

Supporting Children and Young People at Risk of Self Harm and Suicide

Tayside Multi-Agency Guidance



chooselife

The national strategy and action plan
to prevent suicide in Scotland



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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. Promoting good mental wellbeing is vital to doing just that.

The principal aim of this guidance is to provide support for individuals and professionals supporting young people who are either self-harming or at risk of self-harm or suicide.

It supports people working in a wide range of services to better understand how best to respond in an appropriate manner to a very sensitive, and often stigmatising, issue.

There are many myths associated with these issues, including fears that talking about them may result in a young person self-harming or attempting suicide. This guidance aims to dispel that myth and support professionals to feel confident, informed and able to support those young people most at risk.

When young people do access social, healthcare and other services, they need to do so without fear, stigma and safe in the knowledge that they will be given strong and appropriate support.

This guidance identifies common factors and offers tools and techniques for staff members to support young people. The diversity of contributory factors means that in our efforts to provide better services, we must continue to emphasise the need for person centred, recovery orientated approaches.

This revised guidance should be used by NHS Tayside, Local Authorities and Partnership Agencies across Tayside, to help them engage and work with young people.

Professor Tony Wells
Chief Executive
NHS Tayside



Guidance

All agencies which come into contact with children and young people acknowledge their important roles and responsibilities in identifying and supporting children and young people who may be at risk of self-harm or suicide.

It is the intention of this guidance to provide a resource to all staff who are working with children and young people to help them to recognise and take action when faced with self-harm or suicidal behaviours. We feel this information will help improve the support given to children and young people and their families.

We acknowledge that a document integrating suicide and self-harm may cause concern as they are very different behaviours with very different motivations and outcomes. However, this joint approach is reflected in 'Priority 5 Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11' - *Reducing the Prevalence of Suicide, Self-Harm and Common Mental Health Problems*.

This guidance is also influenced by 'Truth Hurts: Report of the National Inquiry into Self-Harm Among Young People'², 2006 that reported:

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

The guidance is the result of collaboration and consultation between colleagues and service users from across Tayside in Autumn 2010 and represents a review of the existing Dundee and Angus guidance.

Thanks also go to the pupils of Forfar Academy for their interest in the subject and their contribution of the art work, and to the Volunteer Centre Arbroath, in particular the young service users.

We hope you find this resource useful.

The Choose Life Programme is a national programme with the target of reducing suicides by 20% in Scotland by 2013³. There is a Choose Life Co-ordinator and Local Action Plan for each of the Local Authority areas. The Choose Life links in your area can give you more information if required:

Name	Council	Email Address
Freda Stewart	Angus Council	freda.stewart@nhs.net
Marliese Richmond	Perth & Kinross Council	mcrichmond@pkc.gov.uk
Katrina Finnon	Dundee City Council	katrina.finnon@dundeecity.gov.uk

Disclaimer

Every effort has been made to ensure that the information in this guidance is up-to-date and accurate. However, we are aware that information, and advice on what is best practice can change over time.

All staff members need to supplement this guidance with training appropriate to their role and setting (see Section 5, page 22).

Introduction

1



In 'Towards a Mentally Flourishing Scotland Action Plan 2009-2011' 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.

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.

1.2 Purpose of Guidance

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

These guidelines should be read in conjunction with other relevant guidelines that are currently in place within each service or agency

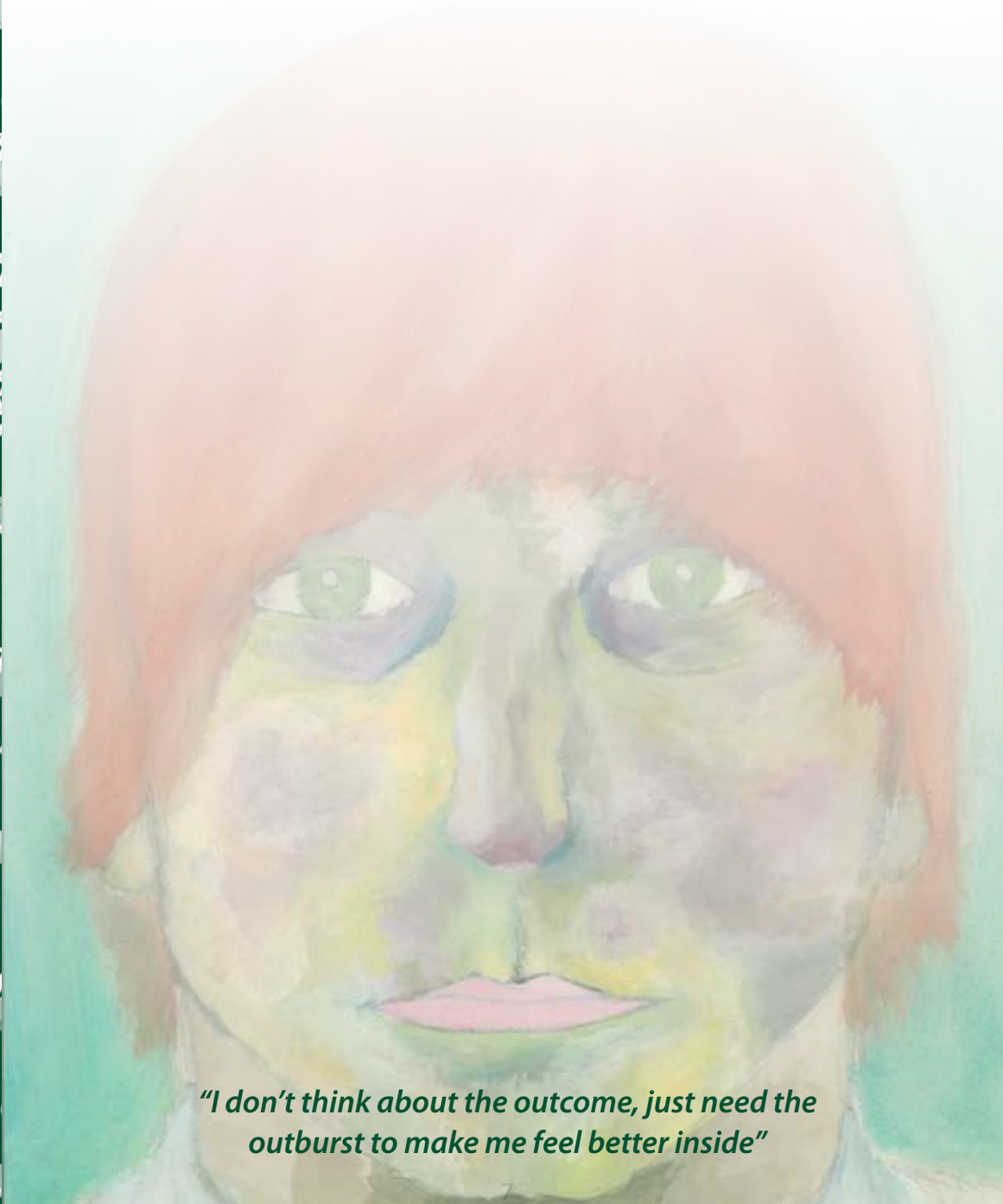
1.3 Aims

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 the agencies involved;*
- ❑ *ensure a consistent response to and understanding of self-harm across all agencies concerned 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 services/agencies to carry out a risk assessment and make appropriate referrals.*

- ❑ *the safety and wellbeing of a child/young person is at risk or there is the possibility of harm to others (ie child protection or suicide);*
- ❑ *there is a serious risk to public health;*
- ❑ *by virtue of statute or court order; or*
- ❑ *for the prevention, detection or prosecution of serious crime.*

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



"I don't think about the outcome, just need the outburst to make me feel better inside"



Factors Which 2 Can Impact on Emotional Resilience

“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.”

(TAMFS 2009-2011¹)

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

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

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

2.1 Influencing Factors

Influencing 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;
- feelings of being rejected;
- mental health issues;
- reaction to trauma or abuse;
- peer pressure;
- poor body image;
- substance misuse (drugs and alcohol).

Self-Harm

3

Self-harm describes “a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging.”

(Truth Hurts²)

- ❑ *Local Research suggests 1 in 4 young people has self-harmed or knows someone who has⁴.*
- ❑ *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.

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.

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.*

A common theme is that self-harming behaviour is used to get their individual needs met.

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.*

3.3 Types of Self-Harm

Self-harm is 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.*

"I self-harm when I use drugs cos I'm different then and go with my instincts"

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 etc;*
- low mood - seems to be depressed or unhappy;*
- any mood changes - anger, sadness;*
- negative life events that could have prompted these feelings - bereavement, abuse, exam stress, parental divorce, etc;*
- 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 A&E**.

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 nurse or doctor locally. 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 young 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 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;*
- discussing if how and when parents would the risk around self-harm with the child or young person;*
- making appropriate referrals if required;*
- taking seriously suicide gestures and thoughts.*

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 a worsening of the self-harm.

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.

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.
- ❑ **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 if there is any intention to complete suicide in a clear and straightforward way and persist if necessary.
 - 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 (see Pathways, page 36).
 - Discuss who you will contact and what you will say.





3.7 Actions

Low Risk

- ❑ Self-harm is superficial.
- ❑ Underlying problems are short term and solvable.
- ❑ Few or no signs of depression.
- ❑ No signs of psychosis.
- ❑ Current situation felt to be painful but bearable.
- ❑ Suicidal thoughts are fleeting and soon dismissed.

Action

- ❑ Ease distress as far as possible.
- ❑ Empathic listening.
- ❑ Joint problem solving for underlying issues.
- ❑ Discuss harm reduction - other strategies used.
- ❑ Advise on safety.
- ❑ Use safety plan resource.
- ❑ Link to other sources of support/counselling.
- ❑ Consider support for others who know about the self-harm (peers/parents).
- ❑ Make use of line management or supervision to discuss particular cases and concerns.
- ❑ Ensure there is ongoing support for child/young person and review and reassess at agreed intervals.
- ❑ Some young people find the 'five minute rule' helps - where if they feel they want to self harm they have to wait 5 minutes. Then another five minutes if possible - 'until the urge is over' (Truth Hurts, 2006²).

“Nobody pays attention to you when you feel lonely, it makes you self-conscious and causes you to act in unusual ways”





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

High Risk	Action
<ul style="list-style-type: none"><input type="checkbox"/> Increasing self-harm, either frequency, potential lethality or both.<input type="checkbox"/> Situation felt to be causing unbearable pain or distress.<input type="checkbox"/> Frequent suicidal thoughts, which are not easily dismissed.<input type="checkbox"/> Specific plans with access to potentially lethal means.	<ul style="list-style-type: none"><input type="checkbox"/> Ease distress as far as possible.<input type="checkbox"/> Empathic listening.<input type="checkbox"/> Joint problem solving to resolve difficulties.<input type="checkbox"/> Review safety plan.<input type="checkbox"/> Discussion with parents/carers or other significant figures.<input type="checkbox"/> Involve GP for possible referral to Tayside self-harm nurses and/or seek CAMHS referral.<input type="checkbox"/> Consider consent issues for referrals.<input type="checkbox"/> Consider support for others who know about the self-harm (peers/parents).<input type="checkbox"/> Consider increasing levels of support/professional input.<input type="checkbox"/> Link person to existing resources.

(continued overleaf)



High Risk <i>(continued)</i>	Action
<ul style="list-style-type: none">❑ Evidence of current mental illness.❑ Significant drug or alcohol use.	<ul style="list-style-type: none">❑ Monitor in light of level of involvement of other professionals.❑ Ensure there is ongoing support for child/young person and review and reassess at agreed intervals.

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.



“Not enough is done because young people don’t go to GPs or other groups because they don’t have the confidence or don’t get support from families”

Suicide

4

Between 2005 and 2009, the suicide rate in Angus and Perth and Kinross was slightly below the Scottish average, and Dundee City was slightly above. There were 11 suicides in Angus, 23 in Dundee City and 14 in Perth and Kinross in 2009. Suicide is a leading cause of mortality in those under the age of 35⁵.



4.1 Why Do Young People Attempt/Complete Suicide?

Suicide attempts in young people nearly always follows 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 (eg 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.

4.2 Who is at Risk?

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

- ❑ *young 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. Around 30-40% of suicides have made an earlier attempt;*
- ❑ *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.*



4.3 Suicide Methods

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

A large proportion of attempted suicides are by an overdose of commonly available drugs such as aspirin, paracetamol, anti-depressants and minor tranquillisers, often in conjunction with alcohol. Such overdoses can result in death, or long-term physical damage.

4.4 Myths

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

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

“Talking about suicide encourages it”

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

Samaritans⁶

4.5 Warning Signs

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

Source: ChildLine 2001⁷

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, phone 999 immediately or take the person directly to A&E;*
- 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 but you do not think they are in imminent danger, ask for advice through NHS 24 on 08454 24 24 24 (open 24 hours) or by contacting a nurse or doctor locally. Encourage the young person to contact one of the helplines such as the Samaritans (08457 90 90 90), Breathing Space 0800 83 85 87 or ChildLine 0800 1111.

4.7 Completed Suicides/Postvention

The death of a young person is a tragic event. When that death is a suicide there are exacerbating 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;*
- to provide a safe environment for staff and other young people to express their feelings of grief, loss, anger, guilt, betrayal etc;*
- to prevent a copy-cat response from other vulnerable young people;*
- to return the service/unit/school to its normal routine as quickly as possible following crisis intervention and grief work.*

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 him/herself or anyone else, tell an adult.*

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





The booklet published by SAMH 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

4.8 Ongoing Self-Care

Staff members need to monitor and care for their own mental wellbeing on an ongoing 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.

Staff can try some of these self-care techniques to help relieve the stress they may feel:

- talk to a friend, your partner or a colleague about how you're feeling (without compromising the confidentiality of the young person involved);*
- take part in some exercise;*
- try some relaxation techniques, such as yoga, Tai Chi, visualisation and breathing exercises;*
- listen to relaxing music or have a bath.*

4.9 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.



"Self-harm is a way of expressing my feelings"

Training

5

Everyone working with young people has a responsibility to promote positive mental wellbeing within their role. There are a range of training courses which can help you to do this. Speak to your local Choose Life Co-ordinator to find out about the different training options in your area.

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
<p>Scottish Mental Health First Aid</p>	<p>It has proved successful with members of the general public and different professional groups, including teachers, health workers, front line public sector and voluntary sector workers.</p>	<p>Scottish Mental Health First Aid aims to help participants to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>preserve life;</i> <input type="checkbox"/> <i>provide help to prevent the mental health problem or crisis developing into a more serious state;</i> <input type="checkbox"/> <i>promote the recovery of good mental health;</i> <input type="checkbox"/> <i>provide comfort to a person experiencing stress;</i> <input type="checkbox"/> <i>promote understanding of mental health issues.</i> <p>The course is designed to teach people how to support a person developing a difficulty with their mental health or in a mental health crisis. The first aid is given to provide comfort and preserve life until appropriate help is received or until the crisis resolves.</p> <p>NHS Health Scotland Certificated Course.</p>	<p>12 hour course, either 2 x 6 hours or 4 x 3 hours.</p> <p>Sections are divided into one or two hour sessions.</p> <p>Trainers can divide the sessions into various formats.</p> <p>Six one-hour sessions:</p> <ul style="list-style-type: none"> A Scotland's Mental Health First Aid B Attitudes C1 Recovery (30 minutes) C2 Alcohol and drugs (30 minutes) D Suicide E Listening Skills F Self-Harm <p>Three two-hour sessions:</p> <ul style="list-style-type: none"> G Depression H Anxiety I Psychosis

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	2-day course
safeTALK	The course is open to anyone.	SafeTALK is a 4-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.	4-hour session
Mindset www.taysidemindset.org.uk Online self-study package	Anyone - no restrictions on access.	Better understanding of mental health and mental illness. De-mystifies mental health and addresses stigma. Package includes lots of links to helpful resources, helplines etc. Certificate is produced on completion.	6 Sections: Positive mental health Mental health problems Stigma Recovery Suicide Mental health inequalities





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
Positive steps	Usually delivered to staff groups but also available to other groups, eg carers.	Better understanding of: <ul style="list-style-type: none"> <input type="checkbox"/> what mental wellbeing (MWB) means; <input type="checkbox"/> influences on MWB; <input type="checkbox"/> how to protect and promote MWB. 	40-60 minutes Presentation Discussion Reflection

There are also many other training courses on the subject of mental health - such as the Mental Health Awareness, WRAP Recovery Course, Values Based Training, and school-based training. Speak to your local Choose Life Co-ordinator to find out about the different training options in your area.

Services - Advice and Information

6



“Need more advertising aimed at young people, of what is out there to support us, not to stop, just to get by”

Workers can keep up-to-date with current services and best practice from a variety of sources including websites, books and reports. They can also contact a range of national or local organisations for advice.

Tayside Wide		6.1
<p>Cruse Bereavement</p> <p><i>Provides support to people experiencing grief following a death.</i></p> <p>Dundee - Tel 01382 305714 Perth and Kinross - Tel 01738 444178 Email info@crusescotland.org.uk</p>	<p>Gay Mens' Health Tayside</p> <p><i>Information for gay and bi men in the Tayside area.</i></p> <p>Does not operate a helpline (signposts to other helplines)</p> <p>www.gaymenshealthtayside.com/Support.htm</p>	
<p>Samaritans</p> <p><i>Offering support to people in emotional distress.</i></p> <p>Angus and Dundee - Tel 01382 832555 Perth and Kinross - Tel 01738 626666</p>	<p>Tayside Self-Harm Nurses</p> <p>Centre for Child Health 19 Dudhope Terrace DUNDEE DD3 6HH Tel 01382 204004</p>	
<p>Tayside Carer's Support Project</p> <p>10 Constitution Road DUNDEE Tel 01382 305 713/2</p>	<p>WRASAC (Womens Rape and Sexual Abuse Centre)</p> <p><i>Offer free and confidential advice and support to women who have been raped or experienced sexual abuse.</i></p> <p>Dundee - Tel 01382 201291 Perth and Kinross - Tel 01738 630965 (Helpline and 24-hour answering machine) Email info@perthshirerapecrisis.org</p> <p>WRASAC P & K PO Box 7570 PERTH PH2 1BY</p>	
<p>www.cool2talk.org</p> <p><i>Interactive website to send emails and receive advice from Health Workers.</i></p>		



Angus		6.2
<p>Augment</p> <p><i>Augment is a mental health service user led voluntary organisation. It creates supportive opportunities and training for service users and ex-service users.</i></p> <p>Tel 01241 434405 www.augment.org.uk</p>	<p>Barnardos Self-Harm Worker</p> <p><i>Works with young people 12 - 18 years old who self-harm or have suicidal thoughts. Individual /family/group support provided. Training and consultation available.</i></p> <p>Claire Robertson 22-24 Catherine Street ARBROATH DD11 1RL</p> <p>Tel 01241 873146 Email angus.office@barnardos.org.uk</p>	
<p>Child Protection Team</p> <p>Bellevue House Springfield Terrace Arbroath</p> <p>Tel 01241 435450</p>	<p>Insight Bereaved by Suicide</p> <p><i>Insight Counselling Samaritans offering support to people who have been bereaved by suicide.</i></p> <p>125 High Street ARBROATH DD11 1DP</p> <p>Tel 01241 871140 Email wellbeing@insightcounselling.org.uk www.pbs.insightcanhelp.co.uk</p>	
<p>PENUMBRA</p> <p>62 High Street ARBROATH DD11 1AW</p> <p>Tel 01241 437412 Email Angus.nova@penumbra.org.uk</p> <p><i>Mental health and wellbeing support for people at risk.</i></p>	<p>Samaritans</p> <p><i>Confidential telephone and email support for anyone who is worried, upset or confused - as well as anyone feeling suicidal.</i></p> <p>Tel 01382 83255</p>	
<p>Social Work Intake Team</p> <p>9 Castle Street FORFAR DD8 3AE</p> <p>Tel 01307 473751</p>	<p>Social Work Out of Hours Service</p> <p>Tel 01382 436430</p>	

Dundee		6.3
<p>Barnardos Rollercoaster</p> <p><i>Advice on bereavement and traumatic grief.</i></p> <p>Dryburgh Resource Centre Napier Drive DUNDEE DD2 2TF</p> <p>Tel 01382 436621</p>	<p>Child and Adolescent Mental Health (CAMHS)</p> <p>Centre for Child Health 19 Dudhope Terrace DUNDEE DD3 6HH</p> <p>Tel 01382 204004 Fax 01382 346555</p>	
<p>The Corner</p> <p><i>Provides individual support for any young person aged between 11-25. This gives young people the opportunity to talk about their feelings, get impartial advice and information, as well as support on any mental health issues they may be experiencing.</i></p> <p>13 Shore Terrace DUNDEE DD1 3NP</p> <p>Tel 01382 206060 www.thecorner.co.uk/home.html</p>	<p>Dundee Association for Mental Health (DAMH)</p> <p><i>A voluntary organisation which promotes mental health, the understanding of mental ill health and the importance of promoting mental wellbeing.</i></p> <p>Tel 01382 227288 www.damh.org.uk</p>	
<p>Depression Alliance Scotland</p> <p><i>Self-help Support Group. Meets fortnightly on a Monday.</i></p> <p>Dundee Volunteer Centre Number 10 Constitution Road DUNDEE</p> <p>Tel 01382 1232320</p>	<p>Dundee Samaritans</p> <p><i>Confidential telephone and email support for anyone who is worried, upset or confused - as well as anyone feeling suicidal.</i></p> <p>Tel 01382 832555</p>	
<p>Family Protection Unit (Seymour Lodge)</p> <p>Tel 01382 665117</p>	<p>Hearing Voices Network</p> <p><i>To offer support to voice hearers and their carers. Raising awareness in society.</i></p> <p>Tel 01382 223023 www.hearingvoicesnetwork.com</p>	
<p>Hot Chocolate</p> <p><i>City-centre youth work organisation.</i></p> <p>Tel 01382 223880 www.hotchocolate.org.uk</p>	<p>Insight</p> <p><i>Formerly National Counselling Service</i></p> <p>10 Constitution Road DUNDEE</p> <p>Tel 01382 305720</p>	





Dundee		6.3
<p>LittleWing</p> <p><i>Little Wing is a user-group that seeks to facilitate and represent the views of those who have experience of mental health difficulties.</i></p> <p>Tel 01382 305741 www.d-v-a.org.uk/mental-health-team.htm</p>	<p>Social Work Department Access Team</p> <p><i>Under 16 Social Work Service. Anyone under 16 years old can approach the team. Referrals are accepted from other agencies.</i></p> <p>11 Castle Street Dundee DD1 3AA Tel 01382 434350</p>	
<p>Social Work Out of Hours Service</p> <p><i>Over 16 Social Work Service. Self referrals are accepted or other agencies can also refer anyone over 16 years old.</i></p> <p>11 Castle Street Dundee DD1 3AA Tel 01382 434019</p>	<p>The Web Dundee</p> <p><i>For young people aged 10-25 years.</i></p> <p>Tel 01382 458128 Email webdundee@btconnect.com</p>	
<p>Xplore</p> <p><i>11-18 year olds.</i></p> <p>Mitchell Street Dundee Tel 01382 435863</p>		
Perth and Kinross		6.4
<p>Barnados Hopscotch Project</p> <p><i>For young people affected by parental substance misuse. Counselling service available.</i></p> <p>Almondbank House Lewis Place PERTH PH1 3BD Tel 01738 472270 Email hopscotch4u@barnardos.org.uk</p>	<p>Child & Family Psychiatry</p> <p>Pitcullen House Murray Royal Hospital PERTH PH2 7EA Tel 01738 562270 Fax 01738 443676</p>	

Perth and Kinross		6.4
<p>Child Protection Teams</p> <p>Perth & Kinross Council Pullar House 35 Kinnoull Street PERTH PH1 4GD Tel 01738 476768</p>	<p>Drumhar Young People's Drop-In</p> <p><i>For Under 18s. Monday to Thursday, 3.30 pm - 4.30 pm.</i></p> <p>Tel 01738 564272</p>	
<p>Harbour Counselling</p> <p><i>Counselling service open to anyone, run through Glenearn Community Church.</i></p> <p>The Harbour Counselling Service Ltd Glenearn Centre Glenearn Road PERTH PH2 0NJ Tel 01738 449102 www.harbourperth.org.uk</p>	<p>Kinross Youth Services</p> <p>Loch Leven Community Campus Muins KINROSS KY13 8FQ Tel 01577 867177</p>	
<p>Mindspace</p> <p><i>Mindspace is the counselling arm of PAMH offering services to both adults and young people.</i></p> <p>51 York Place PERTH PH2 8EH Tel 01738 631639</p>	<p>Perth Association for Mental Health (PAMH)</p> <p><i>PAMH is a community based voluntary organisation committed to supporting and promoting the mental wellbeing of people in the Perth area.</i></p> <p>Tel 01738 639657 www.pamh.co.uk</p>	
<p>Perth and Kinross Educational Psychology Service</p> <p>Perth & Kinross Council Pullar House 35 Kinnoull Street PERTH PH1 4GD Tel 01738 476200</p>	<p>Perth Youth Services City Base</p> <p><i>Youth Services City Base Team is an information and counselling service for young people run with young people.</i></p> <p>68-86 Scott Street PERTH PH2 8JW Tel 01738 474580</p>	
<p>SCYD</p> <p><i>Organisation supporting young people in the Eastern Perthshire area.</i></p> <p>21 Leslie Street BLAIRGOWRIE PH10 6AH Tel 01250 872121 Email scyd@bt.connect.com</p>	<p>The Web Project</p> <p><i>Young people's project.</i></p> <p>Perth and Kinross 28 New Road Milnathort KINROSS KY13 9XT Tel 01577861608 Email webkinross@btconnect.com</p>	





Perth and Kinross **6.4**

<p>Women's Aid</p> <p><i>Offers support to women and children who have been victims of domestic abuse.</i></p> <p>Perthshire Women's Aid Tel 01738 639043 www.perthwomensaid.contactbox.co.uk</p>	
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National and Scottish Organisations **6.5**

<p>beat - beating eating disorders <i>(Formerly - The Eating Disorders Association)</i></p> <p>Tel 0845 634 1414 www.edauk.com</p>	<p>Breathing Space Scotland</p> <p><i>Breathing Space is a free, confidential phonenumber you can call when you're feeling down. The phonenumber is open from early evening right up until two in the morning.</i></p> <p>Tel 0800 83 85 87 www.breathingspacescotland.co.uk</p>
<p>Bullying</p> <p><i>respectme works with all adults who have a role to play in the lives of children and young people to give them the practical skills and confidence to deal with bullying behaviour, wherever it occurs. We offer free training at events across Scotland and work with organisations at a local and strategic level to develop and review anti-bullying policies and practices.</i></p> <p>www.respectme.org.uk</p>	<p>Childline Scotland</p> <p><i>Childline is a free 24-hour helpline for any child or young person with any problem.</i></p> <p>18 Albion Street GLASGOW G1 1LH</p> <p>Childline freephone - Tel 08000 1111 www.childline.org.uk</p>
<p>Counselling Directory</p> <p><i>This website is a resource for anyone looking for support or general advice about counselling.</i></p> <p>www.counselling-directory.org.uk/region_95.html</p>	<p>Depression Alliance Scotland</p> <p><i>Aimed at young people who may be feeling low, depressed, stressed or anxious. Information here that will help you understand what it's all about, what you can do to start feeling better, how you can stay well and who you can contact to get help.</i></p> <p>3 Grosvenor Gardens EDINBURGH EH12 5JU</p> <p>Tel 0845 123 23 20 www.lookokfeelcrap.org</p>
<p>Farming Help</p> <p><i>Publicises the sources of support and help that are available to farming people experiencing stress.</i></p> <p>www.farminghelp.org.uk</p>	<p>First Signs</p> <p><i>For anyone affected by self-injury.</i></p> <p>www.firstsigns.org.uk</p>

National and Scottish Organisations		6.5
<p>Hands on Scotland</p> <p><i>This website aims to help you make a difference to children and young people's lives. It gives practical information, tools and activities to respond helpfully to troubling behaviour and to help children and young people to flourish.</i></p> <p>www.handsonscotland.co.uk</p>	<p>Just Like Me</p> <p><i>Produced by see me this website uses animation and cartoons to help children and young people learn about the effects of stigma and how to tackle it.</i></p> <p>www.justlikeme.org.uk</p>	
<p>LGBT Youthline</p> <p><i>LGBT Youth Scotland is a national youth organisation working towards the inclusion of lesbian, gay, bisexual and transgender young people in the life of Scotland.</i></p> <p>TEXT message support - Text "info" and where you are to 0778 148 17 88</p> <p>www.lgbtyouth.org.uk</p>	<p>Living Life to the Full</p> <p><i>The Living Life to the Full course is a life skills course that aims to provide access to high quality, practical and user-friendly training in life skills and Cognitive Behaviour Therapy skills - and does so in a way that cuts through jargon.</i></p> <p>Tel 0141 211 3889 www.livinglifetothefull.com</p>	
<p>Lothian Gay & Lesbian Switchboard</p> <p><i>A volunteer-led and operated help and support organisation, providing services to gay and lesbian people living the length and breadth of Scotland, across the UK and abroad.</i></p> <p>Main Line - Tel 0131 556 4049 Lesbian Line - Tel 0131 557 0751 www.lgls.co.uk</p>	<p>Mental Health Foundation</p> <p><i>A charity that provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems.</i></p> <p>37 Mortimer Street LONDON W1 8JU</p> <p>Tel 0171 580 0145 www.mentalhealth.org.uk</p>	
<p>Mental Welfare Commission for Scotland</p> <p>Thistle House 91 Haymarket Terrace EDINBURGH EH12 5HE</p> <p>Tel 0131 313 8777 Email enquiries@mwscot.org.uk</p>	<p>MIND (National Association for Mental Health)</p> <p><i>MIND has two new leaflets downloadable for people who self-harm.</i></p> <p>15-19 Broadway LONDON E15 4BQ</p> <p>Tel 020 8519 212 www.mind.org.uk</p>	

National and Scottish Organisations		6.5
<p>Respect - Men's Advice Line</p> <p><i>Confidential Helpline offering support, information and advice to men experiencing domestic abuse.</i></p> <p>Tel 0808 801 0327 Email info@mensadviceline.org.uk</p>	<p>Rural Stress Information Network</p> <p><i>Provides emotional and practical support to those suffering from stress in rural areas.</i></p> <p>Helpline - Tel 02476 412916 (Mon-Fri, 9.00 am - 5.00 pm) www.ruralnet.org.uk</p>	
<p>Samaritans</p> <p><i>Confidential non-judgemental emotional support for people who are experiencing feelings of distress or despair, including those which could lead to suicide.</i></p> <p>Chris PO Box 9090 STIRLING FK8 2SA</p> <p>Tel 08457 909090 (24-hours a day, 7 days a week) www.Samaritans.org</p> <p>Email jo@samaritans.org Tel 01382 832555 or 01738 626666</p>	<p>SANEline</p> <p><i>Provides help and information to those experiencing mental health problems, their families and carers through SANEline and SANEmail, a new email support service.</i></p> <p>Tel 0845 767 8000 (6.00 pm - 11.00 pm) www.sane.org.uk</p>	
<p>Scottish Association for Mental Health</p> <p><i>The Scottish Association for Mental Health is the major voluntary organisation in Scotland working to promote mental health.</i></p> <p>Cumrae House 15 Carlton Court GLASGOW G5 9JP</p> <p>Tel 0141 568 7000 www.samh.org.uk</p>	<p>Scottish Recovery Network (SRN)</p> <p><i>Promoting and supporting recovery from long-term mental health problems - a vehicle for learning and sharing ideas around recovery.</i></p> <p>www.scottishrecovery.net</p>	
<p>Scottish Women's Aid</p> <p>Tel 0131 226 6606 0800 027 1234 (24-hours)</p>	<p>See Me Scotland</p> <p><i>The national campaign to end the stigma of mental ill health.</i></p> <p>www.seemescotland.org</p>	
<p>www.selfharm.org.uk</p> <p><i>Young people and self-harm website.</i></p>	<p>Shakti Women's Aid</p> <p><i>Advice, support and advocacy to all black/ minority ethnic women, children and young people fleeing domestic abuse.</i></p> <p>Edinburgh www.shaktiedinburgh.co.uk</p>	



National and Scottish Organisations		6.5
<p>SHOUT <i>A newsletter for women who self-harm.</i> c/o PO Box 654 BRISTOL BS99 1XH</p>	<p>Stresswatch Scotland 23 Campbell Street KILMARNOCK KA1 4HW Tel 01563 570886 Helpline 01563 574144 <i>(Mon-Fri, 10.00 am - 6.00 pm)</i> Email office@stresswatchscotland.com www.stresswatchscotland.org</p>	
<p>Stonewall <i>Stonewall Scotland works towards equality and justice for lesbian, gay, bisexual and transgender people.</i> Tel 0131 557 3679 or 08000 50 20 20 www.stonewallscotland.org.uk/scotland</p>	<p>Young Minds www.youngminds.org.uk</p>	
<p>Youth2Youth <i>Helpline run by young people for young people. Open Monday and Thursday evenings, 6.30 pm - 9.30 pm.</i> Tel 020 8896 3675</p>		

References

7

- ¹ **Towards a Mentally Flourishing Scotland, 2009-2011**
Scottish Government Publication
- ² **Truth Hurts (2006)**
The final report by the National Inquiry into self-harm
www.selfharmuk.org
- ³ **Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland**
Scottish Government, 2002
- ⁴ **Factors Influencing Young People and Self Harm in Perth and Kinross – Final Report (April 2006)**
Scottish Development Centre for Mental Health
- ⁵ **Choose Life Programme Scottish Suicide Statistics 2009**
Available on ScotPHO website
- ⁶ www.samaritans.org/media_centre/media_myths_-_a_guide.aspx
- ⁷ **ChildLine 2001**

Materials

8



Relevant Reports

Towards a Mentally Flourishing Scotland, 2009-2011

Scottish Government Publication

Truth Hurts (2006)

www.selfharmuk.org *The final report by the National Inquiry into self-harm*

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

Scottish Executive

The Voice of Children and Young People About Mental Health: Discussion Paper (2005)

HeadsUpScotland

National Institute for Clinical Excellence (NICE) Guidelines for Self-Harm (2004)

www.nice.org.uk

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

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

No Harm in Listening (2001)

Penumbra

Books

Bodies Under Siege by Favazza

More scholarly in tone

The Scarred Soul by Alderman

Oriented toward self-help

A Bright Red Scream by Strong

Presents the voice of self-harmers talking about what they do and why

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

Out of the Dark by Linda Caine and Robin Royston

Published by Corgi Adult, 2004. ISBN 055-214869-5

A Head Full of Blue by Nick Johnstone

Published by Bloomsbury, 2003. ISBN 074-756170-2

Choosing to Live: How to Defeat Suicide Through Cognitive Therapy by Thomas Ellis and Cory Newman

Published by New Harbinger, 1996. ISBN 157-224056-3

Women and Self Harm by Gerrilyn Smith, Dee Cox and Jacqui Saradjian

Published by The Women's press, 1999. ISBN 070-434440-8

Cry of Pain: Understanding Suicide and Self-Harm by Mark Williams

Published by Penguin, 1997. ISBN 014-025072-7



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