

Understanding and responding to children and young people at risk of self-harm and suicide

A guide for practitioners in Cambridgeshire



Acknowledgements

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This should be considered as revised 'version 1' i.e. this is a document that we would expect to be updated as local detail about care pathways develops or changes.

Cambridgeshire and Peterborough 
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"I hate my life
But I'm to blame
Hurting myself
Keeps me tame

Watching the blood
Rush from my arm
This is the life
The life of self-harm

The first cut
Is always so deep
But I feel so much better
Seeing the blood seep"

"I feel all alone
In my own little world
What's happening to me?
I was a sweet little girl

Everything is wrong
Nothing goes right
Relieving my pain
In the dead of night

I wear long jumpers
So no-one can see
What I've been doing
To poor old me"

"All of this pain
Is just in my head
But it don't seem to go
And I wish I were dead

All of this hurt
Surely must end
Maybe I can get help
From one of my friends

But what will they think
Of this silly little girl
Always suffering
In her own little world"

Chapter 1

Introduction

Welcome

This guidance is intended for use by anyone working with children and young people in Cambridgeshire. It represents part of a multi-agency project led by Cambridgeshire and Peterborough NHS Foundation Trust in collaboration with Cambridgeshire County Council. It includes the contributions of a wide range of professionals and young people who were originally invited to share their ideas and experiences at a conference in 2007. The guidance has subsequently been revised and updated in 2014 as part of the implementation of Cambridgeshire's '*Emotional wellbeing and mental health strategy for children and young people 2014-2016*'

This document is not intended to be a definitive or exhaustive guide to the subject of self-harm and suicide in young people and should be read alongside national guidance such as that produced by *National Institute for Health and Clinical Excellence (NICE)*.

Neither should it be considered a stand alone training package and it is recommended that practitioners also complete appropriate training for their role.

Why have a guidance document?

We hope this guidance will help to:

- Build upon and strengthen the knowledge and skills of staff in understanding and responding appropriately to young people at risk of self-harm and suicide
- Develop and maintain the quality of support, advice and guidance offered to young people at risk of self-harm and suicide
- Maximise consistency of response across agencies
- Represent the views of young people, families and practitioners who live and work in Cambridgeshire.

Principles

Practitioners, carers and young people in Cambridgeshire identified the following important principles when helping young people who self-harm or are at risk of suicide. They underpin all the guidance that follows:

- Recognising the importance of empowering young people with support to make positive changes
- Placing the views of the young person at the centre of all your work with them
- Recognising that young people want to be heard and understood and treated as individuals
- Acknowledging that everyone can do something to help young people who self-harm or those who at risk of suicide
- Recognising that being clear about confidentiality and informed consent is very important to young people
- A non-judgemental, non-blaming, competent, calm and trustworthy approach from practitioners offering support is highly valued by young people
- All practitioners will have an awareness of the impact of self-harm and suicide on the young person's family and friends
- All practitioners working with young people at risk of self-harm and suicide need support, supervision and training
- Practitioners can help young people to work towards minimising harm and finding alternative coping strategies
- The aim of helping young people who self-harm is maximising their health and happiness.

Chapter 2

Understanding self-harm and suicide

Defining self-harm and suicide

Self-harm is a broad term that can be used to describe the various things that young people do to hurt themselves physically. It includes cutting or scratching the skin, burning/branding with cigarettes/lighters, scalding, overdose of tablets or other toxins, tying ligatures around the neck, punching oneself or other surfaces, banging limbs/head and hair pulling (*Mental Health Foundation, 2006*). The term self-harm is sometimes used to describe behaviours that may be culturally acceptable yet lead to self-inflicted physical or psychological damage, such as smoking, recreational drug use, excessive alcohol or body enhancement.

For this guidance self-harm is understood as physical injury inflicted as a means to manage an extreme emotional state - it can be life saving or self-destructive.

The terms 'suicide' and 'suicidal behavior' are used in this document to mean a deliberate act that is intended to end one's life.

Why do young people self-harm?

Each individual's relationship with self-harm is complex and will differ, therefore avoid making judgements or assumptions about motivation for self-harm. However self-harm is often primarily a coping strategy which can serve various functions including:

- **Dealing with distressing experiences and difficult emotions** Most coping mechanisms are 'adaptive' in that they help us cope/adapt in the short term. Others might be considered 'maladaptive' in that they help us cope in the short term, but may be considered harmful to us emotionally or physically. Although self-harm is maladaptive it can be considered a valid way of coping with distressing thoughts or emotions if a young person has no alternatives available. Young people may resort to self-harm at times when they feel overwhelmed, exposed, anxious, stressed, angry or unable to cope. Self-harm can lead to feelings of relief, calmness and of being in control.
- **To feel real** Some young people also self-harm to deal with feeling unreal, numb, isolated, disconnected. Self-harm in these circumstances can awaken the young person and lead to feeling more real, more alive, functioning and able to cope in the short term.
- **Enlist help or concern** For some young people self-harm is a way of expressing their distress non-verbally, often in the absence of the ability (for whatever reason) to articulate this verbally. Self-harm should *not* be dismissed as 'attention-seeking' behaviour, however superficial it appears. It is almost always a sign that something is wrong and needs to be taken seriously.
- **Keeping people away** Some young people self-harm with the intention of making themselves unattractive to others or to keep people at bay.
- **Physical pain** Some young people self-harm because physical pain seems more real and therefore easier to deal with than emotional pain. Young people may feel that their injuries are evidence that their emotional pain is valid. For some the sight of blood and bleeding represents a release of emotions. There is some evidence that when the body experiences injury, a group of neurochemicals may lead to a feeling of calm and wellbeing.

Children and young people with learning disabilities

Although young people with severe learning disabilities can display what are perceived by others as self-harm behaviours, there may be other functions of the behaviour to consider e.g. to achieve certain sensory stimulation. By definition young people with learning disabilities have impaired communication and it is not uncommon for a young person to hit or bite themselves when feeling frustrated or not understood. Or as described above it may be to enlist help e.g. physical pain such as an ear infection may be expressed this by hitting their ear. It is therefore important to find out what is being communicated with this behaviour.

Common misperceptions about self-harm and suicide

Attention seeking

Sometimes people think that they should not respond to self-harm as it is 'attention seeking' or 'manipulative' behaviour. If a child or young person is seeking attention through self-harming behaviour they are communicating their very real need for attention or help

A way of fitting in

Children and young people do not self-harm as a way of fitting in, or as a response to media such as film or music, or to 'emo' or 'goth' culture. Young people who have similar needs may gravitate towards one another, but reasons for self-harm will *not* be to fit in.

A rite of passage

Self-harm is never just a usual part of adolescent development. It is employed where a young person may feel they have no alternative coping strategy

Those who talk about suicide are least likely to attempt it

Those who talk about suicidal feelings *do* attempt suicide. The experience of the Samaritans shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death

Talking about suicide encourages it

On the contrary, giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to death

Self-harm is a suicide attempt

Self-harm is often considered only in the context of suicide - more often in fact self-harm is a survival strategy rather than an attempt to end life.

Life saving or self-destructive?

For the vast majority of young people self-harm is a coping strategy intended to help them continue with life not end it, however statistics do show a strong correlation between self-harm behaviour and completed suicide. Young people who self-harm are at a higher risk of completing suicide than the general population (Hawton and James, 2008).

Influence of the internet on self-harm and suicide

It is recognised that due to the dynamic nature of the internet, research into the impact on emotionally vulnerable young people will always lag behind. However in relation to self-harm and suicidal thoughts, the current view is that the internet has both positive and negative influences. For example whilst images of self harm may maintain periods of unhelpful thoughts; isolated young people can also find supportive contacts (Daine et al, 2013).

Based on current evidence there is no straightforward conclusion however what is clear is that a balanced view should be maintained and it is crucial that practitioners be aware of positive sources of information and support, encourage online safety generally, as well as supporting parents to build their own understanding of cyber use as we would to ensure online safety generally.

Between 1 in 12 and 1 in 15 children and young people deliberately self-harm

Chapter 3

Responding to a young person at risk of self-harm and suicide

Initial response

Young people report that telling someone about self-harm or suicidal feelings can initially make their situation worse. It may set off a chain of events that the young person had not anticipated leading to more worry and distress.

Young people often worry about the reaction they will get from a professional and the effect it will have on relationships with family and friends. This can prevent them seeking help. They may fear being labelled an 'attention seeker' or placing burdens on those around them, or else their concerns being dismissed. They will have concerns about what happens next and who else will be told (Gulliver et al, 2010).

It can therefore take a lot of courage to make a disclosure of self-harm or thoughts of suicide to an adult. Regardless of how you feel about what you have been told by the young person, they may have chosen you because they trust you. This could be the first time they have told anyone so your reaction is very important.

You may find the following tips helpful when considering your response to a disclosure of self-harm:

- Be clear about the limits of confidentiality from the start (see page 9)
- Acknowledge their distress and show concern. For example: "That sounds very frightening. Let's see what we can work out together to help."
- Use active listening. For example: "Can I just check that I have understood what you mean?"
- Do not focus solely on the self-harm but try to understand the reasons why they have self-harmed
- Be non-judgemental and do not react with shock or distaste
- Present yourself as confident and in control (however you may feel inside). For example: "Let's work through this together to find a way forward."
- Talk at their pace and give them time to talk
- Don't make promises. Be realistic about what you can and can't do. However, don't avoid talking about self-harm with the young person. Talking about it won't make matters worse but ignoring it may make the young person feel alone and unheard
- Be interested in them as a person and not just as someone who self-harms
- Do not tell them to stop or make ultimatums. This will not work
- Follow your service/organisational policy or protocol
- Use the support available to you - e.g. manager, colleagues, supervisor
- Ask the young person what they want to do and plan the next steps together.

There has been a significant increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.

Young Minds, 2011

Confidentiality and consent

Establishing trust is central to helping a young person who self-harms. This must include being clear about confidentiality from the start. In general terms you will need parental consent to work with a young person. There are situations, however, where this is not required:

1) Young people of 16 or over are presumed by law to be competent to seek their own medical treatment so long as they are judged to have the capacity to do so. The test for capacity is the same as it would be for adults.

2) Children under 16 can consent to treatment if they are deemed to be competent to do so. Lord Fraser set out some guidelines to help determine competence but in simple terms it refers to a young person under the age of 16 who has sufficient understanding and intelligence to enable him or her to fully understand what is proposed (Walter, 2008). Although in these situations the law does not require you to involve parents it is still best practice to do so. If you decide not to inform the parents then record your reasons for doing so.

Note: If the child is under 16 and deemed not competent to consent to your involvement but is adamant that they do not want their parents to know then this does not preclude you from discussing with the child options for seeking help or helping them decide how to tell their parents.

Sharing information without consent of the young person

In terms of the law you must respect any request to keep a child or young person's treatment confidential. There are exceptions, however. The Department of Health states:

"Where a competent child does ask you to keep their confidence, you must do so, unless you can justify disclosure on the grounds that you have reasonable cause to suspect that the child is suffering, or is likely to suffer, serious harm. You should, however, seek to persuade them to involve their family, unless you believe that it is not in their best interests to do so" (Department of Health, 2001).

There will be circumstances where it is clear that you must share information even if the child or young person does not want you to, for example where there is high risk of suicide. Judging those occasions where actual or likely harm is serious enough to warrant breaking confidentiality is not always straightforward, however, and much will depend on your relationship with that person and your assessment of the situation. It is almost impossible to be certain that what the child or young person tells you is a true picture of their self-harm and whether your assessment allows you to make judgements about their future behaviour.

Discussing confidentiality

Safety. The safety of the individual has primacy over the right to confidentiality i.e. where there is a high suicide risk, accessing emergency intervention will take priority over maintaining confidentiality.

Safeguarding Children. Understand and adhere to your organisation's Child Protection Policy.

Don't wait. A common concern is that explaining confidentiality agreements may put a child or young person off telling you something important. This approach is likely to impact on the young person seeking or engaging with support in the future, especially if you subsequently need to share information.

Be clear from the start. Be clear about your duties and responsibilities. Be clear also about the limits of confidentiality, who you might have to tell and how you would go about this if it were to happen. Research shows that young people who do not understand what will happen to the information that they self-harm or feel suicidal, may not seek help at all (Gulliver et al, 2010). Of course, information should only be shared on a strict need-to-know basis.

Involve the child or young person at every stage. Even where confidentiality must be broken, it is important to continue to work as collaboratively as possible. If you decide that you need to share information explain who with and why, discussing with the young person how this might happen e.g. you might want to give the young person an opportunity to do so first or arrange to do it together.

Ensure your confidentiality policy is visible Display in your work place and in a format that is understandable to young people. This will allow them to make an informed choice about how they talk to you.

Talking with young people about self-harm and suicide

There is no one right way to work with a young person as everyone is an individual and will have different needs. It is natural to assume that the best outcome for the young person is for them to stop harming themselves, however this isn't always the young person's goal. For this reason, it is important to listen to them and work together so you can reach a shared understanding of what you are working towards achieving.

The young person may wish to develop strategies other than harming themselves, to manage triggers and painful emotions. It can be helpful to understand how thoughts and feelings affect behaviour as this will help you explore with the young person new ways of managing difficult situations. There are specific strategies that young people who self-harm have said they find useful when they feel the urge to self-harm, such as distracting themselves or talking to someone. These help the young person to minimise harm when they feel unable to stop completely. Some further examples can be found at www.nshn.co.uk.

Some young people may be seeking practical advice to care for wounds and scars.

Sometimes when things are feeling difficult it can be hard to recognise aspects of life that are going well. Therefore it is useful to identify and use strategies that already help them feel better about themselves and the world around them. Support the young person to see they are not alone and encourage positive support networks through friends, family, professional or voluntary agencies.

Identifying triggers and high risk situations is essential. Even the best strategies do not work in all situations and so it is helpful to develop a range of strategies the young person can use when they are struggling.

Everyone has a role in helping young people. Here are some suggestions that you may find helpful:

Do...

- Make time
- Listen to what is being said and check you have understood their meaning
- Regularly check out their worries and concerns about their self-harm
- Respond with concern rather than anxiety or distaste
- Remember confidentiality (see page 9)
- Be aware of the limitations within your professional role
- Agree what the follow up plans will be
- Contact other agencies for advice or to refer on where appropriate
- Liaise with all involved in line with guidelines on confidentiality and consent
- Access supervision to deal with issues evoked by working with young people who self harm.

Do not...

- Make assumptions about people who self harm
- Ignore self-harm, no matter how superficial it appears to you. There is always a reason behind it
- Assume someone else is helping the young person
- Ever make agreements that you can not keep.



Assessing risk

Many young people who self-harm do so in a way that is controlled and so that they do not, for example, cut deeply or harm themselves in a way that requires medical attention. However it is important to recognise that, as with all maladaptive coping strategies, self-harm can become a usual response to daily stresses and can therefore escalate in severity.

Sometimes practitioners can become complacent where the same child or young person presents with self-harm on a regular basis, but it is very important to reconsider risk *each time*, as there are situations or factors however that increase the level of potential risk to someone's safety. When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time - the meaning or intent may change depending on the young person's mood or circumstances.

It is important to talk with young people about these issues - it will not make things worse.

Factors that increase risk relating to self-harm include;

- The use of alcohol or drugs when self-harming. This can make an individual more reckless and impulsive
- The young person feeling hopeless about life, whether it be not caring whether they harm themselves or actively wanting to die
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm e.g. frequent small overdoses may cause long-term harm
- An increase in frequency of self-harm or a feeling that they have to do more to feel the benefits.

Who is at risk of suicide?

Anyone is at risk but there are some specifically vulnerable groups:

- Young people who are misusing drugs or alcohol
- Looked after children
- Young men.

Other high risk groups identified in 'Preventing suicide in England: A cross-government outcomes strategy to save lives' (Department of Health, 2012) include:

- people in the care of mental health services
- people with a history of self-harm
- people in contact with the criminal justice system
- those who have attempted suicide before

Please remember that risk factors help us identify those young people who may be vulnerable to self-harm and suicide, but they are not predictive. This is also not an exhaustive list and if either you or the young person feel concerned about the level of risk to their safety, it is important to discuss this and to agree a plan i.e. a safety plan. If the young person is expressing a wish to die and says that they have a plan of what to do you must ensure that they are seen urgently by their GP or attend the local Emergency Department who will access mental health services as appropriate.– remember accessing emergency services takes priority over maintaining confidentiality in these circumstances.

If you feel that the young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisation's child safeguarding procedures. For advice regarding such concerns, contact the duty social worker or your identified child protection lead. Further information is available from www.cambslscb.org.uk.

Understanding more about a young person's self harm

- Find out how the young person has been feeling. Are there 'up and downs'?
- Are there underlying difficulties – bullying, school stressors relationship issues?
- How are these issues related to the self harm – are there specific triggers?
- What measures have been taken to address these underlying issues? Have they helped?
- Are there times when they can use other coping strategies? What other strategies do they have?
- Regarding self harm – when does it happen? How often? Who knows about it? Has it changed over time i.e. increased in frequency, severity or mode?
- What do they feel would help right now?
- Have they ever felt that life is not worth living?

It is important to consider your wider understanding of the young person – what are the protective and risk factors? Do they have a positive support network? Are there clear changes in their presentation? Changes in behaviour, grades, attitude? What is the family context? Consider the types of support available – contact with the school nurse or counselling service?

Understanding more about a young person's risk of suicide

Suicidal ideation Have they ever thought about suicide? How often do these thoughts come into their mind? Are these thoughts that they can ignore? Are there things that they can do to take their mind off these thoughts? Do they ever hear these thoughts as voices telling you to harm yourself? Do they feel hopeless about their future?

Intent Do they feel that they would act on these thoughts? Are they worried that they might act on them? Do they feel safe right now? What stops them from acting on these thoughts?

Planning Have they ever made any plans to take their own life? What did they plan to do? Do they have a plan at this time? Have they thought about when this might happen? Have they ever researched methods or spoken to anyone else about ways to die?

Access to lethal means Do they have any thing that they would use to harm themselves such as pills, weapons etc? Where is this?

History of past attempts Have they ever tried to kill themselves in the past? What happened? What stopped them? Did they go to someone for help? Do they feel the same right now?

What to do next If suicidal thinking is fleeting, with no clear intent or planning and is contextual to a wider mood issue, consider access to primary support e.g. school nurse, counselling service, etc. Are parents aware? If not, what are the young persons concerns about telling them? If there is clear risk you will need to inform them. If you are unsure about the level of risk or how to make sense of the information you have gathered, it is important that you seek appropriate consultation. Where clear risk is apparent, you need to consider your action plan

Safety planning - a safety plan is a collaborative agreement including the young person, family and relevant practitioners. It should include;

The warning signs for distress Triggers? Situations?

What actions the young person will take to maximise safety Letting someone know, staying in public areas, focusing on a distraction task, 'safe pain' techniques, talking to positive friends etc.

What actions will family take? Remove access to lethal means, agree frequency of checks, keeping room door open, spend time with the young person engaging in distraction, time to talk or listen, plan activities. Ensure they have contact details for emergencies and a clear plan of action if they feel unable to keep the young person safe.

What actions others will take? Provide a safe space in school, named adult to talk to, encouragement to engage in lessons and activities, address underlying issues, review timetable as appropriate, access to counselling or school nurse, build confidence and self esteem through positive activity and responsibility.

Working with young people and their families

Young people and their families may have different views and feelings regarding self-harm and may struggle to understand each others' experience. For the professional trying to help it is often difficult to achieve a balance and support everyone involved. Don't feel you need to manage this by yourself. It is not unusual for more than one person to provide support.

Self-harm within families can make people feel helpless and it is therefore important to help them to explore these feelings in a safe way. It is important for all involved to remain open-minded, non-judgemental and to respect the views of all family members to reduce feelings such as blame, guilt or shame being directed at any one individual.

Young people often have reservations about their family being aware of their self-harm. Here are some ways you can help the young person feel more comfortable about their family becoming involved:

- Discuss any possible concerns and the benefits of their family's involvement
- Be clear about what you have both agreed can be shared with the family
- Agree what the young person would like to achieve through their family's involvement.

Should the young person not want their family involved, you will need to consider the young person's ability to consent and your duty to maintain confidentiality (see page 9) The safety of the young person must remain paramount to any decision made.

Work together to support the young person in considering alternative strategies to manage difficulties, rather than stopping the self-harm. This includes helping them understand possible reasons behind the self-harm. Remember, there is no single strategy which works for everybody, it's about what works for that family. They may need to try several approaches. It may be useful to have an agreed plan for difficult situations so that everybody is aware of what they can do to help.

Parents often access support. However, it is worth remembering that brothers and sisters may be affected as well and their needs should be considered.

"I will never forget the first time I saw the cuts on Harry's arms - it was horrific. I was so shocked and angry. I couldn't believe that he could do that to his own body. When I took him to the doctors he said that he could get us some help but that we might have to wait. I spent days expecting to walk into the house and find him dead. There was no help to understand why he might be doing this and no reassurance that he wouldn't die. We soon got some specialist help and I felt so relieved that he found someone to talk to who could cope with the cutting and drinking and help him to address the reasons why. It was so good to have someone that I could talk to as well. It's not something you want to discuss with other parents is it? Two years on and Harry is doing really well. I feel sorry each time I see the scars on his arm that I couldn't help him earlier, but we have both survived to tell the tale."

A contribution from a parent of a young person who has self-harmed

Understanding the underlying problem

As well as talking to the young person about their self-harm it is important to try and understand the underlying issues that led to them self-harming. For example,

- Relationship problems with friends and family
- Worries about schoolwork or exams
- Bullying
- A recent death of a friend or family member
- Problems with race, culture and religion
- Sexual, emotional, physical abuse or neglect
- Self-harm or suicide by someone close to them
- Low self-esteem
- Worries/problems with their sexuality
- Chronic illness or disability
- Substance misuse
- Mental health problems such as depression and eating disorders
- Issues with sexual or gender identity.

To gain a more complete picture of the young person's difficulties and a better understanding of the young person's needs and strengths, you may want to consider using the Common Assessment Framework (CAF). See www.cambridgeshire.gov.uk

Working together

It is important to be able to communicate effectively and develop working relationships with other practitioners and professionals to safeguard and promote the welfare of young people. This involves understanding the role of other practitioners and agencies in supporting and advising young people and families. It also involves knowing how and when to share information.

Deciding how best to meet the identified needs of the young person

In some circumstances you may decide to continue working with a young person or you may decide to refer them on to another service or professional. This decision will depend on the identified needs of the young person based on you and/or others' assessment, including the level of risk the young person presents. It will also depend on your role and whether you feel another service is better placed to provide the help the young person needs.

If you decide to continue working with the young person you may want to consider the following,

- Have you got the necessary skills?
- Have you got the necessary time?
- Does it fit within your role?
- Do you know who to consult for advice while you see the young person?
- What does the young person want?

There are a range of services you might wish to consider in the first instance including primary health care services such as school nurses, GPs or non-statutory counselling services. For a directory of available services please www.cpft.nhs.uk/services.

Seeking help from specialist mental health services

Once you have engaged with the young person and have assessed the issues underlying the self-harm it is appropriate to seek advice from mental health professionals if you are concerned. There are two ways that this can be done.

Firstly, you can seek a consultation via Cambridgeshire Community CAMHS Single Point of Access (SPA) to help consider the most appropriate care pathway to meet the young person's mental health needs. This might include guidance in appropriate interventions, risk management or making a referral for specialist assessment. You do not have to name the child but it is always advisable to gain the consent of the young person and parent before seeking advice from another agency.

Secondly, you can make a direct referral to CAMHS. The following information should be included if you have it:

- Presenting concerns and the background for these as discussed with the young person
- Description of their mood, and in particular any changes over recent weeks
- Thoughts of hopelessness; and/or an expressed wish to die. Any plans to harm themselves
- Changes in behaviour, such as social withdrawal, school refusal or anti-social behaviours
- Level of drugs or alcohol use
- Changes in sleeping patterns or appetite
- A description of the family situation and relationships including other support networks
- A description of any help the young person currently receives, what they want further help with and whether they are fully aware of and in agreement with the referral
- Your current involvement and capacity to stay involved
- The parents understanding of the young persons difficulties.

Sometimes, if there is not enough information in a referral letter to consider whether specialist CAMHS is the most appropriate service to meet the young person's mental health needs, they may seek further information before offering an assessment. An assessment may lead to further treatment or signposting to alternative, more appropriate services.

If you have significant concerns regarding a young person's immediate safety as a result of serious self-harm or suicidal intent an emergency assessment can be arranged. In these circumstances, the young person should be seen by their GP or local Emergency Department who will access an urgent CAMHS assessment as needed. If it is not practicable for the young person to be seen by their GP and you require urgent advice please contact the Community CAMHS SPA Monday to Friday 9am-5pm or outside these hours and at weekends arrange for the young person to attend the local Emergency Department

If there are immediate health concerns resulting from self-harm (e.g. an overdose) the young person will need help from the Emergency Department in the first instance - not specialist CAMHS.

For further information about specialist CAMHS and the kinds of treatments offered, go to:

www.cpft.nhs.uk

Requests for consultation and advice as well as referrals to specialist CAMHS should be directed via email to:

accesscamhs@nhs.net

Levels of risk and intervention

You may find the following matrix helpful in guiding your assessment. Do remember though, that risk assessment is more than just a matter of listing risk factors. The interplay between risk factors and outcomes is complex and the impact of each factor varies from person to person - this means that understanding why one young person is more at risk than another can be complicated. It is also important to recognise that risk fluctuates depending on the mood and circumstances of a young person at any one time, so it will be necessary to revisit risk assessment regularly. If in doubt, please ensure that you consult with specialist mental health services (see page 15).

Risk Level	Presentation	Initial actions	Service options
Low	<p>Self-harm as coping mechanism;</p> <p>Fleeting thoughts of suicide but no intent or plan;</p> <p>Protective factors evident including support network, hope of recovery, seeking help.</p>	<p>Acknowledge distress, identify options to address underlying difficulties and agree a plan with the young person;</p> <p>Clarify confidentiality and issues of consent;</p> <p>Follow own service protocol;</p> <p>Consider Common Assessment Framework (CAF).</p>	<p>Counselling service, school nurse, CFAS Locality Team, in-school support;</p> <p>Self-help resources and online information.</p>
Medium	<p>Suicidal thoughts frequently but no specific plan or immediate intent;</p> <p>Evidence of persistent symptoms of mental ill health in particularly depression, anxiety or psychosis;</p> <p>Significant alcohol and/or substance use;</p> <p>Previous suicide attempts;</p> <p>Current self harm;</p> <p>Reluctance to share with support network or withdrawal from peers and/or family.</p>	<p>Acknowledge distress, identify options to address underlying difficulties and agree a plan with young person including clear plan for follow up;</p> <p>Plan must include actions to be taken if distress increases or suicidal thoughts become more persistent or difficult to resist i.e. a 'safety plan';</p> <p>Clarify confidentiality and encourage young person to share with carers/parents and GP;</p> <p>Follow service protocol;</p> <p>Consider CAF.</p>	<p>Counselling service, school nurse, CFAS Locality Team, in-school support;</p> <p>Self-help resources and online information;</p> <p>Encourage attendance at GP;</p> <p>Consider professional consultation with Community CAMHS Single Point of Access (SPA).</p>
High	<p>Frequent suicidal thoughts with increased intensity which are difficult to ignore;</p> <p>Some planning/intent or ambivalence;</p> <p>Research of potentially lethal means;</p> <p>Access to means;</p> <p>Previous suicide attempts;</p> <p>Significant alcohol and/or substance use;</p> <p>Withdrawal from support network;</p> <p>Evidence of persistent symptoms of mental ill health especially depression, anxiety or psychosis;</p> <p>Family history of, or peer suicide.</p>	<p>Acknowledge distress, identify options to address underlying difficulties and agree a plan with young person to include a clear plan for follow up – this will include immediate actions to be taken i.e. consider urgent GP appointment, urgent referral to CAMHS (via Community CAMHS SPA) or attendance at local Emergency Department;</p> <p>Clarify confidentiality and support young person to share with carers/ parents and GP;</p> <p>Follow service protocol.</p>	<p>GP;</p> <p>Specialist CAMHS referral;</p> <p>Increased support from existing network – increased monitoring and review.</p>



www.stopsuicidepledge.org

Make sure that you ask direct questions about suicidal intent

This is important to avoid any ambiguity or misunderstanding, and to be clear about risk. Contrary to popular belief, there is no evidence to suggest that direct questioning about suicide will encourage a young person to pursue suicidal behaviour.

In fact it signals that you care, that you realise they may be considering suicide and that you are ready to talk with them about this as well as self-harm - now or in the future.



Chapter 4

Looking after yourself

Managing feelings

Talking to young people who self-harm is challenging and rewarding but it can also provoke uncomfortable feelings in ourselves such as anxiety, fear, confusion, sadness, frustration, hopelessness and powerlessness. Regardless of your particular relationship with that young person you will need to consider how to look after yourself so that you are in the best position to help.

Managing these feelings is important in maintaining your own emotional health and wellbeing, as well as preventing it affecting your work with the young person. It is essential you access regular supervision and take the opportunity to reflect on the work and its impact.

Reflective practice

Reflective practice i.e. “The capacity to reflect on action so as to engage in a process of continuous learning” (Schön, 1983), is at the heart of professional development, as well in our work with mental health and emotional wellbeing. It supports us to value and build on prior learning and experience, helps link theory to practice, and allows for a better understanding of how to work safely and effectively with children, young people and families.

Training

Consider whether you need to seek additional training to improve your skills, knowledge and confidence in helping young people who self-harm. Training regarding risk of self-harm and suicide is provided by Cambridgeshire and Peterborough NHS Foundation Trust. For more information please see www.cpft.nhs.uk/professionals/camh-training.htm or email CAMHTrainingAdministrator@cpft.nhs.uk.

Training is also offered by the Local Safeguarding Children’s Board and the Children, Families and Adult Service, Cambridgeshire County Council.

Be honest about your limits.

If supporting the person becomes too much of a burden it may affect your relationship with them. It is rarely helpful to become a young person’s sole source of support. They will benefit more from developing or identifying a wider supportive network.

Finally;

- Accept the fact that you can’t always be there for them when they feel the need to self-harm
- Accept that you are not responsible for their self-harm.

Chapter 5

Resources

Sourcing reliable information for yourself, young people and their families

We need to be aware of the opportunities and risks offered by the internet. It is important that we access the internet efficiently to meet our professional needs e.g. learning about interventions which can be used with children and young people; checking on evidence based research to inform our practice; updating our knowledge of local and national policies and services; etc.

While we cannot, and should not, act as censors we are in a good position to signpost young people and their families towards safe and reliable sites which address their needs. Many young people are often very wary about discussing their concerns face to face, so access to resources which they can explore in their own time gives them a sense of control as well as addressing feelings of isolation. In addition, they, and their families and carers, are able to consider the choices available and make decisions about possible care pathways. We also know from research that provision of mental health resources of different kinds has a positive impact on stigma and discrimination (Gale,2007).The following resources may be useful:

www.samaritans.org Samaritans is a national confidential emotional support service that is available 24 hours a day, 365 days a year. Also provide resources for schools and others regarding suicide and emotional wellbeing

www.childline.org.uk Childline is a national confidential support line, that offers children and young people a range of ways to get in touch about anything they are concerned about, any time of the day

www.papyrus-uk.org PAPHYRUS is dedicated to the prevention of young suicide offering confidential young suicide prevention advice, training and advice

www.handsonscotland.co.uk Hands on Scotland provides practical information and techniques on how to support children and young people to flourish, build their self esteem and promote positive wellbeing, as well as address mental health problems

www.youngminds.org.uk YoungMinds is a national charity committed to improving the mental health and emotional wellbeing of all children and young people. This site is full of multi-media resources and advice for professionals, young people and families

www.nice.org.uk National Institute for Clinical and Health Excellence (NICE) provides national evidence-based health guidelines.

www.nshn.co.uk National Self harm Network supports and provides information for individual who self-harm as well as family and carers

www.moodjuice.scot.nhs.uk Moodjuice is an online resource providing information to young people and professionals regarding emotional wellbeing

www.selfharm.org.uk/home is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in their life.

www.cpft.nhs.uk Cambridgeshire and Peterborough NHS Foundation Trust provide information about specialist mental health services as well as mental health training opportunities..

www.mindfull.org MindFull is a service for 11-17 year olds, providing support, information and advice about mental health and emotional wellbeing

www.beatbullying.org CyberMentors is all about young people helping and supporting each other online, in a safe and supportive forum, that guides people to other help, both online and in person, as needed.

<http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo.aspx> Royal College of Psychiatrists provides practical and up-to-date information about the emotional and psychiatric disorders for young people as well as teachers and parents, including MindEd.

www.stopsuicidepledge.org 'STOP suicide' campaign website includes a range of resources to help increase suicide awareness.

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**“There’s a girl inside me,
She just won’t come out
She’s hiding behind all the weakness
and doubt
Cause the world is a scary place
For someone so alone
Like no-one’s around you
You’re all on your own”**



