



**Ayrshire multi-agency  
guidance for people  
working with children  
and young people at risk  
of self-harm or suicide**  
September 2013





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## Foreword

The Scottish Government is committed to creating a more successful Scotland with a thriving society that offers everyone the opportunity to reach their full potential. Safeguarding children and young people, promoting their welfare and their emotional and mental wellbeing is a key part of that commitment and a priority for Community Planning Partners across Ayrshire.

This multi-agency guidance aims to support staff across all partner services to provide a caring and appropriate response to children and young people experiencing emotional distress and who may be at risk of deliberate self-harm or have thoughts of suicide.

This document encompasses guidance for staff for both self-harm and suicide in a single document. This may infer an inevitable link and may cause concern, as self-harm and suicide are distinctly different behaviours with very different intent and motivations. However, it is precisely to be able to dispel the myths around the two, to recognise the distinct features of each and the complexities between them, that it is important to address these in the one document.

Additionally, many influencing factors and the consequent emotional distress are common factors underlying both self-harm and suicide responses. It is important in providing guidelines in support of staff who have to carefully elicit and assess a young person's response, that the complexities of both are addressed.

While this guidance focuses on self-harm and suicide, it is not to ignore but in fact to recognise and to further emphasise the importance of the wider preventative and early intervention context within universal services in promoting the emotional wellbeing and resilience of children and young people.

During recent years, there has been an increasing

awareness of the issues and needs of young people who are self-harming or at risk of self-harm or suicide. One in fifteen young people self-harm with the average age of onset being 12 years old. In Scotland, the statistics for suicide are higher per head of population than those for the rest of the UK. More young people die from suicide than in road accidents.

Recent high profile cases, and subsequent reports and policy guidance, such as:

The fatal accident inquiry into the deaths on the Erskine Bridge (2012); the SCSWIS Practice Guide on Suicide Prevention for Looked After Children & Young People (2011); and Responding to Self-Harm in Scotland Final Report (2011); have helped to clarify the complexity of these issues, to dispel the myths surrounding them, to challenge stigma, and establish best practice in responding.

These reports, as well as guidance developed in Angus, Perth and Kinross and Dundee City Councils have informed the development of this guidance. This final document has been adapted from North Ayrshire guidelines for social services staff supporting accommodated young people. These were jointly developed by partners and founded on work done by Penumbra. We acknowledge and thank all for their help and support.

The development of this guidance is also testament to good collaboration with multi-agency and multi-professional contributions across all Ayrshire partnerships: and the significant contribution of voluntary organisations with specialist expertise in this area, such as Penumbra and Barnardo's. The extent of collaboration demonstrates everyone's desire and commitment to address these issues.

Ayrshire Community Planning Partnerships commend this collaboration and this guidance and will support their implementation across Ayrshire.

Chair - Councillor Douglas Reid East Ayrshire Community Planning Partnership	Chair - Councillor Bill McIntosh South Ayrshire Community Planning Partnership	Chair - Councillor Willie Gibson North Ayrshire Community Planning Partnership
		

## 1. Introduction

In 'Towards a Mentally Flourishing Scotland Action Plan 2009-2011'<sup>4</sup> Priority 5, Reducing the Prevalence of Suicide, Self-Harm and Common Mental Health Problems, Commitment 16 states:

"The Scottish Government will work with partners to improve the knowledge and understanding of self-harm and an appropriate response. This document aims to increase awareness of self-harm and its determinants and offer guidance to those delivering both general and specific services."

### 1.1 Definitions of suicide and self-harm

#### **Suicide**

An act of deliberate self-harm which results in death.

A death resulting from an intentional, self-inflicted act.

#### **Self-harm**

Self-poisoning or self-injury, irrespective of the apparent purpose of the act.

#### **Suicide and self-harm links**

Self-harm is generally a way of coping with overwhelming emotional distress. Many young people self-harm where there is no suicidal intent. However, research shows that young people who self-harm can be at a higher risk of suicide. The risk of suicide is higher for those who repeat self-harm.

### 1.2 Purpose of guidance

The purpose of the document is to ensure that all staff working or in contact with children and young people in Ayrshire provide a consistent, caring and appropriate response to children and young people who have been, or are at risk of, self-harm and suicide.

### 1.3 Aims

The aims of this guidance are to:

- Ensure the child or young person is seen as central to the whole process and accorded appropriate priority by agencies involved.
- Ensure a consistent response to and understanding of self-harm across all staff working or in significant contact with children and young people.
- Provide an agreed set of procedures for dealing with disclosure.
- Minimise harm and support emotional health and wellbeing of the child and young person through collaborative working.
- Provide children and young people with opportunities and strategies for hope and recovery from the effects of self-harming or attempting suicide and minimise the risk of future harm.
- Support the service to carry out a risk assessment and make appropriate referrals.



## 1.4 Definition of child or young person

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

Young people have rights of self-determination given to them in 'The Age of Legal Capacity (Scotland) Act 1991' which assigns various legal rights to young people of any age, including the legal capacity to consent to surgical, medical or dental procedure or treatment.

Some of the services involved with children and young people have different age criteria. This may be further complicated when a child has been referred to the children's panel and if there is supervision requirements in place. When seeking advice or making referrals, please ascertain with the agency in question, which age ranges they deal with.

## 1.5 Confidentiality, information sharing and rights

There is no minimum age in Scotland in terms of legal capacity to consent to medical treatment and so it is legal for a young person under 16 to approach and use support and health services.

There is less clarity, however, about when a young person is deemed to be 'competent' to make their own decisions and seek out services, and worries about whether adequate efforts have been made to encourage under 16s to involve their parent(s) in the issues or decisions which they are facing.

Staff should adhere to their own service guidelines regarding information sharing and confidentiality.

The child or young person must be involved wherever possible and consulted on their views.

Staff should always take age and understanding into account when involving children and young people in discussions and decision making about their life, care and treatment.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

Information given to staff by the young person should not be shared with others without the person's permission except in exceptional circumstances.

Such exceptional circumstances will include when:

- A child is not old enough or competent to take responsibility for themselves.
- Urgent medical treatment is required.
- The safety and wellbeing of a child or young person is at risk or there is the possibility of harm to others (for example, child protection or suicide).
- There is a serious risk to public health.
- By virtue of statute or court order.
- For the prevention, detection or prosecution of serious crime.

If there is reasonable professional concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. Staff should tell young people when they may have to share information without their consent.

## 2. Emotional and psychological distress

“Self-harm is a response to underlying emotional and psychological distress. The full extent is unknown but more than 7,000 people are treated in hospital every year in Scotland following non-fatal deliberate self-harm.”

Towards a Mentally Flourishing Scotland 2009-2011

Young people may experience internal feelings, external circumstances or problems which may cause emotional or psychological distress. These factors can however also be symptoms of normal adolescent development.

Factors may include:

- Family problems
- Feeling stressed
- Having boy/girlfriend problems
- Exams/school work
- Self-esteem issues
- Bereavement
- Feeling lonely
- Feeling guilty
- Not having someone close to talk to
- Bullying
- Difficulties associated with sexuality
- Feeling of being rejected
- Mental health issues
- Reaction to trauma or abuse
- Peer pressure
- Poor body image
- Substance misuse (drugs and alcohol).

Emotional distress may manifest differently in individual young people, and ability to cope may be linked to their self-esteem or emotional resilience; or to the family, peer and other support networks available to them.

There is a range of levels and intensity of emotional distress and a spectrum of responses by young people to it.

The list of factors above is not exhaustive and neither these factors nor emotional distress per se are automatically proof of self-harm or suicide risk. However, it is important to be alert to that potential in careful assessment of the young person's circumstances, if any of these factors pertain.



Where a young person does have any issues or shows emotional distress, even if self-harm or suicide do not seem to feature, it is important that there is:

- Careful assessment of the young person's circumstances.
- Appropriate and proportionate support in respect of their issues.
- Empathetic listening.
- Joint problem solving.
- Continuing access to support for the young person.

Early Intervention may help to address the young person's underlying problems or assist them in coping, thus preventing a potential self harm response or suicidal thoughts.

### 3. Self-harm

Self-harm describes "a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging." (Truth Hurts<sup>5</sup>)

- National research suggests one in four young people have self-harmed or know someone who has<sup>5</sup>.
- This equates to approximately two young people in every secondary school classroom.
- The average age of onset is 12 years old.
- The reasons for their behaviour can be very complex.
- The true extent of the problem is unknown as many self-harm injuries will go unrecorded.

#### 3.1 Why do young people self-harm?

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

The reasons people gave for self-harming are varied and include:

- Self-harm temporarily relieves intense feelings, pressure or anxiety.
- Self-harm provides a sense of being real, being alive - of feeling something other than emotional numbness.
- Harming oneself is a way to externalise emotional internal pain - to feel pain on the outside instead of the inside.
- Self-harm is a way to control and manage pain - unlike the pain experienced through physical or sexual abuse.
- Self-harm is self-soothing behaviour for someone who does not have other means to calm intense emotions.



- Self-loathing - some people who self-harm are punishing themselves for having strong feelings (which they were usually not allowed to express as children), or for a sense that somehow they are bad and undeserving (for example, an outgrowth of abuse and a belief that it was deserved).
- Self-harm followed by tending to wounds is a way to be self-nurturing, for someone who never was shown by an adult to express self-care.
- Harming oneself can be a way to draw attention to the need for help, to ask for assistance in an indirect way.
- On rare occasions self-harm is used to manipulate others: make other people feel guilty or bad, make them care, or make them go away.
- Self-harm can be influenced by alcohol and drug misuse.

"It makes me feel, shows I'm real. I hope in time the scars will heal"

(With thanks to Penumbra)

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

### 3.2 Who self-harms?

Anyone can self-harm. This behaviour is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion.

However, there are some identified vulnerable 'at risk' groups.

These include:

- Adolescent females.
- Young people in a residential setting.
- Lesbian, gay and bisexual and transgender people.
- Young Asian women.
- Children and young people in isolated rural settings.
- Children and young people who have a friend who self-harms.
- Groups of young people in some sub-cultures who self-harm.
- Children and young people who have experienced physical, emotional or sexual abuse during childhood.
- Young people who are homeless.



### 3.3 Types of self-harm

Self-harm is generally a response to a sense of overwhelming emotional distress.

The most common ways that people self-harm are:

- Cutting
- Biting self
- Burning, scalding, branding
- Picking at skin, reopening old wounds
- Breaking bones, punching
- Hair pulling
- Head banging
- Ingesting objects or toxic substances
- Overdosing with a medicine

There are a variety of other risk-taking behaviours which may also be associated with self-harm:

- Eating disorders
- Drug and alcohol misuse
- Dangerous driving/sports
- Unsafe sex/multiple sexual partners

### 3.4 Warning signs

There may not be many obvious signs that someone is self-harming since it is usually a secretive behaviour.

Signs may include:

- Wearing long sleeves at inappropriate times.
- Spending more time in the bathroom.
- Unexplained cuts or bruises, burns or other injuries.
- Razor blades, scissors, knives, plasters have disappeared.
- Unexplained smell of Dettol, TCP and other similar products.
- Low mood – seems to be depressed or unhappy.
- Any mood changes – anger, sadness.
- Negative life events that could have prompted these feelings – for example, bereavement, abuse, exam stress, parental divorce.



- Low self-esteem.
- Feelings of worthlessness.
- Changes in eating or sleeping patterns.
- Losing friendships.
- Withdrawal from activities that used to be enjoyed.
- Abuse of alcohol and or drugs.
- Spending more time by themselves and becoming more private or defensive.

### 3.5 Taking action

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

If the injury is serious, go straight to the nearest Accident and Emergency department.

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

**Second, listen.**

Your core skills and values of empathy, understanding, non-judgmental listening and respect for individuals are all vital in this area.

Good practice in minimising self-harm and providing empathetic listening includes:

- Refraining from telling the person to stop, as this can make things worse.
- Explaining your role and the limits of your confidentiality.
- Giving information/education about self-harm and causes in a straightforward and matter of fact manner.
- Advising the child or young person about the range of available support.
- Involving young person actively in seeking help.
- Following procedures when responding to any injury.
- Addressing safety issues such as the risk of infection, nerve damage, illness such as HIV, AIDs, Hepatitis C or even risk of accidental death.
- Being aware that the child or young person may be feeling guilty and ashamed.
- Being aware of the stigma associated with self-harm.
- Being non-judgmental.
- Treating the young person with respect.
- Listening empathetically with a view to joint problem solving.
- Providing reassurance that problems can be solved.
- Checking for associated problems such as bullying, bereavement, relationship difficulties, abuse, and sexuality.



- Involving the child or young person in the assessment around risk of self-harm.
- Assessing if, how and when parents will be involved.
- Making appropriate referrals if required.
- Taking suicide gestures and thoughts seriously.

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

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

“People came and spoke to me,  
I told them I want to be free,  
They took my hand and helped me see  
I am someone, I am me”  
(With thanks to Penumbra)

### 3.6 Assessing the risk

Areas to cover

- Nature and frequency of injury:
  - Are there any injuries requiring immediate attention?
  - Has the young person ingested/taken anything that needs immediate action?
  - Establish what self-harming thoughts and behaviours have been considered or carried out and how often?
- Other risk taking behaviours
  - Explore other aspects of risk - fast driving, extreme sports, use of drugs/ alcohol.
- Child protection
  - Consider if there are child protection issues and, if so, discuss and/or refer. (Self-harm/suicidal thoughts may not themselves be child protection issues but underlying causes may be).
- Health
  - Ask about health issues such as eating, sleeping.
  - Ask about mental states such as depression, anxiety.



- Underlying issues
  - Explore the underlying issues that are troubling the child/young person which may include family, school, social isolation, bullying, relationships.
- General distress
  - Assess current level of distress.
  - Ascertain what needs to happen for the child/young person to feel better.
  - Ask about current support child/young person is getting.
- Suicidal intent
  - Ask in a clear and straightforward way (persisting if necessary). if there is any intention to complete suicide.
  - Consider the likelihood of imminent harm including means, plan and intention.
- Future support
  - Elicit current strategies that have been used to resist the urge to self-harm or stop it from getting worse.
  - Discuss who knows about this situation that may be able to help.
  - Discuss contacting parents if that would be helpful.
  - Discuss possible onward referral with child or young person.
  - Discuss who you will contact and what you will say.



### 3.7 Actions

Low risk	Action
<ul style="list-style-type: none"><li>• Self-harm is superficial.<ul style="list-style-type: none"><li>○ Underlying problems are short term and solvable.</li></ul></li><li>• Few or no signs of depression.</li><li>• No signs of psychosis.<ul style="list-style-type: none"><li>○ Current situation felt to be painful but bearable.</li><li>○ Suicidal thoughts are fleeting and soon dismissed.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Ease distress as far as possible.</li><li>• Empathic listening.</li><li>• Joint problem solving for underlying issues.</li><li>• Discuss harm reduction - other strategies used. (If you are unsure about harm reduction approaches, please discuss this with an appropriate colleague, for example, in a school this might be the school nurse).</li><li>• Advise on safety.</li><li>• Use safety plan resource.</li><li>• Link to other sources of support /counselling.</li><li>• Consider support for others who know about the self-harm (peers/parents).</li><li>• Make use of line management or supervision to discuss particular cases and concerns.</li><li>• Ensure there is on-going support for child/young person and review and reassess at agreed intervals.</li><li>• Some young people find the 'five minute rule' helps - where if they feel they want to self-harm they have to wait five minutes. Then another five minutes if possible - 'until the urge is over'.</li></ul> <p style="text-align: right;">(Truth Hurts, 2006<sup>5</sup>).</p>



Moderate risk	Action
<ul style="list-style-type: none"> <li>• Current self-harm is frequent and distressing.</li> <li>• Situation felt to be painful, but no immediate crisis.</li> <li>• Suicidal thoughts may be frequent but still fleeting with no specific plan or immediate intent to act.</li> <li>• Evidence of current mental health problem, especially depression, anxiety or psychosis.</li> <li>• Drug or alcohol use, binge drinking.</li> </ul>	<ul style="list-style-type: none"> <li>• Ease distress as far as possible.</li> <li>• Empathic listening.</li> <li>• Joint problem solving to resolve difficulties.</li> <li>• Consider safety of young person, including possible discussion with parents/carers or other significant figures.</li> <li>• Use/review safety plan.</li> <li>• Seek specialist advice.</li> <li>• Discuss with Primary Mental Health worker, LAAC or School Nurses, Child and Adolescent Mental Health Service (CAMHS), Educational Psychologist or advise talking with GP.</li> <li>• Consider consent issues for the above.</li> <li>• Consider support for others who know about the self-harm (peers/parents).</li> <li>• Consider increasing levels of support/ professional supervision.</li> <li>• Ensure there is on-going support for child/young person and review and reassess at agreed intervals.</li> <li>• Link person to existing resources.</li> <li>• Discuss harm reduction strategies.</li> </ul>



High risk	Action
<ul style="list-style-type: none"> <li>• Increasing self-harm, either frequency, potential lethality or both.</li> <li>• Situation felt to be causing unbearable pain or distress.</li> <li>• Frequent suicidal thoughts, which are not easily dismissed.</li> <li>• Specific plans with access to potentially lethal means.</li> <li>• Evidence of current mental illness.</li> <li>• Significant drug or alcohol use.</li> </ul>	<ul style="list-style-type: none"> <li>• Ease distress as far as possible.</li> <li>• Empathic listening.</li> <li>• Joint problem solving to resolve difficulties.</li> <li>• Review safety plan.</li> <li>• Discussion with parents/carers or other significant figures. <ul style="list-style-type: none"> <li>○ Involve GP and/or seek CAMHS referral.</li> </ul> </li> <li>• Consider consent issues for referrals.</li> <li>• Consider support for others who know about the self-harm (peers/parents).</li> <li>• Consider increasing levels of support/ professional input.</li> <li>• Link person to existing resources. <ul style="list-style-type: none"> <li>○ Monitor in light of level of involvement of other professionals.</li> </ul> </li> <li>• Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals.</li> </ul>

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

For quick reference keep the following in mind:

- Treat the young person with dignity and respect.
- Avoid confrontation.
- Go at their pace.
- Explain your limitations.
- Name the issue.
- Respond to the injury like any other injury.
- Do not over react or panic.
- Bear in mind other young people or staff.



## 4. Suicide

### 4.1 Why do young people attempt/complete suicide?

Suicide attempts in young people are complex but often follow a stressful event or life crises: inter-personal loss such as relationship problems, bereavement or traumatic grief, family break-up; or issues relating to sexual orientation. However, sometimes the young person will have shown no previous signs of mental health problems.

Sometimes, the young person has had serious problems – for example, with the police, their family or school for a long time. These are the young people who are most at risk of further attempts. Some will already be seeing a counsellor, psychiatrist or social worker. Others have refused normal forms of help, and appear to be trying to run away from their problems.

“Protecting children and young people from contemplating suicide is not an isolated activity; it needs to be part of a holistic approach to their overall care and development.”

Practice Guide – Suicide Prevention for Looked After Children and Young People – SCSWIS June 2011)<sup>2</sup>

### 4.2 Who is at risk?

Anyone is at risk but there are some specific vulnerable groups among young people:

- People who are misusing drugs or alcohol are at risk of death by suicide. This is not just linked to those with a substance misuse habit, but includes casual recreational users too. Young people can be particularly vulnerable in the ‘come down’ phase.
- Looked after children.
- Young men.

There are other groups of people who are at risk of suicide, and young people can fall into these categories:

- People with mental health problems (in particular those in contact with mental health services and those with a severe mental illness such as people with severe depression or severe anxiety disorders).
- Those who have attempted suicide before.
- A person who has a relative or friend who tried to kill themselves or completed suicide.
- People who have been in young offenders institute/prison.
- People who have been recently bereaved.
- Someone who has recently lost employment.
- People in isolated or rural communities.
- People who are homeless.
- People who self-harm over a long period of time.



### 4.3 Suicide information

- In 2011 there were 772 deaths by suicide in Scotland.
- In 2011 the suicide rate for males was almost three times that for females.
- In 2011 29 deaths by suicide were under the age of 19.

### 4.4 Myths

**“Those who talk about suicide are the least likely to attempt it”**

Those who talk about their suicidal feelings may also attempt suicide. Many people who take their lives will have told someone about their suicidal feelings in the weeks prior to their death.

**“Talking about suicide encourages it”**

Serious talk about suicide does not create or increase risk – it can help reduce it. Giving someone the opportunity to explore their worst fears and feelings, may provide them with a lifeline which makes all the difference between choosing life and choosing to die.

**“If a person has made previous attempts they won’t do it for real”**

Those who have attempted suicide once are at risk of attempting again. They need to be taken seriously and given support and help to find a safe resolution for their suicidal thoughts and actions.

### 4.5 Signs that someone you know may be at risk:

- Previous deliberate self-harm or suicide attempt.
- Talking about methods of suicide.
- Dwelling on insoluble problems.
- Giving away possessions.
- Hints that “I won’t be around” or “I won’t cause you any more trouble”.
- Unresolved feelings of guilt following the loss of an important person or pet (including pop or sports idols).

Marked changes in behaviour – for example:

- Change in eating or sleeping habits.
- Withdrawal from friends, family and usual interests.
- Violent or rebellious behaviour, or running away.
- Drinking to excess or misusing drugs.
- Feelings of boredom, restlessness, self-hatred.
- Failing to take care of personal appearance.
- Becoming over-cheerful after a time of depression.



## 4.6 Taking action

### Attempted suicide

If you discover someone in the act of trying to take their own life:

- Keep safe - do not endanger your own life.
- If the person's life is in danger, telephone 999 immediately or take the person directly to the nearest Accident and Emergency department.
- Perform first aid if it is necessary and if it is safe to do so.
- Remove the means if possible.
- If the person is drinking alcohol or taking drugs, try to get them to stop.
- Encourage the person to talk and listen non-judgementally.

If the young person has suicidal thoughts and is not in imminent danger as above, then spend time listening to them and ensure they are safe. Encourage them to call a helpline or contact someone they trust or help them to make an appointment with a nurse or doctor. If someone in your team has participated in ASIST training (see chapter six) consider involving them to help carry out a suicide intervention (with the young person's agreement).

## 4.7 Completed suicides/postvention

The death of a young person is a tragic event. When that death is a suicide there are extra considerations. Effective postvention support for the aftermath of a death by suicide is very important.

Services involved in this area of work need to establish appropriate postvention responses to:

- Support service users, staff and parents as they grieve.
- Provide a safe environment for staff and other young people to express their feelings of grief, loss, anger, guilt, betrayal and so on.
- Prevent a copy-cat response from other vulnerable young people.
- Return the service/unit/school to its normal routine as quickly as possible following crisis intervention and grief work.
- Deal with any media enquiries.

### Clear messages

It is critical to give these messages to staff members and service users:

- Expressing grief reactions is important and appropriate.
- Feelings such as guilt, anger, and responsibility are normal.
- There must be no secrets when suicide is a possibility and if any child or young person is worried about themselves or anyone else, tell an adult.
- No-one is to blame.



If you feel you need more support make sure you bring this to the attention of your line manager.

The booklet published by the Scottish Association for Mental Health (SMAH) on 'After a Suicide' can be a valuable resource to someone dealing with the aftermath of a suicide. It gives advice both on practical matters and emotional reactions to the situation. It can be accessed at:

[www.chooselife.net/nmsruntime/saveasdialog.asp?IID=2130&SID=2042](http://www.chooselife.net/nmsruntime/saveasdialog.asp?IID=2130&SID=2042)

or contact the Choose Life Manager (see page 21) for more resources.

## 5. Support

### 5.1 Staff support

Staff members need to monitor and care for their own mental wellbeing on an on-going basis. Supporting a young person who is self-harming or who has attempted suicide can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line managers also need to be careful that staff members feel they access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Use supervision and other opportunities to check staff feel supported or discuss other ways to seek support – for example, staff counselling.

Finally – staff may find their own ways to help themselves – for example, relaxation techniques or on line support or through national organisations.

### 5.2 Parental support

The Age of Legal Capacity (Scotland) 1991 and Data Protection Act 1998 make it very clear that the views of all children and young people must be both listened to, respected, and their views taken into account.

This is regardless of the age and ability of the child or young person.

Whenever we work with young people and we ensure them of confidentiality, we also have to make them understand that there may be occasions when they need to share information with other people including their parents. While we want to ensure a comprehensive support system is in place for young people at risk of self-harm or suicide, we also need to listen to young people if they tell us they live with parents who may have mental health issues, substance misuse problems or are verbally, physically or emotionally abusive to them.

We need to recognise that we could make an already difficult family situation worse or risk the child or young person from disengaging with us. Therefore, it is very important to identify whether the child or young person wants their family to be a source of support for them. They may prefer to identify another adult family member or even an older brother or sister to be their support. What is important is that the child or young person's feelings are documented and that all staff engaged with the young person are aware of their wishes. Without the agreement of the child or young person to include their family in their support network, it will not be possible to disclose or discuss their behaviours with family members.

The exception would be if the child or young person poses a risk to themselves or other people.



## 6. Training

Everyone working with young people has a responsibility to promote positive mental wellbeing within their role. There are a range of internal and external training courses which can help you to do this.

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning outcomes (What do you hope to achieve from the training?)	Brief outline of programme
Applied Suicide Intervention Skills (ASIST)	The course is open to anyone.	ASIST is a two day comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to intervene to prevent the immediate risk of suicide. The course is designed to help all in communities to become more willing, ready and able to help people at risk of suicide	Two day course
safeTALK	The course is open to anyone.	safeTALK is a four hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills. It is designed for organisations that already have ASIST trained helpers in place to maximise intervention as the main suicide prevention focus.	Four hour session
STORM	Anyone working long term with vulnerable individuals	STORM is a two day course to help concentrate on participants 'micro-skills' in managing and assessing risk.	Four modules

Other available training courses on the subject of mental health and self-harm:

- Self-harm awareness
- Mental Health First Aid
- Mentally Healthy Workplace Training

Contact the local Choose Life Manager/Co-ordinator for information and options locally and nationally.



## 7. Services – advice and information

Choose Life Co-ordinators

South Ayrshire

Margo Taylor – [margo.taylor@aapct.scot.nhs.uk](mailto:margo.taylor@aapct.scot.nhs.uk) 01292-513957

North Ayrshire

Sarah Watts – [Swatts@north-ayrshire.gov.uk](mailto:Swatts@north-ayrshire.gov.uk) 01505-685657

East Ayrshire

Linda Chisholm – [Linda.Chisholm@east-ayrshire.gov.uk](mailto:Linda.Chisholm@east-ayrshire.gov.uk) 01563-576336

Ayrshire-wide

### **Child and Adolescent Mental Health Services (CAMHS)**

A specialist child and adolescent mental health service providing assessment and intervention for young people with mental illness across Ayrshire and Arran.

All referrals should be sent to:

CAMHS, 32 Lister St, University Hospital Crosshouse, Kilmarnock, KA2 0BE.

Telephone 01563 826154.

Clinical mailbox: [Clinical\\_MentalHealth\\_SpecialistCAMHS\\_A&A@aapct.scot.nhs.uk](mailto:Clinical_MentalHealth_SpecialistCAMHS_A&A@aapct.scot.nhs.uk)

The locality team bases are listed below:

North Ayrshire CAMHS

Telephone: 01294 323425/323419

Rear of Horseshoe Building, Ayrshire Central Hospital, Kilwinning Road, Irvine, KA12 8SS

East Ayrshire CAMHS

Telephone: 01563 578540

North West Area Centre, Western Road, Kilmarnock, KA3 1NQ

South Ayrshire CAMHS

Telephone: 01292 615931

1 Arrol Park Resource Centre, Doonfoot Road, Ayr KA7 4DW

## Looked After and Accommodated Children (LAAC) Health Teams

East Ayrshire

LAAC Nurse (East), Flat 48, Lister Street, University Hospital Crosshouse, Kilmarnock, KA2 0BE  
Telephone: 01563 826728.

North Ayrshire

LAAC Health Team: Admin Support, Ayrshire Central Hospital, Kilwinning Road, Irvine, KA12 8SS.  
Telephone: 01294 323480

Ayrshire Looked After and Accommodated Children (LAAC) Health Team 01294 323480

## Psychological Services

Every nursery, primary, secondary and specialist school has an identified educational psychologist to work with them, their children and families. They can be contacted on:

North Ayrshire Psychological Services,  
6a Kilwinning Road,  
Irvine, KA12  
Telephone: 01294 272427

East Ayrshire Psychological Services  
Woodstock Centre  
Kilmarnock, KA1 2BE  
Telephone: 01563 555640

South Ayrshire Psychological Services  
Queen Margaret Academy  
Dalmellington Road  
Ayr, KA7 1TL  
Telephone: 01292 612819

## Touched by Suicide Scotland

A self-help organisation for people who have been 'touched by suicide' to meet the needs and break the isolation of those bereaved by suicide. They offer emotional and practical support in a number of ways. Telephone 01294 229087 or email [touchedbysuicidescotland@hotmail.co.uk](mailto:touchedbysuicidescotland@hotmail.co.uk). Visit the website [www.touchedbysuicidescotland.org.uk](http://www.touchedbysuicidescotland.org.uk)



## Local - North Ayrshire

Crisis counselling – for children and young people referred through key workers in Social Services, Health and Education (accessible through local Partnership Forum) contact:

Erin Howie, Partnership Forum Admin., 2<sup>nd</sup> floor, Bridgegate House, Irvine.

Telephone: 01294 310389

Penumbra North Ayrshire Self Harm Project  
Ardrossan Youth Centre, Stanley Road, Ardrossan  
Telephone: 01294 471934

## Local – East Ayrshire

Break the Silence project in Kilmarnock offers support to 16+ year olds where self- harming is linked to adult survivors of childhood sexual abuse.

Break The Silence, 11 Grange Place, Kilmarnock, KA1 2AB  
Telephone: 01563 559558 – 10am to 4pm only

Email: [info@breakthesilence.org.uk](mailto:info@breakthesilence.org.uk)

## Local – South Ayrshire

Moving On Ayrshire is a counselling service for adult survivors of sexual abuse and rape throughout South Ayrshire. Contact 01292 290546 to speak to a trained volunteer or counsellor.

## 7.1 National services

Penumbra  
Telephone: 0141 229 2580 or 0131 475 2380  
Website [www.penumbra.org.uk](http://www.penumbra.org.uk)  
Penumbra is a leading Scottish voluntary organisation working in the field of mental health

Choose Life  
Website [www.chooselife.net](http://www.chooselife.net)  
Choose life is the National Strategy and Action Plan to prevent Suicide in Scotland

Papyrus  
Telephone: 0800 068 41 41 (HOPELineUK)  
Website [www.papyrus-uk.org](http://www.papyrus-uk.org)  
Papyrus is an organisation working towards the prevention of young suicide

Breathing Space  
Telephone: 0800 83 85 87  
Website [www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)  
Breathing Space is a free, confidential phone helpline for those experiencing low mood or depression. Available Monday to Thursday from 6pm - 2am and Friday to Monday 6pm - 6am.





## Childline

Telephone 0800 11 11

Website [www.childline.org.uk](http://www.childline.org.uk)

Childline is a UK confidential helpline for children and young people – available 24hours.

## Young Minds

Telephone 0808 802 5544 (Parents' helpline)

Website [www.youngminds.org.uk](http://www.youngminds.org.uk)

Young Minds is an organisation providing information and advice about young people's mental health

## Samaritans

Telephone 08457 90 90 90

Website [www.samaritans.org](http://www.samaritans.org)

Samaritans provide a 24-confidential helpline for those in crisis or who need to talk.

## CELCIS

Telephone 0141 444 8500

Website [www.celcis.org](http://www.celcis.org)

Centre for Excellence for Looked After Children in Scotland. Uses a collaborative approach to improve outcomes for looked after children. Provides training and information

Samaritans also has an excellent resource to support schools in the event of a suicide - How to prepare and respond to suicide in schools.

<http://www.samaritans.org/your-community/supporting-schools/step-step>

## 8. References

<sup>1</sup> Fatal Accident Inquiry into the deaths on Erskine Bridge

FAI Determination. Sheriff Ruth Anderson Q.C. Sheriff of North Strathclyde at Paisley

<sup>2</sup> Suicide Prevention for Looked After Children and Young People – Practice Guide

Social Care and Social Work Improvement Scotland June 2011

<sup>3</sup> Responding to Self-Harm in Scotland Final Report: Mapping Out the Next Stage of Activity in Developing Services and Health Improvement Approaches

Scottish Government, 2011

<sup>4</sup> Towards a Mentally Flourishing Scotland, 2009-2011

Scottish Government Publication

<sup>5</sup> Truth Hurts (2006)

The final report by the National Inquiry into self-harm

[www.selfharmuk.org](http://www.selfharmuk.org)

<sup>6</sup> Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland

Scottish Government, 2002



