

Protecting children in the City of York



Self-harm and suicidal behaviour

Working with children and
young people in York

October 2017



Tees, Esk and Wear Valleys 
NHS Foundation Trust

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“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.”

“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.”

“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.”

Introduction

Dear Colleague,

On behalf of the Strategic Partnership, Emotional & Mental Health (Children & Young People), I am pleased to share this self-harm and suicidal behaviour information booklet with you.

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

The booklet sets out some key principles and ways of working but does not prescribe how to act in individual situations.

The information included in this resource is not intended to override individual organisational or professional guidelines where they already 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 training needs.

The Strategic Partnership, Emotional & Mental Health (Children & Young People) would like to thank colleagues in Leeds for their work in developing much of the material included in this booklet.

I hope you find this information helpful.



Eoin Rush

Chair, Strategic Partnership, Emotional & Mental Health
(Children & Young People)

Self-harm/self-injury/self-poisoning

Injuries that have been caused on purpose are considered to be acts of self-harm, and research suggests that, in the UK, 1 in 15 young people has self-harmed¹. The terms ‘self-harm’, ‘self-injury’ and ‘self-poisoning’ describe a wide range of physical behaviours including:

- cutting, often to the arms using razor blades, broken glass or knives
- scratching, scraping or picking skin
- burning, sometimes with cigarettes or scalding
- scouring or scrubbing the body excessively
- inserting or swallowing inedible objects or hazardous materials or substances
- banging/hitting/punching/bruising the head or other parts of the body
- pulling out hair or eyelashes
- inhaling or sniffing harmful substance/aerosols
- taking an overdose of tablets (whether these are prescribed or not)
- alcohol, drug and substance misuse
- eating disorders.

Self-harm often happens during times of anger, distress, fear, worry, depression or low self-esteem.

Some young people self-harm to cope with, or find relief from, difficult and distressing feelings, an overwhelming situation or an emotional state, or as a form of self-punishment. Self-harm in young people often co-exists with other difficulties such as substance misuse, poor school attendance, low academic achievement, bullying, domestic violence, victimisation and child sexual and physical abuse.

Many young people do not see abusing drugs and alcohol, having an eating disorder, taking risks or putting themselves in a risky situation as self-harm. Whilst it is important for professionals to recognise these behaviours as self-harm, they are not always a sign of difficult and distressing feelings.

Self-harm in its broadest sense incorporates eating disorders as a form of self-harm to a child or young person’s health and body. But there are also links between self-harm and different types of eating disorder.

¹ Mental Health Foundation (2006). *Truth hurts: report of the National Inquiry into self-harm among young people*. London: Mental Health Foundation.

The prevalence of self-harming in young people with eating disorders is thought to be about 25%, particularly in young people who engage in the binge-purge cycle of bulimia. For many, self-harm and an eating disorder can co-exist but for others the self-harming behaviour may be to replace an eating disorder or vice versa. (www.selfharm.co.uk/get/facts/self-harm-and-eating-disorders)

Self-harm is not always about ending life, however sometimes young people say they 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.

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, not in education, employment or training, or those who have little or no support in their family due to parental mental or physical illness, parental substance misuse or family relationship breakdown.

Self-harm may be an attempt to communicate with or secure help from others but, in the vast majority of cases, self-harm remains a secretive

behaviour that can go on for a long time without being discovered. The behaviours can be very addictive.

Who is most vulnerable?

One in ten children and young people have a diagnosable mental health need (No Health without Mental Health 2011). Children and young people experiencing the following additional needs or difficulties are particularly vulnerable:

- high anxiety
- Autism
- known to abscond from school
- runaways
- children in care or custody
- deaf children.

Triggers

A number of factors may trigger the self-harm incident, including:

- family relationship difficulties (the most common trigger)
- difficulties with peer relationships e.g. break-up of relationship (the most common trigger for older adolescents)
- bullying
- significant trauma e.g. bereavement, abuse

- self-harm behaviour in other young people (contagion effect)
- self-harm portrayed or reported in the media
- difficult times of the year e.g. anniversaries
- trouble in school or with police
- feeling under pressure from families, school or peers to conform or achieve
- exam pressure – either through feelings of lack of ability or preparation, or feelings associated with ‘perfectionism’
- times of change, e.g. parental separation/divorce
- feeling out of control.
- lowering of academic achievement
- talking or joking about self-harm or suicide
- risk-taking behaviour (substance misuse, unprotected sex)
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing e.g. loss of pride in appearance and being reluctant to roll sleeves up in front of other people or wearing long sleeves even in very hot weather
- increased levels of aggression or bullying
- obvious cuts, scratches or burns which do not look accidental in nature

Warning signs that a child may be self-harming

The following behaviours may suggest that a child is self-harming:

- changes in eating/sleeping habits (e.g. child may appear overly tired if not sleeping well)
- increased isolation from friends or family, becoming socially withdrawn
- changes in activity and mood e.g. more aggressive or introverted than usual
- frequent alleged accidents which cause physical injury
- regularly bandaged limbs
- reluctance to take part in physical activity which requires a change of clothing
- refusal to take off their jumper or constantly pulling their jumper down over their wrists and hands
- giving away possessions.

Risk factors

Individual factors:

- depression/anxiety/mental health issues
- poor communication skills
- low self-esteem, not feeling very good or confident about themselves
- poor problem-solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse
- sexual identity
- feeling under a lot of pressure at school or at home
- failing (or thinking you are going to fail) exams
- feeling isolated or lonely
- loss, separation and bereavement
- being hurt by others: physically, sexually or emotionally.

Family factors:

- unreasonable expectations
- issues within the family home
- neglect or physical, sexual or emotional abuse
- lack of support at home
- poor parental relationships and arguments

- depression, self-harm or suicide in the family
- loss, separation and bereavement
- domestic violence
- drug/alcohol misuse.

Social factors:

- difficulty in making relationships/loneliness
- break-up of a relationship
- being bullied or rejected by peers
- arguments with family and friends.

Why does self-harm continue?

Once self-harm (particularly cutting) is established, it may be difficult to stop as it becomes a way of coping. Self-harm can have a number of functions for the child or young person, including:

- reduction in tension (safety valve)
- distraction from problems
- a form of escape
- outlet for anger and rage
- opportunity to feel
- way of punishing self or others
- way of taking control
- care-eliciting behaviour
- a means of establishing an identity with a peer group

- non-verbal communication (e.g. regarding an abusive situation)
- suicidal act
- communication with others that something bad is happening.

When a child or young person inflicts pain upon himself or herself, the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. Young people who self-harm still feel pain, but some young people say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

Some young people self-harm not only as a coping mechanism but in order to prevent suicidal thoughts. Paradoxically, self-harm can be a coping mechanism in order to preserve life.

Self-harm may be ongoing and well-managed by the child or young person. 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 child or young person still needs support. As a member of staff you may wish to get advice and

support to help you work with the child or young person to access services.

Contagion, multiple or copycat behaviours

When a child or young person 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 young people 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. 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 young people to let a professional 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.

Suicide

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 underlying social, emotional and mental health needs rather than the self-harm itself. In some cases death occurs as a result of self-harm but this is usually accidental and 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 and young people must be aware of the potential for someone to take their own life and must work together to ensure that no child or young person feels suicide is their only option.

Warning signs that a child may be at risk of suicide

If you feel that a child or young person is at risk of 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 or young person talks about killing themselves always take this seriously as many young people who do take their own life have previously told a professional about their intention.

The following warning signs may suggest that the risk of suicide is high:

- current self-harm, especially if it poses a risk to the child or young person's health and wellbeing
- talking about or showing particular interest in the subjects of suicide or death, or expressing a connection with or understanding of those who have recently or previously taken their own life
- making comments to suggest ambivalence about the future or that things do not matter because all their problems will be resolved
- thoughts of suicide are frequent and not easily dismissed

- formulating a specific plan to take their own life
- access to the means to take their own life (for example, stock-piling tablets)
- significant drug or alcohol abuse
- perceiving situations to be causing unbearable pain or distress
- previous, especially recent, suicide attempt(s)
- evidence of current or recent mental illness
- limited protective factors that may prevent them from attempting suicide or harming themselves, for example, socially isolated or poor relationships with parents/carers
- lack of support mechanisms when distressed.

What to do if a child or young person confides in you

Responsibility to assess risk

As a professional you are seen as a safe person to talk to. If a child or young person tells you that they have considered, or are considering, self-harm or suicide you may be the first person to whom they have confided. Young people have reported that when they speak to a professional for the first time they want to be treated with care and respect. However, sometimes the response can actually make their situation worse if, for example, they are told to simply stop self-harming or if suicidal thoughts are dismissed as attention seeking. You should:

- listen and explain the limits to confidentiality

- reassure the child or young person it is okay to talk about it
- reassure them that you understand that the self-harm is helping them to cope at the moment and that you want to help
- stay calm and do not judge the child or young person for their actions.

All workers have a responsibility to talk to a child or young person who is experiencing difficulties in order to help them to access the support that they need. You should:

- listen to the child or young person and ask what they would like to happen and what support they would like
- reinforce their efforts to find positive coping strategies

- check what they can do to keep themselves safe
- if possible, clarify who and when someone will speak with them again to help and support them
- provide helpline numbers.

As a professional it is your role to work out the best response for the child or young person, proportionate to the level of self-harm or the issues behind the self-harm. If you are in doubt about what to do next, then seek advice from someone in your organisation, such as a pastoral manager. It is useful if you understand your own relationship to potential risky behaviour and how you deal with daily stress and distress.

This booklet does not contain a formal risk assessment tool as this can lead to a 'tick box' mentality. Instead professionals should use their professional judgement when working with children and young people with complex problems. The following section highlights a series of questions and subsequent actions to consider, dependent on the level of risk that is apparent.

Talking to the child or young person

Unless it is unsafe to do so, talk to the child and their parents. It can be very hard to stay calm and confident if someone discloses that they are self-harming or suicidal, but remember that they see you as someone they can trust and talk to. You do not need to have all the answers, and it is okay to say that you need to go and find out more information. Resist the temptation to tell them not to do it again, or promise you that they will not do it.

You may feel anxious about talking to a child or young person about self-harm and suicide in case you say the wrong thing and make the issue worse. However, it is important to offer reassurance that it is okay to talk about it even if you find it uncomfortable. It is a myth that you may put the idea of suicide into their head. Take concerns seriously and respond in a non-judgemental way.

Do not:

- put off the conversation
- under-estimate the value of your empathy and communication skills

- focus solely on the self-harm issue without considering the underlying emotional distress
- see it as attention seeking or manipulation
- believe that a child or young person who has threatened to harm themselves in the past will not carry it out in the future.

Do:

- see the child or young person, not the issue, this will enable you to talk in a genuine way
- ensure the child or young person knows that disclosing shows courage and is the first step in getting support
- allow the child or young person to take the discussion at their own pace
- ask the child or young person to share what is happening from their perspective
- respond in a non-judgemental way if a child or young person discloses they are self-harming or thinking of suicide
- recognise the value of listening. It can be very tempting to try to problem solve or offer advice. Active listening is likely to be appreciated by the child or young person and can help to build rapport

- do not just focus on the self-harm or suicidal intent, consider the underlying issues
- value your own ability to respond in an appropriate and professional way despite your anxieties
- seek support from other colleagues if you are finding the situation difficult
- 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.

The following list of questions may help you to talk to the child or young person who you suspect is self-harming in order to find out more:

- Would you tell me what has been happening?
- How are you feeling generally at the moment?
- I get the impression that you seem upset/bothered/worried/preoccupied/troubled. What can I do to help?
- I have noticed you have been hurting yourself and I am concerned that you are troubled by something at present. How is this affecting you?

- Do you have any injuries or have you taken anything that needs attention?
- Would you show me any injuries?
- Who else knows about this?
- Would you tell me how you have been harming yourself and whether you have the item with you?
- Have you got what you need to harm yourself?
- Have you thought about when you would do it?
- What self-harming behaviours have you considered carrying out?
- Are you at risk of harm from anyone else?
- Are you using drugs/alcohol?
- What other risk-taking behaviour have you been involved in?
- What have you been doing that helps?
- What are you doing that stops the self-harming behaviour from getting worse?
- What needs to happen for you to feel better?
- What help do you need?
- What support have you already received and what support do you need now?
- I would like to help you and to involve someone who has more

experience and training. I would like to ask (insert name of person e.g. counsellor) to see you. Would you agree to this?

The following list of questions may help you to talk to the child or young person who is self-harming and who you suspect is at risk of suicide in order to find out more:

- What has been happening?
- How are you feeling generally at the moment?
- How is this affecting you?
- Have you thought about suicide?
- Have you made plans to take your own life and worked out how you can do it?
- What did you plan to use?
- Have you shared your ideas about taking your life – with whom?
- What have you been doing that helps?
- What needs to happen for you to feel better?
- What help do you need?
- What support have you already accessed and what support do you need now?
- I would like to help you by asking someone with more experience and training to be involved. I would like

to ask (insert name of person e.g. counsellor) to see you. Would you agree to this?

It might be useful to ask the child or 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 child or young person identify alternative coping mechanisms for themselves. Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficulties. These might include:

- identifying support networks i.e. people in the child or young person's life with whom they can get in touch
- talking to someone who can support them – if they are on their own perhaps they can telephone a friend or family member
- knowing how to access a crisis line or website
- distracting themselves by going out, listening to music, going for a walk/run, undertaking other forms of physical exercise, going to the cinema, reading a book, keeping a diary, looking after an animal, watching TV or by doing anything (harmless) that interests them

- relaxing and focusing their mind on something pleasant – their very own personal comforting place. This could include having a bubble bath, stroking an animal, going to the park or listening to music
- finding 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), drawing red lines on their skin, writing a letter expressing their feelings, going into a field and screaming, hitting a pillow or soft object, listening to loud music or undertaking physical exercise.

In the longer term a child or young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Support from family members or carers is likely to be an important part of this. It may also help if the child or young person joins a group activity such as a youth club or a keep fit class that will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.

Where to get advice

You should seek advice from your line manager or the Child and Adolescent Mental Health Service single point of access as to how to respond and to find out about the services and options available.

The duty worker at the single point of access will:

- provide advice as to whether a referral is appropriate
- speak to the child or young person or their parents within 24 hours of receiving the referral
- undertake a 30 minute telephone assessment for all routine referrals
- provide feedback from the telephone assessment to the child or young person and the referrer within five days
- offer a face to face first appointment within four weeks of the referral, where appropriate.

Tel: 01904 615345 within office hours.

Crisis or urgent need

If you feel a young person is experiencing a mental health or emotional crisis that potentially places themselves or others at risk you can contact the CAMHS Crisis and Home Resolution Team for advice. The team aims to provide a rapid response,

prompt advice and assessment and, where appropriate, intensive time-limited interventions for children and young people up to the age of 18, who are experiencing an acute and severe mental health or emotional crisis, which is acutely affecting their functioning. The service aims to work in the least restrictive environment, consistent with the need for their own safety and the safety of others. The service can be provided in a range of settings and offers a genuine alternative to the traditional response of in-patient care or acute hospital admission.

The team operates between the hours of 10am and 10pm and can be contacted on 01904 615348. Should concerns arise outside of these hours, young people may go to the Emergency Department (A&E) for urgent support.

In an emergency

If the situation is an emergency, i.e. if someone has seriously injured themselves or taken an overdose, it is important that they get immediate medical treatment from the Emergency Department (A&E). Call for an ambulance on 999 and ensure parents or carers are involved in this process. If the child or young person has self-poisoned it is

always necessary to seek urgent medical attention from the nearest Emergency Department (A&E) as the nature and quantity of the ingested substances may not be clearly known.

Looking after yourself

Supporting people who self-harm or experience suicidal thoughts is emotionally demanding and requires a high level of communication skill 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.

Ongoing support options

Ongoing support systems need to be put in place even if you feel that the child or young person is not currently at risk as this could change at any point. Make sure that you continue to ask them about self-harm and suicidal thoughts.

- Be aware that the individual's reasons for self-harming may be different on each occasion and therefore each episode needs to be treated in its own right
- Discuss concerns with the school nurse, school pastoral lead or school wellbeing worker who may then consult with CAMHS where appropriate

- Some children and young people find it helpful to read leaflets or self-help resources about self-harm, including websites e.g. Young Minds
- Consider completing a Family Early Help Assessment (FEHA).

If you refer on to specialist services for a more in-depth assessment, it is still important that you keep in contact with the child or young person on a regular basis.

Parents/friends - It is important to consider the supportive role that parents or carers can play in keeping a child or 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 child or young person whether they wish to tell a parent or carer about how they are feeling. If the child or young person decides that they do not wish to tell their parent/carer then this must be respected although you should explore the reasons behind this. In cases of an abusive home life it may not be in their best interest to inform parents as it may increase the risk to them. The only time you should break this confidence is if there is a serious risk of harm to the child or young person in not doing so.

Schools - If a child or young person is at school, support for emotional and mental health is provided by teachers, the school nurse, the school wellbeing worker, emotional literacy support assistants and pastoral staff. You should speak to the child or young person's headteacher about accessing this support.

Some educational settings have their own counselling services on site. The Department for Education has published guidance for schools to ensure that services provided are of good quality (DfE Counselling in

schools: A Blueprint for the Future) - Departmental advice for school leaders and counsellors (2016).

College/university - If a young person is at college or university, direct them to the support networks and pastoral staff/tutors or counsellors available.

GP - A child or young person's GP can offer advice and confidential support.

Self-help/online counselling - Some children and young people find it helpful to read leaflets or self-help resources, or seek advice online. Please see the list of local and national websites at the end of this booklet.

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 you should contact the emergency services by dialling 999.

Worried about a child – make a referral

You can make a referral to Children's Social Care if you are worried about a child or young person and think they may be a victim of neglect or abuse.

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 is at risk of, or 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).

The City of York's referral form is available to download on the Safeguarding Board website: www.saferchildrenyork.org.uk/forms.htm. Completing this standard form will ensure all the necessary, relevant information is provided so that the referral can progress as effectively as possible. If you require advice prior to completing a referral form, please ring the Referral & Assessment Team (Front Door) and speak to the duty social worker.

During office hours:

Referral & Assessment Team

Tel: 01904 551900 or email childrensfrontdoor@york.gov.uk

Out of hours, at weekends and on public holidays:

Emergency Duty Team

Tel: 01609 780780 or email edt@northyorks.gov.uk

Working with children and young people with learning disabilities

Young people with any level of learning difficulty or disability can demonstrate the same type of self-harm behaviours as other young people and should be supported in the same ways, as outlined throughout this booklet. There is a strong link between Autism and mental health difficulties. 70% of children with Autism develop mental health problems, while 16-35% of autistic adults have a co-morbid psychiatric disorder ('Supporting people living with Autism Spectrum Disorder and Mental Health Problems', Mind 2015).

It is important to contact key professionals and parents to find out what the child's learning needs are and how best to communicate with them. If they have Autism or Asperger syndrome or significant learning difficulties, different communication skills will be needed to discuss these issues. It is important to seek advice.

The types of therapeutic interventions that they are offered would need to be adapted to reflect their needs, but the referral routes into specialist services would be via the CAMHS single point of access. Advice can also be sought from their health and disability social worker or their school.

If a child or young person is in need of support from Children's Social Care it would go via the children's front door on 01904 551900. If they are an adult it would be via Customer Advice and Assessment Team on 01904 555111.

Certain young people are at heightened risk of self-injurious behaviours and self-harming, including those with more severe learning disabilities, those with little or no verbal communication, including children with Autism and Asperger syndrome, those with an acquired brain injury, and those with mental health conditions, particularly those with late diagnoses, as well as those with certain rare genetic conditions, and young people with a sensory impairment. Children in these groups who begin to display self-

injurious behaviours should be referred to specialist CAMHS as the longer such behaviours occur, the less likely they are to respond to intervention.

Young people with a severe or profound learning disability are less likely to display traditional forms of self-harming behaviour. Their emotional distress is much more likely to be expressed in a more immediate way via what is described as 'self-injury'. This term has historically been used to describe behaviours such as head banging, eye poking, hand biting or any way in which a child or young person with a learning disability inflicts direct physical harm to themselves. The assessment and interventions related to self-injury are complex and require input from specialist CAMHS staff.

Specialist services for young people over 18 years old

If you work with young people who may need support in adulthood, telephone the Customer Assessment and Advice Team on 01904 555111. They will advise you on the best place to assess a young person's needs. It is important that you involve the young person, their parents/carers and their GP in this process.

Care leavers

If you work with care leavers you will need to contact City of York Council Leaving Care Team. You can email them on pathwayteam@york.gov.uk or telephone them on 01904 555389.

Young people with serious and complex mental health problems and learning disabilities

Tees, Esk and Wear Valleys NHS

Foundation Trust provides services for adults who have serious and complex mental health problems and learning disabilities. Referrals to secondary mental health services are made via a single point of access. Contact details are as follows:

Peppermill Court, Ramsay Close,
York YO31 8SS
Tel: 01904 610700

Young people with learning disabilities can access support from the Community Team for People with Learning Disabilities. Their contact details are as follows:

Referrals

Single point of access (SPA)

York and Selby Child and Adolescent Mental Health Services are providing a single point of access for children and young people referrals.

Systems House

Amy Johnson Way, Clifton Moor,
York YO30 4XT
Tel: 01904 528300

Access to these services is dependent on a number of criteria that will be explained when making a referral.

Out of hours: Crisis referrals to Adult Services for young people with mental health needs and for young people with a learning disability and mental health needs should be made via Peppermill Court.

Crisis Service

Peppermill Court, Ramsay Close,
York YO31 8SS
Tel: 01904 610700

The single point of access has been introduced to: simplify access for referrals and service users; allow the service to work to a single operating model; make best use of our expertise; and ensure that the needs of service users are met by the most appropriate service.

The single point of access aims to provide:

- advice prior to referral
- an initial response to young people/ parents/carers within 24 hours
- a 30 minute telephone assessment for all routine referrals
- a face to face assessment within four weeks of referral
- assessment feedback to service user and referrer within five days
- a four hour response for urgent referrals.

Referrals and requests for advice can be made as follows:

- clinical advice via: 01904 615345
- electronic referrals: tewv.camhsspaysorkselby@nhs.net
- postal referrals will still be accepted at:

Single Point of Access (SPA),

Lime Trees CAMHS,
31 Shipton Road,
York YO30 5RE

The core specialist CAMHS function is to:

- provide assessment and treatment of moderate to severe mental health issues and associated risks in young people under the age of 18 (to 18th birthday)
- acknowledge that all young people may experience distress in reaction to life events, transition or family disharmony but those without a clear mental health component to their presentation can be supported by universal services and targeted services.

Schools may want to discuss individual cases with their school wellbeing worker who will be able to signpost to appropriate services and resources.

Support for a child or young person

If the child or young person is currently known to mental health services, encourage or help them to contact their care worker. If they are not currently receiving support from

mental health services, they should be encouraged to talk to their parents, teachers or school wellbeing worker/ school nurse to discuss whether a GP appointment is appropriate.

Support for family or carers

Family members, carers or friends can display a variety of reactions when a child or young person is self-harming or has suicidal thoughts, including fear, disgust, guilt, confusion or anger.

Encourage them to support the child or young person even if they do not understand why they are acting in this way. Parents/carers should not give ultimatums that put pressure on the child or young person to stop self-harming as it may result in them using more dangerous methods or becoming more secretive. Instead they should stay calm, keep an open mind, make time to listen, help them find different, less harmful ways of coping,

keep the home environment safe and go with them to get the right help. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express.

Some people may find it helpful to access support by calling the free and confidential Young Minds parents helpline. Details are available on the following weblink: www.youngminds.org.uk/for_parents/parent_helpline

Some parents may prefer to discuss these issues with the family GP or contact the single point of access directly and may be referred via this route.

Bereaved by suicide

People who have experienced suicide in the family have a higher risk of suicide themselves, so it is important to be aware of this if you are working with children and young people who have been bereaved by suicide.

‘Help is at Hand’ is a useful resource produced by the Department of Health for people bereaved by suicide and

other sudden, traumatic death. It also provides information for healthcare and other professionals who come into contact with bereaved people.

‘Help is at Hand’: www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf

City of York Council has also produced two booklets for schools:

- Supporting Bereaved Children and Young People: Guidance for School staff. Published by CYC Educational Psychology Service 2011.

- When Someone Close Dies: Information Booklet for Children and Young People. Published by CYC Educational Psychology Service 2011.

Principles for working with children and young people

Confidentiality/sharing information

Everyone is entitled to confidentiality even if they are under the age of 16. 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 or young person. Remember to let the child or young person know your confidentiality processes.

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 or young person's best interest. If this happens, a child or young person can expect to be:

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

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

If the level of self-harm poses a risk to the child or young person's health or wellbeing, or if they are considering suicide, it is always necessary to talk to them, and share information with other agencies including their GP, Children's Social Care, teacher, key worker and parents/carers. Some children and 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 the risk to the child or young person. You should seek the child or young person's views on what should happen next and discuss the reasons for sharing information. Reassure them that they will be supported throughout the process.

If you do not feel that the child or young person is at serious risk, it is still advised to encourage them to allow you to share information with their GP to promote continuity of care. However, their right to confidentiality should be respected if they do not want you to do so. Similarly it is good practice to encourage the child or young person to draw on the support of parent/carers if appropriate.

Remember to use the questions outlined on pages 13–16 and the high risk warning signs on pages 8–12 to help you with your decision.

Competency

Fraser Guidelines and Gillick Competence² and the Mental Capacity Act³ outline important principles to help assess whether the child has the maturity to make their own decisions and understands the implications of those decisions. In assessing competence you need to ensure that they can understand the information and advice that you are giving them.

If a child or young person is judged as not competent and does not understand their situation, you will need to work sensitively in order 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 that they are safe and have access to any help which is required.

² www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/

³ www.gov.uk/government/collections/mental-capacity-act-making-decisions

National support/helplines

Organisation	Service	Telephone	Website
ChildLine	Free and confidential helpline for children and young people.	0800 11 11	www.childline.org.uk/pages/home.aspx www.childline.org.uk/selfharm
HOPELineUK	A specialist helpline staffed by trained professionals who give non-judgemental support, practical advice and information to: <ul style="list-style-type: none"> • children, teenagers and young people up to the age of 35 who are worried about themselves. • anyone who is concerned about a child or young person. 	0800 068 41 41	www.selfinjurysupport.org.uk/group/papyrus-hopelineuk/
Learning Disability Helpline	Provides information and advice.	0808 808 1111	www.mencap.org.uk/mencap-direct
MindEd	A free online portal is available to help staff learn about mental health issues, as well as signposting them to resources.		www.minded.org.uk
MIND Infoline	Whether you are living with a mental health problem, or supporting someone who is, having access to the right information – about a condition, treatment options, or practical issues – is vital.	0300 123 3393	www.mind.org.uk
National CAMHS Support Service	National Workforce Programme – Self-harm in Children & Young People Handbook.		healthyyoungmindspennine.nhs.uk/resource-centre/guides/self-harm-in-children-and-young-people-handbook/
National Self Harm Network	National Self Harm Network offers an online moderated support forum for people affected by self-harm.		www.nshn.co.uk
Samaritans	Confidential helpline.	116 123 (24 hours – free to call)	www.samaritans.org/

Organisation	Service	Telephone	Website
Stay Alive App	<p>The 'Stay Alive' app is free to download. It is part of the Grassroots Suicide Prevention work which looks to teach suicide alertness and intervention skills to community members and professionals.</p> <p>To download the Stay Alive app search 'Stay Alive' on the App Store or Google Play.</p>		www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html
STEM4 Website	<p>Teenage mental health advice and new 'App' for self-harming teenagers.</p> <p>A charity organisation which provides advice for teenagers, parents, schools and health professionals, as well as advice regarding school policies.</p>		STEM4.org
The National Autistic Society	<p>If you are living with Autism as a child, an adult or as a family, we provide specialist help, information and care across England.</p> <p>Our local services include our residential homes, one-to-one support, support in your home, day-time hubs and support in further and higher education.</p>		www.autism.org.uk/
'You are not Alone'	A new Guide for Parents who are coping with their child's self-harm.		www.psych.ox.ac.uk/news/new-guide-for-parents-who-are-coping-with-their-child2019s-self-harm-2018you-are-not-alone2019
Young Minds Parents Helpline	A free and confidential national helpline for parents.	0808 802 5544 (9.30am – 4pm Monday to Friday)	www.youngminds.org.uk/

Local support – useful websites

www.healthwatchyork.co.uk/

The new edition of the Healthwatch guide to Mental Health and Wellbeing in York is now available to view: www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Guide-to-Mental-Health-and-Wellbeing-in-York-issue-2.pdf

This booklet has been produced by York’s Strategic Partnership, Emotional & Mental Health (Children & Young People).

It has drawn on the following documents:

- Leeds Local Authority Self-harm and Suicidal Behaviour publication from Leeds Public Health, Leeds Clinical Commissioning Groups and Leeds LSCB (2013).
- North Yorkshire Local Authority Self-harm and Suicide Behaviour Book (2016).
- North Yorkshire Guidance on Self Harming for Schools and Pupil Referral Services.
- Children’s Trust Partnership Hertfordshire (2010). Self-harm and Suicidal Behaviour: A Guide for Staff working with Children and Young People in Hertfordshire.
- Mental Health Foundation (2006): Truth Hurts: Report of the National Enquiry into Self-harm among Young People. Fact or Fiction?
- National Institute for Health and Clinical Excellence (NICE) (2011). Self-harm longer-term management.
- National Collaborating Centre for Mental Health (2004). Self-harm: The Short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. National Clinical Practice Guideline Number 16.

Appendix A

Training opportunities

Some of the training opportunities available:

- ASIST - Applied Suicide Prevention Skills Training, which is a two day course.
- ‘Safetalk’, a three hour input, introduces delegates to the difficult/sensitive area of conversations with someone who may be at risk. Both these courses were developed by The Living Works Foundation in Canada and are delivered by accredited trainers all over the world – www.livingworks.net/
- Mental Health First Aid – a national accredited course: www.mhfaengland.org/

You may also wish to explore the availability of training within your own organisation.

Contact Workforce Development Unit (WDU)

Colleagues can book through WDU by email: wdu@york.gov.uk

Or by contacting a member of the team on: 01904 553017.

Contact Pathfinder

Schools can book through Pathfinder:

www.pathfinder-education.co.uk/cpd-and-succession-planning/mental-health/

Appendix B

The CAMHS Executive has been refreshed to create:

- a new core group – The Strategic Partnership, Emotional & Mental Health (Children & Young People) – SPEMH
- seven sub-groups.

Strategic Partnership, Emotional & Mental Health (Children & Young People)

Sub-group 3

Children Looked After (CLA) Emotional Wellbeing and Mental Health Support Sub-group

Child & Adolescent Mental Health Service; CLA Group Managers; Clinical Commissioning Group; Designated Doctor; Educational Psychology Service; FIRST; Foster Carers; Virtual Headteacher.

Chair: Sophie Keeble/Gwynne Rayns

Sub-group 4

Risk Support Sub-group

Child & Adolescent Mental Health Service; Danesgate, Howe Hill Hostel; NHS Acute Trust; North Yorkshire Police, Public Health; Schools, Voluntary Sector; Youth Offending Service.

Chair: Carol Redmond

Sub-group 5

Transitions Sub-group

Adult Mental Health Service, Adult Social Care; Child & Adolescent Mental Health Service; Further & Higher Education; Housing; Public Health; Transitions Team.

Chair: Graeme Murdoch

Sub-group 2

Accessing Emotional & Mental Health Support Sub-group

Child & Adolescent Mental Health Service; Local Area Teams; Pathway Service; Schools, School Wellbeing Service; Voluntary Sector.

Chair: Niall McVicar

Strategic Partnership, Emotional & Mental Health (Children & Young People)

Sub-group 6

Participation Sub-group

Adult Mental Health Service; Child & Adolescent Mental Health Service; Clinical Commissioning Group; GPs; Speak Up Service; Voluntary Sector; Youth Council.

Chair: Niall McVicar

Sub-group 1

Early Intervention Sub-group

Child & Adolescent Mental Health Service; Clinical Commissioning Group; Education Psychology Service; Local Area Teams; Public Health, Schools; School Wellbeing Service; Voluntary Sector.

Chair: John Tomsett

Sub-group 7

Training & Workforce Development Sub-group

Child & Adolescent Mental Health Service; Children's Social Care; Clinical Commissioning Group; Danesgate, Education Psychology Service; Higher Education; NHS Acute Trust; Pathfinder MAT; Public Health; Schools; School Wellbeing Service; Virtual Headteacher; Voluntary Sector; Workforce Development Unit.

Chair: William Shaw



If you would like this information in larger print or in an accessible format (for example, in Braille, on CD or by email), please telephone 01904 554212.

This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.
Polish

Bu bilgi kendi dilinizde almanız mümkündür.
Turkish

此信息可以在您自己的语言。
Chinese (Simplified)

此資訊可以提供您自己的語言。
Chinese (Traditional)

 01904 551550