



**Moray
Community Planning
Partnership**

Moray **Multi-agency Guidance**

For people working with children and
young people at risk of Self-harm.

February 2018

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Foreword

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

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

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 on self-harm and an accompanying document will provide guidance on suicide. The two documents aim to dispel the myths around self-harm and suicide, to recognise the distinct features of each and the complexities that surround the behaviour.

Many factors can influence the responses given to both self-harm and suicide presentations, most common factors are feelings of emotional distress in regards to the presentation and feeling under confident by the subject matter of both suicide and self-harm. It is important in providing guidelines in support of staff who are required to carefully elicit and assess a young person's response, that the complexities of both are addressed.

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

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

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

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

These reports, as well as guidance developed in Glasgow and Ayrshire have informed the development of this guidance.

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

The Community Planning Partnership within Aberdeen City and Moray commend this collaboration and this guidance and will support its implementation.

1. Introduction

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

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

1.1 Definitions of suicide and self-harm

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

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

1.2 Purpose of guidance

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

1.3 Aims

The aims of this guidance are to:

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

1.4 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.

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

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

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

Staff should adhere to their own service/organisational 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 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 by the young person should not be shared with others without the person's permission, except in exceptional circumstances.

Such exceptional circumstances will include when:

- A child is not old enough or competent to take responsibility for him/her self.
- Urgent medical treatment is required.
- The safety and wellbeing of a child or young person is at risk or there is the possibility of harm to others (for example, child protection or suicide).

- There is a serious risk to public health.
- There is a statute or court order in place.
- There is the need for 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.

1.6 Getting it Right for Every Child (GIRFEC)

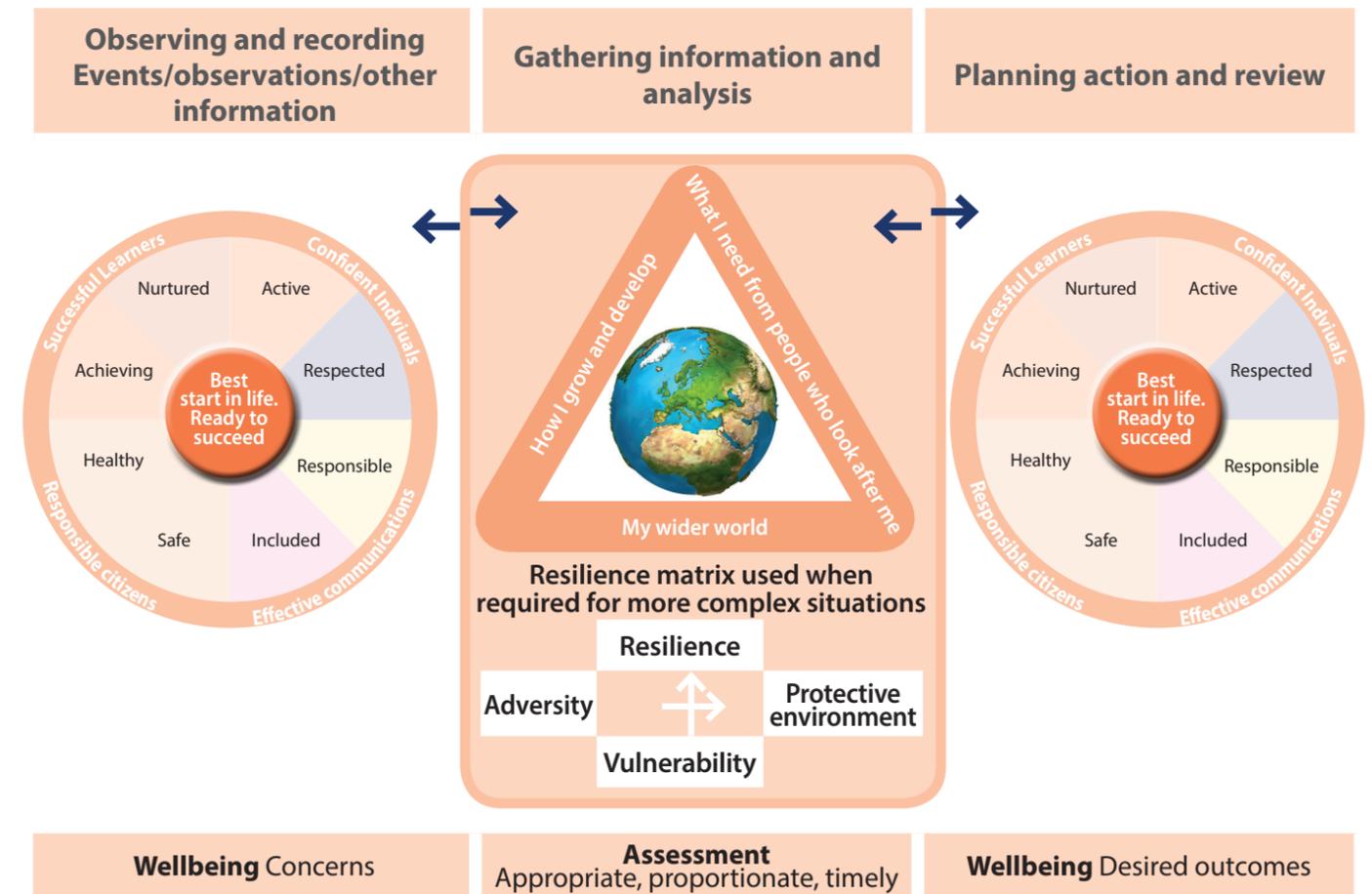
The Getting it Right for Every Child National Practice Model and Resilience Framework can be used in a single or multiagency context to assess the risk and protective factors. It provides a framework for practitioners and agencies to structure and analyse information consistently so as to understand 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.



2. Emotional and psychological distress

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.

The number of children admitted to hospital for self-harm has doubled in parts of Scotland over a five-year period, according to data obtained by the BBC. The most admissions (141) in 2014 were reported by NHS Grampian and were primarily related to drugs (78%) and alcohol (15%).

BBC Scotland 2015

Factors may include:

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



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

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

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

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

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

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

3. Self-harm

"Self-harm is any non-accidental, non-suicidal behaviour which causes damage to a person's body with the intent of gaining an emotional release. Self-harm is a coping strategy." - *Penumbra Self-harm Awareness Training*

- National research suggests one in four young people have self-harmed or know someone who has.
- This equates to approximately two young people in every secondary school classroom.
- The average age of onset is 12 years old.
- Children under the age of 12 do self-harm but it is much less common than in the older child.
- The reasons for this behaviour can be very complex.
- The true extent of the problem is unknown as many self-harm injuries will go unrecorded.

3.1 Why do young people self-harm?

"I feel that I am doing something to cope, if I don't do it I feel like I'm going to struggle more."

"It takes away the bad thoughts."

"It's a way to distract from the things that are more difficult to think about."

"It relieves the pain inside!"

(Quotes from Young People attending Glasgow CAMHS)

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

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

- Self-harm temporarily relieves intense feelings, pressure or anxiety.
- Self-harm provides a sense of being real, being alive – of feeling something other than emotional numbness.
- Harming oneself is a way to externalise emotional internal pain- to feel pain on the outside instead of the inside.
- Self-harm is a way to control and manage pain – unlike the pain experienced through physical or sexual abuse.
- Self-harm is self-soothing behaviour for someone who does not have other means to calm intense emotions.
- Self-loathing – some people who self-harm are punishing themselves for having strong feelings (which they were usually not allowed to express as children), or for a sense that somehow they are bad and undeserving (for example, an outgrowth or abuse and a belief that it was deserved).
- Self-harm followed by tending to wounds is a way to be self-nurturing, for someone who never was shown by an adult to express self-care.
- Harming oneself can be a way to draw attention to the need for help, to ask for assistance in an indirect way.
- Self-harm, can be influenced by alcohol and drug misuse.
- Self-harm can be influenced by seeing family members use self-harm as a coping strategy.

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

(With thanks to Penumbra)

For some people, self-harm may last for a short time. For others, it can become a long-term problem.

Some people self-harm,

stop for a while and return to it month, even year later, in times of distress.

Younger children who self-harm may be copying the behaviour of someone close to them in their home life or may be doing it for some of the age appropriate reasons previously listed.

3.2 Who self-harms?

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

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

These include:

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

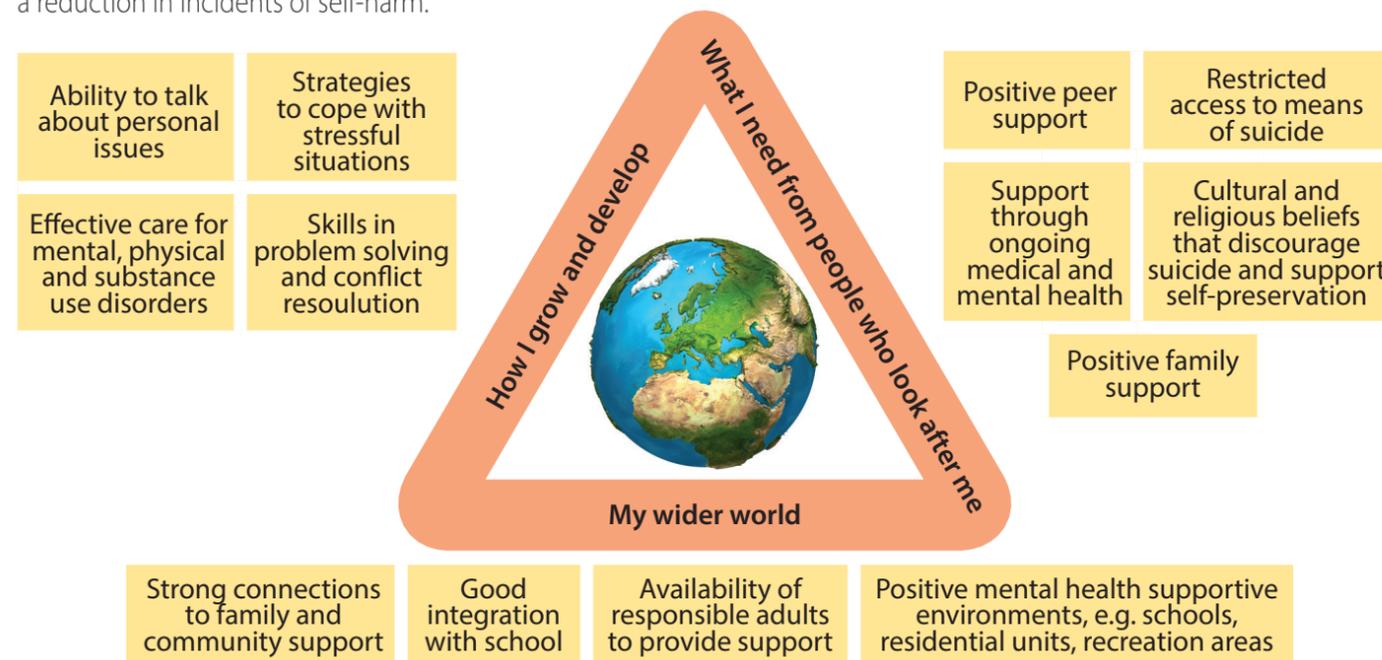
3.3 Reasons young people have given for not asking for help:

For young people to disclose issues around self-harm, they need to know that their confidentiality is respected and that staff will support them and not punish or judge them in any way. There are things staff can do to make it easier for young people to feel able to ask for help.



3.4 Protective factors

Findings from the Glasgow Adolescent Self-harm Team (2012) suggest the following protective factors effect and maintain a reduction in incidents of self-harm.



3.5 Types of self-harm

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

The most common ways that people self-harm are:

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

There are a variety of other risk-taking behaviours that impact negatively on a person's physical health, such as:

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

But these are not usually associated with the generally accepted most common examples of self-harm.

3.6 Groups/Self-Harm and Peer Group Identity

It is important when encountering peer groups who are self-harming, to appreciate that the actual self-harm may not be the fundamental problem. In all likelihood the young person may want to feel part of a group, be accepted and have an identity with their peers and is therefore participating in self-harming behaviour.

However, it is possible that one young person within a group may be using self-harm to cope with underlying issues in their lives. The principal of approaching a group to explore the meaning of their self-harm is to spend time with each individual.

Remember that self-harm is often a very secretive, private and personal act. It is a coping strategy that holds a different meaning and purpose for every individual. Using a personal approach will ensure that the best support can be offered/ explored which will have a more meaningful result.

3.7 Myths about self-harm

Myths about self-harm	Facts about self-harm
“It’s just attention seeking”	For most people self-harm is a very private and personal thing. Many people go to great lengths to hide their injuries. But for some people it is a way of showing others how bad things are for them and how much they need help. We should also ask, is it bad to want/need attention?
“Only teenage girls self-harm”	Due to the private nature of self-harm it’s not easy to say who does it. In practice, statistics demonstrate that girls will access support for selfharm more readily than boys.
“When people self-harm they don’t feel the pain”	Sometimes when people self-harm they are so distressed that they can experience what is known as a dissociative fugue. During this time people can “zone-out” and may not be aware of what they are doing and possibly not feel any pain. Afterwards the pain may be amplified. For some people who self-harm, the pain is what distracts them and gives them relief from their emotional distress.
“People who self-harm are suicidal”	People who self-harm may be suicidal but the two do not come hand in hand. Self-harm is a person’s attempt to temporarily survive and feel better whereas suicide is a permanent end to life.
“The severity of the self-harm reflects the severity of the person’s problem”	Everyone has different levels of resilience and so what seems severe to one may not to another. It is important to take a person seriously regardless of how severe their injuries are. Never assume that a person’s problems are not serious because their wounds are not.
“People self-harm to hurt or manipulate others”	People self-harm to express or release distressing emotions. It can be a way of showing physically how bad things are mentally, but as a way of communication rather than manipulation.
“People who self-harm must be told to stop”	Self-harm is the symptom of a greater problem. Stopping a person from self-harming will not make their problem go away, it will only take away their means of coping. In most cases, self-harm is keeping the person alive, safe and in control.

3.8 Warning signs

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

Signs may include:

- Wearing long sleeves at inappropriate times.
- Spending more time in the bathroom.
- Unexplained cuts or bruises, burns or other injuries.
- Razor blades, scissors, knives, plasters have disappeared.
- Unexplained smell of Dettol, TCP and other similar products.
- Low mood – seems to be depressed or unhappy.
- Any mood changes – anger, sadness.
- Negative life events that could have prompted these feelings – for example, bereavement, abuse, exam stress, parental divorce.
- Low self-esteem and low self efficacy.
- Feelings of worthlessness.
- Changes in eating or sleeping patterns.
- Losing or changing friendships.
- Withdrawal from activities that used to be enjoyed – such as PE/swimming/family holidays.
- Abuse of alcohol and drugs.
- Spending more time by themselves and becoming more private or defensive.

3.9 Taking action

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

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

If it is something you cannot assess, ask for advice. This could include contacting NHS 24 on 111 (open 24 hours, 7 days per week) or through a local nurse or doctor. If it is a minor injury, you don't have to do this.

(See 'Self-Harm: Taking Action guidance in Appendix 1)

Second, listen.

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

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

- Don't panic, remain calm and reassuring and don't be shocked.
- Showing compassion and being non-judgemental.
- Treating the young person with respect.
- Be willing to listen and accept the individual's feelings.
- Don't hold back on questions and talk openly about self-harm and don't avoid the issue.
- Don't be sworn to secrecy and explain the limits of your contribution.
- Being aware that the child or young person may be feeling guilty and ashamed.
- Advising the child or young person about the range of available support.

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

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

"People came and spoke to me, I told them I want to be free,
They took my hand and helped me see, I am someone, I am me"

(With thanks to Penumbra)

- Offer hope that alternatives are available.
- Providing reassurance that problems can be solved.
- Refraining from telling the person to stop, as this can make things worse.
- Get assistance from appropriate support agencies.
- Involving the child or young person in the seeking of help and assessment around risk of self-harm.
- Addressing safety issues such as the risk of infection, nerve damage, illness such as HIV, septicaemia, Hepatitis C or even risk of accidental death.
- Checking for associated problems such as bullying, bereavement, relationship difficulties, abuse, and sexuality.
- Assessing if, how and when parents/guardians will be involved.
- Making appropriate referrals if required.
- Take suicide gestures and thoughts seriously.

3.10 Assessing the risk

Is the child/young person engaging with you and your support? If not, escalate on the risk matrix Appendix 1 section entitled ACT.

If the child/young person is engaging with you, the following provides guidance on what is helpful to cover:

Areas to cover

Nature and frequency of injury:

- Are there any injuries requiring immediate attention?
- Has the child/young person ingested/taken anything that needs immediate action?
- Establish what self-harming thoughts and behaviour have been considered or carried out and how often?

Other risk taking behaviours:

- Explore other aspects of risk – fast driving, unprotected sex/multiple partners, extreme sports, use of drugs/alcohol.

Child protection:

- Consider if there are child protection issues and, if so, discuss and/or refer. (Self-harm/suicidal thoughts may not themselves be child protection issues but underlying causes may be).
- Ensure GIRFEC compliance.

Health:

- Ask about health issues such as eating, sleeping.
- Ask about mental states such as depression, anxiety.

Underlying issues:

- Explore the underlying issues that are troubling the child/young person which may include family, school, social isolation, bullying, and relationships.

General distress:

- Assess current level of distress.
- Ascertain what needs to happen for the child/young person to feel better.
- Ask about current support child/young person is getting.

Suicidal intent:

- Ask in a clear and straight-forward way if there is any intention to complete suicide.
- Consider the likelihood of imminent harm including means, plan and intention.

Future support:

- Elicit current strategies that have been used to resist the urge to self-harm or stop it from getting worse.
- Discuss who knows about this situation that may be able to help.
- Discuss contacting parents if that would be helpful.
- Discuss possible onward referral with child or young person.
- Discuss and agree who you will contact and what you will say.

3.11 Self-harm at school

The following document from Penumbra has been prepared following requests from secondary school staff for a checklist on how to respond to acts/disclosures of self-harm. Please note that the contents are intended as suggested good practice and are not prescriptive. We would also strongly recommend that all members of staff are familiar with the Moray Multi-Agency Guidance for people working with children and young people at risk of self-harm.

IN THE EVENT THAT A PUPIL Self-harmS AT SCHOOL

Keep Safe:

- Make sure that the pupil is safe. Also ensure your own and other pupil(s) safety.
- If the injury is serious, go straight to the nearest Accident and Emergency Department (A&E).
- If pupil has taken an overdose of tablets, however small, seek medical advice immediately from medial practitioners or contact A&E. Also inform parents/carers immediately.
- Do not leave pupil alone.
- Provide first aid if necessary – follow school's first aid policy.
- Treat any injuries sympathetically – same as you would with any other type of injury.
- Phone NHS24 for advice if necessary – Telephone: 111

IN THE EVENT THAT A PUPIL DISCLOSES THAT THEY Self-harm

Speak to pupil privately in a quiet space and ask them about their self-harm.

Assess Situation

- Ask if they know why they self-harmed.
- Try to get the pupil to talk about how they were feeling.
- What was their intention – determine if it was an act of self-harm or suicide (In the event of a suicide attempt, refer to Moray Multi-agency Guidance for People Working with Children and Young People at Risk of Self-harm or Suicide).
- Explore the pupil's reason for self-harming (what is going on – problems at home/ bullying/bereavement/exam stress etc.)
- What is the personal background – is the pupil supported by social work or other services? Are they looked after (eg residential care, foster care)?

Ease Distress

- Reassure
- Empathise
- Jointly discuss if there is anything that can be done to help ease the situation.
- Let them know that they are not alone (they are not the only one who self-harms or who has felt like this).

Support Pupil

- Help them to understand their feelings.
- Talk to them about coping strategies and ask what has worked for them in the past.
- Jointly prepare Penumbra Safety Plan (which also provides crisis telephone numbers) and give a copy to the pupil.
- Also let them know that there is support available and their situation can improve.

Course of Action

- If pupil agrees speak to parents/carers:
- If required make a referral – Educational Psychologist/School Nurse/Family Support Worker/Home School Link Worker/CAMHS. Ensure that you discuss this first with the pupil.
- Consider providing pupil with contacts of any relevant support agencies.
- If it is a child protection issue, follow school's protection policy procedures.
- Consider support for others that know about the self-harm (peers/parents).

Reporting

- Follow your school reporting procedures.

Follow Up

- Maintain contact with the pupil and monitor situation.
- Provide ongoing support if required.
- If parents/carers informed, maintain contact with them.
- Liaise with other Follow agencies involved.

3.12 Penumbra safety plan

Advice on how to use the Safety Plan

This Safety Plan (see Appendix 2),¹ complements the Responding to Self-Harm in a School Setting, and has been produced to assist secondary school staff in Moray when supporting a pupil who is at risk of self-harm.

The plan is intended to be completed by the pupil, and assisted by a member of staff. Once completed, the pupil should be provided with a copy to keep at home and encouraged to refer to it whenever he/she has thoughts of self-harm. We would recommend that you also retain a copy and keep it in the relevant pupil records.

¹ Penumbra Safety Plan can be downloaded from:

www.penumbra.org.uk/how-can-we-help/services/self-harmprojects/self-harm-project-ayrshire/

Advice on filling in the Safety Plan

Family/Friends phone numbers:

Although the pupil is likely to have these numbers stored in their phone, the pupil should still write the numbers on the form. This ensures that if there is a problem with their phone they still have access to these numbers.

What has helped you in the past?

Ask pupil if there has been anything that has helped them previously to avoid self-harming.

Who could you speak to?

Who would they feel comfortable speaking to? Ask have they spoken to anyone in the past that has helped them. If the pupil does not feel that they could speak to anyone that they know, then suggest that they consider phoning one of the crisis numbers (contact details are at the top of the Safety Plan). Alternatively, they may prefer to contact these services online:

Children have an online chat facility: www.childline.org.uk

The Samaritans also have a dedicated email address: jo@samaritans.org

What could you try?

Ask the pupil what they could do to take their mind off things. Consider providing them with a list of distractions/alternatives to self-harm. We would recommend the National Self-Harm Networks distraction leaflet.

Copies can be downloaded from their website: www.nshn.co.uk/upload/Distractions.pdf

Risks to avoid:

Ask the pupil if there are certain situations/events/triggers that make them more at risk of self-harm (e.g. when drinking alcohol/using drugs or perhaps using social network sites). Advise pupils to avoid these risks.

4. Support

4.1 Staff support

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

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

4.2 Parental support

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

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

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

We need to recognise that we could make an already difficult family situation worse or risk the child or young person from disengaging with us. Therefore, it is important to identify whether the child or young person wants their family to be a source of support for them. They may prefer to identify another adult family member or even an older brother or sister to be their support. What is important is that the child or young person's feelings are documented and that all staff 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.

5. Training

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

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning outcomes (What do you hope to achieve from the training?)	Brief outline of programme
Applied Suicide Intervention Skills 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, read and able to help people at risk of suicide.	Two day course
safeTALK	The course is open to anyone	safeTALK is a four hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills. It is designed for organisations that already have ASIST trained helpers in place to maximise intervention as the main suicide prevention cost.	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 designed to teach a better understanding of mental health and how it affects young people, as well as to learn mental health first aid skills such as: • how to recognise the signs of mental health problems or distress • how to ask about mental distress • how to provide initial support • how to guide a person towards appropriate professional help. The course also aims to show how mental health first aid can be applied in a crisis situation involving a range of common mental health problems, such as depression and anxiety, eating disorders, self-harm, substance misuse and providing the confidence to ask about suicide.	Pre course online unit, One day group session with a trainer and a post course reflective exercise

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
Self-Harm Awareness Training	The course is open to anyone	Self-Harm Awareness Training is delivered in a three hour workshop, which aims to consolidate participant's knowledge of self-harm, and to improve confidence when dealing with self-harm. The workshops will include group activities designed to enhance understanding in a nonjudgmental setting. Our highly experienced facilitator will be able to answer any questions, and you will receive a self-harm resource guide.	Three hour session

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

- Self-harm awareness
- Mental Health First Aid
- Mentally Healthy Workplace Training
- Contact the local Choose Life Manager/Coordinator for more information and options locally and nationally.

5.1 Where do I find support?

Local Services:

In many cases, a good first port of call for a young person who self-harms is their General Practitioner (GP), who may be able to advise about further support available through a health service. It is also helpful for the child's school nurse and guidance teacher to become involved in supporting the young person at school. In addition, the following local services specialise in providing support for 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

Helplines and Internet Based Support: Considered by the working party members to be reputable

Self Injury Support

Text message: 0780 047 2908, Monday–Friday: 7pm–9pm

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

Telephone: 0800 83 85 87

Monday–Thursday: 6pm–2am

Friday–Sunday: open 24 hours

www.breathingspace.scot

Knowledge Services

NHS Health Scotland's lending service for books, CD's and training materials for anyone interested in health improvement.

Email: nhs.healthscotland-knowledge@nhs.net

Telephone: 0141 414 2762

www.healthscotland.com/resources/library/index.aSPX

Wellbeing resources and worksheets

www.getselfhelp.co.uk

Recover your life

(Online self-harm support community)

www.recoveryourlife.com

Young Scot

www.young.scot

Young Minds

www.youngminds.org.uk

Mental Health Foundation

A self help booklet which aims to help young people understand more about self-harm and what to do if they are worried about themselves or someone else.

www.mentalhealth.org.uk/tags/self-harm

Self-Harm UK

www.selfharm.co.uk

Self-Harm – The Mix

www.themix.org.uk/mental-health/self-harm

Mind – The Mental Health Charity

www.mind.org.uk

NHSN

The National Self-Harm Network, providing a forum for survivors, professionals and family.

www.nhsn.co.uk

Support for Young People

Impacted by Self-Harm Provides self-harm recovery, advice and support for young people.

www.selfharm.org.uk

Skin Camouflage Service

Changing Faces Skin Camouflage Service

www.changingfaces.org.uk/skin-camouflage

The Calm Zone

Targeted at young men aged 15-35, offering help, information and advice. **Anyone**, regardless of age, gender or geographic location can call the helpline.

www.thecalmzone.net

Cool Heads: Stress Essentials

An online booklet for 12-16 year olds which offers advice on different topics; such as how to deal with feelings, ways to cope with stress, how to change thinking, and where to look for help.

www.healthscotland.com/documents/1485.aspx

See Me

For those aged 16+, this website run by YouthNet provides information guides on a range of issues (including mental wellbeing) and a non-judgemental Q&A function with expert advisers to respond and offer support.

www.seemescotland.org also see www.seemescotland.org/young-people/working-with-young-people/resources-packs-and-materials/on-edge/ for self-harm resource pack for teachers and other practioners working with young people aged S2 and above.

Youth Health Talk

Information for young people on a range of health topics.

www.healthtalk.org/young-peoples-experiences

Prevent Suicide App

www.preventsuicideapp.com/moray.html

Hands On Scotland

www.handsonscotland.co.uk

Self-Help Groups:

Self-Injury Support

Lists groups and services for people who are struggling with self-injury, selfharm and their underlying causes.

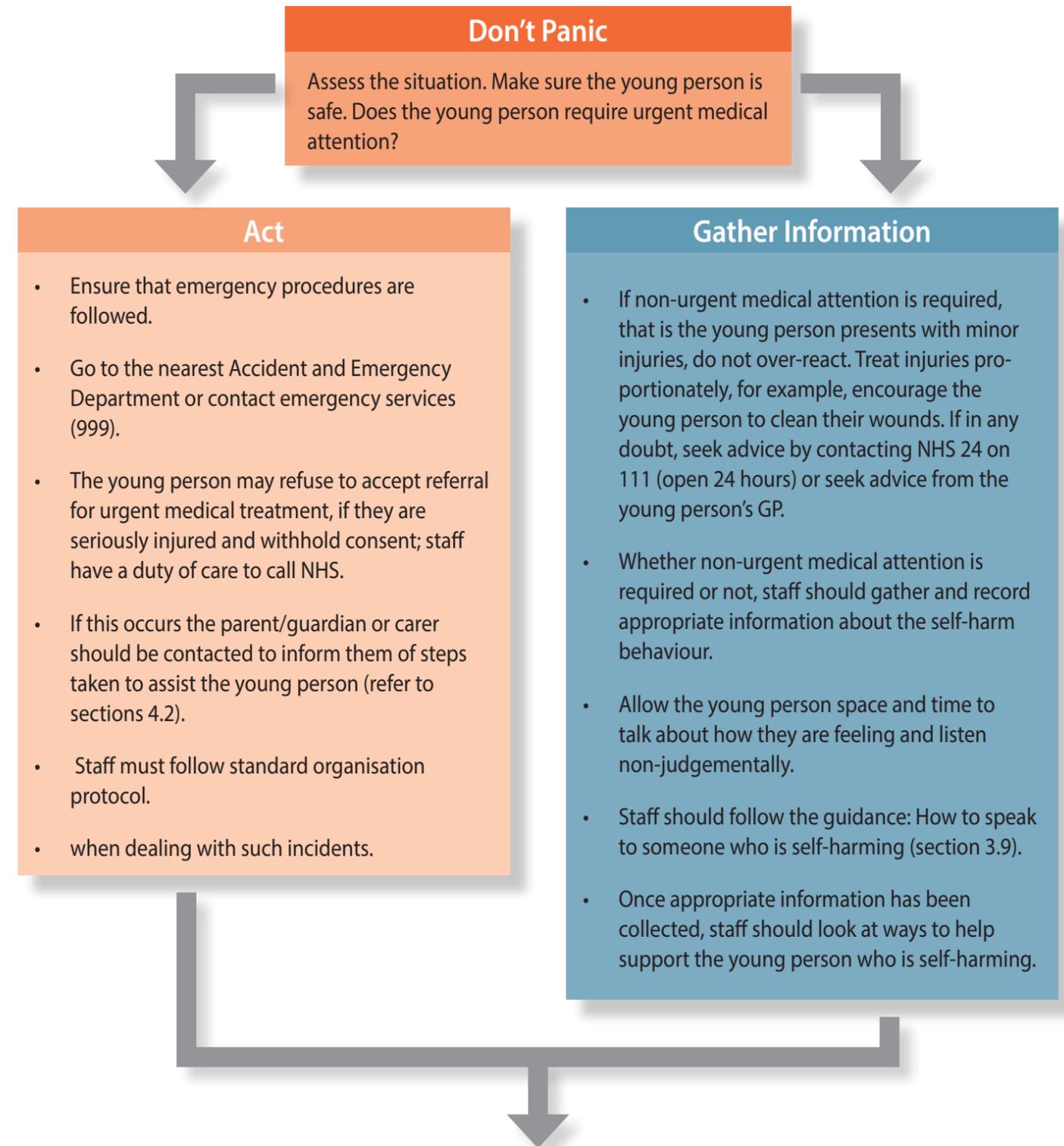
www.selfinjurysupport.org.uk/resources

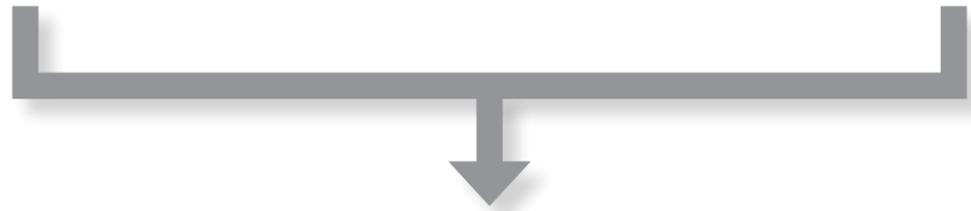
Other Resources:

Talking About Self-Harm Part of the "Talking About" series of leaflets – NHS Scotland.

Appendix 1

Self-Harm: Taking Action





Reporting Mechanisms

- Schools, Residential Children’s Units, Social Work Services and other agencies will have their own procedures for managing vulnerable young people. Staff should follow their Employing Organisations policy on confidentiality and Girfec reporting. This may require the line manager to be informed as soon as possible of the situation and what steps have been taken to support the young person. The policy may require the Named Person to be advised of any steps taken and to identify supports which should be recorded in the young person’s Child’s Plan.
- Ensure there is ongoing support for the young person. Review and asses the support at agreed intervals with the young person.



Provide Support

- There may be an underlying issue that is causing the self-harming behaviour. Reassure the young person that help is available to them, give emotional support and understanding. Involve them in any decision making about seeking help.
- Signpost to age appropriate resources (see appendices).
- Encourage the young person to seek appropriate professional help. This could include a referral to CAMHS from your GP, school, Social Work or other professionals.
- If staff are in doubt, ask for advice; see the useful contacts (section 5.1). Staff can contact organisations for advice on young people who are self-harming.
- Agree an action plan with the young person, this may involve considering ways of harm minimisation. In the first instance this is unlikely to involve removal of the means or tools they are using to self-harm, as this may increase the possibility of further harm. Support should focus on seeking to understand why the person is using self-harm as a coping strategy and entering into a dialogue with them where safer alternatives can be explored, negotiated and agreed. Page 21 explores this further.
- Arrange a follow up meeting with the young person.

Appendix 2

Penumbra Safe Plan

Safe Plan

Name

Address

Date of Birth

dd

mm

yy

Safe Plan 1

Use this plan in advance for possible events/situations that may cause you distress and identify steps you and others can take to help you stay safe and well.

Safe Plan

Safe places for me are...

Things that make me feel safe are...

People I trust to help keep me safe are...

What soothes and relaxes me is...

Date of Birth

dd	mm	yy
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Safe Plan 2

Safe Plan

Triggers Describe the possible triggers/crisis/event that might occur that cause you to hurt yourself

What can I do Describe what you can do to help yourself avoid or minimise the crisis before and after...

What others can do Describe what others can do to help avoid or minimise the crisis before and after. If you include anyone in your SOS plan you should let them know.

SOS! In an emergency to keep myself safe I will;

Date of Birth

dd	mm	yy
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ACKNOWLEDGEMENTS

Aberdeen City Mental Health Improvement Group is a multi agency operational group, set up to support and implement local developments around 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 area of development was the need to provide practical, clear and consistent guidance for staff working with children and young people who are at risk of self-harm. 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.



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