

Self-Harm and Suicidal Behaviour

Working with children and young people in Leeds



"When I self-harm it is me telling the outside world what I feel inside, which I can't express in words. Often it is an alternative to me attempting to kill myself, and all that I really want is someone to hug me and let me talk to them."

"The most important thing is not to tell people to stop, but to listen to them, find out what they need to stop and help them find ways of achieving that."

"My doctor looked at me differently once I told her why I was there. It was as if I were being annoying and wasting her time."

Introduction

This booklet offers guidance for staff working with children and young people in Leeds under the age of 18 (under 25 for those with disabilities or for care leavers) who self-harm or feel suicidal. It is not aimed at people who work within the mental health sector; instead it is targeted at people who work with children/young people in a wide range of settings such as schools, youth work or community groups. Everyone can play a part in helping children and young people at risk.

This booklet sets out key principles and ways of working but does not prescribe how to act in individual situations. It is not intended to override individual organisational or professional guidelines where they exist. It can however be used as a prompt for discussions about organisational approaches to working with self-harm and suicidal intent, or to highlight individuals' skills or training needs.

*"Professionals
don't mention it because
they don't know what to do or
say...just ask me"*



Self-injury

Self-harm and self-injury are ways that some young people cope with difficult and distressing feelings. This can be putting themselves in risky situations but also can be injuring themselves in some way. Sometimes this can be simply experimenting in risk taking behaviours in the same way as experimenting with drugs and alcohol and may not always be a sign of difficult and distressing feelings.

It is not usually about ending their life, however sometimes young people feel unsure whether they want to die or not. Some young people do have suicidal thoughts and feelings and sometimes they harm themselves in ways that are very dangerous, and it is possible that they could accidentally kill themselves.

Some examples of how young people may self-injure include:

- Cutting or burning.
- Taking an overdose of tablets (whether these are prescribed or not).

Self-harm can include anything that causes an injury but can also be about taking risks. It can also involve using alcohol or drugs excessively – though many young people do not see this as self-harm or self-injury. Recognising these behaviours can be as important as those that are obvious such as cutting.

“When I self-harm it is me telling the outside world what I feel inside, which I can’t express in words. Often it is an alternative to me attempting to kill myself, and all that I really want is someone to hug me and let me talk to them”

Self-harm may be ongoing and well managed by the young person and not that physically dangerous. One example of this is superficial cutting. This may not require an immediate response but it is still probably a sign of emotional distress and the young person still needs support. As a member of staff you may wish to get advice and support to help you work with the student to access services.

“people look at you weird, like you tried to kill yourself when you didn’t, they look at you in disgust, I just want to cope”

Suicide

Paradoxically, self-harm can be a coping mechanism to dull mental DISTRESS with the aim to preserve life, which can be a difficult concept to understand. Despite this clear distinction, young people who self-harm are known to be in a high risk group for future suicide; however suicidal feelings are likely to originate from the issues behind the self-harm rather than the self-harm itself. In some cases death occurs as a result of self-harm but is not the intention.

Suicide is still a rare event in young people; attempted suicides are uncommon in childhood and early adolescence, but increase markedly in the late teens and continue to rise until the early 20s. Nevertheless all people working with children/young people must be aware of the potential for someone to complete suicide and must work together to ensure that no child/young person feels suicide is their only option.



How To Respond

As a professional you are seen as a safe person by young people and by parents and carers. If a young person has come to you, or you think they may be self-harming, then talking about the subject can feel harder than talking about other risk taking behaviours such as unsafe sex or alcohol use.

However, many of the same principles apply. You need to:

- Listen and explain the limits to confidentiality.
- Reassure the young person it is ok to talk about it.
- Stay calm and don't judge the young person for their actions.

It can be very hard to stay calm if someone has disclosed that they are hurting themselves but remember that they see you as someone they can tell and you don't need to have all the answers. It is ok to say you need to go and find out more information. The young person's GP (General Medical Practitioner) can offer confidential and regular support for a wide range of health problems including the psychological distress and physical injuries of self-harm. Quick access to advice and, if necessary, an appointment should usually be available for urgent matters.

If someone has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department (also known as accident or emergency or A&E). In an emergency call an ambulance on 999.

"The most important thing is not to tell people to stop, but to listen to them, find out what they need to stop and help them find ways of achieving that"

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

It is ok to say you need to go and find out more (see more information section).

As a professional it is your role to work out the best response for the young person, proportionate to the level of self-harm or the issues behind the self-harm. It is useful if you understand your own relationship to potential risky behaviour. For example, what do you do to cope with daily stress and distress?

It might be useful to get the young person to think of a time when they felt like self-harming but had not done so. What had they done instead? Try to help the young person come up with things that might work for them. If this is not possible some suggestions could be made. They could consider the following:

- Talk to someone – if they are on their own perhaps they can phone a friend.
- Distract themselves by going out, singing or listening to music, or by doing anything (harmless) that interests them.
- Relax and focus their mind on something pleasant – their very own personal comforting place.
- Find another way to express their feelings such as squeezing ice cubes (which can be made with red juice to mimic blood if the sight of blood is important), or just drawing red lines on their skin.

Young people have reported that the first time they speak to a professional they want to be treated with care and respect, but sometimes the response can actually make their situation worse, for example if they are told to simply stop self-harming or if suicidal thoughts are dismissed as attention seeking.

Isolated young people with little or no support systems in place are particularly vulnerable and a cause for concern. These include young people who are homeless or those who are not in school, education or employment. Young people who have little or no support in their family, perhaps because of parental mental or physical illness, parental substance misuse or family relationship breakdown may also be more vulnerable.

"I self-harm because I am alone and don't connect with people, but I don't want to kill myself"

"My doctor looked at me differently once I told her why I was there. It was as if I were being annoying and wasting her time"



Suicide

You may feel anxious about asking a child/young person if they are self-harming or considering suicide; however it is important to talk about it even if you find it uncomfortable. It is a myth that you may put the idea into their head.

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

If you feel that the child/young person is at risk of self-harm or suicide then it is necessary to understand the seriousness and immediacy of the risk. Depression, hopelessness and continuing suicidal thoughts are known to be associated with risk.

If the child/young person talks about killing themselves always take this seriously as many people who do complete suicide have previously told a professional about their intention.

The following warning signs suggest that the risk is high:

- Current self-harm, especially if it poses a risk to the child/young person's health and wellbeing.
- Thoughts of suicide are frequent and not easily dismissed.
- Specific plan to complete suicide.
- Access to the means to complete suicide (for example, stockpiling tablets).
- Significant drug or alcohol abuse.
- Situation felt to be causing unbearable pain or distress.
- Previous, especially recent, suicide attempt.
- Evidence of current mental illness.
- Limited protective factors that may prevent them from attempting suicide or harming themselves, for example, socially isolated, poor relationships with parents/carers etc.
- No support mechanisms when distressed.



Next Steps

- Listen to the child/young person and ask what they would like to happen and what support they would like.
- Reinforce their positive coping strategies.
- Check what they can do to keep themselves safe.
- Say who the right person is to help and support them and when you will speak with them again.
- Provide helpline numbers (see back page).
- If you are in doubt about what to do next then seek advice from someone in your organisation such as your manager.

If a young person has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department (also known as A&E). In Leeds this is at Leeds General Infirmary (LGI) if under 16 and either LGI or St James if 16 or over. In an emergency call an ambulance on 999.

Specialist Services for children and young people under 18 years old (adult and other services are included at the back of this booklet)



Specialist Services

Child and Adolescent Mental Health Service (CAMHS) provide assessment and therapeutic treatments to children and young people (under the age of 18) with significant mental health problems.

Office hours (8.30am – 5pm Monday – Friday)

In cases of significant clinical urgency which need immediate action (i.e. suicidal ideation, severe depression and acute eating disorder), it is advised to take the child / young person to their GP or to the local Emergency Department (also known as A&E). If you are unsure if it is an emergency, contact the Child & Adolescent Mental Health Services for advice.

CAMHS work with those children in most need of mental health services and therefore does not offer a service for:

- Normal reactions to adverse life events (e.g. bereavement, parental separation).
- Difficulties which occur within the normal age range of child development.
- Those difficulties that would respond to the provision of targeted services or services accessed through the CAF process.

Call the appropriate CAMHS Team to speak to the duty worker for advice:

South CAMHS 0113 8430804

West CAMHS 0113 8432710

East CAMHS 0113 8434468

OR

CAMHS referral guidance and forms available in the CAMHS section of the Leeds Community Healthcare website.

Children and young people who are looked after, care leavers or subject to child protection plans or supervision orders should be referred by their social worker to the Therapeutic Social Work Team where there are CAMHS clinicians working alongside social workers/therapists. Advice can be sought from the Therapeutic Social Work Team on 0113 3781800.

Children with identified learning disabilities who are under 18 may be referred to CAMHS via the normal pathways and do not have to be referred by their social worker to the Prioritisation Panel unless there are also safeguarding concerns.

Out-of-hours

Take the child/young person to the GP and if necessary to the Emergency Department (also known as A&E).

Principles for working with children/young people

Confidentiality and sharing information

Everyone is entitled to confidentiality even if they are under the age of 16. The decision whether to share the information depends on the degree of current or potential harm, it does not depend on the age of the child/young person. Remember to let the child/young person know your confidentiality procedures and their limits.

Sometimes concerns of significant harm may lead you to make a referral or share information with their GP without consent, however it is highly recommended to seek consent where possible. Seeking consent should not delay any urgent action required. Seek support from your manager for this process.

All professionals working with young people have to be accountable if they decide to share information and break confidentiality by showing that the decision was in the child/young persons' best interest. If this happens, a child/young person can expect:

- To be told the information is being shared, with whom and why.
- To be kept informed.
- To be offered appropriate support.

Ensure that you record any discussions or actions related to self-harm or

suicidal intent in line with your organisational policies. A draft school guideline is available at www.mindmate.org.uk



Competency

You should be aware of the terms of the Fraser Guidelines and Gillick Competence assessment and feel able to assess the child/young person using the relevant guidance. In assessing competence you need to ensure that they can understand the information and advice that you are giving them.

If a child/young person is judged as not competent and does not understand their situation, you will need to work sensitively as you may have to break their confidence. Inform them of your requirement to do this, how this will be done and what is expected to happen. Your aim is to ensure they are safe and have access to any help which is required.

Role of parents and carers

It is important to consider the supportive role that parents or carers can play in keeping a child/young person safe. This may be a supportive relationship but it is important not to assume so. It is good practice to discuss with the young person whether they wish to tell a parent or carer about how they are feeling. If the young person decides that they do not wish to tell their parent/carer then this must be respected. The only time you should break this confidence is if there is a serious risk of harm to the young person in not doing so.

Child Protection

If you feel that the child/young person is at risk of significant harm you may decide you need to break confidentiality. Children's Social Work Services (CSWS) Duty and Advice team will require you to inform and/or seek consent for the referral from the young person and their parents unless doing so would put the young person at further risk of harm. The underpinning principle is one of transparency but some children/young people may feel concerned at parents being notified, so explore the underlying reasons for this before you decide whether to proceed. In cases of an abusive home life it may not be in their best interest to inform parents as it may increase risk to the child/young person.

If you are concerned that the child/young person is in need of protection, contact the Duty and Advice Team at CSWS on: 0113 3760336.

For out-of-hours service contact the Emergency Duty Team on: 0113 2409536.

Looking after yourself

Supporting people who self-harm or experience suicidal thoughts is emotionally demanding and requires a high level of communication skills and support. You may experience emotions such as anger, shock, disgust or guilt, so it is important that you have the space and support to reflect on how this impacts on you.

Responsibility to assess risk

It may not be part of your job role to carry out formal risk assessments; however all workers have a responsibility to talk to a child/young person who is experiencing difficulties in order to help them to access the support that they need.

This booklet does not include a formal risk assessment tool as this can lead to a 'tick box' exercise rather than encouraging the use of professional judgement when working with people with complex problems. The following section therefore highlights a series of questions and subsequent actions to consider, dependent on the level of risk that is apparent.

Sharing information

- If the level of self-harm poses a risk to the child/young person's health or wellbeing, or if they are considering suicide, it is always necessary to share information with other agencies including their GP and parents/carers. You should seek the child/young person's views on what should happen next and discuss the reasons for sharing Information. Reassure them that they will be supported through the process.
- If you do not feel that the child/young person is at serious risk it is still advised to encourage the child/young person to allow you to share information with their GP to promote continuity of care, however their right to confidentiality should be respected if they do not want you to do so. Similarly it is good practice to encourage the child/young person to draw on the support of parents/carers if appropriate.

Referral for assessment and support

- Ask what other support the child/young person has accessed already.
- Consider a mental health assessment – ring the Child and Adolescent Mental Health Service (CAMHS) to discuss and if appropriate make a referral (see page 10).
- If you have urgent concerns out of hours take the child/young person to the GP and if necessary to the Emergency Department (also known as A&E). Ensure parents or carers are involved in this process.

If a young person has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department (also known as A&E). In Leeds this is at Leeds General Infirmary (LGI) if under 16 and either LGI or St James if 16 or over. In an emergency call an ambulance on 999.



Ongoing support

- On-going support systems need to be put in place even if you feel that the child/young person is not currently at risk as this could change at any point. Make sure that you continue to ask them about self-harm and suicidal thoughts.
- Be aware that the individual's reasons for self-harming may be different on each occasion and therefore each episode needs to be treated in its own right.
- If you refer on to specialist services for a more in depth assessment, it is still important that you keep in contact with the child/young person on a regular basis.
- Consider completing an Early Help Assessment.
<http://www.leedslscb.org.uk/Practitioners/Local-protocols/Early-help>
- Some children/young people find it helpful to read leaflets or self help resources about self-harm. These can be ordered from the Public Health Resource Centre in Leeds on page 21.



Children/Young People With Learning Disabilities

Young people with some level of learning difficulty or a borderline learning disability can demonstrate the same type of self-harm behaviours as mainstream young people and should be supported in the same ways, as outlined above. The types of therapeutic interventions that they are offered would need to be adapted to reflect their intellectual or communication difficulties but the referral routes into services would be via the usual generic routes.

Young people with a significant learning disability, i.e. those who function at a level roughly half their chronological age or below, are much less likely to display traditional forms of self-harming behaviour. Their emotional distress is much more likely to be expressed in a more immediate way via what is described as 'self-injury'. This term has historically been used to describe behaviours such as head banging, eye poking, hand biting

or, in fact, in any way in which a young person with a learning disability inflicts direct physical harm to themselves. The assessment and interventions related to self-injury are complex and require input from specialist CAMHS staff. Certain young people are at heightened risk of self-injurious behaviours, including; those with more severe learning disabilities, those with little or no verbal communication such as children with Autism, those with certain rare genetic conditions, and youngsters with an additional sensory impairment. Children in these groups who begin to display self-injurious behaviours should be referred to specialist CAMHS services as the longer such behaviours occur, the less likely they are to respond to intervention (see page 10).



Young people over 18 years old

If you work with care leavers or people with learning disabilities who are between 18 and 25 years old you will need to refer to adult services for further support. It is important that you involve the child/young person's GP and parents/carers in this process.

Leeds and York Partnership NHS Foundation Trust provide services for adults who suffer from serious and complex mental health problems and learning disabilities.

Office hours (9am – 5pm, Monday – Friday)

All referrals to secondary mental health services are made via a single point of access via the following routes:

Phone: **0300 300 1485**

Fax: **0113 305 6856**

Post: **Referral Administration Office, Leeds and York PFT, The Becklin Centre, Alma Street, Leeds, LS9 7BE.**

Access to services for people with learning disabilities from the age of 18



is dependent on appropriateness of the service and the person meeting the services eligibility criteria. If a young person has a measured IQ of below 70 then they can be referred to the Adults with Learning Disabilities Community Team otherwise they are likely to access mainstream services.

All learning disability referrals to be made directly to the Single Point of Access Team on 0300 300 1485.

Out-of-hours

Crisis referrals to adult services should be made via the single point of access using the contact details, as above.

Referral is appropriate if the person meets the following criteria:

- Would require hospitalisation if they were not seen by the team.
- Needs to be seen within the next 24 hours.
- Is experiencing serious mental health problems and is presenting a risk to self (harm/neglect) or to others.



Support for family or carers

Family members, carers or friends can display a variety of reactions when a child/young person is self-harming or having suicidal thoughts, including fear, disgust, guilt, confusion or anger.

Encourage them to support the child/young person even if they don't understand why they are acting in this way.

Parents/carers should not give ultimatums that put pressure on the child/young person to stop self-harming as it may result in the child/young person using more dangerous methods or becoming more secretive.

Some people may find it helpful to access support by calling the free and confidential Young Minds Parents Helpline. Details are available on page 19.

Bereaved by Suicide

People who have experienced suicide in the family have a higher risk of suicide themselves, so it is important to be aware of this if you are working with children/young people who have been bereaved by suicide.

There are resources available from www.winstonswish.org.uk/ to help parents and children who have been bereaved or affected by suicide of a loved one. 'Help is at Hand' is a useful resource produced by the Department of Health for people bereaved by suicide and other sudden, traumatic death. It provides information for healthcare and other professionals who come into contact with bereaved people. These resources are stocked in the Public Health Resource Centre page 21 or available online at www.MindMate.org.uk.



Key Messages

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

- Do not be afraid to talk about self-harm and suicide.
- Respond in a non-judgemental way if a child/young person discloses they are self-harming or thinking of suicide.
- Do not just focus on the self-harm or suicidal intent; consider the underlying issues.
- Be clear about your own organisational policies.
- Refer on for support or speak to a specialist for advice if you are unsure about the level of risk.
- Work with other professionals to ensure relevant information is shared when appropriate.
- Remember you can play a part in keeping children/young people safe.

"It dawned on me that continually harming myself was not allowing me to grow; it was just proving that I was still here and I could feel. But it wasn't letting me push things forward, and unless I stopped doing that I would be in the same wretched situation forever"



Helplines

ChildLine – free and confidential helpline for children and young people
Tel: 0800 11 11

Samaritans – confidential helpline
Tel: 08457 90 90 90 (24 hours)

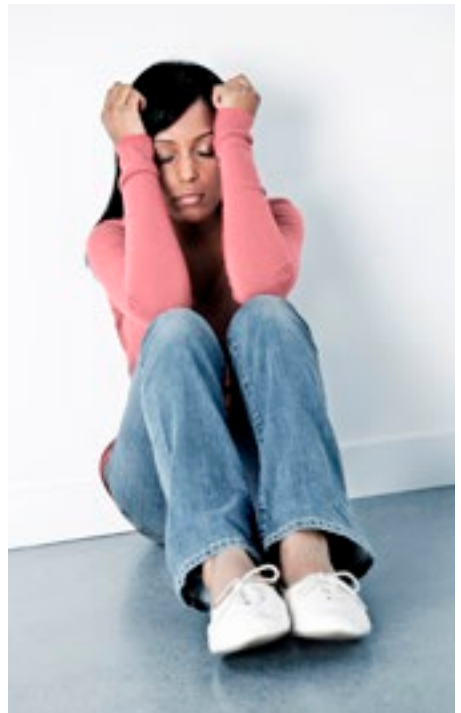
Connect is a helpline open 6–10:30pm every night of the year for people over 16 living in Leeds. The service provides emotional support and information for people in distress. Run by Leeds Survivor Led Crisis Service.
Tel: 0808 800 1212

HOPELineUK – a specialist helpline staffed by trained professionals who give non-judgemental support, practical advice and information to

- children, teenagers and young people up to the age of 35 who are worried about themselves
- anyone who is concerned about a young person
Tel: 0800 068 41 41

Young Minds Parents Helpline – a free and confidential national helpline for parents
Tel: 0808 802 5544 (9:30am – 4pm Monday to Friday)

Learning Disability Helpline provides information and advice.
Tel: 0808 808 1111



Useful Services In Leeds

Young people can access one to one support and counselling at **The Market Place** by calling 0113 246 1659 or emailing **admin@themarketplaceleeds.org.uk**

The Cluster Based Mental Health Support (also known as TaMHS) can help you by providing consultation for professionals and face to face support for the young person. This can be accessed through the young person's school.

School Nurses – can help support you to work with the young person. This service can be accessed through the young person's school.

Platform – if the young person is using alcohol or drugs you can contact Platform Young People's Drug & Alcohol Service on 0113 263 7035.

The young person's GP (General Medical Practitioner) can offer confidential and regular support for a wide range of health problems including the psychological distress and physical injuries of self-harm. Although not an emergency service quick access to advice and, if necessary, an appointment, should usually be available for urgent matters.

Child and Adolescent Mental Health Service (CAMHS) provide assessment and therapy to children and young people up to the age of 18 who have emotional or behavioural problems or other mental health difficulties.

CAMHS Teams and Locations

West CAMHS LS1–6, LS12, LS13, LS16, LS18–21, 28, LS29 6, BD3

Kirkstall Health Centre

15 Morris Lane, Leeds LS5 3DB

Tel: 0113 843 2710

Fax: 0113 843 2711

Email: **leedscamhs.west@nhs.net**

East CAMHS LS7–9, LS14, LS15, LS17, LS22–24

Reginald Centre, First Floor

263 Chapeltown Road

LS7 3EX

Tel: 0113 8434468

Fax: 0113 8434494

Email: **leedscamhs.east@nhs.net**

South CAMHS LS10, LS11, LS25–27, WF3, BD11, WF10

South Leeds CAMHS

Parkside Community Health Centre,

311 Dewsbury Road, Leeds LS11 5LQ

Tel: 0113 843 0804

Fax: 0113 843 0803

Email: **leedscamhs.south@nhs.net**

In Patient and CAMHS Outreach

Little Woodhouse Hall

18 Clarendon Road, Leeds LS2 9NT

Tel: 0113 305 7200

Fax: 0113 305 7201

Education psychology team can support you and your colleague to work out how to respond to this issue with individual young people and across the school. They can be contacted on 0113 395 1039.

Therapeutic Social Work Team.

The Therapeutic Social Work Team is staffed by social workers/therapists / psychologists and operates on a city wide basis. If the child is looked after, a care leaver (up to 25 years old), subject to a child protection plan or supervision order you can talk to them about how to access therapeutic support on 0113 3781800. It is possible that they may already be aware of the child/young person who you are concerned about.

Care Leavers – if the young person is a care leaver they can access an additional service at The Market Place. Details of this service can be shared by their social worker or PA.

Leeds Survivor Led Crisis Service

provides emotional support to people in crisis aged 16+. The team can be contacted on 0113 260 9328.

Emergency Department (A&E) –

If someone has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department (also known as A&E). In an emergency call an ambulance on 999.

Public Health Resource Centre

– health promotion resources (including copies of this booklet) are available free to professionals.

Tel: 0113 29 53081

Website: www.phrc.leeds.nhs.uk

For a full directory of services for children and young people: <http://www.thefamilyhubleeds.org/>

In an emergency call an ambulance on 999.

(Information correct March 2015)

Booklet produced by Public Health, Leeds Safeguarding Children Board and Leeds South and East Clinical Commissioning Group on behalf of all 3 CCGs in Leeds.

It has drawn on the following documents:

- Children's Trust Partnership Herefordshire, (2010) Self-Harm and Suicidal Behaviour: A Guide for Staff working with Children and Young People in Hertfordshire
- Mental Health Foundation (2006). Truth Hurts: Report of the National Enquiry into Self-harm among Young People. Fact or Fiction? (Quotations from young people taken from this report)
- National Institute for Health and Clinical Excellence (NICE) (2011) Self-harm longer-term management.
- National Collaborating Centre for Mental Health (2004) Self-harm: The Short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. National Clinical Practice Guideline Number 16.
- Draft school guidelines produced by a Children and Young People Self-harm Pathway Group – available at www.mindmate.org.uk
- The Reach report – A Self-harm Insight Project – produced by Women' Health Matter and The Market Place.

"Many people stop hurting themselves when the time is right for them. Everyone is different and if they feel the need to self-harm at the moment, they shouldn't feel guilty about it – it is a way of surviving, and doing it now does NOT mean that they will need to do it forever. It is a huge step towards stopping when they begin to talk about it, because it means that they are starting to think about what might take its place eventually"



Pictures posed by models

Produced by Public Health and Leeds Safeguarding Children Board with support from NHS Clinical Commissioning Groups (CCGs) in Leeds:

- NHS Leeds North CCG
- NHS Leeds South and East CCG
- NHS Leeds West CCG

Input from Leeds CAMHS Leeds Community Healthcare NHS Trust, The Market Place, Women's Health Matters and Leeds Survivor Led Crisis Service.