

Moray **Multi-agency Guidance**

For People Working with Children and
Young People at Risk of Suicide.

February 2018

contents

Foreword	page 05
Introduction	06
1. Definitions of suicide and self-harm	07
1.1 Purpose of guidance	07
1.2 Aims	07
1.3 Definition of a child or young person	08
1.4 Confidentiality, information sharing rights and GIRFEC compliance	08
1.5 Getting it Right for Every Child (GIRFEC)	08
1.6 Triggers for suicidal intent	11
2. Suicide	12
2.1 Why do children and young people attempt / complete suicide?	12
2.2 Who is at risk?	13
2.3 Myths about suicidal thoughts / behaviours	13
2.4 Spotting the signs and helping	14
2.5 You can help. Be ALERT:	15
2.6 Talking about problems is never easy	15
2.7 Some of the ways you can approach difficult conversations:	16
2.8. Active Listening	18
3. Taking action	19
3.1 Suicide attempts	19
4. Support	20
4.1 Staff and volunteers working with children and young people - support	20
4.2 Parent / Carer support	20
4.3 Training	21
4.4 Where do I find support?	22
5. Appendix 1 - Suicide: Taking Action	26
6. Appendix 2 - Useful Websites	27
7. Acknowledgements	26

Foreword

There has never been a more challenging time for our children and young people to grow up, with pressure on their academic, social and private lives reaching new heights. The advancements in mobile technology and social media brings with it greater peer pressure whilst gaming can lead to solitude and exclusion from family and social events.

Our communities are diverse and we thrive on this in Moray but sadly events which occur elsewhere in the world can have an adverse impact on our children and young people. Suicide does not discriminate and it is vital that we understand the factors which may impact on our children and young people in order that we respond appropriately and most importantly keep them safe.

Suicide is devastating and impacts on family, friends and communities and the effect is everlasting. A significant amount of collaborative work is taken forward by statutory organisations and the voluntary sector so that help and support reaches those who need it most. This multi agency guidance document has been developed by a working group made up of experienced people to improve our knowledge and prepare us for working with children and young people who are at risk of suicide.

A core feature of the guidance document is the importance of providing consistency and ensuring that children and young people are central to the whole approach. This involved approach and improved knowledge of factors which may heighten thoughts of suicide can lead to an important issue being identified quickly and intervention provided. The earlier that help and support is provided the greater the likelihood that the child or young person will make a good recovery. There are many specialised services which can be accessed locally and they are listed in the guidance.

The document acknowledges that the nature of our work is such that there is the potential that we could be faced with someone trying to take their own life. This terrible prospect will understandably affect us and may impact on our decision making, however, it is vital that we keep ourselves safe in such a situation. Doing the right thing at such a challenging time is most important and we should not be burdened by thoughts of detailed procedure.

There are simple steps set out in the guidance which are memorable and will assist us greatly in responding proportionately and with our best intentions.

The flow chart at Appendix 1, Suicide; Taking Action, will be hugely beneficial in such a situation.

Following our involvement in such a traumatic event or if we have worked with a child or young person who has died by suicide the guidance reminds us that we must be mindful of the adverse affect this may have on our own well-being and where necessary we must seek support from our colleagues, line manager or a specialist service.

This guidance document is an excellent piece of work, which will enhance the service that is provided to keep our children and young people safe and I would like to take this opportunity to thank the working group for giving up their valuable time and also for their dedication in creating such a methodical and meaningful document.

Sandra Gracie
Choose Life Co-ordinator, Moray

1. Introduction

The Scottish Government is committed to creating a more successful Scotland with a thriving society that offers everyone the opportunity to reach their full potential. Safeguarding children and young people, promoting their welfare and their emotional and mental wellbeing is a key part of that commitment and priority for Community Planning Partners across Moray. This multi-agency guidance aims to support staff across all partner services in Moray to provide a caring and appropriate response to children and young people experiencing emotional distress and who may be at risk of deliberate self-harm or have thoughts of suicide.

As self-harm and suicide are distinctly different behaviours with very different motivations, to avoid an inevitable link being made, this document specifically provides guidance for staff / volunteers on **Suicide** and an accompanying document provides guidance on Self-harm. The two documents aim to dispel the myths around self-harm and suicide, to recognise the distinct features of each and the complexities which surround the behaviours. Many influencing factors and the concurrent emotional distress are common factors underlying suicidal response. It is important to provide guidelines which support staff to carefully elicit and assess a child or young person's situation.

While this guidance focuses on suicide, it is not to ignore but in fact to recognise and to further emphasise the importance of the wider preventative and early intervention context of universal services in promoting the emotional wellbeing and resilience of children and young people. During recent years, there has been an increasing awareness of the issues and needs of children and young people who are at risk of suicide. In Scotland, the statistics for suicide are higher per head of population than those for the rest of the UK.

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

The SCSWIS Practice Guide on Suicide Prevention for Looked after Children & Young People (2011) and the fatal accident inquiry into the deaths on the Erskine Bridge (2012) have helped to clarify the complexity of these issues, to dispel the myths surrounding them, to challenge stigma, and establish best practice in responding. These documents, as well as guidance developed in Glasgow and Ayrshire have informed the development of this particular guidance.

This document content has only been made possible by a strong working collaboration between national partner agencies and the local multi-agency and multi-professional contributions across all partnerships. Specific acknowledgment of the significant contribution of voluntary organisations with specialist expertise in this area, such as Penumbra, The Sparks, and Barnardo's in Aberdeen City has to be made with regards to the final shape of the document.

Overall the extent of collaboration demonstrates everyone's desire and commitment to support and enable all staff/ volunteers to be available and confident to respond to a child or young person's thoughts around suicide. This mirrors the Scottish Government's intent set out in the National Suicide Prevention Strategy 2016 to respond to people in distress and to talk about suicide.

The Moray partnerships commend both the multi-agency self-harm and suicide guidance and will support their implementation across Moray partnership agencies.

'While suicide is the second most common cause of death among young people aged 10-24, most suicide attempts do not result in death.'
- Samaritans

1. Definitions of suicide and self-harm

Suicide: An act of deliberate self-harm which results in death.
A death resulting from an intentional, self-inflicted act.

Suicidal behaviour: An act of self-harm which may have a fatal outcome
with / without suicidal intent.

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

Suicide and self-harm can be linked or exist as separate behaviours as a result of individual factors.

1.1 Purpose of guidance

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

1.2 Aims

The aims of this guidance are to:

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

1.3 Definition of a child or young person

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

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

Some of the services involved with children and young people have different age criteria. This may be further complicated when a child or young person has been referred to the children’s panel and if there are supervision requirements in place.

When seeking advice or making referrals, please ask the agency in question, which age ranges they deal with.

1.4 Confidentiality, information sharing rights and Getting it Right for Every Child (GIRFEC) compliance

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

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

Staff / volunteers should adhere to their own service guidelines regarding information sharing and confidentiality, and the need to be GIRFEC compliant.

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

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

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

Information given to staff / volunteers from the child or young person should not be shared with others without the child or young person’s permission, except in exceptional circumstances.

Such exceptional circumstances will include when:

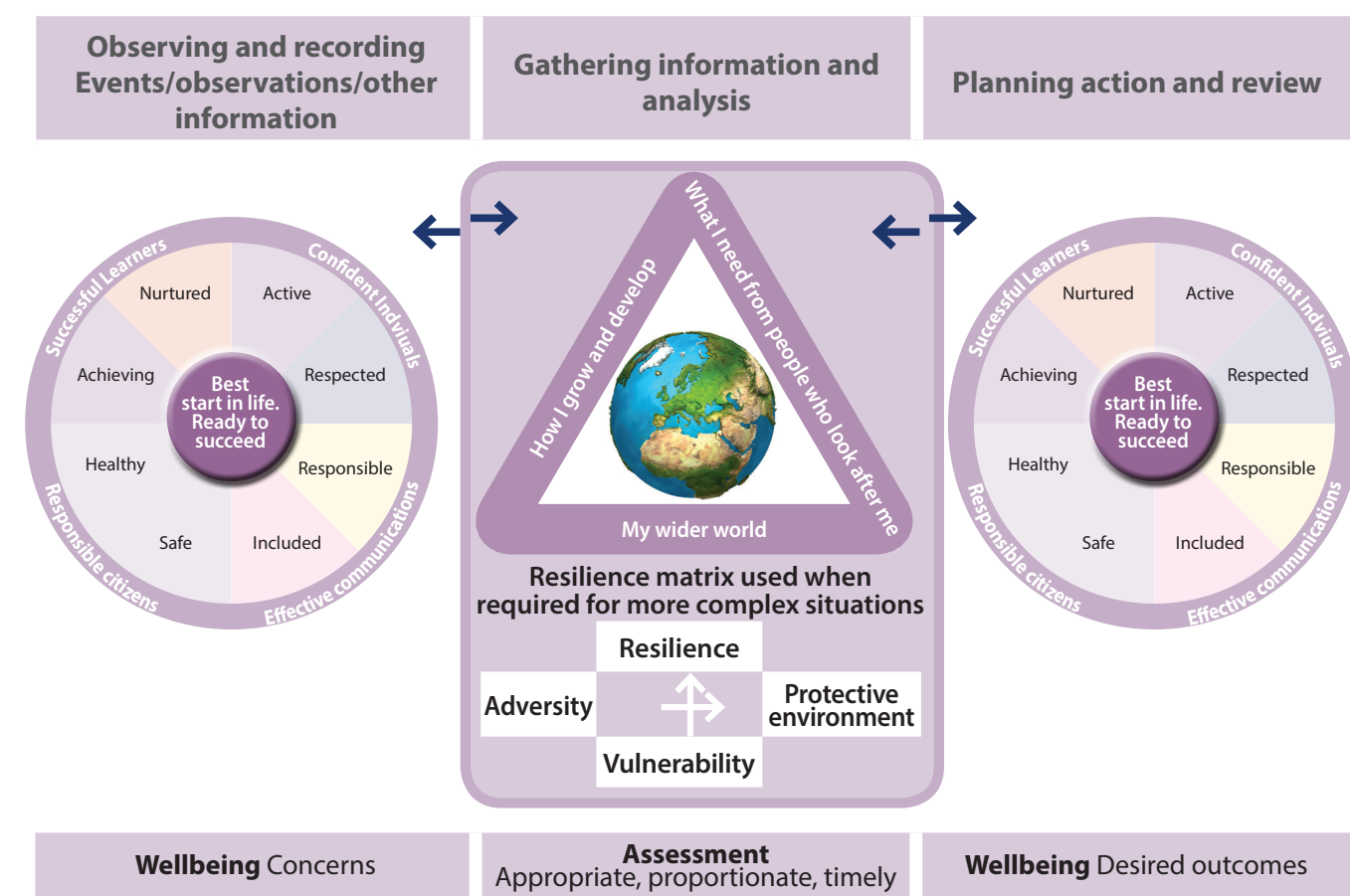
- The safety and wellbeing of a child or young person is at risk or there is the possibility of harm to others (for example, child protection or suicide).
- A child or young person is not old enough or competent to take responsibility for themselves.
- Urgent medical treatment is required.
- There is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

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

1.5 Getting it Right for Every Child (GIRFEC)

The Getting it Right for Every Child National Practice Model and Resilience Framework can be used in a single or multi-agency context to assess the risk and protective factors. It provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand a child or young person’s needs, the strengths and pressures on them and consider what support they might need.

National Practice Model



The GIRFEC National Practice Model also defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action. It provides a shared understanding of a child or young person’s need by identifying concerns that may need to be addressed.

The National Practice Model is dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people. It is a way for all agencies and workers who support children, young people and their families to begin to develop a common language within a single framework, enabling more effective inter and intra-agency working.

1.6 Triggers for suicidal intent

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

- Relationship problems
- Family problems
- Difficulties associated with culture or religion
- Living conditions
- Feeling stressed
- Exams / school work
- Self-esteem issues
- Bereavement
- Feeling lonely
- Feeling guilty
- Not having someone close to talk to
- Bullying
- Difficulties associated with sexuality and gender
- Feeling of being rejected
- Mental health issues
- Reaction to trauma or abuse
- Peer pressure
- Poor body image
- Substance use (drugs and alcohol)
- Insomnia / loss of appetite



Emotional distress may present differently in individual children or young people, and the ability to cope may be linked to self-esteem or emotional resilience; or to the family, peer or other support networks available to them. There can be different levels and intensity of emotional distress and a range of responses by children or young people to their distress.

The list of factors above is not exhaustive and neither these factors nor emotional distress are automatic proof of suicide risk. However, it is important to be alert to that potential in careful assessment of the child or young person's circumstances, if any of these factors pertain. Where a child or young person does not have any issues yet shows emotional distress, even if self-harm or suicide do not seem to feature, it is important that there is:

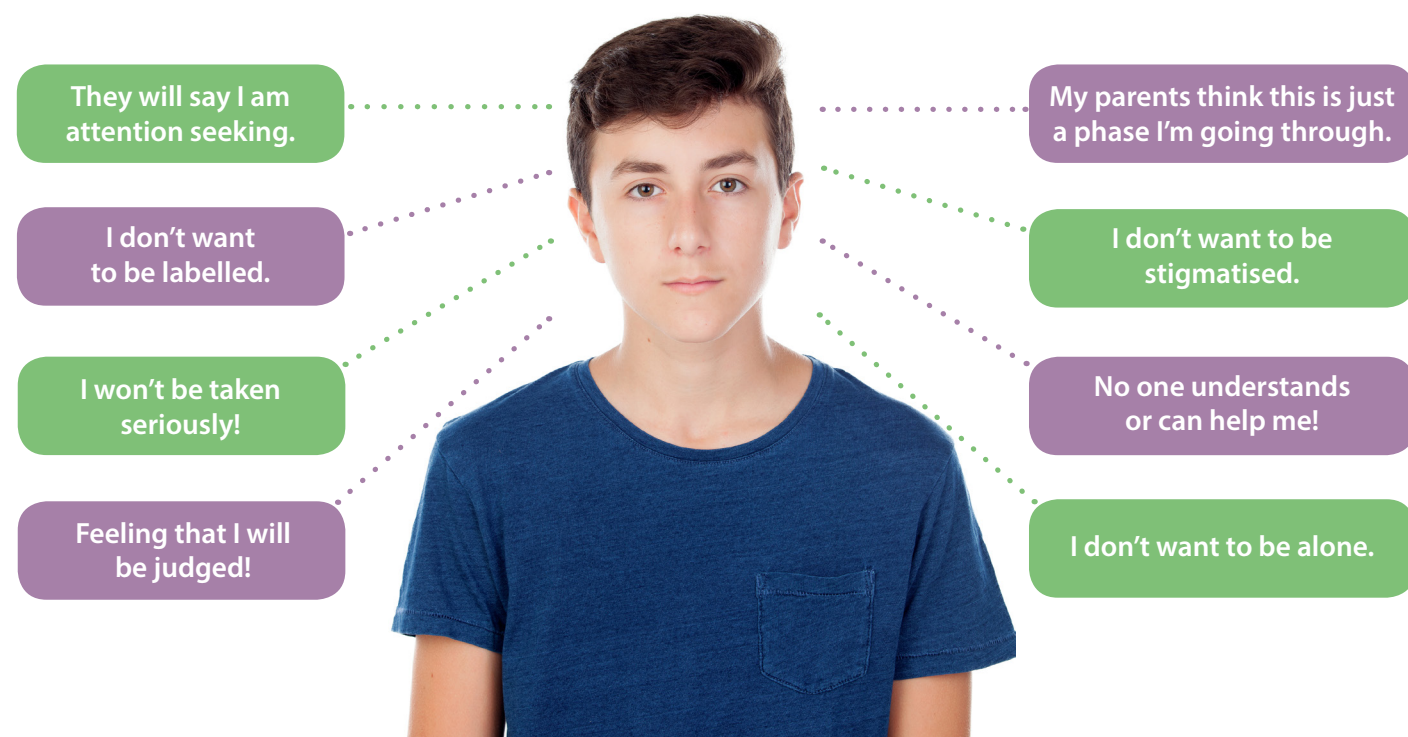
- Careful assessment of the child or young person's circumstances.
- Appropriate and proportionate support in respect of their issues.
- Empathetic listening.
- Joint problem solving.
- Continuing access to support for the child or young person.

Early intervention may help to address the child or young person's underlying problems or assist them in coping, thus preventing an escalation of suicidal thoughts and potential suicidal response.

2. Suicide

2.1 Why do children and young people attempt / complete suicide?

There are many different factors which can affect a child or young person which may contribute to a suicide attempt.



2.2 Who is at risk?

Anyone is at risk but there are some specific vulnerable groups among children and young people who may have experienced a range of adverse childhood experiences (ACEs). For example children and young people:-

- Who are misusing drugs or alcohol are at risk of death by suicide. This is not just linked to those with a substance misuse habit, but includes casual recreational users too. Young people can be particularly vulnerable in the 'come down' phase.
- Who are looked after children and young people, or those who have previously been looked after.
- Who have or are experiencing mental health problems (in particular those in contact with mental health services and those with severe mental illness such as people with severe depression or severe anxiety disorders).
- Who have attempted suicide before.
- Who have experienced trauma, have been neglected or abused physically / sexually / emotionally or socially.
- Who have a relative or friend who attempted or completed suicide.
- Who have been in young offenders institute / prison.
- Who have been recently bereaved.
- Who have experienced cyber-bullying and vulnerability created by the use of social media.
- Who reside in isolated or rural communities.
- Who are homeless.
- Who self-harm repeatedly.
- Who are Lesbian, Gay, Bisexual and Transgendered and Questioning individuals.

Evidence suggests that young men are more likely to act upon suicidal thoughts due to the risk factors above.

2.3 Myths about suicidal thoughts / behaviours

Myths about suicide	Facts about suicide
"Those who talk about suicide are the least likely to attempt it"	Those who talk about their suicidal feelings may also attempt suicide. Many individuals who take their lives will have told someone about their suicidal feelings in the weeks prior to their death.
"Talking about suicide encourages it"	Serious talk about suicide does not create or increase risk - it can help reduce it. Giving a child or young person the opportunity to explore their worst fears and feelings, may provide them with a lifeline which makes all the difference between choosing life and choosing to die.
"If a child or young person has made previous attempts they won't do it for real"	Those who have attempted suicide once are at a risk of attempting again. Children and young people need to be taken seriously and given support and held to find a safe resolution for their suicidal thoughts and actions.
"Children and young people who self-harm are suicidal"	An individual who has self-harmed may also be suicidal but the two do not always go hand in hand. Self-harm can be a child or young person's coping strategy to help them feel better, whereas suicide is a permanent end to life and a way to escape emotional distress.

2.4 Spotting the signs and helping

If you suspect someone may be feeling suicidal, ask them - it could save their life.

Most people thinking about suicide will try to let someone know. There are several signs to watch out for. The key to helping is watching out for the warning signs and knowing what to do to help. Everyone is different so in some cases few or none of the signs will be evident.

Common signs that someone you know may at risk of suicide:

- They talk about wanting to die and don't see the point of living, or cannot see a way out of a situation
- They have been through stressful significant life events or have experienced significant losses and don't seem to be coping.
- They give away prized possessions.
- They show marked changes in behaviour, appearance or mood; they may seem distracted, sad, distant or lacking in concentration. Alternativley following a period of significant distress, watch out for a sudden uplift in mood or calmness as this can sometimes be because the child or young person feels they have found a solution to their problems, no matter how drastic this may be.
- They may comment on no one noticing or caring if they are not around any more.
- They have made a previous suicide attempt

2.4 You can help. Be Alert

A	ASK if they are thinking about suicide.	You may feel frightened to bring up the subject of suicide in case you think it will put the idea in their head. This is not true. Don't hesitate to raise the subject. Be direct in a caring and supportive way.
L	LISTEN and show you care.	Let the child or young person talk about their feelings and listen carefully to what they have to say. Don't judge them and rather than dismissing their thoughts as 'silly', try to understand why they are feeling this way. Let them know you care.
E	ENCOURAGE them to get help and support them to do so.	Asking and listening are the first steps in developing a sense of hope. Now is the time to move forward with this hope and get help to keep the child or young person safe. You may feel out of your depth to help further, but there are people out there who can. Encourage the child or young person to make an appointment with their GP, or to call Breathing Space or Samaritans. Breathing Space can let you know about other sources of local and national help.
R	RIGHT now.	If the child or young person has an immediate suicide plan and means to carry it out, do not leave them alone See Appendix 1 Suicide: Taking Action
T	TELL someone.	Never promise secrecy. Dealing with suicide can be difficult and you can't do it alone. Find someone to talk to about your own feelings.

(Reproduced with thanks to Choose Life and NHS Health Scotland)

2.6 Talking about problems is never easy

Often the child or young person might not want to talk about feelings or ideas they might be having about suicide. Sometimes they do, and we just don't realise it. One way of asking about suicide is to describe what you are noticing and ask directly if it's connected with suicide. Use clear language and try not to use the euphemisms 'taking your own life'

When they do start talking, it can be difficult to know how to respond. If a problem is really bad, what can we say?

Every situation is different, and there are no definitive answers. But there are some suggestions to help you start talking in difficult, challenging situations. Starting a conversation is half the battle. Once someone knows they can speak freely, the chances are that they will talk.

How do you know there's a problem?

A lot of us prefer not to talk about our problems. Needing help can be seen as weak. Sometimes children and young people put out signals tentatively. The signs are often there if we know what to look for. Here are some ways that children or young people signal that they may need help:

- Putting themselves down in a serious or jokey way, like 'Oh, no one loves me' or 'I'm a waste of space.'
- Losing interest in their appearance.
- Using drugs and / or alcohol as their comfort.
- Changes in sleeping and/or eating habits.
- Being uncharacteristically clumsy or accident prone.
- Making leading statements, like 'You wouldn't believe what I've been through' or 'Someone up there has got it in for me.'

Information for staff

In some situations, communication support such as foreign language or British Sign Language interpreter should be arranged in order to communicate effectively with the child or young person, as well as their family and friends. Staff / Volunteers requiring support for their client should arrange communication support by referring to their own organisations arrangements. In addition, written information can also be provided in other languages or format.

2.7 Some of the ways you can approach difficult conversations:

By being understanding, tactful and gentle, there's a better chance that a child or young person will want to talk. Some useful phrases are 'Is there anything I can do?', 'Why don't we have a soft drink and talk about it?', 'I've been a bit worried about you', 'Are you ok?' and 'I'd like to help.'

Don't tell - ask

You might feel that you don't know how to help someone, because you don't know what to tell them. But you don't have to tell them anything. Telling someone what they should do doesn't help.

The best way to help is to ask questions. That way you leave the other person in control. By asking questions, the person you are talking with finds their own answers.

Helpful Asking

Here are some questions which can lead conversations into useful areas:



All of these questions effectively ask the child or young person you're talking with to examine, honestly, the problems they are experiencing. The only question to try to avoid is 'why?' - it can sound challenging, and put the child or young person on the defensive. All you need to do is start the conversation, so that these questions are raised. Nobody expects you to know the answers. Not knowing the answers doesn't mean you're not helping.

2.8 Active listening

Active listening is a way of listening which helps a child or young person talk through a problem even when it’s difficult to put it into words. With active listening although you do some talking you are not influencing what is said just acting as a sounding board to help them talk.

Five steps to active listening

1. Open questions	Rather than asking questions which only require a yes or no answer, try to ask open questions. For example, instead of saying ‘Has this been going on for a long time?’, ask ‘How long has this been going on?’ That way, instead of closing the conversation down into a yes or no response, you open it out and encourage the child or young person to keep talking.
2. Summarising	It helps to show that you’ve listened to, and understood, what’s been said. You can do this by summarising. For example, ‘So you’re being treated terribly by your friends, but you still want to be around them?’
3. Reflecting	Repeating back a word or phrase can encourage people to go on. If someone says ‘So it’s been really difficult recently’, you can keep the conversation going simply by reflecting on this and saying, ‘It sounds like it’s been really difficult for you.’
4. Clarifying	We all skirt around or gloss over the most difficult things. If we can avoid saying them, we will. If the child or young person you’re speaking with glosses over an important point, try saying ‘Tell me more about ...’ or ‘... sounds a difficult area for you.’ This can help them clarify the points, not only for you, but for themselves.
5. Reacting	You don’t have to be completely neutral. If whoever you’re talking with has been having an absolutely dreadful time, some sympathy and understanding is vital. ‘That must have been difficult’ or ‘You’ve had an awful time’ can be helpful things to say.

(Reproduced with thanks to Choose Life and NHS Health Scotland)

3. Taking action

WHO (2012) – ‘suicide attempts are 20 times more frequent than completed suicide’

Often people report that they find it difficult to support someone who has attempted suicide because they feel they do not know what to say. Let the child or young person know that you support them and ask open ended questions. It is important to be aware of your own feelings and avoid reacting in ways that can block communication. The aim is to create a culture where the child or young person feels accepted, supported and cared for.

3.1 Suicide attempts

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

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

(See Appendix 1 – Suicide: Taking Action Guidance)

Please remember that sometimes no matter what you say or what action you might take to safe guard the child or young person you might not influence their intent to complete their plan despite the child or young person’s reassurances to you. It is also important to keep in mind that an individual can go on to complete a suicide unexpectedly and this may distress you, family and friends enormously at the time or some time later.

There is a helpful booklet published by SAMH entitled ‘After a Suicide’ which is a valuable resource for someone dealing with the aftermath of a suicide. It gives advice both on practical matters and emotional reactions to the situation. It can be accessed at:

www.samh.org.uk/media/467169/samh_suicide_brochure_2014_alt_2_pdf
or Contact the Choose Life Co-ordinator (see page 23) for more resources.

4. Support

4.1 Staff and volunteers working with children and young people - support

Staff and volunteers working with children and young people need to monitor and care for their own mental wellbeing on an on-going basis. Supporting a child or young person who is self-harming or who has attempted suicide can be upsetting as well as rewarding. It is important for the staff / volunteers involved to be aware of their own mental health and wellbeing and to acknowledge any distress they may feel. Line managers are required to make sure staff / volunteers are aware of the support they can access and encourage staff / volunteers to access appropriate support whenever they need it, particularly when dealing with these kinds of incidents. Use supervision and other opportunities to check staff / volunteers feel supported or discuss other ways to offer support - for example, staff counselling.

Finally - staff / volunteers may also find their own ways to help themselves - for example, exercise, relaxation techniques or online support or through national organisations.

4.2 Parental / Carer Support

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

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

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

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

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

4.3 Training

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning outcomes (What do you hope to achieve from the training?)	Brief outline of programme
Applied Suicide Intervention Skills Training (ASIST)	The course is open to anyone.	ASIST is a two day comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to intervene to prevent the immediate risk of suicide. The course is designed to help all in communities to become more willing, ready and able to help people at risk of suicide.	Two day course
safeTALK	The course is open to anyone.	safeTALK is a four hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills. It is designed for community's or organisations that already have ASIST trained helpers in place to maximise intervention as the main suicide prevention focus.	Four hour session
suicideTALK	The course is open to anyone.	Lasts for 1 hour to half day. suicideTALK is a short exploration and awareness - raising session of one to three hours. It is flexible to meet the needs of each group.	1 - 3 hour session
Scotland's Mental Health First Aid (SMHFA): Young People	Course is open to anyone working with young people between the ages of 11 & 17.	SMHFA: YP is a 14-hour blended course which is designed to support all adults to recognise mental health problems and provide guidance and immediate assistance to a young person in crisis.	Pre course online unit. One day group session with a trainer and a post course reflective exercise.
Self-Harm Awareness Training	The course is open to anyone.	Open to anyone and is delivered by Martin Kirwan, The Moray Council, and lasts for 3 and 1/2 hours (half day)	3.5 hour session

Other available training courses on the subject of mental health:

- Self-harm awareness.
- Mental Health First Aid / Mentally Healthy Workplace Training. SuicideTALK, a short exploration and awareness-raising session.

Contact the local Choose Life Co-ordinator (on page 23) for more information and options locally and nationally.

4.4 Where do I find Support?

Local Services:

In many cases, a good first port of call for a child or young person who is at risk is their GP, who may be able to advise what further support is available through the health service and sign post the young person to those services. It is also helpful for the child or young persons school nurse and guidance teacher to become involved in supporting them at school. In addition, the following services specialise in providing support for children and young people:

Children 1st

Age: All children and young people

Services provides:

- Stronger Safer Families - Trauma support for children and families across Moray who have been affected by physical, sexual or emotional abuse.
- Kinship care support service
- Advocacy service

Referral: Can refer through referral form or child plan

Contact details: Highfield House Annexe, Northfield Terrace, Elgin IV30 1NE

Telephone: 01343 564170 **email:** moray@children1st.org.uk

www.children1st.org.uk

Quarriers Young Carers

Age: All children and young people

Service provides: Support for young carers; confidential helpline for support and advice

Referral: Self-referral or referral from other agencies

Contact details: 44 High Street, Elgin, IV30 1BU

Telephone: 01343 556031 **email:** carersmoray@quarriers.org.uk

www.quarriers.org.uk

Confidential Helpline: 01343 555031 / 07896 967207

Quarriers Arrows

Age: 16 and over, or support for family members or loved ones

Service provides: Support for individuals aged 16 and over with drug and alcohol addiction, can include support for family members and loved ones.

Referral: Self-referral or referral from other agencies

Contact details: 23 High Street, Elgin, Moray, IV30 1EE

Telephone: 01343 610 500 **Mobile:** 07812 228547 **email:** arrows@quarriers.org.uk

www.quarriers.org.uk

GREC's Me-Time Counselling

Age: All children and young people

Service provides: Counselling for children and young people experiencing prejudice and discrimination. Counselling will take place in school.

Referral: Self-referral or referral from other agencies.

Contact details: To refer please contact the Counselling Coordinator: Molinda Thomson

Telephone: 01224 595505 **Mobile:** 0777 184 8396 **email:** mthomson@grec.co.uk **www.grec.co.uk**

Aberlour Youth Point

Age:

- 12-18 year old for Intensive Community Support Service
- 12-25 year old for Mentoring Service

Service provides: Service for disadvantaged, excluded and vulnerable young people and their families.

- Intensive Community Support Service which includes 1:1 and/or group work and parenting groups
- Mentoring Service which includes 1:1 and/or group work from an adult or peer mentor

Referral:

- Intensive Community Support Service referral through Social Work only
- Mentoring Service accepts self-referral or referral from other agencies

Contact details: 7 Parade Spur South, Pinefield Industrial Estate, Elgin, IV30 6AJ

Telephone: 01343 546214 **email:** morayyouth@aberlour.org.uk

www.aberlour.org.uk

CrossReach Counselling

Age: 16 and over

Service provides: 1:1 counselling service based in Buckie (voluntary contribution for service)

Referral: Self-referral

Contact details: 1 Burnside Court, Buckie, AB56 1EG

Telephone: 01542 835751 **email:** moray.counselling@crossreach.org.uk

www.crossreach.org.uk

Moray Women's Aid

Age: All children and young people

Service provides: Offers services to women, children and young people with experience of domestic abuse.

Referral: Self-referral (over age 13 only) or referral from other agencies

Contact details: 57a Marleon Field, Silvercrest, Elgin, Moray, IV30 4GB

Telephone: 01343 548565 **email:** admin@mwaelgin.co.uk

Cruse Bereavement Care

Age: All children and young people

Service provides: Bereavement support, information and counselling

Referral: Self-referral or referral from other agencies

Contact details: Helpline: 0845 600 2227 **email:** support@crusescotland.org.uk

www.crusescotland.org.uk

Grampian Child Bereavement Network

Age: All children and young people
Service provides: Provide resources, advice and information.
Family support and direct work with children and young people is offered through their Responder Service.
Referral: Self-referral or referral from other agencies
Contact details: Telephone: **01224 594099**
email: **gcbn@mhsberdeen.org.uk** Website: **www.gcbn.org.uk**
Facebook: **www.facebook.com/grampianchildbereavement**

The Rowan Centre – Child and Adolescent Mental Health Service (CAMHS)

Age: All children and young people
Service provides:

- Specialist multidisciplinary mental health service offering psychological therapies and consultation for tier 3 and 4 mental health problems
- Consultation Advice and Liaison in Moray (CALM) telephone advice line for professionals

Referral: Referral from other agencies
Contact details: The Glassgreen Centre, 2 Thornhill Drive, Elgin, IV30 6GQ
Telephone: **01343 553111** email: **nhsg.rowancentre@nhs.net**

It may also be the case that there are private youth counsellors working within Moray. Information on private counsellors including contact details and fees can be found by visiting:

British Association for Counselling and Psychotherapy: **www.bacp.co.uk**

Counselling in Scotland: **www.cosca.org.uk**

Choose Life Coordinator

Sandra Gracie (Moray)
Email: **sandra.gracie@nhs.net**

Helplines and Internet Based Support:

Self Injury Support

Text message: **0780 047 2908**,
Monday - Friday: 7.00pm - 9.00pm
www.selfinjurysupport.org.uk

National Self-Harm Network: **www.nshn.co.uk**

Lifesigns: **www.lifesigns.org.uk**

Childline

Telephone: **0800 1111**, Open 24 hours
www.childline.org.uk

Samaritans

Call: **116 123** (this number is free to call), 01343 543000 (Local call charges apply)
Email: **jo@samaritans.org**
www.samaritans.org

Breathing Space

Tel: **0800 83 85 87**
Monday - Thursday: 6.00pm - 2.00am
www.breathingspace.scot
Friday - Sunday: Open 24 hours

Wellbeing resources and worksheets: **www.getselfhelp.co.uk**

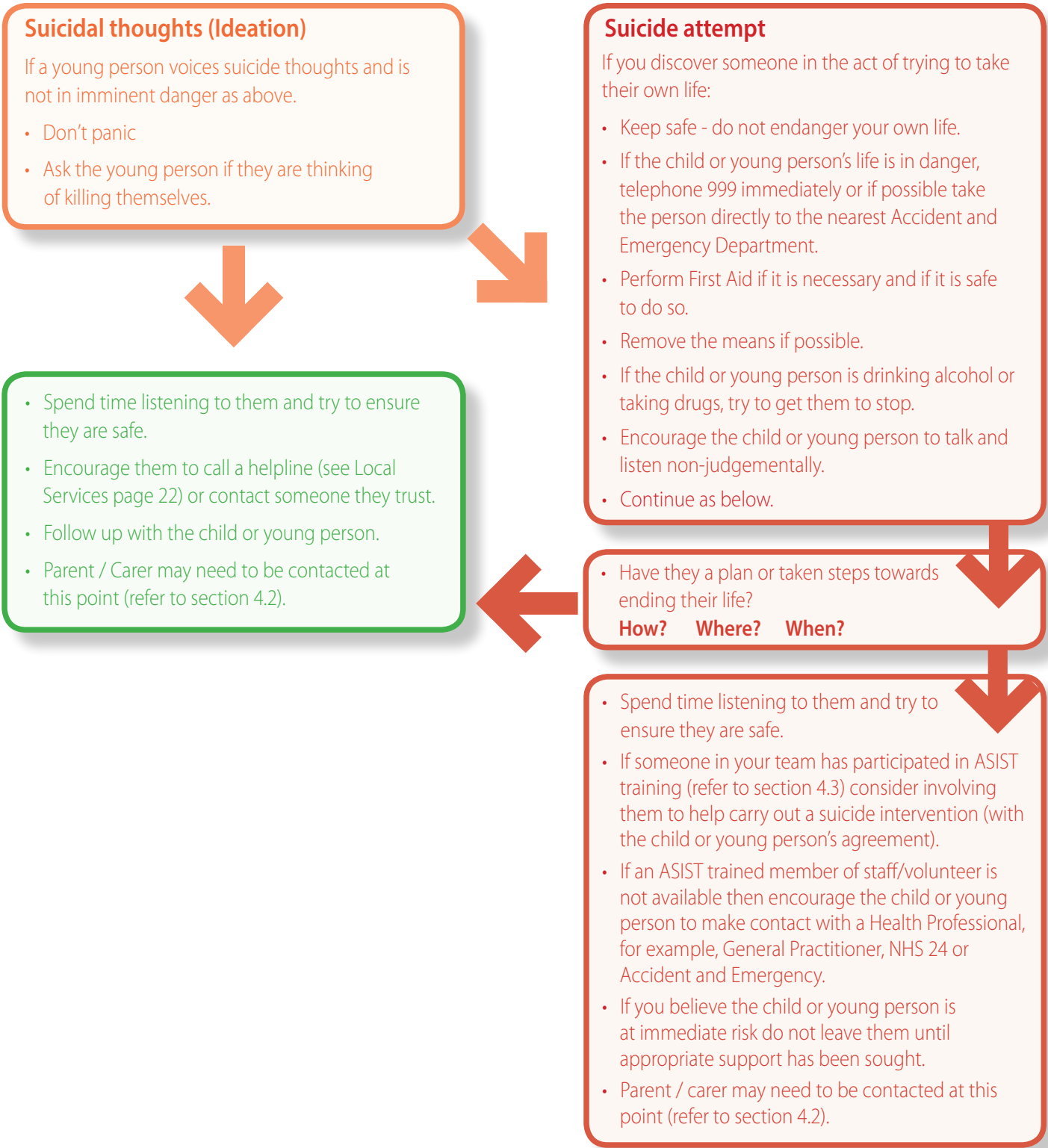
Recover your life: **www.recoveryourlife.com**



Prevent Suicide, North East Scotland’ App and supporting website:
www.preventsuicideapp.com

5. Appendix 1 - Suicide: Taking Action

Organisations must follow their respective protocols for supporting the child or young person when suicide may be an issue.



6. Appendix 2 - Useful Websites


SAMH: samh.org.uk
Young Scot: www.young.scot
Young Minds: www.youngminds.org.uk

7. Acknowledgements

Aberdeen City Mental Health Improvement Group is a multi agency operational group, set up to support and implement local developments for children and young people's mental health and wellbeing.

As part of their work in implementing a mental health framework for Aberdeen City, partners identified a number of priority areas for mental health. One priority area identified was the need to develop practical, clear and consistent guidance for staff working with children and young people who are at risk of suicide. In response to this a short life multi agency sub group was tasked to develop this guidance.

The Children and Young People's Mental Health and Well Being Group in Moray, was also set up to support and implement local developments for children and young people's mental health and wellbeing. We would like to thank the Aberdeen City Mental Health Improvement Group for sharing this guidance and allowing us to adapt the guidance for professionals and practitioners working within the Moray context.



This document is also available in large print and other formats
and languages, upon request. Please call Equality and Diversity on
(01224) 551116 or (01224) 552245.

Ask for publication CGD 170576