone: 0141 229 2580 or 0131 475 2380

[www.penumbra.org.uk](http://www.penumbra.org.uk)

Penumbra is a leading Scottish voluntary organisation working in the field of mental health

**Samaritans**

08457 90 90 90

[www.samaritans.org](http://www.samaritans.org)

Samaritans provide a 24-confidential helpline for those in crisis or who need to talk

Samaritans also has an excellent resource to support schools in the event of a suicide - How to prepare and respond to suicide in schools.


**Scottish Association for Mental Health**

[www.samh.org.uk](http://www.samh.org.uk)

**See Me**

[www.seemescotland.org](http://www.seemescotland.org)

**Stonewall - LGBT Organisation**

[www.stonewallscotland.org.uk/scotland/](http://www.stonewallscotland.org.uk/scotland/)

**Young Minds**

Telephone 0808 802 5544 (Parents’ helpline)

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Young Minds is an organisation providing information and advice about young people’s mental health
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Appendix One

Safety Planning Alternatives

Distraction Techniques

Cleaning, tidying or washing clothes
Playing games – cards / board games / computer / watch TV
Sports Exercise – running, walking, dancing
Gardening
Visiting or telephoning a friend
Paint or draw – pictures / posters / cards
Write letters / puzzles
Listen to music
Cinema / shopping / hobbies – sewing, knitting, collecting

Comforting Techniques

Hold a safe object / sit in a safe place
Listen to soothing music / sing favourite songs
Use perfume / hand cream
Use potpourri / spray room fragrance
Buy fresh flowers
Eat favourite food
Have a soothing drink
Have a bubble bath / soak your feet
Change sheets on your bed
Wear comfortable clothes
Stroke your pet / hug someone
Puts lights on (to sleep)
Prayer / meditation

Positive Emotional Techniques

Read old letter/look through old photos
Listen to emotional music
Watch funny/heart-warming films
Read joke book
Say positive statements to self
Make an emergency bundle
Read you list of assets or strengths
Self-voice tape

Relaxation Techniques

Guided fantasy dreamtime
Focus solely on breathing/breathe deeply
Count your breaths
Focus on the position of your body
Relax each muscle individually
Listen to relaxation music
Listen to guided relaxation on tape meditation
Yoga
Massage hands, feet, head etc

**Emotional Focusing**

List emotional triggers
Write poetry / prose regarding feelings
Paint/draw emotions
Write a diary
Discuss feelings with another person
Rainy Day Letter

**Alternative ‘Safer’ Forms of Self Harm**

Hold ice in hand
Squeeze rubber ball
Listen to very loud music
Rubber band on wrist
Throw things / scream /punch cushion
Stand under a very cold shower
Break sticks