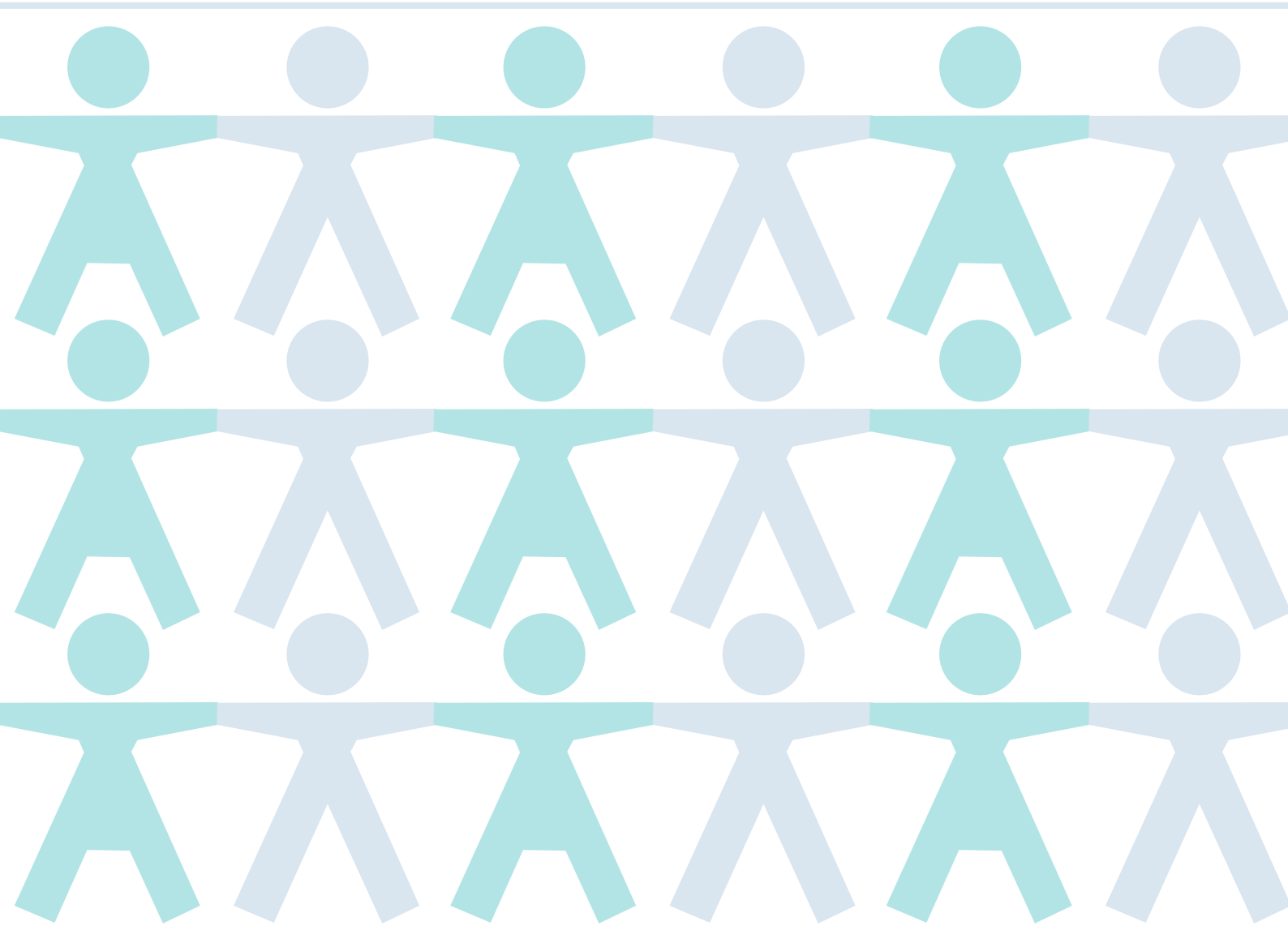


Inter Agency Guidance for those working with Children and Young People Involved in Self-harm and Suicide

2nd Edition February 2013



Foreword

West Dunbartonshire Community Planning Partnership (WDCPP) embraces a vision that children should have the best possible start in life and be able to deal with difficulties and challenges. This is reinforced by the Scottish Government's ambition that the promotion of positive mental health and wellbeing is embedded in all our services to children, young people and families.

West Dunbartonshire Community Health & Care Partnership (WDCHCP) works closely with other local Community Planning Partners to keep children safe and protected from harm.

Our policies and guidance address the protection of children in the home, in schools, on roads and in the community. Protecting children from harm generally means protecting them from being harmed by others; however some young people are at risk from deliberate self-harm.

Deliberate self-harm is complex; it can be difficult to understand, both for the young people involved and for those around them who want to provide support. The stigma attached to the issue of self-harm and suicide leads to challenges in disclosure and seeking support. The majority of people who self-harm do not go on to take their own life but some do. A proportion of people who deliberately harm themselves are at increased risk of subsequently completing suicide.

Choose Life is a national strategy focused on reducing suicides in Scotland. A key objective is early intervention to resolve problems and reduce risks. Improving young peoples' self esteem, confidence and resilience, and ensuring earlier and more effective care and support is particularly important. West Dunbartonshire's Choose Life strategy has already done much to increase public awareness and to train staff and volunteers in the knowledge and skills that help to prevent suicide.

This up-dated guidance then is the result of collaborative work across local Community Planning Partners. It has been developed as a key tool to enable those involved with young people to be better equipped to help them. Our hope and expectation is that it will enable all those who work with young people across West Dunbartonshire to better understand self-harm and suicide: why it happens; how to respond; and (most importantly) how best to ensure that young people get the kind of help they need when they need it.

Jackie Irvine



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The National Practice Model incorporating My World Triangle

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Section



Overview

1.1. Introduction and Acknowledgements

Over recent years, there has been an increasing awareness of the needs of young people with issues relating to mental and emotional wellbeing. Within this group, a significant number engage in deliberate self-harm or have thoughts of suicide.

The need for support and advice was raised by young people and staff across agencies who work with young people. This included youth health services and groups such as pastoral care co-ordinators and West Dunbartonshire's Youth Health Improvement Group. West Dunbartonshire's Health Improvement Plan and the Youth Strategy provide a context and have priorities around health, well-being and youth information. The Integrated Children's Services Plan addresses keeping children safe in a range of circumstances.

In summer 2006, West Dunbartonshire's Strategic Working Group on Young People Affected by Problems of Mental Ill Health established a subgroup to draft guidance on this issue. The guidance was to extend to all agencies working with young people in the area, including education, social work, health and the voluntary sector.

It is intended that the guidance should give an overview of the current issues on self-harm or suicide. It is also intended that it should provide a clear and straightforward procedure for staff which supports them to use their own expertise to the full, and engage with other professionals to ensure that young people's needs are sensitively and safely met.

Other working groups in the area have addressed issues which overlap with self-harm and suicide, most noticeably issues relating to confidentiality. The guidance of these groups is referred to in the text.

The Self-Harm Action Group convened on seven occasions from August 2006 to June 2007. The group was drawn from all agencies for whom the guidance was intended, and comprised the following membership:

Tracy Burke	Educational Psychologist in Training, Psychological Service
Margaret Butler	Principal Teacher Pastoral Care, St Columba's High School
Jean Cockburn	Unit Manager, Blairvadach Children's Unit
Alison Gardner	Senior Educational Psychologist, Psychological Service, (chair)
Claire Hübler	Health Development Officer
Peter MacDonald	Children's Mental Health Nurse, Acorn Centre
Winnie McHugh	Integration Strategy Officer for Children's Services
Clare Parkinson	Clinical Psychologist, Adolescent Psychiatry Team, Knightswood Clinic
Robbie Preece	Youth Health Worker, West Dunbartonshire CHP
Rona Slevin	Choose Life Development Officer

During the development of the guidance, consultation was carried out. The views of professionals in education, social work, health and voluntary agencies, and of young people who had personal experiences of deliberate self-harm, were sought on what their concerns were and what they wanted the guidance to contain. The information gathered in these consultations allowed the Action Group to refine the guidance in line with the views of service users. Thanks are due to them for supporting the initiative.

Thanks are also due to Eileen McCafferty, Clinical Nurse Specialist in Glasgow's Deliberate Self-Harm Team for her advice on both the process of the group and content of the guidance. Thanks also to Kate Towlson, Consultant Child and Adolescent Psychiatrist, Acorn Centre, who contributed to the initial discussion.

Many other organisations across the UK have recently developed guidance for various groups of workers on self-harm and suicide. The Action Group acknowledges the ideas gleaned from their work that has been incorporated into this guidance.

This, the 2nd Edition of the Inter Agency Guidance, was revised in October 2012.

1.2. Aims and Objectives

“If someone tells a worker they self-harm, the cause of the self-harm may be a far greater concern than the actual self-harm itself.”

Young person, West Dunbartonshire

The aims and objectives of this guidance are:

- to facilitate a consistent, multi agency response and approach to support young people who self-harm, have suicidal thoughts or have attempted to commit suicide
- to raise awareness of self-harming behaviours in young people
- to support and encourage staff from all agencies to work collaboratively in delivering an integrated service to these young people
- to provide definitions of self-harm and suicidal behaviour, and the relationship between them
- to provide information on risk factors and warning signs
- to provide appropriate guidance which will indicate to staff how risk should be assessed
- to provide guidance for staff in dealing with disclosure
- to provide information on coping strategies for the young person
- to provide a flow chart indicating a clear pathway for all staff to follow after disclosure has been made
- to provide a list of relevant local resources and contacts
- to provide guidance to help foster an ethos which promotes emotional wellbeing and resilience
- to provide clear guidance for recording, monitoring and reviewing the young person’s progress
- to provide guidance on confidentiality and information sharing

1.3. Values and Principles

“They need to know you’re not abnormal, not a freak.”

Young person, West Dunbartonshire

Values

In order to fulfil a duty of care to the young person, due care and attention must be paid to the way in which the young person is supported. This would involve treating the young person with respect and dignity at all times, providing a place of privacy for disclosure where possible, and supporting him/her in a non judgemental way. This means offering unconditional positive regard for that person, regardless of personal feelings or beliefs.

Our policy must also offer the same level of support and respect for the service providers and this should take the form of ongoing staff training, which will enable staff to feel comfortable and confident in dealing with situations. Ultimately, staff should feel valued and supported in their own working environments and by other members of staff.

Principles

The principles behind the guidance on self-harm are based on *The Scottish Executive's Vision Statements for Young People in Scotland*:

Children and young people in Scotland should be valued by ensuring that they are:

Safe

Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.

Nurtured

Children and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.

Healthy

Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.

Achieving

Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self esteem to the fullest potential.

Active

Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.

Respected and Responsible

Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

Included

Children, young people and their carers should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

1.4. Definitions

"Self-harm doesn't mean someone is attention seeking, it is usually the exact opposite."

Young person, West Dunbartonshire

Self-harm

In its broadest sense, self-harm refers to deliberate actions people take to harm themselves.

It is widely accepted that self-harm is usually a response to emotional pain that a person struggles to resolve in another way. It is a way of dealing with distress and feelings that are difficult to cope with and which the person finds it difficult to express in any other way. Self-harm is often a way of releasing feelings such as self-hatred, anger, sadness and depression.

Self-harm can be a coping mechanism and/or way of expressing difficult emotions. People who hurt themselves often feel that the physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible. Through self-harm, people seek to gain some

respite from what is troubling them. However, self-harm provides only temporary relief and does not address the underlying issues.

Suicide

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

The relationship between self-harm and suicide attempts

For the majority of young people, self-harm is not the same as a suicide attempt. In fact it is often something very different: an attempt to cope and to stay alive in the face of emotional pain.

Young people who self-harm usually do not wish to die, only to rid themselves of unbearable feelings. Even so, sometimes an individual may feel confused about their own motivation for hurting them self. They may need to talk through what has happened and what led up to it before they can clarify for themselves whether their intention was to die or to try to deal with their feelings.

The difference between self-harm and a suicide attempt may not be apparent to others, since often the same sort of injury (such as cutting of the wrist area) could be interpreted in either way. However most people who self-harm, if asked, are clear about their intention. **Therefore the difference between suicide and self-harm is about the intention.** The severity of the injury is not necessarily an indicator of intent.

When working with a young person who has engaged in self-harm, it is important to establish at an early stage whether there is suicidal intent or not. This is important in determining the level of risk.

Self-harm Terminology

Terminology surrounding self-harm is complex and reflects the ongoing learning of the subject. These are some generally accepted definitions:

- **Self-harm**

Usually considered to be behaviours associated with deliberately inflicting an injury to oneself without suicidal intent. Technically often used to encompass all types of behaviour that involve injury and suicide, i.e. suicide is self-harm, cutting is self-injury.

- **Self-injury**

Considered to be behaviours such as cutting, self-poisoning, hitting oneself, banging, scratching. Often used only when the term "self-harm" is used in its wider context as above.

- **Self-destructive behaviour**

Often cited as behaviours that impact negatively on a person's physical health such as eating disorders, unprotected sex, but are not usually associated with the generally accepted most common examples of self-harming.

- **Body Enhancement**

Behaviours such as piercing and tattooing are often debated as possible forms of self-harm during training or policy development. Usually considered by most to be outside the common understanding of self-harm. However, they are frequently referred to during wider debate about self-harm and can be categorized similarly to the debate around smoking or dangerous driving.

1.5.1. Myths and Facts (Self-harm)

“Self-harm doesn’t = suicide.”

Young person, West Dunbartonshire

Myth Self-harm is a failed suicide attempt.

Fact People who self-harm do not usually intend to die, although some self-harm may be a failed suicide attempt. Self-harm can also be a strategy which some young people consider makes it possible for them to continue with life. Sometimes people who self-harm may also attempt suicide, but they can often clearly differentiate between the two different intentions.

Myth Self-harm is attention seeking behaviour

Fact Most young people self-harm in private. However, some young people harm themselves in a way that can be noticed by others as a way of asking for help when they can’t find the words, or when they don’t know why they are experiencing difficulties. It is preferable to acknowledge that the young person has needs, rather than labelling them at this time.

Myth Self-harm is a group activity

Fact Self-harm sometimes happens in groups. Self-harm should not be ignored in any young person. Self-harm is usually a sign that something is wrong and any incident warrants further exploration.

Myth Only girls self-harm

Fact Self-harm is often thought to be more common among girls and women than among boys and men. However research shows that boys also self-harm but it may be harder for them to ask for help.

Myth It is best not to mention self-harm

Fact Talking and emotional support is helpful. Self-harm indicates a young person is experiencing difficulties and could be ready to talk about the issues with someone who can provide support and is a good listener, such as a trusted adult or a friend.

Myth People who self-harm have a mental illness

Fact Self-harm is not a mental illness, it is likely to be a sign of distress. Some young people who self-harm may have mental health problems. The majority of young people who self-harm require emotional support to help them seek alternative coping strategies and to address the underlying problems.

1.5.2. Myths and Facts (Suicide)

“You might be ashamed and not want to tell someone.”

Young person, West Dunbartonshire

There are a number of commonly held incorrect beliefs about suicide. These myths about suicide may stand in the way of providing assistance for those who are in danger.

Myth Young people who talk about suicide never attempt or complete suicide.

Fact Talking about suicide can be a plea for help and it can be a late sign in the progression towards a suicide attempt. Talking about suicide is one of the factors suggesting a risk of attempted suicide.

Myth People who threaten suicide are just seeking attention.

Fact Do not dismiss a suicide threat as simply being an attention-seeking exercise. It is likely that the young person has tried to gain attention and this attention is needed. The attention may save their lives.

Myth Talking about suicide encourages it.

Fact Responsible talk about suicide does not encourage people to attempt suicide. If you are noticing warning signs; chances are the person has already thought about suicide.

Myth If a person attempts suicide and survives, they will never make a further attempt.

Fact A suicide attempt is regarded as a probable indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.

Myth If someone has decided to kill themselves there is nothing anyone can do about it.

Fact If appropriate help and support is offered to the person with suicidal lives and they are willing to accept this help; their risk of suicide can be reduced

1.6. Prevention

“We need to know what help is available and that it’s ok to ask for help.”

Young person, West Dunbartonshire

There are two main approaches to the prevention of self-harm;

- (1) Primary Prevention
- (2) Secondary Prevention

Primary preventions **are universal services** applied across wider populations rather than to individuals. Secondary prevention entails efforts to reduce the prevalence of self-harming behaviour and involves early identification of, and interventions for, those considered to be at risk of self-harming, for example **targeted vulnerable groups**. The aim is to eliminate or reduce problems which could lead to self-harm.

The prevention of self-harm involves all agencies (education, social work services, health services and voluntary organisations) working together to enhance the mental and emotional wellbeing of all young people. It is helpful for agencies to take a holistic perspective of the young person and see the young person within a context. A context is the environment, circumstances and background experience of a young person.

Holistic Approach

Contexts can encompass the young person's immediate and extended family, their relationships with peers and other adults; their previous experiences as well as the experiences of others which may have impacted upon them. Supporting young people through the many transitions they in life (e.g. puberty, 'the move' from primary to secondary school, peer relationships and sexual orientation) is vital to their emotional health development and wellbeing.

How different agencies promote positive emotional wellbeing and resilience can vary and a wide range of programmes and interventions are already in place in West Dunbartonshire. However, whether they are promoted in schools, children's units, foster care or in youth work, a positive ethos and the enhancement of self-esteem are vital components in the promotion of resilience which can contribute to the prevention of self-harm.

Working to the National Practice Model

The National Practice Model is an evidence based approach to practice* and should be used in recording, assessment, planning and review for children who need help either in a single or a multi-Agency contact. It has incorporated the development work of an Integrated Assessment Framework by retaining the My World Triangle as part of the model. The National Practice Model has been developed from theory and research and provides the foundation for every practitioner in all sectors. For the National Practice Model and My World Triangle, see the diagram on the inside back cover.

** The Scottish Government (2008) Early Years Framework: Priorities for Action, Edinburgh, The Scottish Government*

Positive Ethos

Features of a positive ethos for any organisation working with young people include:

- leadership and management committed to improving emotional wellbeing of all carers and young people
- a positive vision and philosophy that is translated into practice
- an enriched physical and emotional environment
- a celebration of diversity and elimination of discrimination and stigma
- a strong sense of community spirit
- good interpersonal relationships among and between young people and carers
- appropriate pastoral care for both young people and staff
- young people's involvement in decision making processes
- an atmosphere that encourages citizenship
- involvement of families and carers
- involvement across organisations that support and promote the emotional wellbeing of young people
- a supportive family or care setting ensuring a positive and rewarding childhood experience

Positive self-esteem

Positive self-esteem is having feelings that we are:

- valued by others
- significant
- competent
- capable of success
- able to manage our emotions

Young people should be encouraged to believe in themselves and their abilities; experience a sense of achievement; and feel that they are effective, competent and respected. All agencies can have a pivotal role in promoting a positive ethos and influencing a young person's self esteem.

Schools

Universal Services: Health and Wellbeing - Schools take positive steps to enhance the physical and mental health of young people. They are well placed to nurture emotional wellbeing by creating a positive ethos where all pupils are valued, their social, emotional and vocational needs are met and self-esteem and resilience can be fully promoted. A Curriculum for Excellence aims for every young person to be a responsible citizen, an effective contributor, a successful learner and a confident individual. Schools are often used as a base for other statutory or voluntary services such as youth work who work to promote positive mental health and provide information and sign posting. (Ref GIRFEC).

Targeted Services: For pupils who have additional support needs or who have social, emotional or behavioural difficulties, there are groupwork programmes to address this e.g. Seasons for Growth, Self-Esteem Raising Groups and Handling Teenage Behaviour Groups for parents. Many young people prefer to turn to other young people for support. Peer support groups have been found to be very helpful e.g. Circle of Friends, Peer Mentoring and Buddy Schemes. Joint Assessment Team (JAT) meetings in schools ensure that support for pupils can be accessed from external agencies and Support Plans are created and reviewed regularly.

Educational Psychological Services

Universal Services: The Educational Psychologist liaises closely with educational establishments and can provide a variety of services in school, within Local Authority Services and within the local community to promote mental wellbeing and reduce the incidence of self-harm or suicide. Input can be provided in a number of ways:

- joint working in collaboration with, and through other services to provide training to staff/young people/carers/parents
- advice and consultation with all services on mental health education, including policy development
- share up to date research on successful interventions and literature on positive mental health
- support educational establishments in introducing programmes aimed at improving emotional skills and resilience in all pupils

Targeted Services: Educational Psychologists may:

- work in collaboration with other professionals with targeted groups/individuals
- contribute to staff development on programmes such as Seasons for Growth, and run group sessions in school
- work with those at risk alongside community services e.g. social work and/or voluntary services

Voluntary Sector

Universal Services: The voluntary sector can provide a wide range of training, information and awareness raising to professionals, organisations, young people and the wider community. The voluntary sector can provide one-to-one support and groupwork programmes, and act as a referral point to other services.

Targeted Services: They also provide more targeted support and services to young people affected by a range of issues. (see 3.5, Local and National Contacts Section, page 33)

Choose Life

West Dunbartonshire's Choose Life Action Plan which is being taken forward by Community Planning Partners, has a range of initiatives to raise awareness of self-harm and suicide and to support people at risk of self-harm or suicide. Training has also been a key element of the action plan including;

- ASIST (Applied Suicide Intervention Skills Training)
- SafeTALK
- Scottish Mental Health First Aid
- SuicideTALK
- Self-harm Awareness Raising Training
- Seasons for Growth Training

Health Services

Universal Services: The NHS undertakes work that will help improve mental health and wellbeing for everyone living in Scotland and to improve the quality of life and social inclusion for people who experience mental health problems. All young people are registered with a GP who they can consult on issues about mental and physical health. The school nursing service provides a range of services to all school pupils. This includes generic and targeted campaigns such as the recent work undertaken to challenge the stigma around mental health. The See Me campaign (www.seemescotland.org.uk) launched in 2003 is one example.

Targeted Services: The past 10 years have seen the development of specific health services for young people across Scotland. These usually take the form of a drop-in service where the focus of the work is to create a relaxed environment so young people feel comfortable seeking help for issues that impact upon their health. The key issues highlighted by young people are sexual and mental health, and self-harm has been a consistent theme in all drop-ins. Referral pathways have been developed between the NHS Child and Adolescent Mental Health services and youth drop-ins.

The school nursing service in West Dunbartonshire is available to take appropriate referrals.

Y-sort-IT

Voluntary sector agency providing drop-in service for young carers.

Up-2-US

This project targets vulnerable families and children who have been identified by the agencies as having particular problems – school attendance, behaviour, parenting problems, child protection. Referrals are made in writing and area prioritised by a multi agency screening panel based in the Vale office, chaired by Social Work and attended by the Project Manager. The project will respond to emergencies between meetings if required.

The service provides:

- Support to individuals – parents and children
- Family support
- A stand alone service or added value – case-by-case basis
- Outreach support – it is a visiting rather than centred based service

Project Workers offer:

- One to one support and intervention within a holistic model employing a range of methods – skills based, practical help, parenting strategies, family outings
- Small groupwork with parents who have drugs, alcohol issues or parents who are struggling to engage with the formality of other programmes
- Mentoring support to individual children who need it
- Volunteer befriending

The CEDAR project (Children experiencing domestic abuse recovery)

CEDAR is a therapeutic group work programme designed for children to better understand their experiences of domestic abuse and identify and express feelings. The aim of the project is to support the recovery of children, young people and women: and also improve joint working when supporting children and young people who have experienced domestic abuse. Separate groups for Mothers' and Childrens' group will run in parallel; which provides Mothers with an opportunity to reflect on their children's experiences and support them. Note: that children aged 8-11 (primary 4-7) in the West Dunbartonshire area are being recruited for the programme.

Social Work Services

Social Work Services have statutory duties and responsibilities to promote the wellbeing of children, young people and families, including the protection of children from harm. This includes protection from harm from themselves. As Social Work Services mainly work with specific groups of vulnerable young people, their role tends to fall into the Secondary Prevention category where early identification and intervention is aimed at reducing the prevalence of self-harm among those most at risk.

Social Work Services work closely with other services involved with young people, including schools and health services, to ensure young people get the help they need when they need it. They provide a range of supports within schools and in the community, including individual work, groupwork, family work and residential and foster care provision.

They promote emotional wellbeing by:

- Encouraging a supportive home environment
- Helping young people build confidence
- Supporting children as they learn
- Giving children and young people the opportunity to talk about things that concern them and listening to what they have to say
- Providing befriending and mentoring schemes
- Increasing social networks and informal support
- Where young people cannot remain in their own family home, providing another care setting which promotes emotional wellbeing and positive childhood experiences.

1.7.1. Risk Factors, Warning Signs and Protective Factors (Self-harm)

“The issues that caused me to self-harm were far too personal for me to tell anyone.”
Young person, West Dunbartonshire

Risk Factors for Self-harm

Many of the risk factors associated with self-harm can also be part of normal teenage behaviour. Many young people live with some or many of the factors listed below but it does not automatically mean they will engage in self-harm. Their response to difficulties depends on many factors such as resilience, support networks, and information they have.

Some young people may have one risk factor but have difficulty coping, while other young people may live with many risk factors and cope well. The young person’s response is not only related to the number of risk factors. When risk factors are identified, further assessment is warranted.

- childhood trauma and abuse: physical, sexual, emotional
- divorce / separation / loss / bereavement
- conflict with parents, friends, teachers,
- bullying or being constantly undermined
- being pushed too hard to achieve or to succeed
- worries about sexuality
- going into care
- feelings of anxiety, depression, unhappiness
- dealing with difficult thoughts, feelings, situations
- neglect
- separation from parents
- substance abuse
- family violence
- childhood illness or surgery
- racial harassment
- poor emotional wellbeing
- parental ill health or poor mental health

Triggers for Self-harm

There are often multiple triggers for self-harm, often daily stresses rather than significant changes of events. These might include things such as:

- feeling isolated
- difficulties with peer relationships
- dislike of personal appearance
- sexual identity

- self image
- recent loss
- relocation of family home
- substance abuse
- racial harassment
- bullying
- academic pressures
- suicide or self-harm by someone close to them
- low self-esteem

Warning signs for Self-harm

There are few outward signs that may indicate someone is actively self-harming such as wearing clothing such as long sleeves at inappropriate times.

Warning signs such as, losing friendships, changes in mood and behaviour, withdrawal from adult interaction, change in appearance, weight loss/gain, sleeping difficulties, and withdrawal from sports, communal changing activities, trips and residentials should always be seen as factors that make you aware but are not necessarily exclusive indicators of self-harm. However what they all do represent are indicators that someone is having a difficult time and further assessment is warranted.

Protective factors

There are many things we can do as a community and as individuals that offer protective factors against self-harm. By fostering positive family support and positive peer support alongside opportunities for young people to talk about personal issues within and outwith schools and other environments, we can support them to adopt alternative strategies to cope with stressful and difficult situations.

1.7.2. Risk Factors, Warning Signs and Protective Factors (Suicide)

“Young people need to know they are not alone.”

Young person, West Dunbartonshire

Many of the risk factors associated with suicide can also be part of normal teenage behaviour. Many young people live with some or many of the factors listed below but it does not automatically mean they will consider suicide. Their response to difficulties depends on many factors such as their resilience, support networks, and information they have.

Some young people may have one risk factor but have difficulty coping, while other young people may live with many risk factors and cope well. The young person’s response is not only related to the number of risk factors. When risk factors are identified, further assessment is warranted.

Warning signs

Most people who feel suicidal don't really want to die, they just want an end to their pain. These are some of the signs which may indicate that someone is thinking about suicide.

- Suicidal thoughts – a person may be thinking about suicide but not necessarily talking about it. Statements such as: "I'd be better off dead" or "What's the point of it all?" may suggest suicidal thoughts
- Feeling sad, crying a lot, hopeless, discouraged, or listless
- Negative thoughts – expressed through conversation e.g. "I'm a failure", "I'm no good", "No one cares about me"
- Reduced concentration – e.g. "I cannot concentrate long enough to read the newspaper or watch television"
- People problems – there may be a tendency to avoid others e.g. "I don't want anybody to see me", "I feel uncomfortable with people around me"
- Guilt and low self-esteem – the person may have a negative image of him/herself "It's my entire fault", "I'm no good to anyone"
- Preoccupation with death
- Depression
- Becoming isolated
- Sudden changes in mood/behaviour
- Appearance – looks sad, slow movements, unkempt look
- Reduced activity – there may be a reluctance to do anything e.g. "I just sit around and mope", "Doing anything is just too much of an effort"
- Physical problems – are very common and may be the first indicators that something is wrong e.g. sleeping problems, weight loss or gain, decreased sexual interest, or muscular aches and pains
- Making final arrangements such as giving away prized possessions

Associated risk factors

- Previous suicide and self-harm attempts
- History of mental health problems in the individual or family
- A family history of suicide
- Substance abuse
- Access to a method of suicide e.g. medication, firearms
- Recent loss, crisis or change:
 - the break-up of a relationship, family problems such as parental abuse, divorce, or drug and alcohol use by parents
 - death of a parent, sibling or significant loved one
 - significant stressful event such as arrest, victim of crime or financial problems
- Impulsiveness and risk taking behaviour
- Social problem solving difficulties
- Conflict within the family

Protective factors

These factors may occur naturally or can be worked on with individuals or by improving the ethos of an organisation.

- Strong connections to family and community support
- Access to trusted adults to offer support
- Positive mental health supportive environment eg schools, residential units, recreation areas and youth work environments
- Access to a variety of support and interventions
- Restricted access to means of suicide
- Effective care for mental, physical and substance use disorders
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution
- Cultural and religious beliefs that discourage suicide and support self preservation
- Programmes that support and maintain protection against suicide need to be ongoing as an individual's positive resistance to suicide is not permanent

1.8. Confidentiality and Information Sharing

“Some workers might have to tell someone.”

Young person, West Dunbartonshire

West Dunbartonshire has an overarching legal document, agreed with all partner agencies, in relation to Confidentiality and Information Sharing. In addition to this, most agencies and departments have Guidance in place for their staff. There is also guidance included in specific policy documents and procedures such as West Dunbartonshire’s Child Protection guidelines; the Getting Our Priorities Right Protocol and the West of Scotland Child Protection Guidelines.

The sharing of information and concerns is essential to a collaborative approach in the protection of children. West Dunbartonshire’s Inter-Agency Child Protection Guidance states that:

‘inter agency work in child protection raises complex issues about consent and confidentiality ... (and) ... emphasises the importance of considering the child’s welfare as paramount ... (however recognises) ... the child’s interests will over-ride the general rule of professional confidentiality.’

Best practice should ensure that children and young people have a right to privacy and confidentiality, unless the information suggests that a child or young person may be at risk of significant harm.

Self-harm raises issues about confidentiality and about reporting and recording. Each agency working with children and young people in West Dunbartonshire will have established policies and working practices on these processes. Children and young people who are involved in self-harming behaviours should expect the same level of confidentiality expected by other service users. However it is important that the degree of confidentiality which can be maintained will be governed by the need to protect the child or young person.

It is crucial that young people are aware that certain information will require, at times, to be shared with relevant key individuals/agencies. Wherever possible the young person should be encouraged to be involved in this sharing of information. The views of child/young person should be ascertained and taken into account. These views should be balanced with the duty to take positive action to ensure their safety and welfare. They should be advised that it is sometimes necessary to share this information with others, but that they will be informed and encouraged to participate in the process. The young person should always be made aware when information is being/has been shared.

The vulnerability of the child/young person must be taken into account when deciding whether a child/young person has the capacity to decide who should ‘share’ their personal information.

The safety, welfare and wellbeing of children and young people are the paramount concerns in any decision making. It is important that staff do not make assumptions about injuries: injuries may not always be self-inflicted. Staff should refer to relevant Child Protection Policies and Procedures when dealing with a child/young person who presents with an injury. As indicated in the Procedures, Education, Health and Social Work Services each have Child Protection Officers, Specialists whom staff can consult for advice.

‘Best practice must ensure that children and families and/or carers have a right to privacy and confidentiality. Unless the information suggests that a child may be at risk, information disclosed in confidence should not be disclosed for any other purpose without consulting the person who provided it’ (West Dunbartonshire Interagency Child Protection Procedures, 2003)

Section

2

Intervention

2.1. Disclosure

“I think if adults were more understanding with young people and accepted that issues that affect young people are just as important as issues that affect adults, then maybe young people would be more inclined to tell an adult.”

Young person, West Dunbartonshire

Prior to Disclosure

Young people report that self-harm is one of the most difficult issues to disclose and seek support and help on.

Some of the reasons young people have given for not asking for help are:

- They are afraid they will be made to stop
- They think they can cope on their own
- They are afraid of being stigmatised
- They are not taken seriously
- No one would understand or could help
- They are labelled ‘attention seekers’
- They didn’t want to be labelled
- Girls in particular are sensitive about being labelled

For young people to disclose issues around self-harm, they need to know that their confidentiality is respected and that staff will support them, and not punish or judge them in any way. There are things staff can do to make it easier for young people to feel able to ask for help.

Creating a Supportive Environment

Confidentiality – let young people know that their disclosure will be kept confidential unless they are at risk of significant harm and that no one will know why they are seeking help/support.

Space – ensure that services and support facilities are available in an area that is private and in a quiet location.

Services – include partner agencies and invite them to provide information to young people.

Information – make leaflets and posters easily accessible and visible to young people.

Ethos

Personal Social Health Education/workshops/curriculum – include awareness of self-harm and suicide in the formal and informal curriculum.

Staff – staff should be welcoming and non judgemental.

Training – relevant interagency staff have been trained in how to respond to self harm and suicide. Support staff have been offered training in Safetalk and ASIST.

Support – information about self-harm and suicide should be included in all health support services, including the voluntary organisations, youth projects, children’s units, health centres, youth health services, Y-sort-It, Up To Us, CEDAR.

Responding to young people when they tell us they are self-harming and/or have suicidal thoughts

The reaction of staff at this stage is vital as it may determine whether the young person involved continues to discuss their self-harm and underlying issues.

There are some responses that staff should try and avoid expressing when a young person discloses self-harm to them. These include panic, anger, sadness, shock, disbelief, helplessness, disgust, rejection, revulsion and condemnation.

It is important that staff demonstrate an understanding to the young person and try not to be judgemental. Staff should also try and communicate that they care and are concerned about the young person's wellbeing. They should offer time and support to the young person to discuss their feelings and self-harm.

Needs

The young person who has engaged in self-harm may be feeling vulnerable after disclosing and will have specific needs. It is important that the young person is treated with dignity and respect. They should also be provided with the opportunity to discuss their feelings and an opportunity to discuss, if they want, why they are self-harming in a non confrontational way.

Communication

Initially, when a member of staff begins the process of communication with a young person who self-harms, there are some things they should try to communicate to them. Staff should try and let the young person know that they are here to help and listen, and that they will respect their privacy and confidentiality. (See 1.8, Confidentiality and Information Sharing – page 16).

What to Offer

There are various things that can be offered to young people who self-harm. Most important is to listen. It is important that staff know about, and can access suitable support services that can offer specialist advice on self-harm (see 3.5, Local and National Contacts – page 31).

2.2. Immediate intervention

See flowchart on page 25

“(Young people) need access to the right people and services that can help them through whatever the cause of the self-harm is.”

Young person, West Dunbartonshire

Following on from the identification that a young person is self-harming or is thinking about self-harm or suicide, a number of steps must be taken. One of these is that an assessment of risk should be undertaken, to identify the likelihood of the young person engaging in activities that pose a risk to their welfare. There is no standardised risk assessment tool with proven efficiency, nor is there one agency that can carry out a risk assessment.

The process of assessment of risk involves the gathering and sharing of information with all relevant people and agencies, who use their professional training and experience, at the level required by the individual case. Front line workers will vary in their experience and confidence in dealing with such issues, and their response should be in line with their capabilities.

At all times during immediate intervention, it is critical that the young person is treated with respect, listened to carefully, has their views taken into account and is offered sensitive support, as outlined in the earlier sections of this guidance.

How to talk about self-harm:

- Show compassion and respect
- Don't hold back on asking questions about self-harm, try to make the young person feel safe about discussing it, let them know you are available when they need you
- Recognise signs of distress and find a way of talking to the young person about how they are feeling
- Listen to their worries and problems and take them seriously
- Try to remain calm and reassuring, however upset you feel about the behaviour
- Pay attention to the healthier coping strategies the young person has
- Offer help with problem solving
- Highlight that it is normal to feel tension and anxiety when depressed or upset
- Help the young person to understand that talking about worries and feelings is the best way to reach a solution
- Encourage all young people to raise worries they may have about friends who seem depressed, either with school staff or parents
- Accept your limitations and seek advice if you feel stuck or out of your depth

How to talk about suicide:

- Talk openly about suicide and don't avoid the issue
- Don't be sworn to confidentiality and seek support
- Be willing to listen and accept the individual's feelings and express yours
- Be non-judgmental and don't debate the rights or wrongs of suicide
- Be there for the person and be involved
- Don't dare them to do it
- Don't act shocked
- Offer hope that alternatives are available
- Take action by removing any means they may have to commit suicide, your own safety is paramount
- Get assistance from appropriate support agencies

Step 1 - Assess need for Urgent Action

a) Ensure that emergency procedures are followed for those with injuries or substance ingestion

If it is considered that any injuries to the young person require urgent medical treatment, the normal emergency procedures of the organisation should be followed. If the young person is thought to have ingested any substances, the emergency procedures should always be followed.

b) Involve emergency services if young person withholds consent to intervention

On rare occasions, young people may refuse to accept referral for urgent medical treatment. If the young person is seriously injured, requires urgent medical treatment and withholds consent for referral, the NHS should be called. On rare occasions, the young person may intend imminent threat to their life and refuse referral to the NHS. In this case, the police and the NHS should be called.

c) Contact parent or guardian

If situation a) or b) above occurs, contact should be made with the parent, guardian or carer to inform them of the steps taken, as appropriate (see 1.8, Confidentiality and Information Sharing – page 18), and follow the normal procedures for the organisation.

Step 2 - Gather information about the background to the incident/disclosure

Unless emergency medical treatment is required, front line staff should seek to gather background information about the self-harm/suicide behaviour. This should be done within a few hours of identifying the issue and preferably before the young person leaves the premises. This will allow for a decision to be made about the next action required and provide a body of evidence should it be decided to involve other professionals or agencies.

Examples of type of information to be gathered include:

- the nature of self-harm (e.g. cutting, substances)
- previous history of self-harm or alcohol or substance abuse, or mental health problems or involvement with agencies supporting these issues
- circumstances/location of self-harm (home, school, community)
- supports currently in place (other agencies, family, community support, peers)
- why the young person has self-harmed
- whether the young person intended to die
- any intention by the young person to self-harm again
- factors leading to the behaviour (e.g. stress, poor self-concept, social issues, loss)
- characteristics of the young person (e.g. impulsivity)
- basic personal details such as date of birth, address, parent/carer, GP, family composition etc (if not already known)

This list is not exhaustive, and should not be considered to equate to a risk assessment.

A decision should be made about whether it is safe to leave the young person alone while this information is gathered. If in doubt, someone should always be available to be with the young person.

A record of contact with the young person should be maintained, documenting instances of self-harm and action taken by staff, using the organisation's normal procedures.

Step 3 - Consult with line managers and plan action

Schools, children's units, social work services and other agencies will have their own procedures for managing vulnerable young people. These should include the roles and responsibilities of those who have direct contact with the young person as well as line managers, such as Depute Head Teachers, Unit Managers, Senior Social Workers, Principal Psychologists, Project Managers and Team Leaders. All staff should be aware of these procedures and how they apply to young people who self-harm or have thoughts of self-harm or suicide.

The worker who becomes aware of an incident should contact relevant line managers as soon as possible. The manager will assume responsibility for continuing the process. A decision should be made between front line workers and managers about whether it is possible for the individual case to be dealt with safely and effectively by people within the establishment or who are already involved:

- *If this is possible*, an action plan should be drawn up by the line manager and the front line worker. The action plan should name an individual responsible for the implementation of the plan, what will be done by whom, and a review date. This plan will follow the usual format of the organisation, such as a support or care plan.
- If this is not possible, consult with or refer to other agencies.

Step 4 - Consult with and/or refer to other agencies

Contact should be made with other professionals or agencies involved with the young person, if this is appropriate, taking confidentiality and consent into account (see 1.8, Confidentiality and Information Sharing – page 16). This will ensure that information on other areas of the young person's situation, vulnerabilities and resilience can be taken into account. The role of other professionals and agencies in supporting the young person and their views on whether their needs can be met given any new information, can also be considered by the managers responsible.

Information may also be gathered from parents, although issues of consent and confidentiality (see above) need to be taken into account.

If it is felt that sufficient resources are not available to meet the young person's needs, consideration should be given to involving other agencies. There is a variety of agencies available to support young people (see 3.5, Local and National Contacts – page 31). For example, educational psychology, school nursing, school counselling, West Dunbartonshire Youth Health Services, Y Sort-it. For young people who are Looked After and Accommodated (LAAC), LAAC nursing is available, and for young people who are accommodated, the Young People in Mind project is available.

Young people need to agree to be referred to health professionals, so permission should be gained before referral, unless the young person is in imminent risk of serious self-harm, in which case the NHS should be contacted even if consent is not forthcoming (see step 1b). In many instances it is preferable also to consult with the parent/guardian before making a referral (see 1.8 – page 16). However it remains the case that the professionals already involved with the young person have a duty of care and must act in the best interest of the young person.

If referring to health services, front line workers should follow the procedure for the area of the NHS where the young person lives.

(a) Young People living in West Dunbartonshire

In the first instance, the child or young person should be advised or encouraged to attend their general practitioner. The family doctor is best placed to make an initial assessment of the potential health services input. Following initial assessment, the general practitioner can think carefully with the young person whether it would be helpful or appropriate to involve other health service colleagues such as the CAMHS Team at the Acorn Centre in Vale of Leven Hospital.

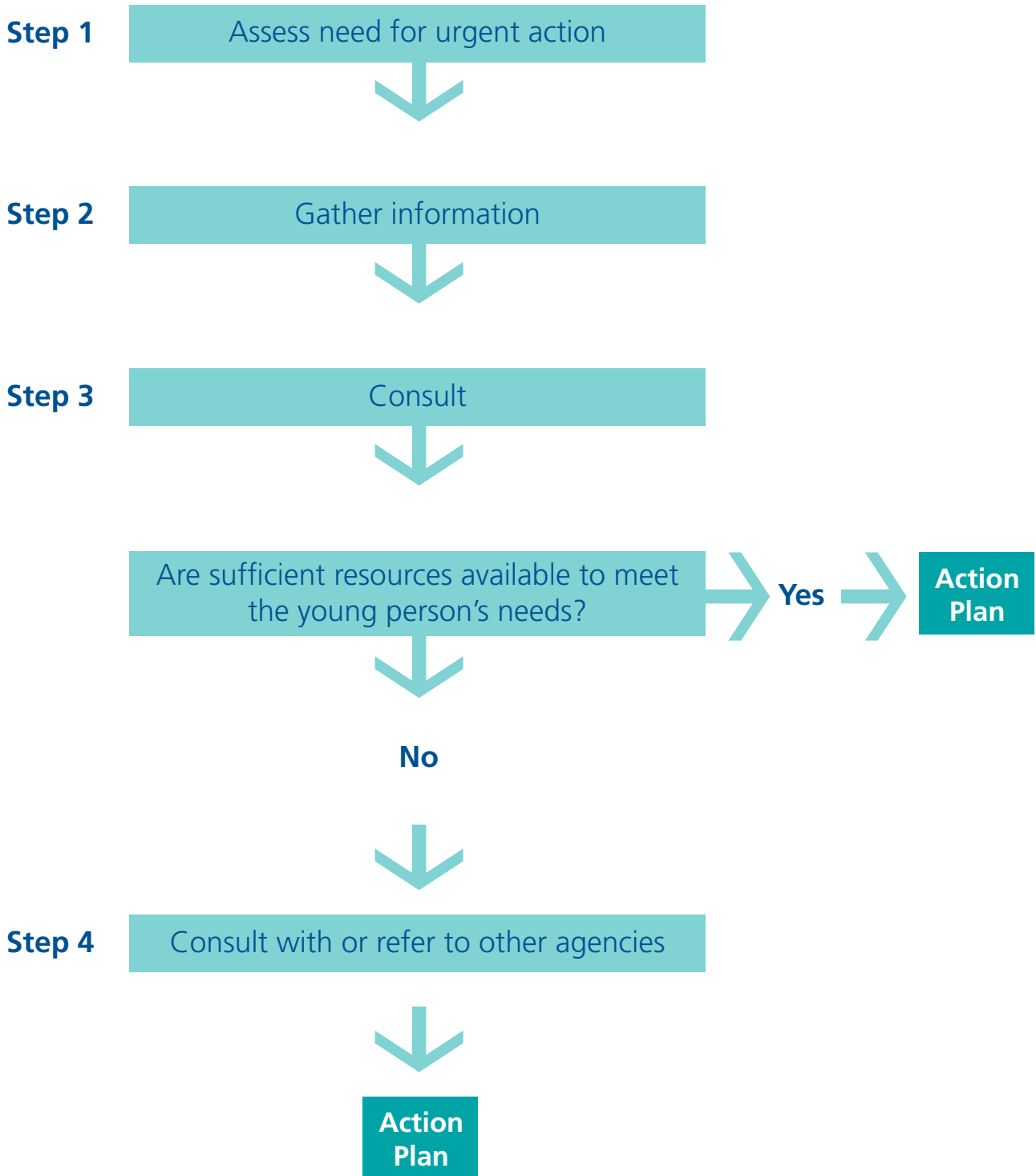
If front line staff are unsure about whether it is appropriate to refer to CAMHS, they may phone the Child and Adolescent Mental Health Team and talk to a person on duty for advice about the course of action. If a young person does not consent to referral to CAMHS, general advice would still be available on an anonymous basis

If possible, staff could help with arranging an appointment with the general practitioner. If the young person is unwilling to attend their general practitioner, then consideration should be given to the involvement of other agencies as detailed earlier in step 4.

(b) Out of Hours referrals

If a young person presents with issues outwith surgery hours, and it is considered unsafe to wait for re-opening, psychiatric advice is available on a 24 hr basis via NHS 24 (0845 4 24 24 24) and/or Accident and Emergency Departments.

Immediate Intervention Flow Chart



2.3. Longer Term Intervention Action Planning

*“They need to be patient, able to take things as slowly as the young person needs.”
Young person, West Dunbartonshire*

After the uncovering of self-harm and the immediate intervention, there are four longer term tasks:

- a) Consider care planning within the context of the Integrated Assessment Framework
- b) Address the issues directly relating to the self-harm or attempted suicide
- c) Address the issues which underlie and give rise to the self-harming behaviour
- d) Record, monitor and review progress

a) Consider care planning within the context of the Integrated Assessment Framework

The Integrated Assessment Framework (IAF) applies to all children and is part of the Scottish Executive Getting It Right for Every Child policy. It develops the better integrated services agenda and is intended to ensure that children and young people receive the help they need when they need it and no child should fall through the safety net of services. The IAF provides a child-centred, consistent and comprehensive assessment of need across all agencies involved with the child or young person leading to a single assessment record and plan. Assessments are undertaken in partnership with children and young people, those working with them and those who care for them. Where needs can be met by simple, effective action, a single agency assessment may be appropriate. Where needs are significant or require multi-agency intervention, a co-ordinated interagency assessment and plan will be required. The IAF is the model of assessment to be used across children's services; specialist assessments for particular needs can contribute to the full IAF. The IAF will be phased in across West Dunbartonshire in 2007/08. Assessment of young people who self-harm should be undertaken within the IAF model.

b) Address the issues directly relating to self-harm or attempted suicide

If the immediate intervention has identified that self-harm or suicide is an issue for the young person, an action plan is to be drawn up. At the agreed time, the person identified at Step 3 to be responsible for the implementation of the plan should spend time with the young person to make a thorough assessment of the situation and devise an action plan. They should feel comfortable doing this work and be confident in their ability to address the issues. Young people themselves will have views on who they feel comfortable working with, if anyone, and without their consent to engage in such work, progress will not be made. Some of the factors that could be explored are listed below, but this is not an exhaustive list and is intended as a guide.

Assessment and intervention with a young person who is self-harming or who has thoughts of suicide usually has a number of key elements aimed at reducing risk. These include:

- Reviewing and confirming the information gathered for the immediate intervention, including the circumstances of the incident, the events leading up to, during and following the event, and the young person's thoughts and feelings at that time and whether drugs or alcohol were involved
- Identifying whether the self-harm was impulsive or premeditated
- Discussing the nature and severity of the self-harm, including the lethality and the young person's understanding of this

- Exploring the cycle of self-harm – what are the triggers; times and places where self-harm occurs; what helps the young person to stop; alternative coping strategies used in the past; factors helping to reduce the self-harm; strategies for risk reduction.

It may take some time to address the underlying reasons for self-harm, and harm reduction measures may be needed initially: self-harm can be a coping strategy and complete cessation is not always the best thing to aim for at first. Being an understanding listener and ensuring the young person's safety are important at this stage, while working with the young person to introduce more positive coping strategies. Some specific strategies (Appendix 1) have been shown to be useful in reducing self-harm and these can be suggested to young people to see if any would help. Each individual will find different strategies more or less useful.

c) Address the issues which underlie and give rise to the self-harming or attempted suicide

There are many factors which can give rise to self-harming behaviour, and thorough assessment will be required to identify all the issues affecting the individual. Often, there will be several factors present. It is possible that several different agencies may be needed to complete an assessment where a young person's situation is complex, involving multi factorial issues such as loss, drug or alcohol misuse, abuse, attachment difficulties.

Existing forums may be available for planning such multi-agency assessments within the IAF model, Joint Assessment Teams in schools or LAAC reviews in social work, and these should be used where appropriate. For each individual, the underlying issues should be identified and an action plan drawn up identifying the targets which need to be addressed, the work which needs to be done, the individuals with responsibility for doing this work, where and when it should be done and how it will be reviewed. The key worker will need to ensure that there is a clear understanding of which workers from other agencies are involved with the young person, and what their roles and responsibilities are in delivering the action plan. Mechanisms for sharing information between agencies on an ongoing basis will need to be considered.

d) Record, Monitor and Review

The type of action plan for each individual will be determined by the organisation with the lead responsibility, such as a Childs Plan in social work. The normal monitoring and review procedures associated with this plan should be followed by all agencies.

Section

3

Additional
Information

3.1. Information for Young People and Parents

“Young people need to have an understanding of self-harm, they need to be told what it is and the potential consequences of it.”

Young person, West Dunbartonshire

Appendices II and III of this document are leaflets for young people and parents and can be photocopied. A wide range of published documents including information for young people and parents is also available, and staff should distribute the leaflets that they feel most suit the needs of the individual.

3.2. Supporting the Peer Group

“(Young people need) A support service within schools and colleges to allow them to talk freely and confidentially about issues affecting them.”

Young person, West Dunbartonshire

Other young people may be affected when someone has self-harmed or attempted or completed suicide. Some may feel upset, angry, frightened or resentful. It is important to think about the needs of other young people so that problems can be anticipated and prevented.

Staff may be able to support young people in the following ways:

- Staff can encourage young people to express their feelings and also discuss any feelings of responsibility or guilt they may have.
- Staff can engage them in discussion on how to support each other.
- Finally, it may be worthwhile listing resources for young people to get help and support if they feel they need it.

3.3. Advocacy

“Workers need to come across as more approachable and trustworthy in the hope that young people might be able to talk to them instead of resorting to self-harm.”

Young person, West Dunbartonshire

Advocacy helps young people to have a say in what happens in their life.

Advocacy is support in speaking out about what they need.

It can be hard for young people to speak out and ask for things they believe they are entitled to. An Advocate is someone who will listen to them and support them to speak up for themselves. They will help make sure that the young person’s opinions, wishes, or needs are listened to.

Advocacy services provide information and support to allow people who use services and their carers, family and friends to speak up for themselves and exercise their rights by representing their views and choices.

Advocates are usually but not always professionals, rather than the carers or relatives of people who use services. They may have been service users themselves.

Advocacy may be used to support young people to:

- set their own agenda
- find a stronger voice
- get their point across
- influence decisions which affect their lives
- contact people, write letters, prepare for meetings and get support at meetings
- say what they want, make sure they are treated fairly and equally, and get the services they need
- be involved when decisions are made that affect them
- get in touch with other organisations that provide special help

Partners in Advocacy

Who else can adopt an advocacy role?

There are a range of agencies that will also act as advocates as part of their normal work. These might include Youth Work Projects, Who Cares? Y-Sort-It, Children's Rights Officers and Social Workers.

3.4. Training

"Workers need to be able to spot the warning signs of self-harm."

"Maybe if adults treated young people like real people and not just vandals then they would see that young people need help too."

Young person, West Dunbartonshire

ASIST (Applied Suicide Intervention Skills Training)

ASIST is a 2-day intensive, interactive and practice-dominated course aimed at enabling people to spot the risk of suicide and provide immediate help to persons at risk. In the same way that skills are needed for physical first aid, ASIST develops the skills necessary for suicide first aid. It is suitable for anyone, from professionals and volunteers to members of the community. Participants range from those in caring roles to people concerned about family members or friends.

ASIST has five learning sections:

1. Preparing - sets the tone, norms, and expectations of the workshop.
2. Connecting - allows participants to explore their own attitudes towards suicide. Creates an understanding of the impact that attitudes have on the intervention process.
3. Understanding - overviews the intervention needs of a person at risk. Focuses on providing participants with the knowledge and skills needed to recognise risk and develop safe plans to reduce the risk of suicide.
4. Assisting - presents a model for effective suicide intervention. Participants develop their skills through observation and supervised simulation experiences in large and small groups.
5. Networking – generates information about resources in the local community. Encourages participants to explore local resources to create wider networks of support in the community.

Participants who have attended ASIST report that they learn new skills and have increased confidence to effectively recognise the potential signs of suicidal behaviour and intervene to keep someone safe.

Scottish Mental Health First Aid

Mental health first aid - a definition

Mental health first aid (MHFA) is the help given to someone experiencing a mental health problem before professional help is obtained. The aims of MHFA are:

- to preserve life where a person may be a danger to themselves or others
- to provide help to prevent the mental health problem developing into a more serious state
- to promote the recovery of good mental health
- to provide comfort to a person experiencing a mental health problem

MHFA does not teach people to be therapists. However, it does teach people:

- how to recognise the symptoms of mental health problems
- how to provide initial help
- how to guide a person towards appropriate professional help
- The recent development of a stand alone element is aimed at supporting those involved children and young people.

Seasons for Growth

Seasons is a quality peer education programme developed by Good Grief (Australia). It is based on William Worden's psychological model of grief. Trained companions facilitate groups of 6-8 individuals in exploring their own experiences of loss, change and bereavement focussing on developing skills, support networks and personal insights.

West Dunbartonshire have trained companions across all sectors from education, health, social work and voluntary agencies to work together in a multi agency approach.

As loss, divorce, separation and bereavement are risk factors for self-harm and suicide, Seasons may be seen as a positive, preventative intervention.

SafeTALK

An exploration in suicide awareness. SafeTALK is aimed at most members of the community. Its goal is to help make it easier to have open and honest talk about suicide. Such talk may:

- increase community awareness of suicide as a serious community health problem
- reduce stigma and taboo surrounding suicide
- support the spread of training opportunities and networking activities
- increase personal commitment to and action in suicide prevention

Training should be part of continuing professional development plans.

Information on ASIST and SuicideTalk is available from Choose Life (see 3.5 – Local and National Contacts)

3.5. Local and National Contacts

“They might not know who to ask that could actually help.”

Young person, West Dunbartonshire

West Dunbartonshire Council

All Departments

West Dunbartonshire Council

Headquarters

Council Offices

Garshake Road

DUMBARTON G82 3PU

Tel: 01389 737000

Further information on all council services can be obtained from the Council's Website:

www.west-dunbarton.gov.uk

West Dunbartonshire CHCP

Council Offices

Gartshake Road

DUMBARTON G82 3PU

Tel: 01389 737000

www.chcp.org.uk

Social Work and Health Children and Families Teams

Social Work Area Office

4 Church Street

ALEXANDRIA G83 0NP

Tel: 01389 608080

Fax: 01389 608088

Social Work Area Office

Council Offices

Rosebery Place

CLYDEBANK G81 1TG

Tel: 0141 562 8800

Fax: 0141 562 8899

Room 1.6

Leven Valley Enterprise

Castlehill Road

DUMBARTON G82 5BN

Tel: 01389 772028

Fax: 01389 772033

Reduce Abuse Project, Domestic Abuse Partnership

The Reduce Abuse Project provides support to schools with curricular programmes, staff training and can refer young people to support services. The project has produced a manual for use in secondary schools (S1-4), to raise awareness about domestic abuse and related issues. The manual is available with training on classroom delivery. Contact: Domestic Abuse Education Worker, Tel: 01389 772214

Choose Life

This community planning project focuses on training and initiatives relating to suicide prevention.

Health Improvement Team

West Dunbartonshire CHCP

Leven Valley Enterprise Centre

Castlehill Road

DUMBARTON G82 5BN

Tel: 01389 744650 (Main Line)

Throughcare & Youth Homelessness Teams

Unit 10

Leven Valley Enterprise

Castlehill Road

DUMBARTON G82 5BN

Tel: 01389 608172/608174

Fax: 01389 608171

Housing

Dumbarton Area Housing Office

24-30 College Way

DUMBARTON G82 1QS

Tel: 01389 608999

Alexandria Area Housing Office

15-17 Mitchell Way
ALEXANDRIA G83 0LW
Tel: 01389 608900

Clydebank Area Housing Office

Rosebery Place
CLYDEBANK G81 1TG
Tel: 01389 738628

Department of Educational Services

Psychological Services

Carleith Primary School
Stark Avenue
CLYDEBANK G81 6EF
Tel: 01389 800491
Fax: 01389 873693
psoffice@west-dunbarton.gov.uk

Health and Wellbeing Team

Contacts:

Claire Hübler,
Acting Senior Health Development Officer,
Tel: 01389 737324
Claire.hubler@west-dunbarton.gov.uk

Denise McKinnon
Quality Improvement Officer
Tel: 01389 737355
denise.mckinnon@west-dunbarton.gov.uk

The Health and Wellbeing Team supports schools in delivering all aspects of the Health and Wellbeing agenda e.g. curricular programmes; policy development; work with parents and staff training.

Community Learning & Development

The Community Learning and Development Team supports schools developing programmes across school communities e.g. Young Scot Programme; Adult Education and Community Literacies.

Contact: Lorna Campbell - Section Head
Tel: 01389 738661

NHS 24

Tel: 0845 4 24 24 24

Child and Adolescent Mental Health Services (CAMHS)

NHS Greater Glasgow & Clyde
Acorn Centre
Vale of Leven Hospital
North Main Street
ALEXANDRIA G83 0AU
Tel: 01389 817324

Scottish Children's Reporter Administration

Scottish Children's Reporter

55 Church Court
DUMBARTON G82 1SU
Tel: 01389 764268

Voluntary Services and Community Projects

Childline Scotland

(Free telephone advice for Children/ Young People)
18 Albion Street
GLASGOW G1 1LH
Tel: 0800 11 11 11

National Children's Home – Action for Children (Scotland)

17 Newton Place
GLASGOW G3 7PY
Tel: 0141 332 7002

Partners in Advocacy Mental Health Project

Pentagon Centre
36 Washington Street
GLASGOW G3 8AZ
Tel: 0141 847 0036
Text: 0796 286 4692
Email: glasgow@partnersinadvocacy.org.uk

Partners in Advocacy is a free and confidential service for children and young people in Greater Glasgow who are experiencing mental health difficulties. They support young people to express their views, access information and services, promote their rights and explore their choices and options. The child/young person can contact them directly or anyone involved in their life can call on their behalf. This could be their social worker, teacher, parent or guardian, youth worker or anyone else.

Who Cares? Scotland

(Advice & Advocacy Services on Behalf of Accommodated Young People)

Oswald Chambers 5
Oswald Street
GLASGOW G1 4QR
Tel: 0141 226 4441

Y Sort-it

24 Kilbowie Road
CLYDEBANK G81 1TH
Tel: 0141 941 3308

Up-2-Us

10 Meadowbank Street
DUMBARTON G82 1SD
Tel: 078147 398888

Addiction Services

West Dunbartonshire Community

Drugs Initiative (Alternatives)
1/3 Quay Street
DUMBARTON G82 1LG
Tel: 01389 734500

118 Dumbarton Road
CLYDEBANK G81 1UG
Tel: 0141 951 2420

All for Youth

49 Main Street
ALEXNADRIA G83 ODY
Tel: 01389 756611

Dumbarton Area Council on Alcohol (DACA)

82 Dumbarton Road
CLYDEBANK G81 1UG
Tel: 0141 952 0881

West Bridgend Lodge
West Bridgend
DUMBARTON G82 4AD
Tel: 01389 731456

Woman's Aid

Clydebank Woman's Aid

77 Whitecrook Street
CLYDEBANK G81 1QW
Tel: 0141 952 8118

Dumbarton Woman's Aid

3 Peter's Avenue
BALLOCH G83 8DE
Tel: 01389 751036

CARA

WDVAWP

WDC Council Offices
Rosebery Place
CLYDEBANK G81 1TG
Tel: 01389 738680

CEDAR

2nd Floor, East Wing,
Leven Valley Enterprise Centre
DUMBARTON G82 5BN
Tel: 01389 772216

National Contacts

What Support is Available?

42nd Street
2nd Floor
Swan Building
20 Swan Street
MANCHESTER M4 5JW
Helpline: 0161 832 0169

National Children's Bureau

8 Wakely Street
LONDON EC1V 7QE
Tel: 020 7843 6000
Website: www.selfharm@ncb.org.uk

National Self-harm Network

Can provide information and support to people who self-harm.
PO Box 7246
NOTTINGHAM NG1 6WJ
Email: infor@nshn.co.uk
Website: www.nshn.co.uk

Bristol Crisis Service for Women

PO Box 654
BRISTOL BS99 1XH
National Helpline: 0117 925 119
www.users.znet.co.uk/bcsw/

Mind

Tel: 08457 660 163
Website: www.mind.org.uk

Penumbra

Norton Park
57 Albion Road
EDINBURGH EH7 5QY
Tel: 0131 475 2380
Email: enquiries@penumbra.org.uk
Website: www.penumbra.org.uk

The Self Harm – Injury Forum

The Basement Project
PO Box 5
ABERGAVENNY NP7 5XW
Tel: 01873 856 524
Email: basement.project@virgin.net
Website: <http://freespace.virgin.net/>

Basement Project

The basement project coordinates the Self-injury forum which is a national network (with some international members) of organisations and individual workers who work with people who self-harm. Provides a quarterly newsletter.

Has a list of publications:

- Making sense of self-harm
- What's the harm
- The self-harm help book
- Working with self-injury
- New strength in numbers
- Hurting inside
- Lifting the lid
- Getting it right

Young Minds

Telephone advice service for anyone with concerns about the Mental Health of a young person. Also a source of excellent leaflets.

Tel: 0207 336 8445
Parents Information Service:
0800 018 2138
Website: www.youngminds.org.uk/selfharm

Samaritans

Tel: 08457 90 90 90
Email: jo@samaritans.org
Website: www.samaritans.org.uk

Childline

Tel: 0800 11 11 11
Website: www.childline.org.uk

LifeSigns

Tel: 0800 11 11 11
Website: www.lifesigns.org.uk

Breathing Space

Tel: 0800 838587

Helpful Websites

www.seemescotland.org.uk
www.nshn.co.uk
www.lifesigns.org.uk
www.childline.org.uk
www.samaritans.org.uk
www.selfharm.org.uk
www.selfharmuk.org
www.si-am.info
www.talking2ourselves.com
www.penumbra.org.uk
www.chooselife.net

3.6 Further Reading

*“They need to be able to read body language well, a lot of what is going on is unsaid.”
Young person, West Dunbartonshire*

Allen, C. (1995) **Helping with Deliberate Self-Harm; Some Practical Guidelines.** Journal of Mental Health, 4, pp 243-250.

Arnold, L. (1994) **Women and Self Injury** Information Booklet No 1: Understanding Self-injury, Bristol Crisis Service for Women, Mental Health Foundation, Bristol.

Babiker, G. and Arnold, L. (1997) **The Language of Injury: Comprehending Self-mutilation.** BPS Books
This book looks in great depth at many aspects of self-injury and working in various settings with people who self-injure.

East Renfrewshire Council, Department of Education. (2006) **A staff Guide for Responding to Suicidal/Self Harming young people in a School Setting.**

Hawton, K. and Rodham, K. (2006) **By Their Own Young Hand London:** Jessica Kingsley.

McLean, J.; MacCallum, E.; McCollam, A. (2000) **A Study of current Scottish NHS and Local Authority Approaches to suicide prevention - Report to Seminar 2000.**

Mental Health Foundation (2006) **The Truth about self-harm: for young people, and their friends and families.**

Mental Health Foundation (2006) **Truth Hurts: Report of the National Inquiry into self harm among Young People.**

Scottish Executive Social Research. (2004) **Choose life: A national Strategy and Action Plan to prevent Suicide in Scotland.**

Scottish Health Feedback (2001) **A Study of the health needs of young people with experience of being in care in Glasgow for the big step.**

One in Two: **A qualitative study of self-harm and support in residential care.** Scottish Health Feedback (2001) **Young people in care in Glasgow have used self-harm.**

South Lanarkshire Council, Education Resources: **Self Harm: Information for adults working with young people.**

Vostanis, P. (2000) **Understanding the Mental Health Needs of Looked After Children: Assessment, Treatment and Service Models. Improving the Health Care of Looked After Children.**

Working with children and adults who may be at risk of self-harm: practice guidance on information sharing, protection and confidentiality. www.scotland.gov.uk/Publications/2011/03/17153551/0

(For an update on the Scottish Government's plans to develop a new strategy on prevention of suicide and self harm:-[www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Suicide-Self-Harm / Working-Group](http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Suicide-Self-Harm/Working-Group))

Section

4

Appendices

Appendix I: Strategies shown to reduce Self-harming behaviour

Some specific strategies have been shown to be useful in reducing self-harm and these can be suggested to young people to see if any of them would be ways to help them.

Each individual will find different activities more or less suited to them.

- Carrying 'safe' objects in pockets: conkers, favourite stones, small books, stress relieving 'squishy' things, anything that feels right that can occupy the hands and to distract attention when the urge to self-harm occurs.
- Having something to do to keep hands and brain busy, for example puzzles or listening to music.
- Taking physical exercise
- Drawing or painting feelings. Some people draw on themselves using bright body paints instead of harming themselves.
- Making a collage – tearing pictures and words from magazines and newspapers and
- Sticking them onto paper, to express feelings or make pictures.
- Thinking about anger – deciding who should be the focus of the anger if not the young person, and writing about the people who have caused the anger to rise.
- Lining up a set of cushions that represent people who cause pain. Telling them how they have caused hurt and that this is no longer acceptable.
- Writing a diary. This can be helpful as it may help to identify "triggers" to self-harm which can be used to plan ways to avoid or get round it. This can also highlight times when the young person has coped well in difficult situations without self-harm and is a reminder of coping strategies that have been used in the past.
- Kicking or hitting cushions can relieve angry feelings, but is best done alongside another person so that the experience is shared and no-one is hurt.
- Making a tape saying all the positive things about you, or getting teachers or friends to list some. Sometimes people have favourite stories or poems they read on to a tape. Hearing your own voice or that of someone you trust can be soothing.
- Making a reality check-list writing down or making a mental list of all the facts about where and who you are, for example: my feet are feeling the carpet, the walls are yellow, there is a table in front of me, it is 3am on Thursday 7th December...
- Running an errand
- Writing how you feel on a piece of paper and then ripping it up.
- Making lots of noise – playing an instrument, singing loudly, banging objects...
- Getting sensory input through breathing aromatherapy oils, fresh coffee, favourite perfume, anything you like the smell of.
- Putting an elastic band round your list and flicking it when you feel like cutting, or brush your skin with a toothbrush, or holding an ice cube, anything to give physical feedback without causing physical damage.
- Talking to someone close about the feeling that you want to self-harm and asking them to sit with you or keep you busy until the feeling has passed.
- Calling a friend and talking. If you feel like harming yourself, just blether or listen. Make a list of people you could call at times like these and keep it with you.

Appendix II: Information for young people

What is self-harm?

Self-harm is where someone does something to deliberately hurt him-or herself. This may include cutting parts of the body, burning, hitting or taking an overdose.

How many young people self-harm?

A large study in the UK found that about 7 per cent (i.e. 7 out of every 100 people) of 15 to 16-year-olds had self-harmed in the past year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close, such as someone dying or leaving

When difficult or stressful things happen in a person's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing, or thinking you are going to fail
- Being bullied

Often, these things build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of the person showing other people that something is wrong in his or her life

How can you cope with self-harm?

Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way of dealing with difficult things in your life. Helpful strategies can include:

- Finding someone to talk to about your feelings, such as a friend or family member
- Talking to someone on the phone, e.g. you might want to ring a helpline
- Writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kind of exercise
- Getting out of the house and going somewhere there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other object
- Watching a favourite film

Getting help

In the longer term, it is important that the young person learns to understand and deal with the causes of stress that he or she feels. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings:

- At home: parents, brother/sister or another trusted family member
- In school: pastoral care teacher, subject teacher, learning assistant, pupil and family support worker, other member of staff:
- GP: you can talk to your GP about your difficulties and he or she can make a referral for further help
- Help lines:

Samaritans:	08457 90 90 90
Childline Scotland	0800 1111
NSPCC	0808 800 5000
Y-Sort-It	0141 941 3308

My friend has a problem: how can I help?

- You can really help by just being there, listening and giving support
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know you are going to do this and you are doing it because you care about him or her.
- Encouraging your friend to get help. You can go with your friend or tell someone he or she wants to know about it.
- Get information from telephone help lines, websites, library, etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.
- Your friend may get angry with you or tell you that you don't understand. It is important to try not to take this personally. Often, when people are feeling bad themselves, they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to talk to an adult who can support you. You may not always be able to be there for your friend, and that's OK.

Adapted with permission of Oxfordshire Adolescent Self-Harm Forum 2002

Appendix III: Information for parents

It can be difficult to find out that someone you care about is harming him- or herself. As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. The person needs you to stay calm and listen to him or her. The reason someone self-harms is to help him or her cope with very difficult feelings that build up and cannot be expressed. The person needs to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of a car where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the past 40 years, there has been a large increase in the numbers of young people who harm themselves. A large community study found that among 15- 16 year olds, approximately 7% had self-harmed in the previous year.

Is it just attention-seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm, such as arguments with family, break- up of a relationship, failure in exams and bullying at school. Sometimes, several stresses occur over a short period of time and one more incident is the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?

- Keep an open mind
- Make the time to listen
- Help the person find different ways of coping
- Go with the person to get the right kind of help as quickly as possible.

Some people you can contact for help, advice and support are:

- Your family doctor.
- Parentline Plus: 0808 800 2222
- Young Minds: 0800 018 2138

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Appendix IV: Health and Wellbeing in schools

1. Health Promoting Schools Accreditation

West Dunbartonshire Council's Health Promoting Schools Accreditation Scheme was established in 2006 to meet the Scottish Government's target that all schools should be Health Promoting Schools by December 2007. The scheme used How Good Is Our School The Child At The Centre: The Health Promoting School (HMIe, 2004) as the framework for monitoring improvements in Health Promoting Schools programmes. The scheme was co-ordinated by West Dunbartonshire Council's Health Promoting Schools Unit and was successfully implemented with all schools receiving accreditation by April 2008. Part of the accreditation process was an agreement between the Health Promoting Schools Unit, the Head Teacher and the Health Education Coordinator on Areas for Development for every school.

In January 2009 the Health Promoting Schools Unit, now the Health and Wellbeing Team established the Phase One Process: Progression from Health Promoting Schools Accreditation. The process involves:

- reviewing progress with the Areas for Development identified during accreditation
- exploring progress with the implementation of the Health and Wellbeing Curriculum Area
- identifying new Health and Wellbeing Areas for Development based on the needs of the school community

2. National Guidance

Since the establishment of the Health Promoting Schools Accreditation Scheme there have been significant national developments which affect Health and Wellbeing policy and guidance.

2.1 Curriculum for Excellence

A Curriculum for Excellence, Building the Curriculum 1: established Health and Wellbeing as a core Curriculum Area, with all teaching staff responsible for delivering Health and Wellbeing. Responsibility of All, Health and Wellbeing across Learning: Principles and Practice released in 2009 gives further guidance on the responsibilities of all staff in delivering Health and Wellbeing. The Health and Wellbeing experiences and outcomes provide new guidance on how the Curriculum Area should be organised. Experiences and outcomes have been established in the following six organisers:

- Mental, emotional, social and physical wellbeing
- Planning for choices and changes
- Physical education, physical activity and sport
- Food and health
- Substance misuse
- Relationships, Sexual Health and Parenthood

Curriculum for Excellence highlights the need to extend learning in Health Wellbeing across Curriculum Areas through inter-disciplinary learning programmes. Health and Wellbeing: Principles and Practice and Building the Curriculum 3 gives guidance to practitioners on making connections beyond Health and Wellbeing. More recently Building the Curriculum 5 provides guidance on assessment in Health and Wellbeing.

2.2 Health Promotion Guidance for Local Authorities and Schools

This provides advice and guidance on delivering the ***Schools (Health Promotion and Nutrition) (Scotland) Act (2007)***. A framework for implementation is provided along with guidance on each Health and Wellbeing organiser within the context of a Curriculum for Excellence. A Summary of the Act developed by West Dunbartonshire Council has been distributed to every school.

2.3 How Good is our School? The Journey to Excellence Part 3

This provides a framework for schools to monitor improvements in Health and Wellbeing. Several quality indicators are of particular relevance these include:

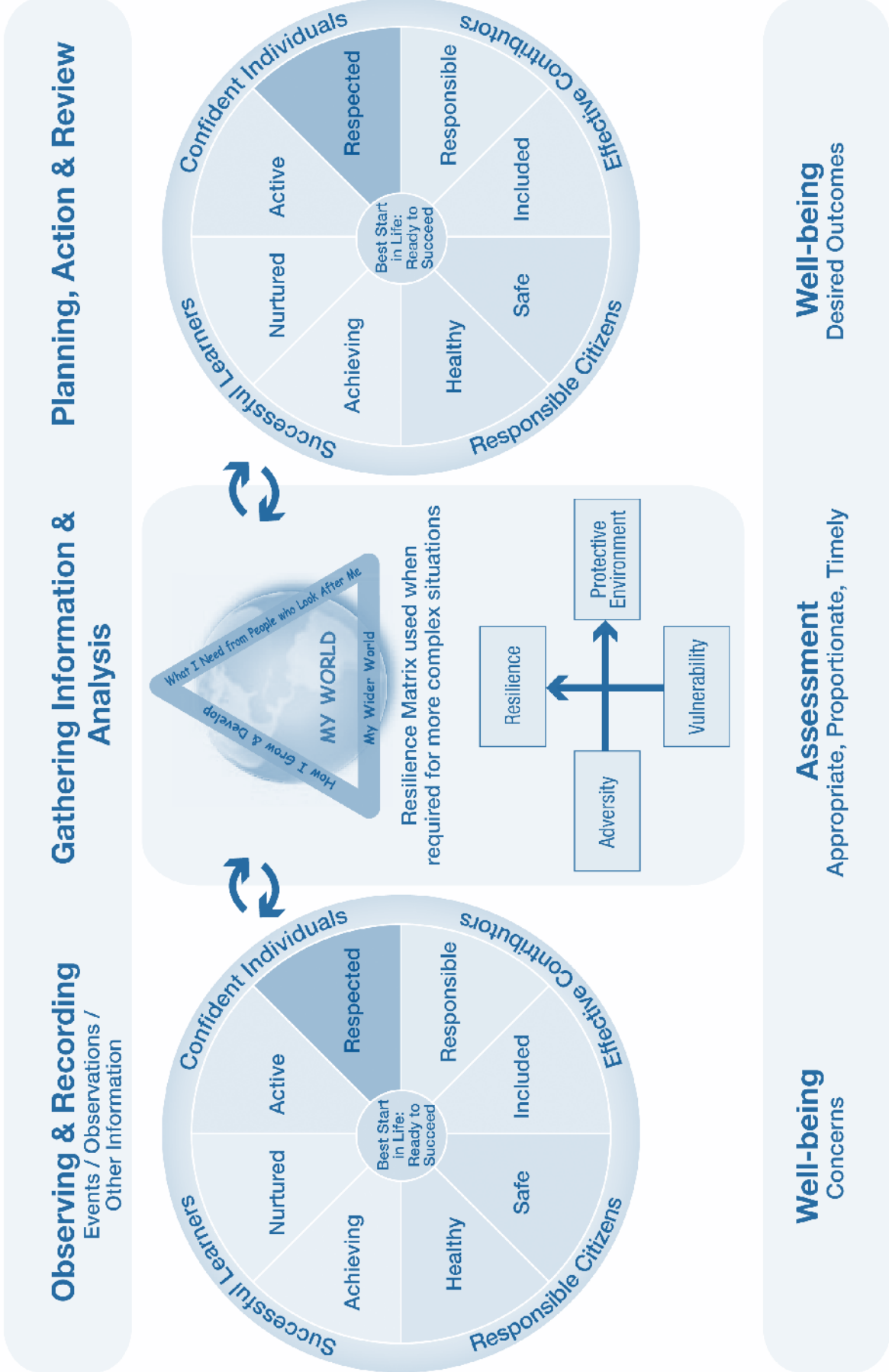
- 1.1 Improvements in performance
- 2.1 Learner's experiences
- 5.1 The Curriculum
- 5.3 Meeting learning needs
- 5.6 Equality and fairness
- 5.7 Partnerships with learners and parents
- 5.8 Care, welfare and development
- 5.9 Improvement through self evaluation
- 7.3 Staff development and review
- 8.1 Partnerships with the community, educational establishments, agencies and employers
- 8.3 Management and use of resources and space for learning
- 9.1 Vision, values and aims

2.4 Health Promotion Guidance for Local Authorities and Schools

Additional national guidance is available on the five core quality indicators, which are now the basis of HMIE school inspection visits. This guidance supports progress in Health and Wellbeing and comprises Improving our Curriculum through Self-Evaluation and Improving Outcomes for Learners through Self-evaluation.

The ten dimensions outlined in Journey to Excellence all reflect the ethos of Health and Wellbeing. Of particular relevance is Dimension 9: Promotes Wellbeing and Respect. Guidance on this dimension highlights the importance of promoting health to achieve excellence. It contains snapshots of practice and illustrations of how to achieve excellence. This dimension is referred to in Health Promotion Guidance for Local Authorities and Schools.

The National Practice Model



Ref: Getting it Right for Every Child (GIRFEC)