



North Yorkshire Pathway of support for children and young people with self harming behaviour and/or suicidal ideation

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Who is the document for?

This document and pathway is primarily for frontline staff working with children and young people who:

- Identify themselves as using self harm as a coping strategy
- Require support as a result of disclosing self-harm, suicidal ideation and or previous suicide attempt

The pathway contributes to delivering the priority outcomes of the *North Yorkshire Children and Young People's Emotional and Mental Health Strategy* and *Young in Yorkshire 2* which is overseen by the North Yorkshire Health and Wellbeing Board and associated children's partnership arrangements and the North Yorkshire Safeguarding Childrens' Board (safeguardingchildren.co.uk) and the Childrens Trust Board (cyps.northyorks.gov.uk/childrenstrust).

What does self-harm mean?

This pathway will use the definition as defined by the National Institute of Clinical Excellence (NICE) <https://www.nice.org.uk/guidance/qs34/chapter/Introduction-and-overview> as self-harm being 'self-poisoning or self-injury, irrespective of the apparent purpose of the act'.

What does suicidal ideation mean?

Suicidal ideation, also known as suicidal thoughts, is thinking about or having an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing, and incomplete attempts, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death, but the individual survives.

What does crisis mean?

A crisis is any situation in which a person feels they need urgent help. For example, they might feel in crisis if:

- they are having suicidal thoughts and feelings
- they are having thoughts about harming them self or someone else
- they have seriously hurt them self

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Why have a pathway?

The purpose of the pathway is to improve the referral processes, and the co-ordination of information, advice, support and treatment that is provided to children and young people who self-harm and/or experience suicidal ideation.

If this is achieved the benefits experienced by children, young people and their families will be evidenced by them reporting a high level of satisfaction with:

- The speed in obtaining a response to their concerns.
- The appropriateness of the information, advice, support or treatment that is provided.
- The positive changes to the child/ young person's self-harming behaviour and emotional wellbeing.

Improvements will be evidenced by:

- A decrease in the number of reported incidents of self-harm
- A decrease in the seriousness of the self-harm that is reported.
- A decrease in the numbers of presentations as a result of self-harm at Accident and Emergency departments.
- A decrease in the number of repeat referrals.
- A reduction in the numbers of requests for home tuition or alternative educational provision as a result of mental health problems.
- A decrease in the number of deaths as a result of self-inflicted injuries.

Severity and the risk and/or impact of self-harming

The severity and impact of the self-harming behaviour on the safety and emotional wellbeing of the child/young person should inform decisions about the support or treatment that is provided.

This document should form a guide for practitioners but should always be used alongside any previous knowledge and information available to inform the decision process.

The pathway makes clear where children and young people and/or families and practitioners can access advice and support as concerns about the severity and/or impact associated with self-harming increases.

Consent issues

If a child or young person is deemed to need support from other professionals the worker supporting the individual will:

- Seek consent from the child, young person and or parental guardian to share information

Definitions of severity and impact

Coping/Getting help	Getting more help	Getting risk support
<ul style="list-style-type: none"> • Superficial harm e.g. wounds that do not require medical attention • No specific plan or intent • Has ongoing support • Suicidal thoughts are fleeting and easily dismissed <p>The behaviour is related to personal and social circumstances which might include peer pressure to conform.</p> <p>The 'self-harm' behaviour is not routine.</p> <p>There is no accompanying risk taking behaviour or concerns about the safety to themselves or others.</p> <p>The impact on daily life is minimal.</p>	<ul style="list-style-type: none"> • No specific plan or intent • Suicide thoughts are frequent but fleeting • Previous or recent suicide attempt <p>The self harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self harming, for example linked to alcohol or substance misuse.</p> <p>The self-harming is routine and has been taking place over a period of time irrespective of the severity of the self-harming.</p> <p>The behaviour is being used regularly as a coping mechanism.</p> <p>The impact on daily life is moderate.</p>	<ul style="list-style-type: none"> • Frequent suicide thoughts which are not easily dismissed • Specific plans in place and access to lethal means • Increasing self-harm either frequency, potential lethality or both <p>The self harming is part of a complex mix of behaviours which increase the risk to the child/young person.</p> <p>The child/young person may (but not in every instance) have a clinical diagnosis of mental health illness or condition.</p> <p>There is evidence that without specialist and/or clinical intervention the severity of the self harming will escalate.</p> <p>The impact on daily life is high.</p>

THRIVE model



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

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

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

Key providers in delivering the pathway (Click the buttons below to open each area guide as a PDF)

Determining current vulnerability for self harm and/or suicidal ideation

This is a guide at one point in time and needs to be revisited with the child/young person - **THIS DOES NOT REPLACE ORGANISATIONAL RISK ASSESSMENTS**

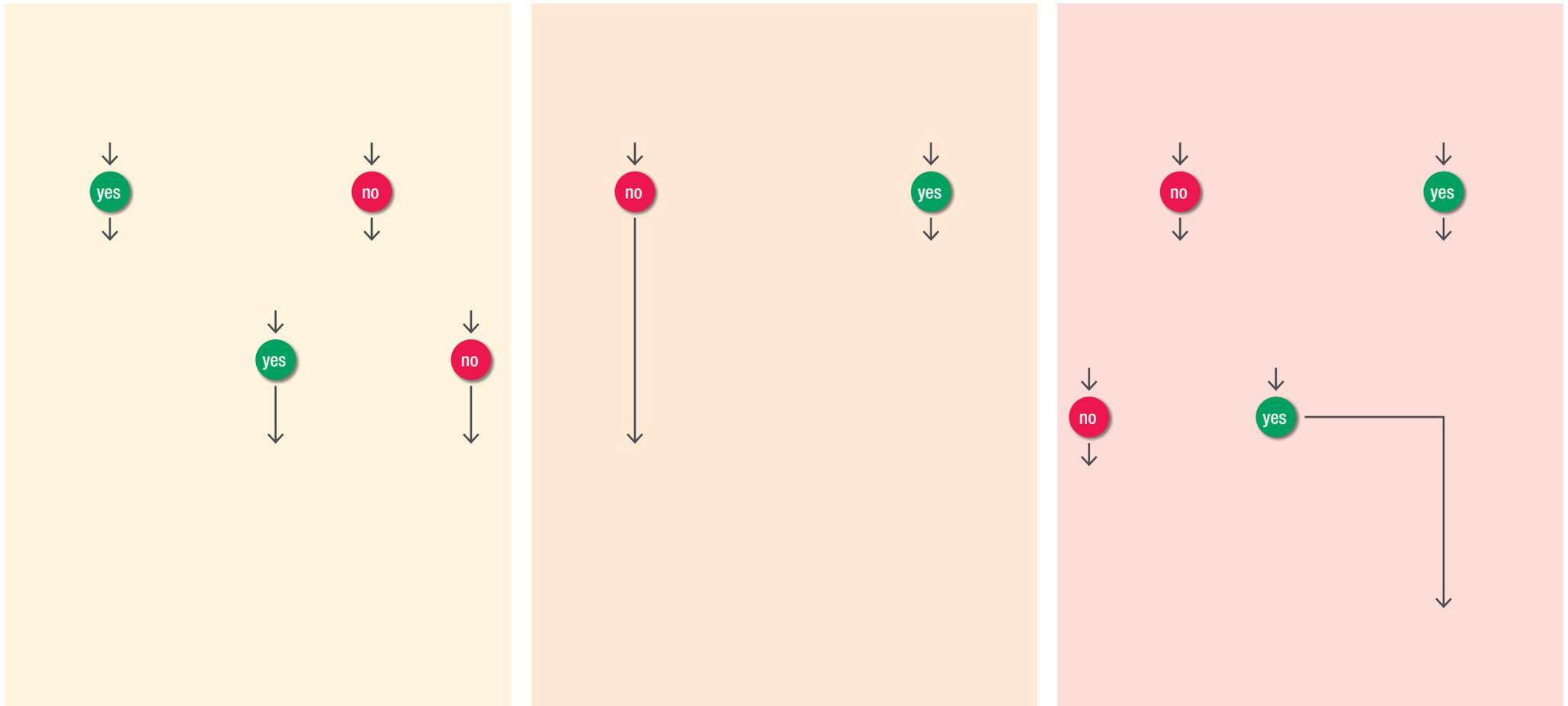
Individual presents with **actual** self harm

Individual presents with **ideas** of self-harm or suicidal ideation

BE ALERT
at every
intervention
CHECK!

- Do you have safeguarding or child protection concerns? → Follow local [Safeguarding procedures](#).
- Are you concerned that there is an immediate risk to the child or young person's physical health? → Call an ambulance (999) or take the child/young person to the nearest A&E department.
- Are you concerned that there is an immediate risk that the child or young person will harm themselves or others? → Do not leave the child unaccompanied. Call the Police (999).

If you are worried about a child or a young person under the age of 18: Telephone **01609 780 780** www.safeguardingchildren.co.uk/professionals/forms-for-professionals



Use the main pathway document to look at ways you can provide ongoing support to the child/young person and their family.

North Yorkshire Guidance on Self Harming behaviours for Schools and Pupil Referral Services

North Yorkshire Guidance on developing a policy on self harming behaviours for schools and Pupil Referral Services. The purpose of this document is to enable your school to develop and agree an effective policy on self harming behaviours.

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Safeguarding

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

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

Worried about a child?

Anyone can make a referral if you are worried about any child and think they may be a victim of neglect or abuse, whether as a member of the public or as a professional.

Please use the North Yorkshire Self-harm and Suicidal Ideation Pathway at the beginning of this document to identify the appropriate support available. *(please view the pathway earlier in document)*

Professionals in all agencies have a responsibility to refer a child to Children's Social Care when it is believed or suspected that a child:

Has suffered significant harm and /or;

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

If you are worried about a child or a young person under the age of 18, you should contact the children and young people's service through the customer services centre. If your concern is outside of normal office hours, you should contact the emergency duty team.

During Office Hours

By Phone: **01609 780 780**

Email: social.care@northyorks.gov.uk

Outside Office Hours

Emergency Duty Team (for evenings, weekends and bank holidays): **01609 780 780**

Further details can be found at the following address: www.northyorks.gov.uk/social-care-out-hours-support

Making a referral

Before making a referral to the North Yorkshire Children and Young People's Service you should contact the Customer Resolution Centre on the number above. A written confirmation of the referral must be completed and submitted within 24 hours. Where possible, the North Yorkshire Children and Young People's Service request that you use their "**Universal Referral Form**" to ensure that all relevant information is provided to ensure that the referral can be progressed as effectively as possible

The North Yorkshire Safeguarding Children Board's website contains a broad range of information, sign-posting and referral guidance in relation to children who may be vulnerable or at risk.

www.safeguardingchildren.co.uk

Introduction

This booklet offers guidance for staff working with children and young people in North Yorkshire under the age of 18 (under 25 for those with disabilities or for care leavers) who self-harm or feel suicidal. It is not aimed at people who work within the mental health sector; instead it is targeted at people who work with children/young people in a wide range of settings such as schools, youth work or community groups. Everyone can play a part in helping children and young people at risk.

This booklet sets out key principles and ways of working but does not prescribe how to act in individual situations. It is not intended to override individual organisational or professional guidelines where they exist. It can however be used as a prompt for discussions about organisational approaches to working with self-harm and suicidal intent, or to highlight individuals' skills or training needs.

“People look at you weird, like you tried to kill yourself when you didn't, they look at you in disgust, I just want to cope”

Self-injury

Self-harm and self-injury are ways that some young people cope with difficult and distressing feelings. This can be putting themselves in risky situations but also can be injuring themselves in some way. Sometimes this can be simply experimenting in risk taking behaviours in the same way as experimenting with drugs and alcohol and may not always be a sign of difficult and distressing feelings. It is not usually about ending their life, however sometimes young people feel unsure whether they want to die or not. Some young people do have suicidal thoughts and feelings and sometimes they harm themselves in ways that are very dangerous, and it is possible that they could accidentally kill themselves.

Some examples of how young people may self-injure include:

- Cutting or burning.
- Taking an overdose of tablets (whether these are prescribed or not).

Self-harm can include anything that causes an injury but can also be about taking risks. It can also involve using alcohol or drugs excessively – though many young people do not see this as self-harm or self-injury. Recognising these behaviours can be as important as those that are obvious such as cutting.

“When I self-harm it is me telling the outside world what I feel inside, which I can't express in words. Often it is an alternative to me attempting to kill myself, and all that I really want is someone to hug me and let me talk to them”

Self-harm may be on-going and well managed by the young person and not that physically dangerous. One example of this is superficial cutting. This may not require an immediate response but it is still probably a sign of emotional distress and the young person still needs support. As a member of staff you may wish to get advice and support to help you work with the student to access services.

Further information regarding the pathway of support for children and young people who deliberately self-harm can be found: www.northyorks.gov.uk/mental-health

Self-harm

All NICE products on self-harm. Includes any guidance, NICE Pathways and quality standards.

Includes: Guidance, Quality Standards and NICE pathways. <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/self-harm>

Suicide

Paradoxically, self-harm can be a coping mechanism to dull mental distress with the aim to preserve life, which can be a difficult concept to understand. Despite this clear distinction, young people who self-harm are known to be in a high risk group for future suicide; however suicidal feelings are likely to originate from the issues behind the self-harm rather than the self-harm itself. In some cases death occurs as a result of self-harm but is not the intention.

Suicide is still a rare event in young people; attempted suicides are uncommon in childhood and early adolescence, but increase markedly in the late teens and continue to rise until the early 20s. Nevertheless all people working with children/young people must be aware of the potential for someone to complete suicide and must work together to ensure that no child/young person feels suicide is their only option.

How to respond

As a professional you are seen as a safe person by young people and by parents and carers. If a young person has come to you, or you think they may be self-harming, then talking about the subject can feel harder than talking about other risk taking behaviours such as unsafe sex or alcohol use.

Refer to North Yorkshire Self-Harm and Suicidal Ideation Pathway (*please view the pathway earlier in document*)

However, many of the same principles apply. You need to:

- Listen and explain the limits to confidentiality.
- Reassure the young person it is OK to talk about it.
- Stay calm and don't judge the young person for their actions.

It can be very hard to stay calm if someone has disclosed that they are hurting themselves but remember that they see you as someone they can tell and you don't need to have all the answers. It is OK to say you need to go and find out more information. The young person's GP (General Medical Practitioner) can offer confidential and regular support for a wide range of health problems including the psychological

distress and physical injuries of self-harm. Quick access to advice and, if necessary, an appointment should usually be available for urgent matters.

If someone has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department (also known as accident or emergency or A&E). In an emergency call an ambulance on 999.

“The most important thing is not to tell people to stop, but to listen to them, find out what they need to stop and help them find ways of achieving that”

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

It is OK to say you need to go and find out more (see more information section).

As a professional it is your role to work out the best response for the young person, proportionate to the level of self-harm or the issues behind the self-harm. It is useful if you understand your own

relationship to potential risky behaviour. For example, what do you do to cope with daily stress and distress?

It might be useful to get the young person to think of a time when they felt like self-harming but had not done so. What had they done instead? Try to help the young person come up with things that might work for them. If this is not possible some suggestions could be made.

They could consider the following:

- Talk to someone – if they are on their own perhaps they can phone a friend.
- Distract themselves by going out, singing or listening to music, or by doing anything (harmless) that interests them.
- Relax and focus their mind on something pleasant – their very own personal comforting place.
- Find another way to express their feelings such as squeezing ice cubes (which can be made with red juice to mimic blood if the sight of blood is important), or just drawing red lines on their skin.

Young people have reported that the first time they speak to a professional they want to be treated with care and respect, but sometimes the response can actually

make their situation worse, for example if they are told to simply stop self-harming or if suicidal thoughts are dismissed as attention seeking.

“My doctor looked at me differently once I told her why I was there. It was as if I were being annoying and wasting her time”

Isolated young people with little or no support systems in place are particularly vulnerable and a cause for concern. These include young people who are homeless or those who are not in school, education or employment. Young people who have little or no support in their family, perhaps because of parental mental or physical illness, parental substance misuse or family relationship breakdown may also be more vulnerable.

“I self-harm because I am alone and don't connect with people, but I don't want to kill myself”

Suicide

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

It is a myth that you may put the idea into their head.

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

If you feel that the child/young person is at risk of self-harm or suicide then it is necessary to understand the seriousness and immediacy of the risk. Depression, hopelessness and continuing suicidal thoughts are known to be associated with risk.

If the child/young person talks about killing themselves always take this seriously as many people who do complete suicide have previously told a professional about their intention.

The following warning signs suggest that the risk is high:

- Current self-harm, especially if it poses a risk to the child/young person's health and wellbeing.
- Thoughts of suicide are frequent and not easily dismissed.
- Specific plan to complete suicide.
- Access to the means to complete suicide (for example, stockpiling tablets).
- Significant drug or alcohol abuse.
- Situation felt to be causing unbearable pain or distress.
- Previous, especially recent, suicide attempt.
- Evidence of current mental illness.
- Limited protective factors that may prevent them from attempting suicide or harming themselves, for example, socially isolated, poor relationships with parents/carers etc.
- No support mechanisms when distressed.

Next steps

Refer to the North Yorkshire Self-Harm and Suicidal Ideation Pathway at the start of this document.

Services available to school age children, young people and families

Use the links below for further information about support services in North Yorkshire.

Principles for working with children/young people

Confidentiality and sharing information

Everyone is entitled to confidentiality even if they are under the age of 18.

The decision whether to share the information depends on the degree of current or potential harm, it does not depend on the age of the child/young person. Remember to let the child/young person know your confidentiality procedures and their limits.

Sometimes concerns of significant harm may lead you to make a referral or share information with their GP without consent, however it is highly recommended to seek consent where possible. Seeking consent should not delay any urgent action required. Seek support from your manager for this process.

All professionals working with young people have to be accountable if they decide to share information and break confidentiality by showing that the decision was in the child/young persons' best interest. If this happens, a child/young person can expect:

- To be told the information is being shared, with whom and why.
- To be kept informed.
- To be offered appropriate support.

Ensure that you record any discussions or actions related to self-harm or suicidal intent in line with your organisational policies.

Competency

In assessing competence you need to ensure that they can understand the information and advice that you are giving them.

If a child/young person is judged as not competent and does not understand their situation, you will need to work sensitively as you may have to break their confidence. Inform them of your requirement to do this, how this will be done and what is expected to happen. Your aim is to ensure they are safe and have access to any help which is required.

Role of parents and carers

It is important to consider the supportive role that parents or carers can play in keeping a child/young person safe. This may be a supportive relationship but it is important not to assume so. It is good practice to discuss with the young person whether they wish to tell a parent or carer about how they are feeling. If the young person decides that they do not wish to tell their parent/carer then this must be respected. The only time you

should break this confidence is if there is a serious risk of harm to the young person in not doing so.

Child Protection

If you feel that the child/young person is at risk of significant harm you may decide you need to break confidentiality. The Customer Resolution Centre can be contacted on: **01609 780 780**, they will require you to inform and/or seek consent for the referral from the young person and their parents unless doing so would put the young person at further risk of harm. The underpinning principle is one of transparency but some children/young people may feel concerned at parents being notified, so explore the underlying reasons for this before you decide whether to proceed. In cases of an abusive home life it may not be in their best interest to inform parents as it may increase risk to the child/young person.

If you are concerned that the child/young person is in need of protection, The Customer Resolution Centre can be contacted on: **01609 780 780**.

Looking after yourself

Supporting people who self-harm or experience suicidal thoughts is emotionally demanding and requires a high level of communication skills and support. You may experience emotions such as anger, shock, disgust or guilt, so it is important that you have the space and support to reflect on how this impacts on you.

Responsibility to assess risk

It may not be part of your job role to carry out formal risk assessments; however all workers have a responsibility to talk to a child/young person who is experiencing difficulties in order to help them to access the support that they need.

This booklet does not include a formal risk assessment tool as this can lead to a 'tick box' exercise rather than encouraging the use of professional judgement when working with people with complex problems. The following section therefore highlights a series of questions and subsequent actions to consider, dependent on the level of risk that is apparent.

Key messages

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?
- Do not be afraid to talk about self-harm and suicide.
- Respond in a non-judgemental way if a child/young person discloses they are self-harming or thinking of suicide.
- Do not just focus on the self-harm or suicidal intent; consider the underlying issues.
- Be clear about your own organisational policies.
- Refer on for support or speak to a specialist for advice if you are unsure about the level of risk.
- Work with other professionals to ensure relevant information is shared when appropriate.
- Remember you can play a part in keeping children/young people safe.

“It dawned on me that continually harming myself was not allowing me to grow; it was just proving that I was still here and I could feel. But it wasn’t letting me push things forward, and unless I stopped doing that I would be in the same wretched situation forever”

Helplines

ChildLine – free and confidential helpline for children and young people Tel: **0800 11 11**

Samaritans – Free confidential helpline
Tel: **116123** (24 hours)

North Yorkshire Mental Health Out of Hours Help Line –
0333 0000309

A confidential and anonymous service available to anyone registered with a North Yorkshire GP.

Papyrus HOPELineUK

<https://papyrus-uk.org/hopelineuk> – a specialist helpline staffed by trained professionals who give non-judgemental support, practical advice and information to:

- children, teenagers and young people up to the age of 35 who are worried about themselves
- anyone who is concerned about a young person
- Tel: **0800 068 41 41**

Young Minds Parents Helpline a free and confidential national helpline for parents Tel: **0808 802 5544**
(9:30am – 4pm Monday to Friday)

Learning Disability Helpline provides information and advice Tel: **0808 808 1111**

“Many people stop hurting themselves when the time is right for them. Everyone is different and if they feel the need to self-harm at the moment, they shouldn’t feel guilty about it – it is a way of surviving, and doing it now does NOT mean that they will need to do it forever. It is a huge step towards stopping when they begin to talk about it, because it means that they are starting to think about what might take its place eventually.”

This information has been produced by North Yorkshire Safeguarding Children Board (NYSCB) - North Yorkshire Social Emotional Mental Health (NY SEMH) steering group Suicide Prevention Subgroup (SPSG) and was based on the Pink Book produced by Leeds. Partners would like to thank Leeds partners for their support and allowing us to reproduce such an essential and highly demanded guidance for practitioners.

www.safeguardingchildren.co.uk

twitter.com/NYSCB

Residential settings

There is likely to be increased risk for a young person to self harm when in residential care. As the environment might make them feel more vulnerable especially if it is a new setting. Some additional triggers such as;

- loneliness
- separation from parents/carers/friends/familiar routines and places
- possible issues with bullying
- isolation from peer group
- being in an unfamiliar environment

These could all be relevant factors which could increase stress and anxiety. It is important to ensure that a risk assessment is in place (see appendix 3), Residential staff will need specific training around self harm so they can identify possible signs and know how to respond. Good liaison with mental health professionals and services is critical and lines of communication need to be clearly established. Strategies would need to focus on helping the pupil build resilience such as providing a secure attachment figure, maintaining education provision, promoting contact with family including siblings, promoting talents and interests, promoting friendships and helping the young person manage their emotions and take responsibility. Positive role models who can show empathy and warmth and be non judgemental as well as providing structure and support will be protective factors.

Roles and responsibilities

The Governing Body

The governing body has the legal duty to safeguard and promote the welfare of their pupils. There may be a nominated governor for safeguarding who will have an oversight of the provision for pupils who self harm.

The Headteacher

The Headteacher has responsibility for establishing effective safeguarding procedures with regard to self harm, thereby ensuring the duty of care of pupils and staff. This could be supported by the implementation of a self harm policy and using the self harm guidelines checklist for schools (see appendix 1).

Staff

Pupils may choose to confide in any member of school staff if they are concerned about their own welfare, or that of a peer. Pupils may present with injuries to first aid or reception staff in the first instance and it is important that these frontline staff are aware that an injury may be self inflicted, and that they pass on any concerns. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best

possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust. The member of staff will:

- Avoid saying 'self harmer' – it is important to talk about a behaviour and not label a person, so say 'self harming behaviour' instead
- Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need
- Reassure them that there is help available
- Listen actively (See appendix 5 'How do I start a conversation with a pupil')
- Be non judgemental
- Avoid asking a pupil to display injuries or scars or describe what they do
- Avoid making assumptions or stereotyping behaviour, don't say '*people generally/ usually...*' everyone is different
- Never refer to self harm as a 'failed suicide attempt'
- Avoid asking a pupil to stop self harming as this may be the only coping strategy they have

- Be re-assuring and support them to seek help

Staff must not work outside their remit.

Confidentiality/ information sharing

Pupils are entitled to expect personal information to remain confidential. This means that the information should not be disclosed to anyone including the pupil's parents/ guardians unless, having considered all the circumstances, it is considered necessary for one of the following reasons:

- In the interest of health and safety of the child.
- For the prevention or detection of crime

Even then care must be taken to limit disclosure to only those who 'need to know'. Pupils should be made aware that confidentiality will be maintained but that it cannot always be guaranteed. If a member of staff considers that a pupil is at risk of harming themselves or others then confidentiality cannot be kept. It is important not to make promises of confidentiality that a member of staff cannot keep, even though the pupil may put pressure on them to do so. If this is explained at the outset of

any meeting the pupil can make an informed decision as to how much information they wish to divulge.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self harm should consult the Designated Safeguarding Lead (DSL) but in an emergency situation then any member of staff should assess the situation, administer first aid and/or call for an ambulance for emergency assistance.

Once informed, the DSP will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Removing the pupil from lessons immediately if remaining in class is likely to cause further distress to themselves or their peers
- Remaining with the pupil at all times if they are acutely distressed

Risk assessment.

It is important to ensure that there is a risk assessment in place which relates to the self harming behaviour, possible triggers and strategies to be used to minimise risk. The example risk assessment in appendix 3 is for guidance only and it needs to be adapted according to individual need.

Liaison with support services which may include the Healthy Child Service, Compass REACH and specialist Child and Adolescent Mental Health Service (CAMHS).

Schools should now follow the North Yorkshire Pathway of support for children and young people who deliberately self harm.

The Pathway has defined the severity and the risk and/or impact of self harming as follows.

Coping/Getting help	Getting more help	Getting risk support
<ul style="list-style-type: none"> • Superficial harm e.g. wounds that do not require medical attention • No specific plan or intent • Has ongoing support • Suicidal thoughts are fleeting and easily dismissed <p>The behaviour is related to personal and social circumstances which might include peer pressure to conform.</p> <p>The 'self-harm' behaviour is not routine.</p> <p>There is no accompanying risk taking behaviour or concerns about the safety to themselves or others.</p> <p>The impact on daily life is minimal.</p>	<ul style="list-style-type: none"> • No specific plan or intent • Suicide thoughts are frequent but fleeting • Previous or recent suicide attempt <p>The self harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self harming, for example linked to alcohol or substance misuse.</p> <p>The self-harming is routine and has been taking place over a period of time irrespective of the severity of the self-harming.</p> <p>The behaviour is being used regularly as a coping mechanism.</p> <p>The impact on daily life is moderate.</p>	<ul style="list-style-type: none"> • Frequent suicide thoughts which are not easily dismissed • Specific plans in place and access to lethal means • Increasing self-harm either frequency, potential lethality or both <p>The self harming is part of a complex mix of behaviours which increase the risk to the child/young person.</p> <p>The child/young person may (but not in every instance) have a clinical diagnosis of mental health illness or condition.</p> <p>There is evidence that without specialist and/or clinical intervention the severity of the self harming will escalate.</p> <p>The impact on daily life is high.</p>

Key providers in delivering the pathway:

Click the buttons below to open each area guide as a PDF.



Meetings

Any meetings with a pupil, their parents or their peers regarding self harm should be recorded in writing including:

- Dates and times
- An action/health plan
- Concerns raised
- Details of anyone else who has been informed
- Risk assessment (See appendix 3)

This information should be stored in the pupil's confidential child protection/safeguarding file.

Issues regarding contagion, multiple or copycat behaviours

When a pupil is self harming it is important to be vigilant in case close contacts of this individual are also self harming. Occasionally schools or residential settings may discover that a number of students in the same peer group are harming themselves. Self harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety in school staff, parents and carers, as well as in other pupils. Each individual may have different reasons for self harming and should be given the opportunity for one to one support; however, it may also be helpful to discuss the matter openly with the group of pupils involved. In general it is not advisable to offer regular group support for pupils who self harm. Where there appears to be linked behaviour or a local pattern emerging, a multi-agency strategy meeting should be convened.

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. The peer group of a pupil who self harms may value the opportunity to talk to a member of staff either individually or in a small group.

Managing PE/Sport Lessons

Pupils who self harm should be actively encouraged to participate in sport. PE/Sport colleagues may need to be aware that so adjustments to normal clothing guidelines can apply such as a need for a long sleeve top and alternative changing areas.

Training for Staff

Schools are recommended to access training regularly on self harm. Staff giving support to pupils who self harm may experience all sorts of reactions to this behaviour in pupils (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff taking this role should take the opportunity to attend training days on self harm or obtain relevant literature.

- **Compass BUZZ** – The aim of the project is to develop a ‘whole school approach’ with the priority placed on improving the resilience and emotional wellbeing of children and young people. As a result of the project’s wraparound support, school staff will feel empowered to tackle stigma and effectively respond to children and young people’s emotional and mental health needs. Highly skilled and committed Wellbeing Workers deliver a free rolling programme of tiered training to North Yorkshire schools and other key professionals, promoting a range of early help and prevention strategies as part of a wider integrated multi-agency approach.

- **North Yorkshire Safeguarding board**
- **MindEd** – Self harm and risky behaviours. This e-learning is aimed at a universal audience and provides the background to self harm in children and teenagers, common associated conditions and the optimal approach to managing it in the community www.minded.org.uk/Component/Details/445676
- **Young Minds** have developed a free online course for parents to help them talk to their children about self harming www.safeguardingchildren.co.uk/self-harm-free-online-course
- **Papyrus** <https://papyrus-uk.org>

Support, Equip and Influence

The work we do centres around three key principles; Support Equip and Influence.

Support: We provide confidential support and advice to young people struggling with thoughts of suicide, and anyone worried about a young person through our helpline, **HOPELINEUK**.

Equip: We engage communities and volunteers in suicide prevention projects and deliver training programmes to individuals and groups. This includes equipping local councils, healthcare professionals and school staff with suicide prevention skills.

Influence: We aim to shape national social policy and make a significant contribution to the local and regional implementation of national suicide prevention strategies wherever we can. Our campaigning comes from our passion as individuals, parents, families and communities who have been touched personally by young suicide. We press for change in many places using hard-hitting and dynamic campaigns as well as presenting evidence to those in power so that lessons can be learned and learning implemented to help save young lives.

Training and awareness

Mental Health first Aid training (MHFA) is a training program that teaches members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. Like traditional first aid, Mental Health First Aid does not teach people to treat or diagnose mental health or substance use conditions. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves. While first aid for physical health crises is a familiar notion in developed countries, conventional first aid training has not generally incorporated mental health problems.

<https://mhfaengland.org>



Free online course helps parents discuss self-harm with their children: www.virtual-college.co.uk/news/virtual-college/2017/02/self-harm-course-launch

SafeTALK is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

www.livingworks.net/programs/safetalk



Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop - anyone 16 or older can learn and use the ASIST model.

www.livingworks.net/programs/safetalk



To access Mental Health training:

For NYCC staff and Schools please access training through North Yorkshire County Council Learning Zone.

To access community based training in North Yorkshire use <http://www.nyccp.org/north-yorkshire-mental-health-hub> this will include a range of providers delivering both free training and training that may incur a cost.

The **#TalkSuicide** campaign has been created by the Humber, Coast and Vale Health and Care Partnership to get rid of the stigma around talking about suicide by raising awareness of free suicide prevention training available from the Zero Suicide Alliance.

The training takes 20 minutes and can help you to:

- Identify the signs of when someone might be suffering from suicidal thoughts and behaviour.
- Feel comfortable speaking out about suicide in a supportive manner.
- Signpost anyone suffering to the correct services and support e.g. Samaritans call 116 123.

Zero Suicide Alliance 25 minute e-training (**FREE**) <https://www.talksuicide.co.uk> to take the training.

Health Education England 1.5 hour on-line suicide prevention training (**FREE**) <https://www.hee.nhs.uk/news-blogs-events/news/new-health-education-england-learning-tool-help-health-professionals-spot-early-warning-signs>

Appendix 1:

Self Harm Guidelines - Checklist for schools: Supporting the development of effective practice

The school has a policy or protocol approved by the governing body concerning self harming	<input type="checkbox"/>
Ensure the self harm policy links to other relevant policies e.g. substance misuse and safeguarding	<input type="checkbox"/>
ALL new members of staff receive an induction on self harm procedures and confidentiality	<input type="checkbox"/>
ALL members of staff (teaching and non-teaching) receive regular training on child protection procedures	<input type="checkbox"/>
The school has clear channels of communication that apply to this issue	<input type="checkbox"/>
If pupil is receiving support, a regular minuted review meeting is held to document actions, ensuring progress and impact	<input type="checkbox"/>
A risk assessment is completed involving pupil, parent(s)/ guardians and all other involved people if appropriate	<input type="checkbox"/>
Staff are supported throughout all processes concerned with this issue	<input type="checkbox"/>
Staff know how to access support for themselves and pupils including the North Yorkshire pathway of support for children and young people who deliberately self harm	<input type="checkbox"/>
Pupils know who to go to for help	<input type="checkbox"/>
The school has a culture that encourages pupils to talk, adults to listen and believe	<input type="checkbox"/>
Pupils are consulted on any curriculum provision (eg in PSHE) and pastoral support provided	<input type="checkbox"/>
Planned Personal, Social, Health Education (PSHE) provision is in place that incorporates emotional health and well being including lessons on self harm	<input type="checkbox"/>

Appendix 2:

Model policy	(Insert)
---------------------	----------

Self Harm Policy	XX School	
Document Status		
Date of Next Review	Responsibility	Committee
Success Criteria for review completion	Responsibility (Chair)	
Date of Policy Creation	Responsibility	Chair of
Date of Policy Adoption by Governing Body	Signed	
Method of Communication (e.g. Website, Noticeboard, etc)		

1. Introduction and Context

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm, building resilience and supporting pupils, peers and parents of pupils currently engaging in self-harm.

2. Purpose

This document is a policy for staff working in this school who may be supporting pupils who self-harm.

3. Aims

To adhere to the NYCC Self Harm Guidance protocol.

To develop outstanding practice within this school to help and support pupils who self harm.

4. Definition of Self Harm

Self harm is any behaviour where the intent is to deliberately cause harm to one's own body.

5. Roles and responsibilities

The Governing Body

The governing body has the legal duty to safeguard and promote the welfare of their pupils. There may be a nominated governor who has responsibility for safeguarding who will have an oversight for provision for pupils who self harm.

The Headteacher

The Headteacher has responsibility for establishing effective safeguarding procedures with regard to self harm, thereby ensuring the duty of care of pupils and staff.

Staff

Pupils may choose to confide in any member of school staff if they are concerned about their own welfare, or that of a peer.

Referral procedures are:

(Insert)

This includes all staff being aware of the North Yorkshire pathway of support for children and young people who deliberately self harm.

6. Training

Schools are recommended to access training regularly on self harm. Staff giving support to pupils who self harm may experience all sorts of reactions to this behaviour in pupils (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff taking this role should take the opportunity to attend training days on self harm or obtain relevant literature. Induction procedures for all staff, outlined below, will include training on Self Harm, Child Protection procedures and setting boundaries around Confidentiality.

(Insert)

7. Monitoring and Evaluation

The designated governor who has responsibility for safeguarding will monitor the systems yearly and following any incident of self harm.

Policy reviewed on:

(Insert)

By:

(Insert)

Appendix 3:



CYPS RISK ASSESSMENT FOR MANAGING HIGH - LEVEL CHALLENGING BEHAVIOURS (SELF HARMING)

THIS EXAMPLE IS FOR GUIDANCE ONLY AND IS TO BE ADAPTED ACCORDING TO INDIVIDUAL NEED

Name of child/young person: Date of Birth Date of Assessment: Date of Review:

Information provided by: Risk Assessor(s):

Identification of Risk	
Clear and detailed description of high-level challenging behaviour	<p>_____ has presented with a range of complex behavioural and emotional needs over the last two years. Some of _____ previous behaviours included care needing, such as misbehaving in class, seeking out different members of staff to disclose issues to, truanting from lessons and also absconding from school. _____ also has low self-esteem and most recently their behaviours have included severe anxiety and self-harm. _____ has scratched words into their forearms, as well as cutting themselves. They have had blades and other 'sharp' items (plastic pens, paper clips) removed from them in school by members of staff. _____ has also freely given such items to other vulnerable students.</p> <p>_____’s safety is also of serious concern due to risk taking behaviour and emotional vulnerability. At present, _____ has found it very difficult to engage in lessons and even enter the classroom and as such their learning is being severely disrupted. _____ has on some occasions, not come to their designated safe place in school, but has chosen to go with other vulnerable students either off site or in other areas of the school grounds. _____ has been verbally abusive towards staff who have questioned them about their behaviour or insisted they abides by the rules of the school. _____ often refuses to follow instructions given by members of staff. They has expressed suicidal thoughts and developed detailed plans to run away from home. _____ often doesn't read danger or risk in situations, most notably seen by peers, staff and their parents. They have recently been diagnosed with psychosis, and is now medicated. They has taken overdoses at home and run away from home. Most recently, _____ has been an inpatient at CAMHS.</p>
Who is affected by the behaviour (injured or harmed)?	_____, other vulnerable students within school, supporting staff, other students in teaching groups, parents and siblings
In which situations does the behaviour occur/not occur?	At anytime during the school day. The cross over during lessons is the most vulnerable time. Unstructured times of the day also prove to be times _____ struggles to manage their behaviour and mood. (break and lunch times) When experiencing low mood _____ is more likely to abscond, self-harm or fail to follow school requests/instruction. Triggers for low mood could be arguments with family, feelings of worry about being in school/lessons.
What kinds of injuries or harm are likely to occur?	Cutting on arms, taking tablets.
What relevant records, reports or other documents are already in place? (e.g. IEP, PSP, lesson planning, General	Support on a daily basis from the pastoral team _____ has a pass to enable them to leave a lesson if they become anxious. A reduced timetable – in lessons _____ finds particularly difficult, the work is given for them to complete in a quiet working

Risk Assessment, Health Care Plan, Statement of SEN)	environment with support from a member of staff who she trusts Teaching Assistant support in lessons. Inclusion Passport. Health Care Plan with reference to psychosis medication. Professionals meeting records with actions from each review meeting.
--	---

Risk Rating Matrix

<p>Severity [S]</p> <p>5. Death/Disability</p> <p>4. Major Injury</p> <p>3. >3 day injury</p> <p>2. Minor Injury</p> <p>1. Property Damage</p> <p>Likelihood [L]</p> <p>5. Very Likely</p> <p>4. Likely</p> <p>3. Possible</p> <p>2. Unlikely</p> <p>1. Very unlikely</p>	<p>Severity (Emotional) N.B could be on the victim or the person who is subject to the risk assessment</p> <p>5. Death/ suicide, severe depression, long term mental health issues</p> <p>4. Long term/ repeated deliberate risk-taking. Emotional impact severe enough to trigger referral to another service e.g. CAMHS/GP/EP and/or significant medical intervention e.g. attempted suicide/ anorexia/ school refusal</p> <p>3. Emotional response that results in deteriorating/ erratic attendance, withdrawing/ not engaging, anxiety, fear, worry; impacts on behaviour of others (e.g. negativity, irritability, negative emotions, lack of concentration, lack of motivation)</p> <p>2. Significant distress or upset that can be addressed or resolved within a few days i.e. has no lasting negative impact</p> <p>1. Upset/ distress that subsides relatively quickly and with minimal additional support i.e. within a day or so</p>	<p>[S]</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>X</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>[L]</p> <p>Score</p> <p>1 – 8 = LOW RISK 9 – 15 = MEDIUM RISK 16 – 25 = HIGH RISK</p>	1	1	2	3	4	5	2	2	4	6	8	10	3	3	6	9	12	15	4	4	8	12	16	20	5	5	10	15	20	25	X	1	2	3	4	5
1	1	2	3	4	5																																	
2	2	4	6	8	10																																	
3	3	6	9	12	15																																	
4	4	8	12	16	20																																	
5	5	10	15	20	25																																	
X	1	2	3	4	5																																	

High-Level Challenging Behaviour	Degree of Risk										Risk Rating		
	Severity x Likelihood										Score	HML	
1	2	3	4	5	x	1	2	3	4	5			
Self Harm						X							

	<p>Positive Behaviour Report card to support inclusion.</p> <p>Check in procedure for _____ at key points during school to monitor support and _____'s emotional state and mood.</p> <p>Meetings with parents and CAMHS.</p>			
<p>Reactive interventions to respond to adverse outcomes</p>	<p>As above regarding incident.</p> <p>Emotional Support provided for _____ by the relevant members of staff in the pastoral team.</p> <p>Use of Fixed Term Exclusion for bringing in blades or tablets and truancy.</p> <p>Parents, older siblings and/or police informed re. absconding.</p>			

Communication of Risk Assessment and Behaviour Management Plan		
Shared with	Communication Method	Date actioned and by whom
Pupil Parents CAMHS Pastoral Team Headteacher	Professionals meeting E-mail	
Review of Risk Assessment and Behaviour Management Plan		
Any significant changes since last assessment? (Consideration needs to be given to the impact of measures on behaviour in the review)		

Notes: As a result of the review an up-dated risk assessment should be completed and recorded.

Parents/carers should always be actively involved in the planning/monitoring and reviewing process.

CYP should always be actively involved. Their level of involvement should be judged by key staff, according to the CYP's age and social/emotional maturity

Appendix 4:

Including Self Harm within a taught Personal Social Health Education (PSHE) programme

Effective provision for health and wellbeing in schools underpins successful learning. Schools have a statutory duty to promote pupils' wellbeing. Good schools actively promote health and wellbeing because they recognise that healthy children and young people with high self esteem learn and behave better at school. Good schools understand well the connections between pupils' physical and mental health, their safety and their educational achievements. Key to the successful promotion of health and well-being is a whole school approach underpinned by the support and commitment of a school's leadership and management. One aspect of a high quality curriculum that contributes to health and wellbeing is the PSHE programme. PSHE is a progressive planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals and as members of families and of social and economic communities. The most effective PSHE education employs a wide range of active learning and assessment approaches and provides frequent opportunities for children and young people to reflect on their own and other people's experiences so they can use and apply their learning in their own lives.

Effective teaching of education on self harm within a PSHE curriculum:

- Pupils learn about emotional health and wellbeing and network of support before having a lesson on self harm
- Opportunities to learn about self harm as part of a planned programme about emotional health and well-being issues and managing stress, including where to access further information and support.
- Opportunities to promote their own emotional health and build up their resilience to cope with difficult circumstances.
- Opportunities to discuss, explore and challenge the role of the media around body image
- Opportunities to discuss the relationship between body image and self-esteem.
- Clear groundrules/working agreement should be established to provide a framework for lessons and discussions. This is particularly important when discussing sensitive issues. The learning environment needs to encourage pupils to express views and opinions, whilst respecting the views of others.

- Essential that a needs analysis is undertaken. The Growing Up in North Yorkshire Survey provides a rich source of evidence about the behaviours, perceptions and experiences of pupils in your school, the local area and the county as a whole. This enables you to identify aspects of PSHE that may be particularly pertinent to your pupils
- Teaching and learning methods should ensure that pupils take an active role in the lesson and ultimately take responsibility for their own learning. Plenaries and lesson summaries allow pupils to reflect on and assimilate what they have learned. Activities should provide an appropriate level of challenge and allow pupils to develop their knowledge, skills, attitudes and understanding.

Specific issues to take into consideration (taken from Samaritans DEAL programme):

- Avoid saying self harmer – it's important to talk about a behaviour and not label a person, so say self harming behaviour instead
- Avoid discussing methods of self harming, and never show images of methods

- Don't provide statistics on rates of self harm or suicide for young people
- Avoid making assumptions or stereotyping behaviours, don't say 'people generally / usually...' everyone is different
- Never refer to self harm as a failed suicide attempt. Don't make links between self harm and suicide.
- Never imply these actions are inevitable once a person reaches a certain level of distress or imply that there are therefore reasonable options for a person who is distressed
- Include positive messages whenever possible, for instance where people have found safer ways of coping, or were able to move on from self harming practices
- Include where and how support can be found
- Do discuss the subject to make it acceptable for young people to talk about it and seek help
- Focus on different feelings and other coping strategies to manage those feelings and that feelings of anxiety, stress etc are very normal emotions

Further support, guidance and resources:

- **North Yorkshire PSHE Guidance** for schools including the Curriculum Entitlement Framework for PSHE and Citizenship and signposting to a range of resources for key stage 1-4 can be accessed at <http://cyps.northyorks.gov.uk/health-wellbeing-pshe>
- **Samaritans** can provide support and information. They have developed a range of lesson plans for 14-16 year olds on emotional health and wellbeing (the DEAL programme) including one on self harm which can be accessed from www.samaritans.org/your-community/samaritans-education/deal-developing-emotional-awareness-and-listening
- **Emotional health and wellbeing** – The PSHE associations guide to teaching about mental health and supporting lesson plans for key stage 3-4 covering: promoting emotional health during transitions, resilience and reframing, unhealthy coping strategies and developing healthy coping strategies and mindfulness
- www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and
- **The Mental Health in Schools** project has developed a range of video clips and lesson plans to support teaching about mental health issues. The films and lessons plans have been piloted in North Yorkshire secondary schools with very positive feedback <https://mhislive.com>
- **Dove self-esteem teaching and learning resources** to support schools teach a body-confidence session(s) <http://selfesteem.dove.co.uk/Articles/Written/Teachers-and-schools.aspx>
- **Cornwall stop stigma** lesson plans have been developed so they can be taught by teachers who don't have to be an 'expert' in mental health the lessons cover: awareness of mental health and stigma, myths and facts, wellbeing and normalising mental health, mental health issues and creating and running an anti-stigma campaign. www.cornwallhealthyschools.org/stop-stigma/
- **Childline** can provide support and information. The website also has a range of resources www.childline.org.uk/info-advice/your-feelings/self-harm/
- **Young Minds** can provide support and information. <https://youngminds.org.uk>
- **National self harm network** <http://www.nshn.co.uk>
- www.tes.co.uk/teaching-resource/Talking-About-Self-harm-6175238/ A video clip of two young men who have self harmed.
- <https://www.beateatingdisorders.org.uk> Beating eating disorders website provides helplines, on-line support and network of UK wide self help groups to adults and young people

- **Responding to a suspected suicide in schools and colleges** Samaritans' booklet 'Help When We Needed it Most' is a resource to help schools to plan and deliver an effective response is available online. This introduction leads to the rest of the guidance, or you can **download the entire booklet for free here.**

All websites were accessible at time of going to print. It is recommended that before showing any of the content to young people the person leading the session views the content to ensure it is appropriate for the needs of the learners.

Appendix 5:

How do I start a conversation with a young person about self harm?

Self harming tends to be secretive and often associated with guilt and embarrassment. This can present challenges when trying to approach the subject of self harm with a young person.

- It is important that the adult checks their own feeling and thoughts before asking any questions. If the feelings and thoughts are negative in anyway, they will be communicated to them non-verbally and this may hinder the helping process.
- It is important to young people to have someone to talk to who listens properly and does not judge.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it.
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self harm is helping them to cope at the moment and you want to help.

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

- See the person, not the issue, talk in a genuine way.
- I've noticed that you seem bothered/ worried/ preoccupied /troubled. Is there a problem?
- I've noticed you have been hurting yourself and I am concerned that you are troubled by something at present.
- We know that when young people are bothered/ troubled by things, they cope in different ways and self harm is one of those ways. Those who do this need confidential support from someone who understands issues in relation to self harm. Unfortunately I don't have the skills to help, but I would like to help you by asking (insert name of person e.g counsellor) to see you. Would you agree to this?

North Yorkshire Guidance on Self Harming behaviours

Working with children and young people
in North Yorkshire who self harm

North Yorkshire has adopted the 'Self-Harm and Suicidal Behaviour publication'
from Leeds Public Health, Leeds Clinical Commissioning Groups and Leeds LSCB

Contents

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Suicide	36
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Safeguarding

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

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

Worried about a child?

Anyone can make a referral if you are worried about any child and think they may be a victim of neglect or abuse, whether as a member of the public or as a professional.

Please use the North Yorkshire Self-harm and Suicidal Ideation Pathway at the beginning of this document to identify the appropriate support available. *(please view the pathway earlier in document)*

Professionals in all agencies have a responsibility to refer a child to Children's Social Care when it is believed or suspected that a child:

Has suffered significant harm and /or;

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

If you are worried about a child or a young person under the age of 18, you should contact the children and young people's service through the customer resolution centre. If your concern is outside of normal office hours, you should contact the emergency duty team.

During Office Hours

By Phone: **01609 780 780**

Email: children&families@northyorks.gov.uk

Outside Office Hours

Emergency Duty Team (for evenings, weekends and bank holidays): **01609 780 780**

Further details can be found at the following address:
www.northyorks.gov.uk/social-care-out-hours-support

Making a referral

Before making a referral to the North Yorkshire Children and Young People's Service you should contact the Customer Resolution Centre on the number above. A written confirmation of the referral must be completed and submitted within 24 hours. Where possible, the North Yorkshire Children and Young People's Service request that you use their "**Universal Referral Form**" to ensure that all relevant information is provided to ensure that the referral can be progressed as effectively as possible

The North Yorkshire Safeguarding Children Board's website contains a broad range of information, sign-posting and referral guidance in relation to children who may be vulnerable or at risk.

www.safeguardingchildren.co.uk

Introduction

This booklet offers guidance for staff working with children and young people in North Yorkshire under the age of 18 (under 25 for those with disabilities or for care leavers) who self-harm or feel suicidal. It is not aimed at people who work within the mental health sector; instead it is targeted at people who work with children/young people in a wide range of settings such as schools, youth work or community groups. Everyone can play a part in helping children and young people at risk.

This booklet sets out key principles and ways of working but does not prescribe how to act in individual situations. It is not intended to override individual organisational or professional guidelines where they exist. It can however be used as a prompt for discussions about organisational approaches to working with self-harm and suicidal intent, or to highlight individuals' skills or training needs.

“People look at you weird, like you tried to kill yourself when you didn't, they look at you in disgust, I just want to cope”

Self-injury

Self-harm and self-injury are ways that some young people cope with difficult and distressing feelings. This can be putting themselves in risky situations but also can be injuring themselves in some way. Sometimes this can be simply experimenting in risk taking behaviours in the same way as experimenting with drugs and alcohol and may not always be a sign of difficult and distressing feelings. It is not usually about ending their life, however sometimes young people feel unsure whether they want to die or not. Some young people do have suicidal thoughts and feelings and sometimes they harm themselves in ways that are very dangerous, and it is possible that they could accidentally kill themselves.

Some examples of how young people may self-injure include:

- Cutting or burning.
- Taking an overdose of tablets (whether these are prescribed or not).

Self-harm can include anything that causes an injury but can also be about taking risks. It can also involve using alcohol or drugs excessively – though many young people do not see this as self-harm or self-injury. Recognising these behaviours can be as important as those that are obvious such as cutting.

“When I self-harm it is me telling the outside world what I feel inside, which I can't express in words. Often it is an alternative to me attempting to kill myself, and all that I really want is someone to hug me and let me talk to them”

Self-harm may be on-going and well managed by the young person and not that physically dangerous. One example of this is superficial cutting. This may not require an immediate response but it is still probably a sign of emotional distress and the young person still needs support. As a member of staff you may wish to get advice and support to help you work with the student to access services.

Further information regarding the pathway of support for children and young people who deliberately self-harm can be found: www.northyorks.gov.uk/mental-health

Self-harm

All NICE products on self-harm. Includes any guidance, NICE Pathways and quality standards.

Includes: Guidance, Quality Standards and NICE pathways. <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/self-harm>

Suicide

Paradoxically, self-harm can be a coping mechanism to dull mental distress with the aim to preserve life, which can be a difficult concept to understand. Despite this clear distinction, young people who self-harm are known to be in a high risk group for future suicide; however suicidal feelings are likely to originate from the issues behind the self-harm rather than the self-harm itself. In some cases death occurs as a result of self-harm but is not the intention.

Suicide is still a rare event in young people; attempted suicides are uncommon in childhood and early adolescence, but increase markedly in the late teens and continue to rise until the early 20s. Nevertheless all people working with children/young people must be aware of the potential for someone to complete suicide and must work together to ensure that no child/young person feels suicide is their only option.

How to respond

As a professional you are seen as a safe person by young people and by parents and carers. If a young person has come to you, or you think they may be self-harming, then talking about the subject can feel harder than talking about other risk taking behaviours such as unsafe sex or alcohol use.

Refer to North Yorkshire Self-Harm and Suicidal Ideation Pathway (*please view the pathway earlier in document*)

However, many of the same principles apply. You need to:

- Listen and explain the limits to confidentiality.
- Reassure the young person it is OK to talk about it.
- Stay calm and don't judge the young person for their actions.

It can be very hard to stay calm if someone has disclosed that they are hurting themselves but remember that they see you as someone they can tell and you don't need to have all the answers. It is OK to say you need to go and find out more information. The young person's GP (General Medical Practitioner) can offer confidential and regular support for a wide range of health problems including the psychological

distress and physical injuries of self-harm. Quick access to advice and, if necessary, an appointment should usually be available for urgent matters.

If someone has seriously injured themselves or taken an overdose it is important that they get immediate medical treatment from the Emergency Department (also known as accident or emergency or A&E). In an emergency call an ambulance on 999.

“The most important thing is not to tell people to stop, but to listen to them, find out what they need to stop and help them find ways of achieving that”

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

It is OK to say you need to go and find out more (see more information section).

As a professional it is your role to work out the best response for the young person, proportionate to the level of self-harm or the issues behind the self-harm. It is useful if you understand your own

relationship to potential risky behaviour. For example, what do you do to cope with daily stress and distress?

It might be useful to get the young person to think of a time when they felt like self-harming but had not done so. What had they done instead? Try to help the young person come up with things that might work for them. If this is not possible some suggestions could be made.

They could consider the following:

- Talk to someone – if they are on their own perhaps they can phone a friend.
- Distract themselves by going out, singing or listening to music, or by doing anything (harmless) that interests them.
- Relax and focus their mind on something pleasant – their very own personal comforting place.
- Find another way to express their feelings such as squeezing ice cubes (which can be made with red juice to mimic blood if the sight of blood is important), or just drawing red lines on their skin.

Young people have reported that the first time they speak to a professional they want to be treated with care and respect, but sometimes the response can actually

make their situation worse, for example if they are told to simply stop self-harming or if suicidal thoughts are dismissed as attention seeking.

“My doctor looked at me differently once I told her why I was there. It was as if I were being annoying and wasting her time”

Isolated young people with little or no support systems in place are particularly vulnerable and a cause for concern. These include young people who are homeless or those who are not in school, education or employment. Young people who have little or no support in their family, perhaps because of parental mental or physical illness, parental substance misuse or family relationship breakdown may also be more vulnerable.

“I self-harm because I am alone and don't connect with people, but I don't want to kill myself”

Suicide

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

It is a myth that you may put the idea into their head.

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?

If you feel that the child/young person is at risk of self-harm or suicide then it is necessary to understand the seriousness and immediacy of the risk. Depression, hopelessness and continuing suicidal thoughts are known to be associated with risk.

If the child/young person talks about killing themselves always take this seriously as many people who do complete suicide have previously told a professional about their intention.

The following warning signs suggest that the risk is high:

- Current self-harm, especially if it poses a risk to the child/young person's health and wellbeing.
- Thoughts of suicide are frequent and not easily dismissed.
- Specific plan to complete suicide.
- Access to the means to complete suicide (for example, stockpiling tablets).
- Significant drug or alcohol abuse.
- Situation felt to be causing unbearable pain or distress.
- Previous, especially recent, suicide attempt.
- Evidence of current mental illness.
- Limited protective factors that may prevent them from attempting suicide or harming themselves, for example, socially isolated, poor relationships with parents/carers etc.
- No support mechanisms when distressed.

Next steps

Refer to the North Yorkshire Self-Harm and Suicidal Ideation Pathway.

Services available to school age children, young people and families

Use the links below for further information about support services in North Yorkshire.

Principles for working with children/young people

Confidentiality and sharing information

Everyone is entitled to confidentiality even if they are under the age of 18.

The decision whether to share the information depends on the degree of current or potential harm, it does not depend on the age of the child/young person. Remember to let the child/young person know your confidentiality procedures and their limits.

Sometimes concerns of significant harm may lead you to make a referral or share information with their GP without consent, however it is highly recommended to seek consent where possible. Seeking consent should not delay any urgent action required. Seek support from your manager for this process.

All professionals working with young people have to be accountable if they decide to share information and break confidentiality by showing that the decision was in the child/young persons' best interest. If this happens, a child/young person can expect:

- To be told the information is being shared, with whom and why.
- To be kept informed.
- To be offered appropriate support.

Ensure that you record any discussions or actions related to self-harm or suicidal intent in line with your organisational policies.

Competency

In assessing competence you need to ensure that they can understand the information and advice that you are giving them.

If a child/young person is judged as not competent and does not understand their situation, you will need to work sensitively as you may have to break their confidence. Inform them of your requirement to do this, how this will be done and what is expected to happen. Your aim is to ensure they are safe and have access to any help which is required.

Role of parents and carers

It is important to consider the supportive role that parents or carers can play in keeping a child/young person safe. This may be a supportive relationship but it is important not to assume so. It is good practice to discuss with the young person whether they wish to tell a parent or carer about how they are feeling. If the young person decides that they do not wish to tell their parent/carer then this must be respected. The only time you

should break this confidence is if there is a serious risk of harm to the young person in not doing so.

Child Protection

If you feel that the child/young person is at risk of significant harm you may decide you need to break confidentiality. The Customer Resolution Centre can be contacted on: **01609 780 780**, they will require you to inform and/or seek consent for the referral from the young person and their parents unless doing so would put the young person at further risk of harm. The underpinning principle is one of transparency but some children/young people may feel concerned at parents being notified, so explore the underlying reasons for this before you decide whether to proceed. In cases of an abusive home life it may not be in their best interest to inform parents as it may increase risk to the child/young person.

If you are concerned that the child/young person is in need of protection, The Customer Resolution Centre can be contacted on: **01609 780 780**.

Looking after yourself

Supporting people who self-harm or experience suicidal thoughts is emotionally demanding and requires a high level of communication skills and support. You may experience emotions such as anger, shock, disgust or guilt, so it is important that you have the space and support to reflect on how this impacts on you.

Responsibility to assess risk

It may not be part of your job role to carry out formal risk assessments; however all workers have a responsibility to talk to a child/young person who is experiencing difficulties in order to help them to access the support that they need.

This booklet does not include a formal risk assessment tool as this can lead to a 'tick box' exercise rather than encouraging the use of professional judgement when working with people with complex problems. The following section therefore highlights a series of questions and subsequent actions to consider, dependent on the level of risk that is apparent.

Key messages

Questions you could ask include:

- What is happening for you?
- Is this affecting you?
- What help do you need?
- What would you like to happen next?
- Do not be afraid to talk about self-harm and suicide.
- Respond in a non-judgemental way if a child/young person discloses they are self-harming or thinking of suicide.
- Do not just focus on the self-harm or suicidal intent; consider the underlying issues.
- Be clear about your own organisational policies.
- Refer on for support or speak to a specialist for advice if you are unsure about the level of risk.
- Work with other professionals to ensure relevant information is shared when appropriate.
- Remember you can play a part in keeping children/young people safe.

“It dawned on me that continually harming myself was not allowing me to grow; it was just proving that I was still here and I could feel. But it wasn’t letting me push things forward, and unless I stopped doing that I would be in the same wretched situation forever”

Helplines

ChildLine – free and confidential helpline for children and young people Tel: **0800 11 11**

Samaritans – Free confidential helpline
Tel: **116123** (24 hours)

North Yorkshire Mental Health Out of Hours Help Line –
0333 0000309

A confidential and anonymous service available to anyone registered with a North Yorkshire GP.

Papyrus HOPELineUK – a specialist helpline staffed by trained professionals who give non-judgemental support, practical advice and information to:

- children, teenagers and young people up to the age of 35 who are worried about themselves
- anyone who is concerned about a young person
- Tel: **0800 068 41 41**

Young Minds Parents Helpline a free and confidential national helpline for parents Tel: **0808 802 5544**
(9:30am – 4pm Monday to Friday)

Learning Disability Helpline provides information and advice Tel: **0808 808 1111**

“Many people stop hurting themselves when the time is right for them. Everyone is different and if they feel the need to self-harm at the moment, they shouldn’t feel guilty about it – it is a way of surviving, and doing it now does NOT mean that they will need to do it forever. It is a huge step towards stopping when they begin to talk about it, because it means that they are starting to think about what might take its place eventually.”

This information has been produced by North Yorkshire Safeguarding Children Board (NYSCB) - North Yorkshire Social Emotional Mental Health (NY SEMH) steering group Suicide Prevention Subgroup (SPSG) and was based on the Pink Book produced by Leeds. Partners would like to thank Leeds partners for their support and allowing us to reproduce such an essential and highly demanded guidance for practitioners.

www.safeguardingchildren.co.uk

twitter.com/NYSCB

Training and awareness

Mental Health first Aid training (MHFA) is a training program that teaches members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. Like traditional first aid, Mental Health First Aid does not teach people to treat or diagnose mental health or substance use conditions. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves. While first aid for physical health crises is a familiar notion in developed countries, conventional first aid training has not generally incorporated mental health problems.

<https://mhfaengland.org>



Free online course helps parents discuss self-harm with their children: www.virtual-college.co.uk/news/virtual-college/2017/02/self-harm-course-launch

SafeTALK is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

www.livingworks.net/programs/safetalk



Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop - anyone 16 or older can learn and use the ASIST model.

www.livingworks.net/programs/safetalk



To access Mental Health training:

For NYCC staff and Schools please access training through North Yorkshire County Council Learning Zone.

To access community based training in North Yorkshire use <http://www.nyccp.org/north-yorkshire-mental-health-hub> this will include a range of providers delivering both free training and training that may incur a cost.

The **#TalkSuicide** campaign has been created by the Humber, Coast and Vale Health and Care Partnership to get rid of the stigma around talking about suicide by raising awareness of free suicide prevention training available from the Zero Suicide Alliance.

The training takes 20 minutes and can help you to:

- Identify the signs of when someone might be suffering from suicidal thoughts and behaviour.
- Feel comfortable speaking out about suicide in a supportive manner.
- Signpost anyone suffering to the correct services and support e.g. Samaritans call 116 123.

Zero Suicide Alliance 25 minute e-training (**FREE**) <https://www.talksuicide.co.uk> to take the training.

Health Education England 1.5 hour on-line suicide prevention training (**FREE**) <https://www.hee.nhs.uk/news-blogs-events/news/new-health-education-england-learning-tool-help-health-professionals-spot-early-warning-signs>

Children and young people

Are you a young person aged 11 - 18 who needs some help with your mental health?

Do you need some more information?

Talk to family, friends or an adult you trust.

Young Minds:
www.youngminds.org.uk

Teen Mental Health:
teenmentalhealth.org

NHS Mental Health Support Hub: www.nhs.uk/conditions/stress-anxiety-depression/

Rethink Mental Health:
www.rethink.org/diagnosis-treatment

NHS Mood Self-Assessment Quiz:
www.nhs.uk/conditions/stress-anxiety-depression/mood-self-assessment

Would you like to talk to someone?

5-19 Healthy Child Service – call 01609 780780 Press 2 and ask to speak to a Healthy Child Nurse

Compass BUZZ US:
text 07520 631168
Text message support is available 9am–5pm Mon – Thurs, 9am–4.30pm Fridays

Mind Discussion Group:
www.mind.org.uk

The Mix: Call 0808 808 4994 for advice and support between 11am and 11pm

Book an appointment with your local GP

Childline: Call 0800 1111 to talk to anyone at any time for free
<https://childline.org.uk/get-support/1-2-1-counsellor-chat/> for confidential counselling
<https://www.childline.org.uk/get-support/message-boards/> talk to young people who may be feeling the same as you

Do you need urgent support or help?

If there is immediate danger of serious harm or risk to life call 999

If you need someone to talk to and the problem isn't immediately life threatening call 111

HopeLine UK:
0800 068 41 41

Childline:
0808 808 4994

If you're over 18 you can call the Samaritans:
116 123

CAMHS Crisis Number (Child and Adolescent Mental Health Services): Hambleton and Richmondshire 0300 0132000 (Option 6), 7 days a week, 24 hours.

Whitby and Scarborough & Ryedale 01723 346502, 7 days a week, 10am–10pm.
Harrogate and Ripon 01423 544335, 7 days a week, 10am–10pm.

Craven 01274 221181, 7 days a week, 24 hours.
Selby 01904 615348, 7 days a week, 10am–10pm

Parent and Carer Support information

What is self-harm?

Self-harm is behaviour that is done deliberately to harm oneself. At least 10% of adolescents report having self-harmed. Self-harm can include, for example:

- self-cutting
- taking an overdose
- hitting or bruising
- intentionally taking too little or too much medication
- burning
- hanging
- suffocation
- attempted suicide

Although some people who self-harm may be suicidal, self-harm is often used as a way of managing difficult emotions without being a suicide attempt. However, self-harming can result in accidental death.

How to support your child

- Have a conversation, but don't bring up self-harm straight away
- You could organise this around another activity, like a walk or drive
- Ask if anything is worrying them and how they are feeling
- Let them know you are not judging them or putting them down, and that you love them and that will not change
- Show that you are prepared to listen to what your child has to say
- If your child does not want to talk, see if they will write you a note, email or text message about how they feel
- Ask if they would rather speak to someone else (e.g., a GP, counsellor or helpline)
- If your child is able to be open about their self-harm, try to help them work out feelings and situations that may trigger it
- Try to think together of ways to handle strong feelings that don't involve self-harm
- Help them think through their problems and see possible solutions
- Encourage them to think about the long view and how things may change in the future

Looking after yourself and other family members

How can I get support?

If you know someone who talks about or has tried suicide, you might feel upset, frustrated, confused or scared. These are all normal responses.

Supporting a person who is suicidal is likely to be a stressful time in your life, and a time when you are likely to need support yourself. You could:

- take some time out to concentrate on yourself,
- talk to friends and family,
- talk to someone on an emotional support helpline (see our useful contacts),
- talk to your own doctor,
- join a support group for carers, friends and family.

You can use emotional support telephone services if you want to talk to someone about how you are feeling. You could tell the person you care for about these services. You may want to talk to someone about the effect the situation is having on you.

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Myth busting self-harm and suicide

Click the statements below for further information:

Click the buttons below to watch the videos:

The story of a 'nearly suicide'

17th April was, without doubt, the worst day of our lives. This is our story and our daughter's story, which we tell in order to raise awareness of teenage mental health, and how devastating the impact can be.

I would like to say that this Tuesday started as an ordinary day, but it didn't. Our daughter had been so stressed and anxious the day before that she had been too ill to attend school. Yet another sleepless night meant I slept alongside her as I often do when terrors of the night time have her in their grip. She tossed and turned all night as she wrestled with her fears. She had been on anti-depressants for just 12 days following a diagnosis from a psychiatrist of depression and significant anxiety. This was no surprise to us, the doctor merely confirmed what we already knew. The medicines had not yet taken effect as take several weeks to make a difference.

Our daughter left for school late and in quite a state, highly anxious and very low mood. I emailed her form teacher to say I was worried about her and that she would be late, she had refused a lift to school saying she needed to walk so she could think. At 9am I phoned school to see if she had arrived. The registers were not yet back but she had not signed in late. Panic rose. My phone was not in my bag on silent at work, but on the table in front of me, and it went at 9.15am as the worst day of our lives really began.

To get a phone call to say your daughter has taken an overdose in a local park and is not at school as she

should be is just horrendous. I cannot put into words the pain and anguish you feel. We got to the park before the ambulance, and accompanied her as she was rushed to hospital on blue lights and sirens, weaving through the rush hour traffic. We answered questions in A&E, we listened helplessly as she told the nurse she hated school so much she wanted to die. We watched and comforted her as she wretched and gagged drinking liquid charcoal, answered questions from the duty social worker following an automatic referral to social services, waited while the on call mental health crisis team assessed whether it was safe for her to be transferred to a ward, and waited 4 long hours for blood tests to see if the charcoal had done its job, or whether the paracetamol had got into her blood stream in enough quantity to cause damage. You wonder how on earth you will navigate it all, how things will ever be OK again. You grieve, you grieve for your child, that they felt this was the only way out. You also fight for your child when they ask you to, and vow to do whatever it takes and whatever you can to help them get better, even if that makes you unpopular. We brought her home from hospital as tentatively as we had when she was a newborn, with the same feelings of 'now what?'

It was a day of miracles too. A Yo-Yo worker was driving past the park and saw our daughter in there. She stopped, sat with her and prayed with her, contacted us on our daughter's phone and waited for us to arrive. This meant she got prompt treatment, and the paracetamol had not got into her bloodstream preventing long term effects. The worst day of our lives could so easily have been even worse. There have been many other positives to come out of such a

desperate situation; a genuine respect between us and our daughter, a deep, close bond that was there but is now so strong, an intense love that knows no limits. We have seen in her courage beyond her years, and a determination to get better that makes us so incredibly proud, strength we've never seen in her before.

Telling our story has a purpose – to be a voice for those in school with mental health difficulties, to raise awareness, to tell her story so that others with similar struggles don't think ending their life is the only escape. We missed the signs at home. Yes, we knew that she was struggling; we knew that she was ill, but we did not know she was planning to take her life. We have learned a huge amount about her, about teenage mental health, about what the signs were that we missed. There were signs at school too that she was ill. Low self-esteem. Panic when asked to work in a group or a pair. Such great tiredness caused by a lack of ability to switch off at night which exacerbated difficulties the anxiety caused with motivation, organization and concentration. A tendency to overthink everything. Snappy responses to teachers when she was feeling overwhelmed or very anxious leading to comments about her attitude. Faking a note in her planner so she didn't have to do PE, not because she is a liar but because of not wanting people to see where she had taken out her anxiety, pain and frustration on herself by cutting her legs. Being unable to shake off even the slightest criticism from a teacher but instead churning it over and taking it as proof that she was stupid and no one liked her. Regularly eating lunch in the toilets because she felt so alone. Parents evenings became a thing to dread. They consisted of us saying our daughter is anxious, struggling with self-esteem and feels stupid, and teachers telling us our daughter doesn't concentrate and isn't achieving her potential.

It took a 'nearly suicide' for us all to realise just how poorly our daughter had become. She is now doing well. Medication is established and she is so much less anxious, her mood has improved significantly. She is happy again, talking positively about her future, is fully participating in family life and life outside school. She is bright, bubbly and gaining in confidence and beginning to believe in herself again. I don't think you would recognise her if you bumped into her on the street. An important part of her continuing to get better means it is time for her to move on from her old school, to make a new start at another school. She is determined to succeed and we look forward to telling you good things about how she does.

But, as she moves on, there will be other children left behind who need you to help them. They need you to look at what their behaviour might be telling you and to see the struggles they are facing. I would urge you to find out more, read up, access training, and speak to us about our experience if that helps. Don't dismiss them as 'just another girl/boy with anxiety' but find out their story, find out what their struggles are. Find out what helps them, find out what they find hard. Teenage depression and anxiety is real, and it's heartbreaking, but we can make a difference through recognition of the struggles these young people face and supportive approaches to help them to get better. Dealing with teenage mental health difficulties is not just the job of the pastoral team, it's everyone's responsibility.

Services

Services available to school age children, young people and families

Use the links below for further information about support services in North Yorkshire.

Sources of help

Coping with self-harm A guide for Parents and Carers https://www.psych.ox.ac.uk/files/research/coping-with-self-harm-brochure_final_copyright.pdf

www.youtube.com/watch?v=b4cPCcJ6o88

EVERYMIND <https://everymind.org.au/suicide-prevention/understanding-suicide/messaging>

YoungMinds <https://youngminds.org.uk/find-help/feelings-and-symptoms/self-harm>

Papyrus www.papyrus-uk.org

HOPELINEUK <https://papyrus-uk.org/hopelineuk>

What is PAPYRUS HOPELINEUK?

HOPELINEUK advisers want to work with you to understand why these thoughts of suicide might be present. They also want to provide you with a safe space to talk through anything happening in your life that could be impacting on your or anyone else's ability to stay safe.

For children: and young people under the age of 35 who are experiencing thoughts of suicide

For anyone: concerned that a young person could be thinking about suicide

Young People: Our advisers are all trained to help you focus on staying safe from suicide. Their training enables them to provide advice and support that may help you to move forward and stay alive.

Concerned Others: If you are concerned that a young person is feeling suicidal, advisors can support you to start a conversation about suicide and explore options of how best to support them.

Contact HOPELINEUK

If you are having thoughts of suicide or are concerned for a young person who might be you can contact HOPELINEUK for confidential support and practical advice.

Tel: **0800 068 4141**

Text: **07786 209 697**

Email: pat@papyrus-uk.org

Opening hours:

10am - 10pm weekdays 2pm - 10pm weekends 2pm - 10pm bank holidays

Our Suicide Prevention Advisers are ready to support you.

Samaritans 116 123 www.samaritans.org

Samaritans self-harm myths and facts
www.samaritans.org/education/deal/dealing-with-feelings/self-harm-myths-and-facts

Support, Equip and Influence

The work we do centres around three key principles; Support Equip and Influence.

Support: We provide confidential support and advice to young people struggling with thoughts of suicide, and anyone worried about a young person through our helpline, **HOPELINEUK**.

Equip: We engage communities and volunteers in suicide prevention projects and deliver training programmes to individuals and groups. This includes equipping local councils, healthcare professionals and school staff with suicide prevention skills.

Influence: We aim to shape national social policy and make a significant contribution to the local and regional implementation of national suicide prevention strategies wherever we can. Our campaigning comes from our passion as individuals, parents, families and communities who have been touched personally by young suicide. We press for change in many places using hard-hitting and dynamic campaigns as well as presenting evidence to those in power so that lessons can be learned and learning implemented to help save young lives.

Contact us

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm
(closed weekends and bank holidays). Tel: **01609 780 780**

email: **customer.services@northyorks.gov.uk** web: **www.northyorks.gov.uk**

If you would like this information in another language or format please ask us.

Tel: **01609 780 780** email: **customer.services@northyorks.gov.uk**