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JOINT MULTI-AGENCY GUIDANCE

children and young people at risk of self harm and suicide

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A national strategy and action plan
to prevent suicide in Scotland

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JOINT MULTI-AGENCY GUIDANCE

Relating to

CHILDREN AND YOUNG PEOPLE AT RISK OF SELF HARM AND SUICIDE

Parties:

This multi-agency guidance has been developed and agreed between representatives of Tayside Police, Dundee City Council, NHS Tayside and the Voluntary Sector, acting together as the Choose Life Children's Sub Group under the auspices of the Dundee Choose Life Steering Group which reports to Healthy Dundee.

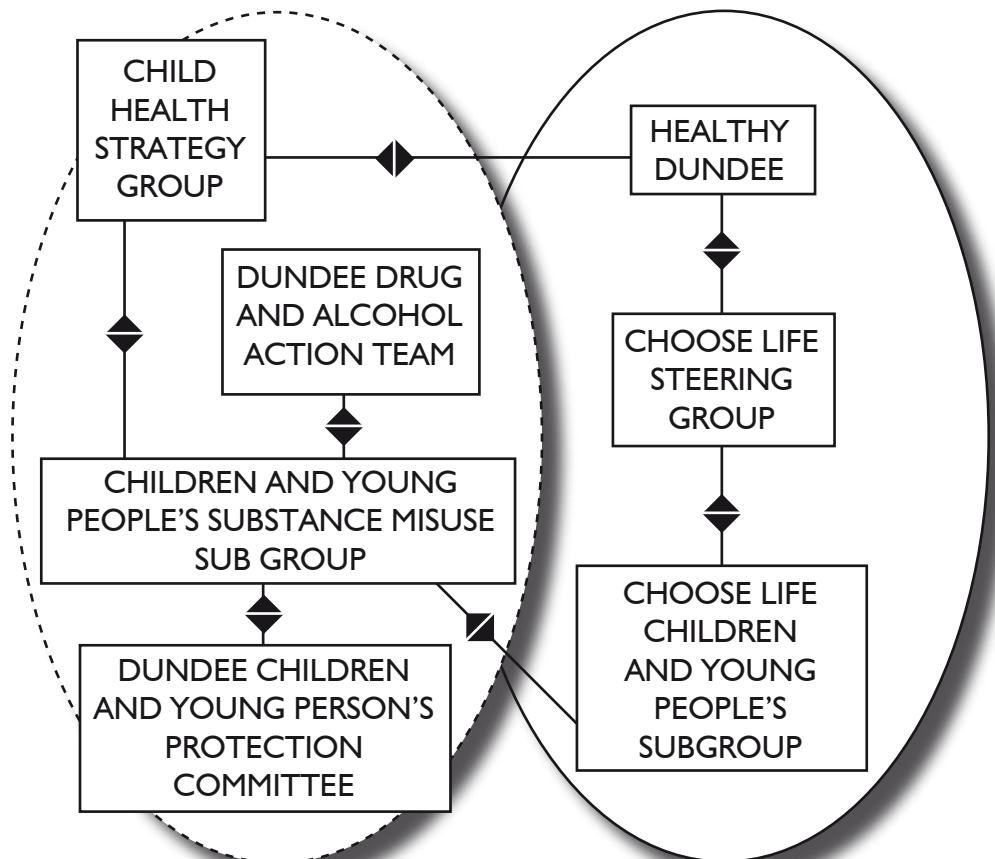
June 2006

Definition of Suicide and Deliberate Self-Harm

Suicide: an act of deliberate self-harm which results in death.

Self-harm: an act which is intended to cause self-harm, but which does not result in death. The person committing an act of self-harm may, or may not, have intent to take their own life.

Based upon the definition provided in the Scottish Executive document "A National Strategy and Action Plan to Prevent Suicide in Scotland"



CONTENTS

1. INTRODUCTION	5
2. KEY PRINCIPLES	6
3. CHILD OR YOUNG PERSON:	
• DEFINITION	8
4. PURPOSE, AIMS AND GOALS	8
5. ACTION PLAN AND REVIEW	10
6. FACTORS WHICH CAN IMPACT NEGATIVELY ON MENTAL HEALTH	11
7. SELF HARM	12
• TYPES OF SELF HARM	13
• WHY DO PEOPLE SELF HARM?	13
8. SUICIDE	14
• WHO IS MOST AT RISK?	14
• SUICIDE METHODS	15
• SOME SIGNS AND SYMPTOMS	16
9. WHAT CAN I DO?	17
• TRAINING AND INFORMATION	17
• ADVICE AND CONSULTATION	21
• TAKING ACTION	24
10. INFORMATION SHARING & CONFIDENTIALITY	26
11. ROLE OF RELEVANT AGENCIES	29
12. CHOOSE LIFE CHILDREN'S SUBGROUP ACTION PLAN 2006-2007	36
Appendix "A" DEFINITIONS	38
Appendix "B" A&E ADMISSION FLOW CHART	<i>ibc</i>

Disclaimer

Every effort has been made to ensure that the information in this guidance is up-to-date and accurate. However, we are aware that information, and advice on what is best practice can change over time. The Children and Young Person's Choose Life subgroup will undertake to review the guidance on an annual basis and where there are major changes will seek to reflect any new information in a reprinted report.

This multi-agency guidance seeks to raise awareness and sets out the over-arching roles and responsibilities of the relevant agencies in relation to such children and young people, taking into account best practice in relation to the response to children and young people who may be at risk from self harm and suicide.

Each agency accepts a responsibility to ensure that it has and puts in place appropriate guidelines or procedures.

I INTRODUCTION

This multi-agency guidance has been developed and agreed between representatives of Tayside Police, Dundee City Council (including Social Work and Education), NHS Tayside and the Voluntary Sector, acting together as the Choose Life Children's Sub Group under the auspices of the Dundee Choose Life Steering Group.

Choose Life is a National Programme which aims to improve the mental health and well-being of the Scottish population by:

- Increasing public awareness and understanding about the need for positive mental health and well-being;
- Taking action to address risk factors and 'at risk groups' as well as promoting and sustaining those factors which are protective and supportive of good mental health and well-being;
- Improving public awareness and understanding about mental health problems and mental ill health and acting to prevent mental health problems developing;
- Ensuring that there is both early identification and early intervention of support, care and treatment when mental health problems do occur in order to promote improved chances of recovery and return to everyday life;
- Working to reduce the incidence of suicide in Scotland by 20% by 2013;
- Working to eliminate the stigma and discrimination that people with mental health problems experience; and
- Taking a targeted approach to action to address inequalities in mental health and well-being.

This multi-agency guidance aims to ensure that, in Dundee, the City Council, in partnership with Tayside Police, NHS Tayside and the voluntary agencies,

provides a caring and appropriate response to children and young people who have been, or are at risk of self harm and suicide.

The CHOOSE LIFE document prioritises:-

- Early years - ensuring the best possible start for children in the early years of life; and
- Childhood and young adulthood - developing and building the emotional literacy of our children and young people and supporting them through the many transitions they face

This multi-agency guidance takes these priorities and the findings from the National Inquiry Into Self Harm as reported in Truth Hurts (2006) into account.

2 KEY PRINCIPLES

This guidance takes into account the National Strategy and Action Plan to Prevent Suicide in Scotland (2002) and the findings from the National Inquiry into Self Harm as reported in 'Truth Hurts' (2006) published by the Scottish Executive. It also acknowledges the importance of the multi-agency guidance 'Protecting Dundee's Children and Young People: An Introductory Overview' and 'Inter-agency Guidance' produced under the auspices of Dundee Children and Young Persons Protection Committee and best practice which exists elsewhere.

This multi-agency guidance embraces the principles of the Children (Scotland) Act 1995, recognising the legal responsibilities and rights of parents and the needs of children. It takes account of the Human Rights Act 1998 which formally incorporated the European Convention on Human Rights framework into UK law in October 2000. The Human Rights Act 1998 requires that all actions taken by a public authority must be compatible with the provisions of the Convention framework and any legislation must be read and interpreted as if the provisions of the Convention had been applied to it.

Above all the multi-agency guidance is designed to protect and promote the well being of children/young people who are at risk of self harm or suicide within Dundee.

This Multi-agency guidance should be read in conjunction with other relevant guidelines which are in place within each department and agency.

Key elements underpinning this multi-agency guidance are that -

- The young person must be involved wherever possible and consulted on his/her views;
- Workers must familiarise themselves with their own agency's child protection procedures and other relevant procedures/guidelines;
- Early intervention is needed to ensure a proactive service;
- Inter-agency working and planning is essential in providing positive outcomes for children and young people at risk of self harm and suicide;
- Commitment to sharing information and developing clear lines of communication across agencies is needed to protect children at risk; and
- Planning is a necessary component of any intervention. This must be constituted at the earliest opportunity and reviewed regularly throughout.

3 CHILD OR YOUNG PERSON

There are a number of different definitions of a child in Scottish legislation. The United Nations Convention on the Rights of a Child framework defines a child as being under 18 years of age. For the purposes of this document, references to 'children' and/or 'young people' includes all those under the age of 18.

NB: Some of the services involved with children and young people have different age criteria (such as self harm nurses work with young people up to the age of 16 or older if still at school).

4 PURPOSE, AIMS AND GOALS

Purpose

The purpose of this joint Multi-agency guidance is to inform and support employees of Tayside Police, Dundee City Council (including Social Work, Education, Housing, Leisure and Communities), NHS Tayside and relevant voluntary agencies, who may come into contact with a child or young person at risk of self harm or suicide, to work in partnership to safeguard the lives of children and young people and promote their welfare.

Aims

- Work positively with children and young people to reduce self harm or suicide;
- Protect children and young people who have experienced self harm or attempted suicide by early intervention to reduce or eliminate the extent to which they may be at risk of significant harm;
- Increase public awareness and understanding about the need for positive mental health and well-being;
- Take action to address risk factors and 'at risk groups' as well as promoting and sustaining those factors which are protective and supportive of good mental health and well-being;

- Promote early identification and early intervention of support, care and treatment when mental health problems do occur in order to promote improved chances of recovery and return to everyday life;
- Challenge and change negative perceptions and stigma of children and young people who self harm or attempt suicide which may be held by the media, the general public and agencies collectively; and
- Raise consciousness of the possible heightened vulnerability of children and young people who self harm.

Goals

To achieve a reduction in the number of children and young people self harming or attempting suicide by:

- Ensuring the child or young person is seen as central to the whole process and accorded appropriate priority by the agencies involved;
- Raising the awareness of appropriate staff to recognise and respond positively and proactively to children and young people who are at risk of self harm and suicide;
- Supporting each relevant local agency to develop and share appropriate guidance or procedures for staff on dealing with children and young people who self harm or attempt suicide; and
- Providing children and young people with opportunities and strategies to recover from the effects of self harming or attempting suicide and minimise the risk of future harm.

The Choose Life Children's Sub Group is a multi-agency group set up under the auspices of the CHOOSE Life Steering Group. It recognises the need for local information to inform on services and practice. This requires the collection of baseline statistics on the following:

- The number of children and young people identified as self harmers or who have attempted suicide who are receiving appropriate services – information from the Self Harm Nursing service¹;
- The number of staff who have received training to recognise and respond appropriately to children and young people who have been involved in self harm or attempted suicide – information through the CHOOSE LIFE Steering group and other services feedback;
- The number of children and young people identified as being at risk, who are engaged with health services – A&E numbers;
- The number of young people whose circumstances are the subject of a joint child protection inquiry – SWD figures; and
- The number and diversity of preventative responses which have been developed and implemented – CHOOSE LIFE steering group.

The CHOOSE Life Children's Sub-group will review their action plan every year (Appendix A) and report to the CHOOSE Life Steering Group. The review will indicate whether the existing goals remain relevant or require adjustment to address developments that have occurred over the review period. The Action Plan and any recommendations for improved services/practice will require to be formally agreed by the CHOOSE Life Steering Group .

¹As the document points out earlier on, this service will only count those up to age 16; i.e. will not count the number of 17 & 18 year olds who are not getting access to services

FACTORS WHICH CAN IMPACT NEGATIVELY ON MENTAL HEALTH

Adults should be aware that children or young people who self harm or attempt suicide may have underlying problems within the family/social environment which require to be addressed.

This list is not conclusive, nor should one or more indicator be taken, of themselves, as 'proof' of risk of self harm or suicide. Rather, the factors need to be woven into a proper assessment of the child or young person's circumstances.

Please bear in mind that many of the factors are also symptoms of normal adolescent development.

INFLUENCING FACTORS may include:

- Family breakdown, divorce and the rise in single person households;
- Socio-demographic characteristics, such as age (young-mid aged adult), gender (male), marital status (non-married), (lower) socio-economic status and (certain types of) occupation;
- Adverse economic conditions such as level of unemployment and business confidence;
- High prevalence of alcohol problems and substance misuse;
- Social values and attitudes to mental illness and mental health, suicidal behaviour, gender stereotyping, racism, domestic abuse, stigma, poverty and inequality;
- Suffering bereavement or traumatic grief;
- Irresponsible reporting and representation of suicidal behaviour by the media;
- Low level of trust in the community such as poor social cohesion or integration;
- High level of social exclusion such as neighbourhood poverty and deprivation;

- Communities which are faced with multiple disadvantages and are low on resources and resilience;
- Feelings of fear or lack of safety including bullying;
- Inadequate access to local services, particularly at times of crisis;
- Isolation associated with living in rural area; and
- Inadequate social support such as low levels of practical, emotional and other forms of assistance from family, friends and neighbours.

7

SELF HARM

Recent research suggests, in the UK, 1 in 15 young people has self-harmed.

This equates to approximately two young people in every secondary school classroom.

The average age of onset is 12 years old.

The reasons for their behaviour can be very complex.

The true extent of the problem is unknown as many self-harm injuries will go unrecorded.

There is no simple portrait of a person who intentionally injures him/herself. This behaviour is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion. However, there are some commonly seen factors:-

- Self-harm is more commonly recorded in adolescent females;
- Many have suffered family breakdown, bereavement or traumatic grief;
- Some self-harmers have a history of physical, emotional or sexual abuse;
- Self harm can be part of a complex range of behaviours such as substance abuse, obsessive-compulsive disorder (or compulsive alone), or eating disorders;
- Self-harming individuals were often raised in families that discouraged expression of anger, and tend to lack skills to express their emotions; and
- Self-harmers often lack appropriate social support networks.

TYPES OF SELF HARM

The most common ways that people self-injure are:

- cutting;
- ingesting toxic substances;
- eating disorders (bulimia and anorexia);
- burning (or “branding” with hot objects);
- repeated instances of heavy drinking or drug taking;
- picking at skin or re-opening wounds;
- hair-pulling (trichotillomania);
- hitting (with hammer or other object);
- bone-breaking;
- head-banging; and
- multiple piercing or multiple tattooing.

WHY DO PEOPLE SELF HARM?

Although the person may not recognise the connection, self harm usually occurs when facing what seems like overwhelming or distressing feelings. The reasons self-harmers give for this behaviour vary:

- self-harm temporarily relieves intense feelings, pressure or anxiety;
- self-harm provides a sense of being real, being alive – of feeling something other than emotional numbness;
- harming oneself is a way to externalise emotional internal pain – to feel pain on the outside instead of the inside;
- self-harm is a way to control and manage pain – unlike the pain experienced through physical or sexual abuse;
- self-harm is self-soothing behaviour for someone who does not have other means to calm intense emotions;
- self-loathing – some self-harmers are punishing themselves for having strong feelings (which they were usually not allowed to express as children), or for a sense that somehow they are bad and undeserving (an outgrowth of abuse and a belief that it was deserved);
- self-harm followed by tending to wounds is a way to be self-nurturing, for someone who never was shown by an adult to express self-care;

- harming oneself can be a way to draw attention to the need for help, to ask for assistance in an indirect way; and
- on rare occasions self-harm is an attempt to manipulate others: make them feel guilty or bad, make them care, or make them go away.

Self-harm is a coping mechanism which enables a person to express difficult emotions. Young people who hurt themselves often feel that physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible. But the behaviour only provides temporary relief and fails to deal with the underlying issues that a young person is facing.

For some people self-harm may last for a short time. For others it can become a long term problem. Some people self harm, stop for a while, and return to it months, even years, later, in times of distress.

8 SUICIDE

“Suicide Prevention is Everyone’s Business”

Suicides in Scotland 2004

835 people in Scotland lost their lives to suicide or suspected suicide.

More than two people, on average, die every day.

Of these deaths, 73 per cent were men.

More young people die from suicide than road accidents and it is one of the main causes of death of people under 35.

WHO IS MOST AT RISK?

- There has been an increase in the suicide rate in young men (20-24) over recent years, especially those living in rural areas. Macho stereotypes and the “lads culture” were blamed for the steep rise in males in the 15 to 24 age group taking their own lives. In 1997, 101 young men aged 15 - 24 in Scotland committed suicide - up from 87 a decade earlier. The figure for the 25-34 age group rose from 95 to 174 during the same period.

The statistics are higher per head of population in Scotland than those for the rest of the UK;

- Suicide attempts in young people nearly always follows a stressful event or life crises: interpersonal loss such as relationship problems, bereavement or traumatic grief, family break-up; or issues relating to sexual orientation. However, sometimes the young person will have shown no previous signs of mental health problems;
- Sometimes, the young person has had serious problems (e.g. with the police, their family or school) for a long time. These are the young people who are most at risk of further attempts. Some will already be seeing a counsellor, psychiatrist or social worker. Others have refused normal forms of help, and appear to be trying to run away from their problems; and
- Young people who are misusing drugs or alcohol have the highest risk of death by suicide.

The risk of suicide is higher when a young person:

- is depressed, or when they have a serious mental illness if they get the help and treatment they need, the risk can be greatly reduced;
- has tried to kill themselves a number of times or has planned for a while about how to die without being saved. Around 30-40% of suicides have made an earlier attempt; and
- has a relative or friend who tried to kill themselves.

SUICIDE METHODS

- More young women take overdoses of drugs;
- More young men (20-24 years) use violent methods e.g. hanging, strangulation or poisoning;
- Men in rural areas have higher numbers of deaths from firearms, deaths from drowning and deaths from car exhausts; and
- Between 80% and 90% of adolescents who are referred to hospital after suicide attempts have taken overdoses.

A large proportion of attempted suicides are by an overdose of commonly available drugs such as aspirin, paracetamol, antidepressants and minor tranquillisers, often in conjunction with alcohol. Such overdoses can result in death, or long term physical damage, even if the suicidal intent may have been small.

SOME SIGNS AND SYMPTOMS

- Previous deliberate self-harm or suicide attempt;
- Talking about methods of suicide;
- Dwelling on insoluble problems;
- Giving away possessions;
- Hints that “I won’t be around” or “I won’t cause you any more trouble”;
- Change in eating or sleeping habits;
- Withdrawal from friends, family and usual interests;
- Violent or rebellious behaviour, or running away;
- Drinking to excess or misusing drugs;
- Feelings of boredom, restlessness, self-hatred;
- Failing to take care of personal appearance;
- Becoming over-cheerful after a time of depression; and
- Unresolved feelings of guilt following the loss of an important person or pet (including pop or sports idols).

Source; ChildLine 2001

Truth Hurts: Report of the National Inquiry into Self-harm among young people, 2006) reported:

‘Over and over again, the young people we heard from told us that the experience of asking for help often made their situation worse. Many of them have met with ridicule or hostility from the professionals they have turned to.’

Chair of the Inquiry, Catherine McLoughlin CBE, said; “It is vital that everyone who comes into contact with young people has a basic understanding of what self-harm is, why people do it, and how to respond appropriately. At the very least they should avoid being judgemental towards young people who disclose self-harm, should treat them with care and respect and should acknowledge the emotional distress they are clearly experiencing.

There are three main areas for workers in all agencies and services to address:

- a. training and information,
- b. advice and consultation, and
- c. taking action.

TRAINING AND INFORMATION

Everyone working with young people has a responsibility to promote positive mental well being within their role. There is some excellent information about promoting mental health on the CHOOSE Life website:

www.chooselife.net/web/site/home/home.asp

and the Health Education Board for Scotland website:

www.hebs.com/

Those working directly with vulnerable young people should have access to relevant training

TRAINING

These training courses are offered nationally and there may be a cost and a selection process.

MENTAL HEALTH FIRST AID (MHFA)

Contact: Wilma Reid at NHS Health Scotland, Tel: 0131 536 5500
www.healthscotland.com/smhfa/

APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

PENUMBRA offers training for staff on self harm awareness raising among other courses (see website below).

There may be opportunities locally for training which, where available, will be offered on a multi-agency basis wherever possible. Workers should ask their managers what would be most relevant for them.

INFORMATION

Workers can keep up-to-date with current services and best practice from a variety of sources including websites, books and reports.

There are many good websites which offer advice and information about suicide and self harm for young people and for parents/carers and workers including:

NCH

www.nch.org.uk/information/index.php?i=136

Samaritans

www.samaritans.org/know/pdf/Selfharm%20report%20summary.pdf

National Self Harm Network

www.nshn.co.uk/

YoungMinds, the children's mental health charity
youngminds.org.uk/selfharm

Penumbra

www.penumbra.org.uk/

National Children's Bureau

www.selfharm.org.uk/

SIARI: self injury and related information

www.siari.co.uk/

RELEVANT REPORTS

No Harm in Listening (2001) Penumbra

Truth Hurts (2006) www.selfharmuk.org

The final report by the National Inquiry into self-harm.

The Mental Health of Children and Young People: a framework for Promotion, Prevention and Care (2005) Scottish Executive

The voice of children and young people about mental health: Discussion Paper (2005) HeadsUpScotland

National Institute for Clinical Excellence (NICE) Guidelines for self harm (2004) www.nice.org.uk

Guidelines on Assessment Following Self-harm in Adults (2004)

www.rcpsych.ac.uk/publications/collegereports/cr/cr122.aspx

BOOKS

Bodies Under Siege by Favazza,
The Scarred Soul by Alderman, and
A Bright Red Scream by Strong.

The Favazza book is more scholarly in tone, the Alderman book is oriented toward self-help, and Strong's book presents the voice of self-harmers talking about what they do and why. All contain much valuable information and advice.

also

Healing the Hurt Within: Understand Self-Injury and Self-Harm, and Heal the Emotional Wounds by Jan Sutton.

Out of the Dark by Linda Caine and Robin Royston. Published by Corgi Adult, 2004
ISBN 055-214869-5

A Head Full of Blue by Nick Johnstone. Published by Bloomsbury, 2003
ISBN 074-756170-2

Choosing to Live: How to Defeat Suicide Through Cognitive Therapy by Thomas Ellis and Cory Newman. Published by New Harbinger, 1996.
ISBN 157-224056-3

Women and Self Harm by Gerrilyn Smith, Dee Cox and Jacqui Saradjian. Published by The Women's press, 1999.
ISBN 070-434440-8

Cry of Pain: Understanding Suicide and Self-Harm by Mark Williams. Published by Penguin, 1997
ISBN 014-025072-7

ADVICE AND CONSULTATION

For workers/carers needing advice:

NHS 24: tel. 0845 46 47

Staffed by NHS nurses, the helpline provides health and medical advice.

Parentline: 0808 800 2222

Advice for parents/carers on all sorts of problems

Hopeline UK: 0870 170 4000

Helping YOU to prevent suicide

YoungMinds,

The children's mental health charity, runs a parents' information service on 0800 018 2138.

Breathing Space: 0800 838587

A free, confidential phone-line for anyone feeling down or stressed. Open from early evening up until 2am

and locally for advice on mental health issues:

Social Work Child and Adolescent Mental Health Service: 01382 204004

and

Child & Adolescent Mental Health Services Primary Mental Health Team 01382 204004

and Advice on bereavement support

Rollercoaster

Dryburgh Resource Centre

Napier Drive

Dundee DD2 2TF

01382 436621

FOR CHILDREN AND YOUNG PEOPLE TO CONTACT THEMSELVES:

ChildLine: tel. 0800 1111

Free national helpline, offering confidential advice on all sorts of problems faced by young people.

Samaritans: tel. 08457 90 90 90

email:jo@samaritans.org

Confidential telephone and email support for anyone who is worried, upset or confused - as well as anyone feeling suicidal.

Cool2Talk

<http://www.cool2talk.org/index.asp>

Questions and answers for young people on all health issues including self harm and suicide

Youth2Youth

0208 896 3675: the helpline is open Mon-Thurs 6.30 - 9.30: confidential, manned by young people (16-21yrs).

LGBT Youth Scotland

LGBT Youth Scotland is a national youth organisation committed to the inclusion of lesbian, gay, bisexual and transgendered young people in the life of Scotland. It runs an information/advice line on Tuesday evenings on 0845 113 0005.

The Corner

13 Shore Terrace

Dundee

DD1 3NP

01382 206060

<http://www.thecorner.co.uk/home.html>

Rollercoaster (advice on bereavement and traumatic grief)

Dryburgh Resource Centre

Napier Drive

Dundee DD2 2TF

01382 436621

Wired for Health is a series of websites developed by the Department of Health and the Department for Education and Skills. They make the following suggestions which children and young people can try to find positive ways for dealing with emotions and stress which would be good to share with young people:

Being creative

Drawing, painting, photography, writing, playing an instrument, singing, acting, and dancing can be good ways of expressing your feelings.

Letting out your emotions

Let people know how you feel. Talk to close friends and family members, and to your teacher. Bottling up feelings only creates more problems.

Taking time for yourself

Take time to listen to music, read a book, see a film, or have a relaxing bath. Or whatever it takes to help you think about things.

Getting out and about

Seeing friends is good for your mental health. Also, you could join a local group, or get involved in an after-school activity. You can find information about local groups from your local public library, or ask your teacher.

Getting active

Exercise is a good way of dealing with your stress, as well as being good for your physical health. It can also be a good way of meeting new people. You can find out what's on offer at your local leisure centre, or at your local library. (Also try SportScotland for a list of sports centres. <http://www.sportscotland.org.uk/>)

Get help

There is usually a counselling service in most towns and sometimes in schools. If you do not think this type of service will suit you, you may be able to get information about other services which are available locally. There are often helpful posters in GP surgeries and health centres, and local phone books can be a useful source. If you cannot find what you are looking for on your own, ask a teacher, school nurse, mentor or phone your local social services office.

TAKING ACTION

ATTEMPTED SUICIDE

SERIOUS: Seek immediate help through dialling 999 or taking the person directly to the nearest A&E

UNSURE: ask for advice through NHS24 on 08454 242424 (open 24 hours) or by contacting a nurse or doctor locally.

SELF HARM

First, **don't panic**. Make sure the child or young person is safe.

If the injury is serious, **go straight to A&E**.

If it is something you cannot assess, ask for advice. This could include contacting NHS 24 on 08454 242424 (open 24 hours) or through a nurse or doctor locally. If it is a minor injury, you don't have to do this.

Second, **listen**.

Don't be judgmental. Even if you are feeling angry and upset try not to show it. Your core skills and values of empathy, understanding, non-judgmental listening and respect for individuals are all vital in this area

It is also vital that the young person retains some control of their situation - is fully aware of who needs to be informed and why, is consulted on their views, is allowed wherever possible to set the pace and make choices. To do otherwise could result in a worsening of the self-harm.

Some people who self-harm will find it helpful to talk to someone. This could be a friend or family member. But it might be a youth

worker, a doctor or nurse, a social worker, a teacher, a counsellor. Don't assume. Some people who have self-harmed may not want to speak to a 'professional' due to their past negative experience.

Remember that self-harm is often a way of coping, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term. There is no quick fix.

Ask the young person if they know what triggers the self-harm. This is the first step to working with them to find some other way of reacting, replacing the self-harm. For example, when stress builds up, what else could the child or young person do to relieve it?

Help the young person to think about what dangers there are and how they can be reduced. For example, if someone is cutting themselves, encourage them to do it near where they can get it treated rather than in a private place where they may not be able to get help.

The 'National Inquiry into Self-harm among Young People' found that young people seeking help would like counselling, drop in centres and facilitated self-help groups to be made available. Their report 'Truth Hurts' asserts that schools provide an appropriate setting in which young people would like to see external individuals and organisations, independent of schools, provide information and advice.

Some young people find the 'five minute rule' helps - where if they feel they want to self harm they have to wait 5 minutes. Then another five minutes if possible - 'until the urge is over' (Truth Hurts, 2006). Others use 'distraction techniques' such as rubbing ice on their skin instead of cutting, or flicking an elastic band on their wrist.

Point young people to the websites and helplines in Section 10. Self harm is often surrounded by guilt and secrecy resulting in isolation. Understanding they are not alone can help. There may be a local support group.

If you are untrained in this area of work, encourage the young person to seek help from a trained worker. Where this is not possible, or if the young person prefers to continue to work with you, consult local specialist staff (see ADVICE AND CONSULTATION section).

Dr Andrew McCulloch, Chief Executive of the Mental Health Foundation, said: “Self-harm is evidently a symptom of mental and emotional distress. We need to look past the behaviour and provide understanding, support and effective services for young people in the UK.”

10 INFORMATION SHARING & CONFIDENTIALITY

Confidentiality is an important factor in enabling service users to engage confidently and honestly with agencies. Professionals should respect the need for other professionals and agencies to protect their relationship with their primary client and support the requirement to maintain confidentiality as far as possible. In most cases sharing this information should be based on informed consent by the patient or client. Where it is necessary to obtain informed consent, this should be obtained before sharing information.

Professionals should tell service users about the kinds of situations where they may have to share information. They should give some indication of why, and with whom, they may need to share information and ask for their clients' consent to sharing necessary information in advance. This will save time, misunderstandings and potential conflict later.

Dundee City Council and NHS Tayside have agreed an Information Sharing multi-agency guidance. There is also an agreed inter-agency multi-agency guidance in respect of Child Protection. Staff should make themselves aware of the content of the multi-agency guidance and those produced by their own agency

Information given to professionals by their patient, client, pupil, or service user should not be shared with others without the person's permission except in exceptional circumstances.

Such exceptional circumstances will include:

- to ensure the safety and well-being of a child or other vulnerable person (i.e. child protection or suicide);
- by virtue of statute or court order where there is serious risk to public health; or
- for the prevention, detection or prosecution of serious crime.

If there is reasonable professional concern that a child may be at risk of harm **this will always override a professional or agency requirement to keep information confidential.**

All service providers have a responsibility to act to make sure that a child, or other vulnerable person whose safety or welfare may be at risk, is protected from harm. They should always tell the young person/service user this.

The Scottish Executive (2000) states, *“Personal information about children and families given to professionals is confidential and should be disclosed only for the purposes of protecting children. Nevertheless the need to ensure proper protection for children requires that agencies share information promptly and effectively when necessary. Ethical and statutory codes for each agency identify those circumstances in which information held by one professional group may be shared with others to protect the child”*.

The Chief Medical Officer* (2004) states that *“All staff have a responsibility to act to make sure that all children are protected from harm... All NHS staff are responsible for acting on concerns about a child – even if the child is not your patient. In relation to child protection, guidance for health professionals must be clear that they should always disclose any information needed in order to protect a child from risk of death, serious harm or neglect. If there is reasonable concern that a child may be at risk or significant harm this will always override a professional or agency requirement to keep information confidential”*.

All agencies should have in place a child protection policy which makes clear how issues of confidentiality are to be managed.

When concerns about a child or other vulnerable person's safety or welfare require a professional or agency to share confidential information without a person's consent, they should tell the person that they intend to do so, unless this may place them, or others, at greater risk of harm. They should tell them what information and to whom that information will be disclosed.

Always seek advice if you are unsure

Never refuse to provide information without considering the risks of not sharing

See also:

Getting Our Priorities Right for Children affected by Substance Misuse in Dundee: a multi-agency guidance for all agencies working with Children and Families affected by substance misuse in Dundee January 2005

Protecting Vulnerable Adults in Tayside(November 05)

Dundee Children and Young People's Protection Committee: Multi-agency Guidance for the protection of Children and Young People (2006)

"Sharing Info about Children at Risk – A Guide to Good Practice", Scottish Executive, 2003

Information taken from Dundee Children and Young People's Protection Committee: Multi-agency Guidance for the protection of Children and Young People (2006)

II ROLE OF RELEVANT AGENCIES

All agencies that come into contact with children and young people need to acknowledge their roles and responsibilities in identifying and supporting children and young people who may be at risk of self harm or suicide. Any professional who is concerned about a child or young person should ensure they are aware of the information on risk and potential indicators in Sections 8 & 9

Where there are concerns regarding self harm this information should be shared sensitively, on a need to know basis, with services already involved with the young person, where possible with the young person's explicit consent (Section 11)

Workers in all services can ensure they are adequately informed and if necessary seek advice from a variety of sources (See Section 10)

Obviously where there is a high risk of suicide, consent to share information is not required and immediate appropriate advice/help should be sought. (See Section 10)

Voluntary Sector

The voluntary sector is diverse. Therefore the approaches taken will also be diverse. Voluntary and statutory sector agencies are committed to working together within a framework which respects each agency's role and remit and confidentiality policy.

The voluntary sector has a significant part to play in identifying and working with children and young people who are involved in self-harm and attempted suicide. As a result of their lifestyle and past family experiences many children and young people are reluctant to engage with statutory services and find voluntary agencies more approachable sources of help.

By working in partnership with statutory bodies voluntary agencies are able to offer support and services to reduce the possibilities of suicide and self harm by children and young people.

Health

Children and young people for whom there are concerns may come to the attention of a wide number of health professionals, including General Practitioners, Accident and Emergency, Child and Adolescent Mental Health Services (CAMHS), Child Protection Services, School Nurses/Public Health Nurses and Community Child Health. The Child Health Strategy 2002 – 2005 has identified raising awareness of child protection issues as a key component of the Child Health Implementation Plan. This will be undertaken through a programme of child protection training and education for specialist child protection staff and staff working with children and families.

Steps will also be taken to encourage sharing of appropriate information between specialities, in order to promote holistic management, along with the identification of key professionals for each young person to prevent any unnecessary duplication of investigation or involvement. Health care staff in key areas will be made aware of issues relating to self harm and suicide including indicators about how confidentiality rules apply and how to pursue any concerns.

Self Harm Nurses:

This service is based at the Centre for Child Health, 19 Dudhope Terrace, Dundee. The two 'self-harm' nurses cover A&E across Tayside, seven days a week, where young people (up to 18 if in full time education) who have taken a drug overdose/attempted suicide can be assessed and have short-term follow-up arranged. Referrals can come only from other health workers such as A&E and GP's. Between 2003-2004 the Self Harm nurses dealt with 150-160 referrals mostly overdoses of prescription/over the counter drugs.

For information on care pathways for children and young people who self harm or attempt suicide and come to the attention of A&E see Appendix 2

Tayside Primary Mental Health Team:

The Dundee Team is based at Dudhope House 15 Dudhope Terrace (01382 204004) The team aims to complement and enhance the specialist service already provided by CAMHS while recognising that much of the mental health support that Children, Young People and their Families receive comes from professionals working in the front line. The team will provide consultation,

liaison, supervision and training, relating to mental health issues for children and young people, for this group of staff. Where appropriate the Primary Mental Health Worker (PMHW) will also provide therapeutic intervention for Children and Young People with mild to moderate mental health difficulties. We will accept referrals from all frontline staff.

Police

The police will come in to contact with many children and young people during the course of their normal beat duties. Where an officer has any concerns for the welfare of a child or young person (which includes those who have self harmed or attempted suicide) they will take appropriate action to ensure the child/young persons welfare is paramount and that their immediate needs are catered for. This may include calling on the assistance of external agencies such as social work or health as required.

The officer will also notify the Family Protection Unit of this concern in accordance with existing force guidance. This will ensure that the circumstances are assessed jointly with other relevant agencies and an appropriate course of action taken. The officer will submit a 'child at risk' referral form which will ensure that any concerns regarding the child/young person's welfare can be passed on to the Reporter and/or the Social Work department for any follow up action that may be required.

A number of children/young people who go missing or who have absconded may have been involved in self-harm or have previously attempted suicide. It is important that when traced they are involved in a debrief interview by police. Whilst such an interview is voluntary it provides an important opportunity to discuss the activities of the child during their period of absence. Such interviews will be documented by the police officer who interviews the child/young person. Their purpose is to assist in establishing whether any harm has come to the child, whether they have been involved in crime, sexual exploitation/prostitution or other activity which might have placed them at risk and to glean information which may assist in tracing the child should they be absent in future.

Officers from the Family Protection Unit should conduct interviews which may involve allegations of sexual or other abuse.

Local Authority Services

Social Work

Dundee City Council Social Work Services have particular duties and responsibilities in relation to young people who have been, or who may be, at risk of self harm/suicide. These include a duty and responsibility:

- To give paramount consideration to safeguarding and promoting the welfare of such children and young people;
- To inquire into the circumstances when information is received suggesting that the child or young person may be at risk of self harming or attempting suicide;
- To properly consider how best to intervene in the life of the child or young person and his or her family;
- To seek the views of the child or young person and take account of these;
- To inform and involve parents / guardians;
- To refer a child or young person to the Reporter if he or she may be in need of compulsory measures of supervision; and
- To develop and implement, along with other agencies, a protection plan for those young people deemed to be at risk of significant harm. To recognise that children and young people looked after away from home require advice on health and other issues

The first priority will be the safety of the child. If assessed to be unsafe, appropriate interventions will be taken immediately. When the safety of the child has been considered and addressed, then a fuller assessment of the child's circumstances and the risks to the child will proceed. Liaison with other agencies will be instigated at an early stage and arrangements will be made for the staff involved to maintain contact with each other throughout the process.

Where the child or young person is felt to be at risk of 'significant harm' referrals will be dealt with under the department's Child Protection Procedures

Child and Adolescent Mental Health Team (CAMH)

The CAMH's social work team is part of the Centre for Child Health's multi-disciplinary approach to children who are affected by mental health issues or where mental illness plays a significant part in their lives. Employed by Dundee City Council the team comprises of 1 Senior Social Worker, 2 Social Workers and a support worker. The team follows a child centred approach in line with Social Work Department policies. However, because of its location, the team is able to work very closely with NHS Tayside children's mental health specialists.

The CAMH's Social Work Team works with children and their families where the age of the children does not exceed 18 years. The team works with all aspects of mental health issues and endeavours to support children and help them remain with their families. The team tries to help children deal with all of the difficulties faced by people who are struggling with mental health problems and will often be an advocate on behalf of the child or parent. The workers will tailor a plan to the specific needs of the child and family and do this in an inclusive manner.

This client group will often be isolated and stigmatised and many of the indicators for self-harm are apparent in their daily work. The workers are always aware that self harm or suicide could be just below the surface for many of their clients. The team works positively with other agencies and focuses on solutions as opposed to problems. The children and their families are encouraged to look at diet, exercise, broadening their social contacts, taking up new interests and making new friends as part of the process of dealing with mental health issues in a holistic way.

Education

According to the 'Truth Hurts' report, school based work 'appears to be one of the most promising areas where the prevention of self harm can be successfully tackled by the implementation of peer support schemes. Peer support has been found to be more effective when they are part of a whole school approach to good mental health.

Education staff can respond in a variety of ways to the issue of children and young people involved in self harm/attempted suicide. Most commonly this would be in terms of Prevention, Recognition, Referral and Post Referral.

- **Prevention:** A long-term strategy which would seek to change attitudes and raise awareness. Information and prevention programmes would go some way in achieving this aim, alongside the issue based work already being done in Personal and Social Development;
- **Recognition:** Daily contact with children and young people allows teachers to recognise concerning behaviour and respond. Every school has a trained Child Protection Officer who provides support/ advice to school staff;
- **Referral:** Concerns about a child or young person's involvement in self harm or attempted suicide will be reported to the Designated Child Protection Officer who will follow the Education Department's Child Protection Guidelines. This will involve liaising with the joint Police and Social Work Team at Seymour Lodge, in order to ascertain the best course of action for the young person involved; and
- **Post Referral:** Education should remain a priority for children and young people involved in self-harm or attempted suicide and education staff should be closely involved with any Care Plan/Assessment.

Other Council Departments

Other Council Departments such as Leisure & Communities have a responsibility to work with children and young people in their own communities through a city-wide network of Youth Workers.

Youth Workers can be the first point of contact for young people and where appropriate they can play a key bridging role in connecting young people to other services.

They can also provide easy access to information, activities and new learning opportunities. Services such as The Corner and Xplore offer 1:1 support on a wide range of health issues including mental health and wellbeing.

Housing Department also have a responsibility to promote the welfare of children and young people.'

USEFUL CONTACT NUMBERS

Breathing Space.....	0800 838587
The Corner	01382 206060
Home School Support.....	01382 438780
Hopeline UK.....	0870 170 4000
NHS 24.....	08454 242424
Parentline	0808 800 2222
Samaritans	08457 90 90 90
School Nurse Co-ordinator.....	01382 736072
Self Harm Nurses (Health referral only)	01382 204004
CAMHS Primary Mental Health Team	01382 204004
Family Protection Unit (Seymour Lodge).....	01382 665117
Social Work Department	01382 433000
Social Work Out of Hours Service	01382 436430
Social Work Child and Adolescent Mental Health Service.....	01382 204004
Xplore	01382 435863

CHILDREN AND YOUNG PEOPLE'S CHOOSE LIFE SUB-GROUP

ACTION PLAN: 2006-2007

Multi-agency guidance to be completed and launched	Draft Multi-agency guidance to be circulated widely for consultation (All group members) Improvements/Changes to Multi-agency guidance made (KF)	Comments back by 28th February 2006.
	Multi-agency guidance to CHOOSE Life Steering Group	March 2006
	Multi-agency guidance to Child Health Strategy Group/Healthy Dundee, Tayside Police and Social Work Directorate for their approval.	April 2006
	Launch Multi-agency guidance (including information and public awareness raising).	September 2006
	A multi-agency CHOOSE Life Conference with a young person's focus to be arranged	February 2007

Public awareness raising	National media campaign info to be sought (KF) Group to agree leaflets/ information linked to this	June 2006
Identify service gaps	Group members to look at what materials or information already available: Cool2Talk (KF) Residential children's units (CC) Snap Facts information for students (KF) 18 & Under, FACE (IG) Schools (KF) Findings from Truth Hurts Gaps to be raised with Co-ordinator (when in post) to pursue suggested solutions and report to the Steering Group.	For March and June Meetings Sept 2006

Appendix I - DEFINITIONS

For the purposes of this multi-agency guidance the definition of ‘child’ reflects the principles of the UN Convention on the Rights of the Child and all references to ‘children’ and/or ‘young people’ include those under the age of 18.

‘Child protection’ is the general term given to the efforts of individuals, families, communities and professional agencies to care for children, to keep them safe and happy throughout their childhood and to help them maximise their potential.

‘Suicide’ is an act of self harm which results in death

‘Deliberate self harm’ is to cause self harm but which does not result in death. The person committing an act of deliberate self harm may or may not have an intent to take their own life.

‘Mental Health’ is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well being that respects the importance of culture, equity, social justice, interconnections and personal dignity.’

International Workshop on Mental Health Promotion 1997

‘Mental Illness’ describes a continuum of medically diagnosable mental health problems that become “clinical,” that is where a degree of professional intervention and treatment is required

Article 16, UN Convention on the Rights of the Child 1989

Each child has “the right to physical and personal integrity, to protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents or other carers”

Articles 12, 13 and 16 UN Convention on the Rights of the Child 1989

The child also has rights:

- to be consulted;
- to obtain information;
- to express an opinion; and
- to have his or her privacy respected.

Article 39, UN Convention on the Rights of the Child 1989

States/Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Any actions taken in respect of the child should take account of the child's best interests. We must be aware of the need to balance the right to protection with these equally important rights, especially in view of the implementation of the Human Rights Act on 2 October 2000. This Act requires compliance with the Articles and Multi-agency guidances of the European Convention on Human Rights.

'**Children at risk**' includes children who by their own behaviour may place themselves and other young people in danger (e.g., by running away, consumption of harmful substances, self-harm to health, prostitution, harmful sexual activity, high-risk offending like taking and driving cars or fire-raising or the commission of offences against other children). Consideration will be given as to whether such a child's circumstances should be considered in terms of 'child protection' if they are assessed as being at risk of 'significant harm'.

‘Children in need’ are defined in the Children (Scotland) Act are those children who are:

- unlikely to achieve or maintain (or have the opportunity of achieving or maintaining) a reasonable standard of health or development unless provided with services by a local authority; or
- whose health or development are likely significantly to be impaired unless such services are provided; or
- who are disabled; or
- who are adversely affected by the disability of any other person in their family; or
- who are being “looked after” by a local authority.

“Integrated Children’s Services Plan” gives detailed information about how our agencies are working together to try to meet the needs of these children, some of whom are or are likely to be in need of protection.

“Police” shall mean Tayside Police as a police force or officers of Tayside Police acting as individuals.

“Social Work” shall mean those departments or personnel in each of the responsible local authorities, that are required to fulfil the local authority’s various social work responsibilities.

“Social Work Out of Hours Service” shall mean those arrangements existing within each of the local authority areas to provide a social work service outwith normal office hours.

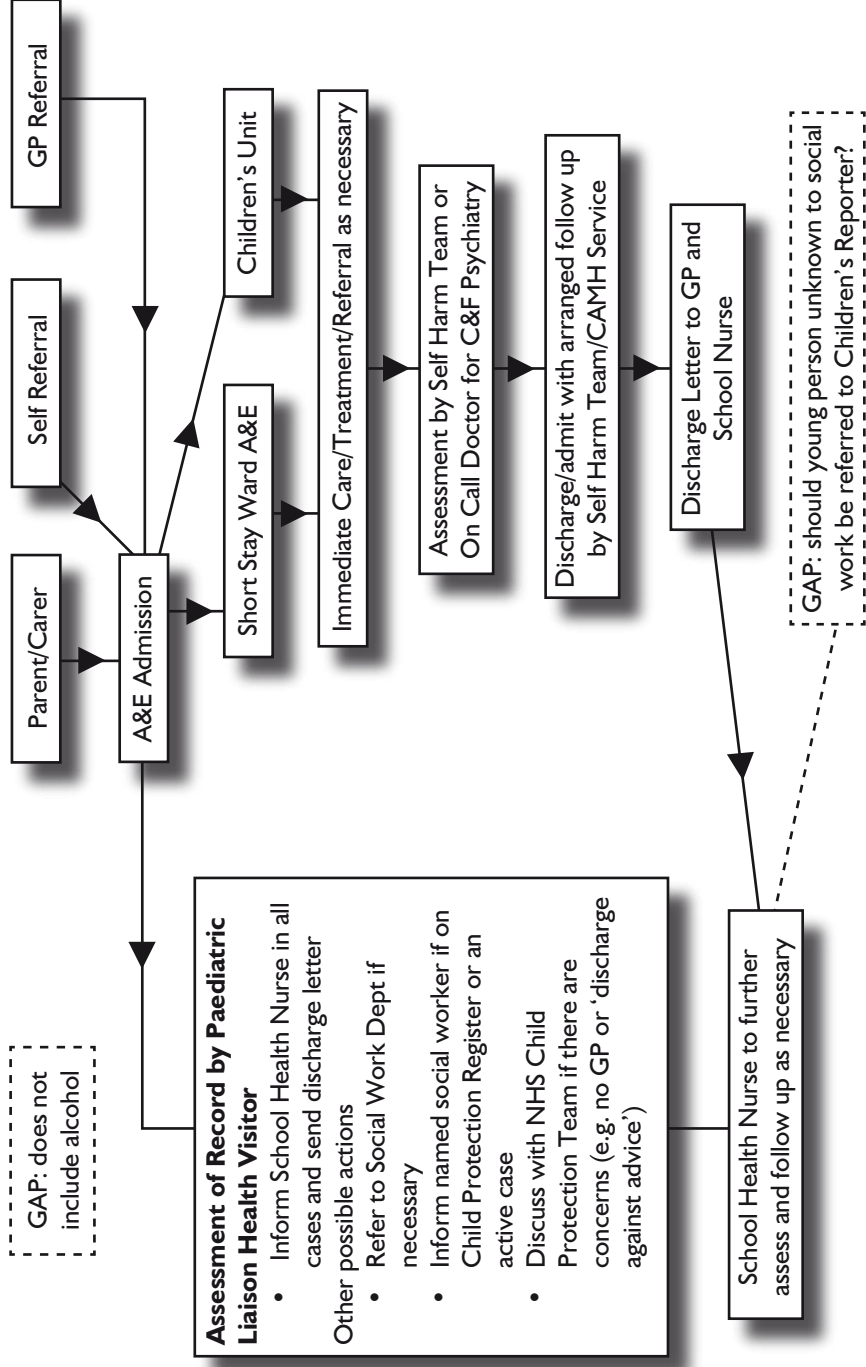
Relevant Legislation includes:

Children (Scotland) Act 1995
Mental Health Act 2004

Other Important Reports/Information:

Choose Life Strategy

A&E admission by Child or Young Person (drug overdose/self harm)



chooselife

This multi-agency guidance has been developed and agreed between representatives of Tayside Police, Dundee City Council, NHS Tayside and the Voluntary Sector, acting together as the Choose Life Children's Sub Group under the auspices of the Dundee Choose Life Steering Group which reports to Healthy Dundee.

For further information contact:

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t: 01382 433805 e: chooselife@dundeecity.gov.uk

If you have difficulty understanding English, please contact:

Translation & Interpretating Service,
Central Library,
The Wellgate,
Dundee DD1 1DB

Tel 01382 434910

ইংরেজী বুঝতে অসুবিধা হলে অনুগ্রহ করে नीचेर ठिकानार षोगाषोग करन।

如果閣下對英語不十分明白，請與以下地址聯絡：

नेबर वृवाठुं हिंवाठि मडण्णा हि चममडठ हि च वठि ठाणी वुंसी वी डां हि पा वठवे वेठां हि उ वेठेअ उ मपठव वठे:

आपका अंगरेजी कठिन में مشکل पैस आती है तो राई करे।
ہے۔ گئے ہے پر رابطہ کریں۔