City of York

Self-Harm and Suicidal Ideation Guidance

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Contents

Document Updates and Approvals

Revision	Group or Person	Date	Comments
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2	SAPP Sub-Group	17/07/23	Approved by SAPP Sub-Group

1. Introduction

1.1 This guidance has been developed in conjunction with City of York partner agencies and seeks to assist professionals when working with young people who experience self-harm and/or experience suicidal ideation to ensure young people receive the support they require. The guidance will:

- Foster a receptive and open culture of support for young people who self-harm.
- Help professionals to feel more confident in supporting young people who self-harm or experience suicidal ideation.

1.2 This guidance is not intended for use in circumstances where **there is an immediate threat to life or risk of significant physical harm**.

1.3 If you have serious and immediate concerns regarding the safety of a young person due to self-harm, suicidal ideation or other significant risk issue then contact the emergency services by dialling 999.

2. Who is the guidance for?

2.1 Everyone can play a part in helping young people. This guidance is for all professionals and volunteers working with young people under the age of 18 (under the age of 25 for those young people who have disabilities or who are care experienced) who:

- Identify themselves as using self-harm as a coping strategy
- Require support because of disclosing or accessing services for treatment of self-harm, suicidal ideation and/or previous suicide attempt

2.2 This guidance is split into sections:

- Part One: Overview of Self-Harm and Suicidal Ideation
- Part Two: Assessing risk
- Part Three: Supporting a young person with Self-Harm and Suicide Ideation

Part One: Overview of Self harm and Suicidal ideation

What is Self-Harm?

2.3 The National Institute of Clinical Excellence (NICE) define self-harm as:

"…self-poisoning or self-injury, irrespective of the apparent purpose of the act"[1]

2.4 **Self-harm** can be expressed by young people of all ages and is often used as a way to cope with feelings that young people find difficult and distressing. and may result in injury. For most young people, self-harm is not an intention to end their life however, sometimes young people may feel unsure about how they feel and may have suicidal thoughts. Self-harm can include anything that not only causes physical harm but may also include behaviours such as self-neglect, restrictive eating, using substances such as alcohol and drugs, which may result in the young person being at risk.

2.5 Self-harm can be seen as a risk factor for a child wanting to end their life. However, it is important to stress that most young people who engage in self-harm will not go on to attempt to end their life. Conversations which are supportive and empathetic are essential to help young people and their parents/carers understand the reasons for self-harm and ways in which young people can be supported.

2.6 Some examples of how young people may self-harm include:

- Cutting or burning
- Taking tablets (whether these are prescribed or not).
- Swallowing objects
- Ligaturing
- Drinking/Ingesting harmful substances
- Overeating/under eating
- Hitting self/pulling hair

[1] www.nice.org.uk/guidance/ng225

- Excessive exercising
- Picking or scratching skin
- Insertion of objects into body
- Placing themselves in risky situations knowing it would cause harm

What is Suicidal Ideation?

2.7 Suicidal ideation, also known as suicidal thoughts, is thinking about, or having an unusual preoccupation with suicide. Suicide is the act of intentionally taking your own life (ref Mind).

2.8 Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be 'better off without you'. Or it can mean thinking about methods of suicide or making clear plans to end your own life.

2.9 A person who is feeling suicidal, might be scared or confused by these feelings and may find the feelings overwhelming.

2.10 Suicide is still a rare event in childhood and early adolescence; all professionals working with young people must be aware of the potential risk of suicide.

Part Two: Assessing risk

2.11 When working with young people, it is essential to develop an understanding of the level of risk that they present to themselves and/or others and to remember that this can change over time. It is okay to talk with young people about their behaviours; it will not make things worse.

2.12 This guide for practitioners should always be used alongside any previous knowledge and information available about the young person to inform the decision-making process. Assessing risk should be in collaboration with the young person and your organisation's safeguarding lead.

2.13 Questions that may help you understand the risk and support needs include:

- Are you having suicidal thoughts?
- Are you planning to harm yourself?
- Do you have thoughts about ending your life?

- What is happening for you?
- How is this affecting you?
- What help do you need?
- What would you like to happen next?
- Do you feel are you able to keep yourself safe?
- What do we need to do to keep you safe?

2.14 The following warning signs suggest that the risk is high. However, professionals should be aware of other factors that may increase the risk for example, parental mental ill health and where a family member may have recently died

- Current self-harm, especially if it poses a risk to the young person's health and wellbeing or there are thoughts of harming others
- 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 use
- Situation felt to be causing significant pain or distress
- A friend or family member who has suffered a bereavement or died by suicide
- Previous, especially recent, suicide attempt (within last 6 months)
- Evidence of current mental illness
- Evidence of hearing voices or the young person is reporting hearing voices
- Young person reports thoughts that that the world would 'be better without them'
- 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
- Young person in care or at risk of placement breakdown (statistics state risk is higher for young people in care)

2.15 These risk factors serve only as a guide to support professionals and are by no means exhaustive. The severity and impact of the self- harming behaviour on the safety and emotional wellbeing of the young person should inform decisions about the support or treatment that is provided.

2.16 The following table is a guide of indicators to the potential level of risk in line with the iThrive model.

2.17 iThrive is a needs-led model and therefore requires that young people's needs and wishes are explored with them to enable the most appropriate response. It should be noted that the iThrive model is a fluid process and not all young people will sit within one category and may need differing levels of support based on their needs at the time.

(Reference Source: iThrive)

2.18 Refer to Appendix A for further definitions of severity and impact.

Part Three: Supporting a young person with Self-Harm and Suicide Ideation

2.19 It is important to listen to the young person and seek to understand the situation from their point of view in a non-judgemental, respectful and empathic way. It is important to try to validate the feelings of the young person and understand their experience.

2.20 An important part of being able to manage self-harm effectively is feeling heard and understood by another person. Some young people just want to be heard. You may need to balance this with gently asking some important questions.

2.21 When professionals are concerned that a young person is self-harming, they often worry about saying the wrong thing and making the behaviour worse. The following approaches may help alleviate some of this concern:

- See the young person, not the behaviour, talk in a genuine way.
- I've noticed that you seem worried, would it help to discuss this?
- I've noticed you have been hurting yourself and I am concerned that you are worried by something at present.

2.22 It is important to remember that if someone tells you that they self-harm, it could be a sign that they trust you and are willing to share this very personal challenge with you. Respond to this trust in a thoughtful and reflective way.

2.23 Be aware that supporting young people who harm themselves may evoke feelings of anxiety, frustration, bewilderment and helplessness. It is important not to convey these feelings to the young person. But professionals need to take care of themselves – seek support from your line manager/safeguarding lead when needed; be aware of your own feelings, limitations and do not offer more help than you can cope with.

2.24 You may feel anxious about asking a young person if they are self-harming or considering suicide. However, it is important to talk about it even if you find it uncomfortable.

2.25 Professionals must ensure that they record their interactions with the young person, agreed actions, risk assessments and next steps in line with their organisational policies. Please also refer to the confidentiality/consent section within the guidance on page 10 for further information.

2.26 Self-harm is not the only way for people to deal with emotional distress. Try to encourage the young person to seek alternative coping mechanisms. However, do not expect them to be able to stop harming themselves or develop new coping strategies immediately in the short term. It might be useful to get the young person to think of a time when they felt like harming themselves 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.

2.27 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. If you feel that the young person is at risk of significant 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 young person talks about ending their life always take this seriously as many people who do complete suicide have previously told a professional about their intention.

2.28 If the young person is in immediate danger a referral can be made to the CRISIS team. A referral to the Single Point of Access can be made if the young person is not at immediate risk but there are concerns around mental health.

2.29 It is OK to say you need to go and find out more information. Signpost to the young person's GP who 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.

2.30 Further signposting to support: https://synergy.york.gov.uk/Live/SynergyWeb

2.31 Refer also to Appendix B regarding determining current vulnerability for self-harm and/or suicidal ideation

2.32 **If someone has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department. In an emergency call an ambulance on 999**.

3 Confidentiality and sharing information

3.1 Everyone is entitled to confidentiality including those who are under the age of 18.

3.2 Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Research and experience has repeatedly shown that keeping young people safe from harm requires practitioners to record, analyse and understand the significance of the information they hold.

3.3 Fears about sharing information cannot be allowed to stand in the way of the need to safeguard the young person at risk. Professionals should not assume that someone else will pass on information which may keep a young person safe.

3.4 Professionals should use their professional judgement when making decisions on what information to share and when. They should follow their organisation's procedures and seek advice from their safeguarding lead if in doubt. The most important consideration is whether sharing information is likely to safeguard and protect a young person at risk. This will include a discussion with the young person with regards to the principles of confidentiality and its limits. 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 young person.

3.5 Consent should not be a barrier to sharing information to keep a child or young person safe. Should you feel the information must be shared, either with a parent, medical professional, or a professional without consent, this must be discussed with your line manager and your rationale for doing so must be clearly recorded. If a young person does not consent to sharing information, you should still inform them of your actions and reasons for sharing the information, unless it is assessed it will place the young person at immediate risk of harm.

3.6 Consideration should also be given to if a parent and or carer should be informed. Young people should always be encouraged to talk to their parents or carer about their self-harm if appropriate. A young person's safety is paramount, but they may not wish to tell their parents, a balance needs to be found between the young person's rights and the need to keep them safe. Young people are deemed Gillick Competent[2] when they have the intelligence and understanding to make their own decisions and fully understand the consequences of that decision. However, if a young person shares thoughts of suicidal ideation and the professional feels there is a risk, the professional should share this information with parents/carers even if the young person is deemed Gillick competent.

3.7 In assessing competence, you need to ensure that the young person can understand the information and advice that you are giving them. If a 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.

3.8 A young person should always be told if you are planning to share information with parents or other professionals. When talking to parents:

- Give factual details, be non-judgemental
- Ask if they had any knowledge of the self-harm behaviour or suicidal thoughts
- Have resources to sign post parents to for information and support

[2] Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

- Be prepared for varying reactions from the parents, they may be cross, in denial or completely shocked
- Expect to have a further phone call to give more information and support once the parents have had time to process the information

3.9 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 young persons' best interest. If this happens, a 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.

4 Safeguarding

4.1 There will be occasions where the young person will need support or safeguarding. You should use City of York Threshold Document to assess the level of need and intervention required.

4.2 Professionals in all agencies have a responsibility to refer to the Multi-Agency Screening Hub (MASH) when it is believed or suspected that a young person has

- suffered significant harm and /or;
- is likely to suffer significant harm and/or;
- has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the young person's parent).

4.3 If you have a concern that a child is vulnerable or at risk of significant harm please contact the Multi-Agency Safeguarding Hub in York**.**

4.4 Referrals on situations that are not immediately urgent should be made via completing the **MASH referral form** and sending to MASH@york.gov.uk. If you need advice on completing the MASH Referral Form, please firstly speak

with the Safeguarding Lead within your own organisation.

Phone: 01904 551900

Email: MASH@york.gov.uk

Post: MASH, West Offices, Station Rise, York, YO1 6GA

Outside office hours, at weekends and on public holidays contact the emergency duty team telephone: 0300 131 2 131

References

MIND: www.Mind.org.uk

Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017.

Appendix A: Definitions of Severity and Impact

Coping	Getting Help	Getting More Help	Getting Risk Support
Child or young person has accessed universal support for mental health needs No specific plan or intent Has ongoing support through networks, e.g. universal services, teachers, peers, etc. Limited impact on daily life. No prevailing risk taking behaviour May have had thoughts of self-harming but not acted upon them. Has sought help for concerns driving self-harming thoughts.	Superficial harm e.g. wounds that do not require medical attention No specific plan or intent Has ongoing support Suicidal thoughts are fleeting and easily dismissed The behaviour is related to personal and social circumstances which might include peer pressure to conform. The 'self-harm' behaviour is not routine. There is no accompanying risk taking behaviour or concerns about the safety to themselves or others. The impact on daily life is minimal.	No specific plan or intent Suicide thoughts are frequent but fleeting Previous or recent suicide attempt The self-harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self-harming, for example linked to alcohol or substance misuse. The self-harming is routine and has been taking place over a period of time irrespective of the severity of the self-harming. The behaviour is being used regularly as a coping mechanism. The impact on daily life is moderate.	Frequent suicide thoughts which are not easily dismissed Specific plans in place and access to lethal means Increasing self-harm either frequency, potential lethality or both The self-harming is part of a complex mix of behaviours which increase the risk to the child/young person, for example linked to alcohol or substance misuse and other risk taking behaviours. The child/young person may (but not in every instance) have a clinical diagnosis of mental health illness or condition. There is evidence that without specialist and/or clinical intervention the severity of the self-harming will escalate. The impact on daily life is high.

www.implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf

The person supporting the child or young person should take into consideration protective factors:

- Having close friends
- Supportive family involvement
- School factors; feels school is a supportive environment and has good friendship group
- Permanent home base
- Access to leisure and other social amenities
- Low fear of crime
- Low level of drug use in the community

Appendix B: Determining current vulnerability for self-harm and/or suicidal ideation