



Sutton LSCP
Local Safeguarding
Children Partnership

LSCP MANAGEMENT OF YOUNG PEOPLE WHO SELF-HARM OR HAVE SUICIDAL IDEATION

**FOR ALL STAFF AND VOLUNTEERS WORKING WITH CHILDREN
AND YOUNG PEOPLE IN SUTTON**

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1. INTRODUCTION

This is the third edition of the Local Safeguarding Children Board (LSCP) self-harm protocol with the addition of young people who have suicidal ideation. This is to ensure that national and local learning from local child safeguarding practice reviews (LCSPRs), serious case reviews (SCRs), learning reviews, and case audits are embedded across the partnership, and that there is effective co-ordination of partnership responses in Sutton.

The protocol is a strategic document setting out partners' roles and responsibilities in line with Working Together 2018, Public Health, NHS NICE guidance, and London Child Protection Procedures. Local guidance for seeking professional advice, making referrals, assessment processes, and multi-agency management of risk are set out in separate guidance in the appendices at the end. The flowchart on page 2 is intended to provide a helpful overview of the multi-agency process and is covered in multi-agency training available to partners.

COVID-19 specific guidance has been included in Appendix F and it will be reviewed every six months to ensure it is up to date.

2. DEFINITIONS

Self-harm¹ is defined as when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. However, the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes the reason is a mixture of both. Self-harm can also be a cry for help and some individuals may go on to complete a suicide attempt.

Although some people who self-harm are at a high risk of suicide, many people who self-harm don't want to end their lives. In fact, the self-harm may help them cope with emotional distress, so they don't feel the need to kill themselves.

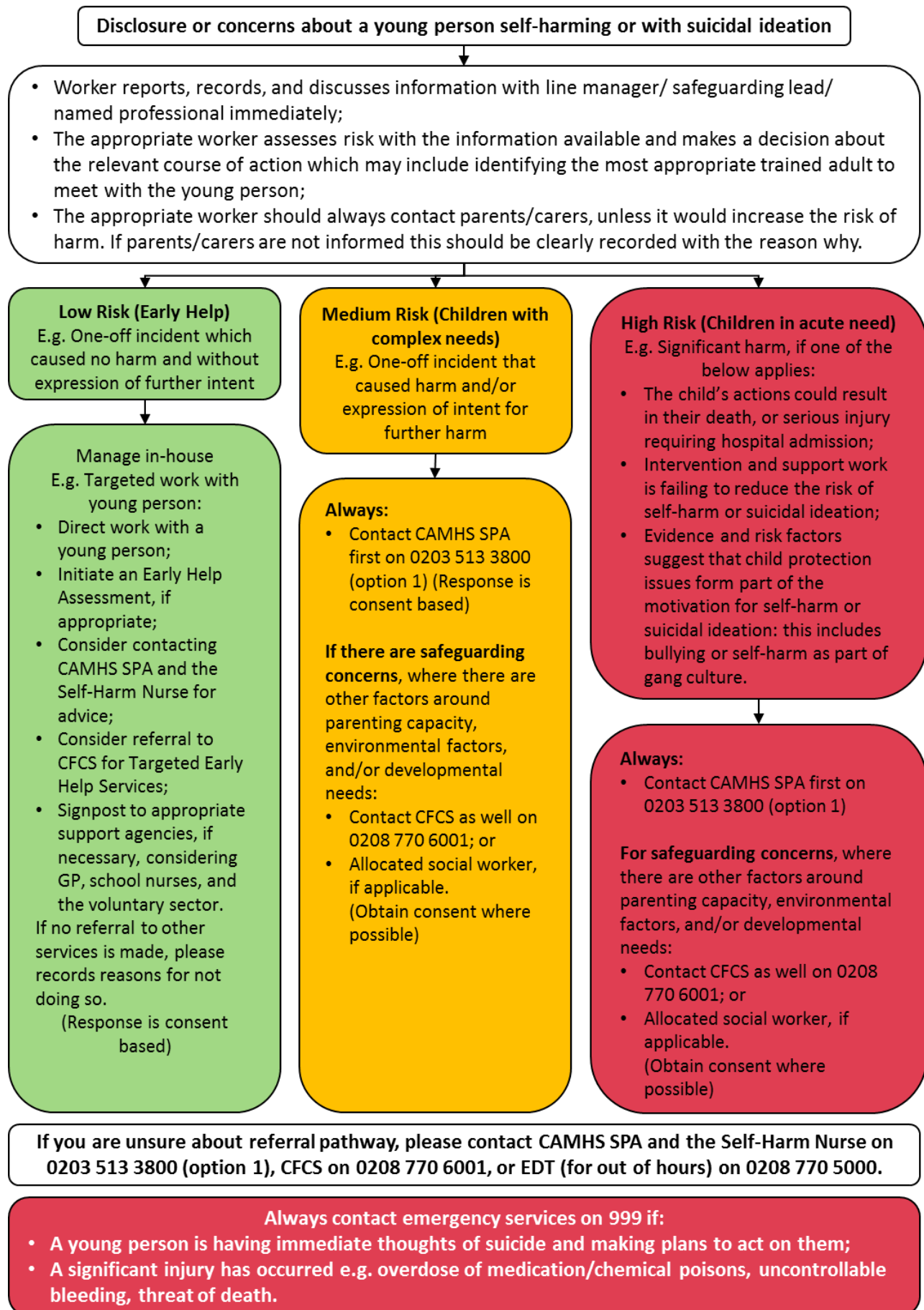
Suicidal ideation² or suicidal thoughts are when somebody feels like they want to die. Suicidal thoughts or an overwhelming desire to complete suicide usually happens during episodes of low mood or depression. Suicidal ideation is usually not followed by actions to complete suicide.

Suicidal intent is when somebody wants to die and has a plan to complete suicide. Suicidal intent must always be considered as high risk.

¹ NHS Choices, [nhs.uk/conditions/self-harm](https://www.nhs.uk/conditions/self-harm)

² NHS Choices, [nhs.uk/conditions/suicide](https://www.nhs.uk/conditions/suicide)

3. MANAGING SELF-HARM AND SUICIDAL IDEATION FLOWCHART



4. PURPOSE AND POLICY CONTEXT

This is a self-harm and suicidal ideation protocol, for managing cluster suicide responses refer to [Public Health England guidance](#).

The National Institute for Health and Care Excellence (NICE) self-harm guidance³ recognises that most acts of self-harm are unseen by professionals and that most people who access services are unlikely to receive bespoke self-harm services. The emphasis is therefore on employers and commissioners having processes in place to ensure that staff in direct contact with children and young people have the necessary skills and knowledge to manage self-harm for those that are not under acute or specialist medical management. This protocol also looks at suicide in young people. It gives guidance on talking about suicidal ideation, supporting someone who feels suicidal and understanding factors that increase the risk.

Safeguarding and child protection issues should be managed as in accordance with the [Sutton LSCP threshold document](#) and [London Child Protection Procedures](#).

The LSCP threshold document is a generic safeguarding guide for all areas of safeguarding, professional judgement is required in utilising the document. The flowchart on page 2 should aid professionals in applying thresholds for self-harm and suicidal ideation.

5. SCOPE

This protocol is a strategic document to strengthen partnership working when responding to self-harm and young people who have suicidal ideation. It relates to all professionals and volunteers working with children and young people (0 – 18),⁴ to support both them and young people to reduce the risk of self-harm incidents and having suicidal ideation by:

- Supporting agencies to manage self-harm and suicidal ideation as it arises;
- Improving the response on presentation, disclosure, or suspected signs of self-harm and suicidal ideation;
- Improving the quality of support, advice, and guidance offered by all workers who work with young people.

6. KEY PRINCIPLES FOR PARTNERSHIP WORKING

The role of the LSCP under Working Together 2018 is to co-ordinate multi-agency professional safeguarding activity, issue policy, procedure and guidance, and facilitate training to promote emotional wellbeing and reduce the likelihood of or actual risk of significant harm.

The national learning from LCSPRs and SCRs⁵ is that nearly all suicides in under 18s are related to adolescents, the majority being male. The learning relates to self-harm, disclosure of suicidal ideation, and working across agencies. In Sutton, local learning from LCSPRs, SCRs, learning reviews, case audits, and rapid response meetings reflect the national picture, and there is a strong commitment among all partners and commissioners to work together to reduce the risk of suicide and suicide attempts. Self-harm is not always an indicator of a young person's intent to complete suicide, however, practitioners need to be aware of the above for their knowledge and skills to safeguard children.

³ NICE Self-harm guidance (2013) <https://www.nice.org.uk/guidance/qs34/resources>

⁴ This is a wider age group than the one defined within the NICE guidelines of 8 – 18 years.

⁵ NSPCC, nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/suicide/ (2014)

7. WHY PEOPLE SELF-HARM, AND TYPES AND SIGNS OF SELF-HARM

7.1 WHY PEOPLE SELF-HARM⁶

Self-harm is more common than many people realise, especially among younger people. It is a very common behaviour in young people and affects around one in 12 people, with 10% of 15-16 year olds self-harming.⁷ This figure is also likely to be an underestimate, as not everyone seeks help.

Self-harm can be a short term or long term coping mechanism. Some of the reasons that people may self-harm include:

- Expressing or coping with emotional distress;
- Trying to feel in control;
- A way of punishing themselves;
- Learned behaviour; and
- A response to intrusive thoughts.

The overwhelming emotional issues that may lead someone to self-harm may be caused by:

- **Psychological causes** – such as experiencing a mental health problems, including depression, stress, anxiety, borderline personality disorder and eating disorders;
- **Neurodevelopment difficulties** – Children with ASD, ADHD, or learning difficulties can sometimes experience impulsive behaviour or difficulty controlling emotions which can lead to an increased risk in self-harm;
- **Children Looked After** – Children in care are at increased risk of hurting themselves as a result of adverse backgrounds and continuing stress. Young adults who have left the care system at 18 years are also vulnerable;
- **Social problems** – such as being bullied, having difficulties at work or school (particularly around exam periods), copycat behaviour, peer/ social media pressure, having difficult relationships with friends or family, money worries, loneliness, low self-esteem and low confidence, sadness, numbness, lack of control over their lives, parental mental health, parental alcohol and substance misuse;
- **Identity** – coming to terms with their sexuality if they think they might be gay or bisexual, gender identity, or coping with cultural or religious expectations, such as an arranged marriage;
- **Trauma** – such as physical or sexual abuse, the death of a close family member or friend (death from suicide specifically can increase the risk of self-harm), being in contact with the criminal justice system, exposure to domestic violence, or having a miscarriage.

These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness and self-hatred. The person may not know who to turn to for help and self-harming may become a way to release these pent-up feelings.

7.2 TYPES OF SELF-HARM⁸

- Cutting or burning their skin;
- Punching or hitting themselves;
- Poisoning themselves with tablets or toxic chemicals;
- Misusing alcohol or drugs;

⁶ NHS, nhs.uk/conditions/self-harm/

⁷ Young Minds, youngminds.org.uk/find-help/feelings-and-symptoms/self-harm/

⁸ HSE, hse.ie/conditions/mental-health/self-harm/self-harm-types-and-signs.html

- Deliberately starving themselves or binge eating;
- Excessively exercising;
- Engaging in risk-taking behaviour.

7.3 SIGNS OF SELF-HARM⁹

Physical signs of self-harm

- Keeping themselves fully covered at all times, even in hot weather;
- Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest;
- Unexplained blood stains on clothing or tissues;
- Signs they have been pulling out their hair;
- Disinterest in personal appearance and/or hygiene;
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain;
- Signs of alcohol or drugs misuse, including misuse or omission of prescribed medication, for example, insulin or anti-depressants;
- Physically withdrawing from activities they've previously enjoyed.

Emotional signs of self-harm

- Becoming very withdrawn and not speaking to others;
- Signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything;
- Signs of low self-esteem, such as thinking they're not good enough;
- Talking about ending things or not wanting to go on;
- Self-loathing and expressing a wish to punish themselves;

7.4 INITIAL RESPONSE TO A YOUNG PERSON ON DISCLOSURE OF SELF-HARM

If you are aware that a student, child or young person, has self-harmed this is the recommended approach:

- Listen calmly;
- Seek first aid treatment, if necessary;
- Contact parents/carers as soon as possible, if it's safe to do so;
- Contact other professionals for advice;
- Work with the young person and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues;
- Monitor the situation and communicate regularly with parents/carers;
- Consider other children and young people who may be affected.

To assist in identifying and responding to self-harm, the tool in Appendix A can be used.

⁹ NHS, [nhs.uk/conditions/self-harm/how-help-someone-else/](https://www.nhs.uk/conditions/self-harm/how-help-someone-else/)

SUICIDAL IDEATION

8. WHY PEOPLE COMPLETE SUICIDE, SIGNS AND INITIAL RESPONSE

Suicide is the biggest killer of young people (aged 16-24). In 2018, 759 young people completed suicide in the UK and Republic of Ireland. Of these suicides, three quarters were completed by males and rates were highest in young men aged 20-24.¹⁰

8.1 WHY PEOPLE COMPLETE SUICIDE

The reasons why a young person may have suicidal ideation are complex and are rarely caused by one event. The circumstances and events that precede and contribute to a young person thinking of or completing suicide often build up from traumatic experiences in childhood to adverse experiences and/or risky behaviours in adolescence, all leading up to a "final straw" event. Due to this build up of experiences it can be hard for professionals and those around a young person to recognise that they are at risk of completing suicide.

An inquiry undertaken into suicide by children and young people¹¹ found the following common themes:

- Family factors such as mental illness;
- Abuse and neglect;
- Bereavement and experience of suicide;
- Bullying;
- Suicide-related internet use;
- Academic pressures, especially related to exams;
- Social isolation or withdrawal;
- Physical health conditions that may have social impact;
- Alcohol and illicit drugs; and
- Mental ill health, self-harm and suicidal ideas.

8.2 TYPES OF SUICIDAL IDEATION¹²

When a young person has suicidal ideation, they may have some of the thoughts listed below.

- I have let myself and other people down;
- I am a burden;
- I am a failure;
- No one needs me;
- What's the point in living?;
- I will never find a way out of my problem;
- I have lost everything;
- Things will never get better for me;
- Nobody cares about me;
- I'll show them what they have done to me.

¹⁰ Samaritans, 'Suicide statistics report' (December 2019) pg 7.

¹¹ The University of Manchester and Healthcare Quality Improvement Partnership, 'Suicide by Children and Young People' (July 2017) pg 21.

¹² Rethink, rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/

8.3 SIGNS OF SUICIDAL IDEATION¹³¹⁴

Signs that a child or young person may be having suicidal ideation or thinking about suicide, include:

- Becoming more depressed or withdrawn, spending a lot of time by themselves;
- An increase in dangerous behaviours like taking drugs or drinking alcohol;
- Becoming obsessed with ideas of suicide, death or dying, which could include internet searches; and
- Saying things like “I’d be better off dead”, “No one would miss me”, “I just wish I wasn’t here anymore”.

In addition, a change in someone’s personality and behaviour might be a sign that they are having suicidal ideation. Changes can include:

- Becoming anxious;
- Being more irritable;
- Being more confrontational;
- Becoming quiet;
- Having mood swings;
- Acting recklessly;
- Sleeping too much or too little;
- Not wanting to be around other people;
- Avoiding contact with friends and family;
- Having different problems with work or studies; or
- Say negative things about themselves.

8.4 INITIAL RESPONSE TO A YOUNG PERSON WITH SUICIDAL IDEATION¹⁵

If you think that a young person has suicidal ideation, encourage them to talk about how they are feeling.

It might help to:

- Let them know that you care about them and that they are not alone;
- Empathise with them. You could say something like, “I can’t imagine how painful this is for you, but I would like to try to understand”;
- Be non-judgemental. Don’t criticise or blame them;
- Repeat their words back to them in your own words. This shows that you are listening. Repeating information can also make sure that you have understood them properly;
- Ask about their reasons for living and dying and listen to their answers. Try to explore their reasons for living in more detail;
- Ask if they have felt like this before. If so, ask how their feelings changed last time;
- Reassure them that they will not feel this way forever;
- Encourage them to focus on getting through the day rather than focusing on the future;
- Ask them if they have a plan for ending their life. Ask what the plan is;
- Encourage them to seek help that they are comfortable with. Such as help from a doctor or counsellor, or support through a charity such as the Samaritans;
- Follow up any commitments that you agree to;
- Make sure someone is with them if they are in immediate danger;

¹³ NSPCC, nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/

¹⁴ Rethink, rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/

¹⁵ Rethink, rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/

- Try to get professional help for the person feeling suicidal; and
- Get support for yourself.

To assist in identifying and responding to suicidal ideation, the tool in Appendix A can be used.

8.5 STAY ALIVE APP

Consider encouraging the young person to download the Stay Alive app, developed by Grassroots Suicide Prevention, free from their phone's app store. The app is a pocket suicide prevention resource, packed full of useful information to help people stay safe. It can be used by the young person having thoughts of suicide or it can be used by someone who is concerned about someone else who may be considering suicide.

In addition to the resources, the app includes a safety plan, customizable reasons for living, and a life box where the young person can store photographs that are important to them.

9. EFFECTIVE RESPONSES, ROLES AND RESPONSIBILITIES

9.1 EFFECTIVE RESPONSES

The effective responses are at the three levels of low, medium and high risk for self-harm and suicidal ideation. All professionals should refer to the [LSCP threshold document](#) to make a professional judgement on what response is required in each individual case. If a professional is concerned about determining the level of risk, they should ring the CAMHS (Child and Adolescent Mental Health Service) SPA (020 3513 3800 option 1) for advice.

Professionals in all agencies must be alert to the possibility that a child with whom they are in contact may be harming themselves and have suicidal ideation, even if they may not present with any observable risk factors. The professional should consider discussing their concerns with their agency's nominated safeguarding professional or line manager and use the managing self-harm and suicidal ideation flowcharts (page 2) to inform response.

In cases where a child is considered to be at low risk of harm, a plan for focused early intervention and diversion must be made to safeguard the child. Agencies should consider, in discussion with the Children's First Contact Service (CFCS), the extent to which the agency is able to meet the child's needs themselves as a single agency, and how to proceed if not.

In cases where the risk is considered to be medium (where there is a safeguarding concern) or high, the professional and/or their nominated adviser should make a referral to CFCS on all new cases, and use the appropriate referral form. If the young person has an allocated social worker, please inform them.

9.2 ROLES AND RESPONSIBILITIES

The specific roles and responsibilities for each agency and service in Sutton are set out below:

CHILDREN'S FIRST CONTACT SERVICE (CFCS)

The CFCS should receive a referral from professionals if it reaches the medium risk (where there is a safeguarding concern) or the high risk threshold, and CFCS would then process this in accordance with their usual practice.

- Telephone: 0208 770 6001
- Email: childrensfirstcontactservice@sutton.gov.uk
- Referral form: sutton.gov.uk/cfcs
- Out of hours: 0208 770 5000

CHILDREN'S SERVICES

Children's Services will hold the lead responsibility for responding to children who are at risk of or who have suffered actual significant harm under the London Child Protection Procedures. The practice directives for managing suicide and self-harm within Children's Services include the 'Need to Know' incident reporting procedure, most commonly initiated by CFCS or, for an open case, the allocated social worker.

CAMHS

1. Sutton Single Point of Access (SPA)

The SPA operating hours are **9am – 5pm, Monday-Friday**. A clinician will be available to discuss potential referrals on **0203 513 3800 option 1**. Parents, carers, and professionals can use the service for:

- Discussion of potential referrals;
- Advice and guidance;
- Planned telephone assessments.

For emergency situations, please continue to direct children and families to the emergency department where there is an immediate medical issue.

The SPA operate a duty system daily. To access the duty system please contact either of the below numbers and ask to speak to the SPA duty clinician.

For the process following a SPA referral see Appendix E.

2. Self-Harm Clinical Specialist Nurse

The Self-Harm Clinical Specialist Nurse offers regular supervision to school nursing staff on a six-weekly basis. The Self-Harm Nurse will provide assessments and brief intervention to young people where there are risk issues related to self-harm and suicidal ideation that require CAMHS support. The Self-Harm Nurse can also provide advice and guidance. To contact the Self-Harm Nurse call the SPA on **0203 513 3800 option 1** and request to speak to the Self-Harm Nurse.

The Self-Harm Nurse also provides training and supervision for school nursing and CECS nurses on a regular basis.

A flyer for the Sutton CAMHS nurse for self-harm can be seen in Appendix C.

3. CAMHS Emergency Care Service (CECS)

CECS is a team of specialist nurses who provide psychosocial and risk assessments for young people under 18 presenting with a mental health crisis to St Helier Hospital, St George's, Kingston and West Middlesex. The team also provide follow up appointments to ensure the appropriate ongoing support for young people who have presented at the Emergency Department.

The same assessment service is provided out of hours by the Psychiatric Liaison Service based at the Emergency Department alongside the Speciality Doctor on call. CECS links closely with the out of hours team to ensure safe handover and transition of care.

For all young people attending the Emergency Department regarding self-harm, a referral is made to CFCS, and a telephone call at time of attendance to share and triangulate information in order to complete the assessment robustly. Discharge from acute settings should not take place without consultation with a paediatrician and Children's Services (if appropriate) to ensure safe discharge. Reasons for any action taken or not taken regarding referral and information sharing with Children's Services should be documented. Please refer to local and organisational policies, including trust risk assessment policy and London Child Protection Procedures, when assessing safeguarding risks.

4. Off The Record

CAMHS SPA frequently refer to Off The Record within the Sutton Alliance Tier 2 pathway which may be part of an intervention for young people struggling with self-harm. Young people may also self-refer. Off The Record provide face-to-face, telephone, video and online counselling for young people aged 11 – 25 in Sutton as well as parent self-harm support sessions.

POLICE

Police reports come into the police division of the CFCS as a part of business as usual. CFCS police apply the LSCP thresholds and will liaise with the social care division of the CFCS on cases that are not allocated, or would send the police report automatically to the allocated social worker. Where there is a need for police to be involved they attend the three-weekly self-harm meetings, and would fulfil their usual role should a strategy meeting be called.

SCHOOLS AND COLLEGES

When a disclosure or concern is raised about self-harm or suicidal ideation from a young person, it will always be assessed by the designated safeguarding lead, and decisions around threshold will be made in line with school or college procedures.

The designated safeguarding lead will then speak with the young person to obtain an initial response and gather information, and discuss how the young person can be supported. There is a need to speak to the young person's parents, unless doing so would increase the risk to the student.

The young person will either be referred to the GP, Emergency Department and CFCS, CAMHS, or an in-house pastoral team, depending on an assessment of the current risk the young person is exposed to. All young people, where a concern has been raised, will be monitored and reviewed.

Further tasks that schools and colleges should consider undertaking are to:

- Assess and record extent to which other pupils may be at risk or may be drivers for self-harm behaviour;
- Assess whether social media activity is part of the problem;
- Assess whether academic expectations of schools/parents are a driver;
- Assess extent to which drivers behind self-harm could/might affect others;
- Decide what preventative measures the school may need to take.

HEALTH SERVICES

Health services should refer to their own agency guidance on managing young people with self-harm and suicidal ideation.

1. GPs

Referrals may be made to a young person's GP, and a range of other services in order to assess the child or young person's needs and the risks they may be exposed to, information needs to be gathered and analysed. Ideally, when referring to GPs or emergency departments it is important to share the concerns about the young person's self-harm or when they have disclosed they have suicidal ideation.

2. Acute Services

Epsom and St Helier Hospitals: in a crisis situation where a child presents with a serious injury or has taken an overdose, help should be sought from a colleague and immediate medical attention should be sought using usual first aid and emergency services as needed.

It is usual to refer all cases of recent self-poisoning to an emergency department as the quantity and exact nature of the substances ingested may not be known or accurately stated. The child or young person should not be encouraged to vomit. Any remaining substances should be taken to the emergency department to help identify the treatment.

3. School Nurses

A team of school nurses deliver frontline support to schools and their pupils with health-related matters, including: physical, mental, and emotional. Nurses provide weekly drop-in sessions in most secondary schools, which are confidential and will support pupils with a range of health issues. Emotional problems and self-harm feature significantly in their workload and, where appropriate, they will request advice and supervision from CAMHS. School nurses play an important role in helping schools to manage pupils who are at risk of self-harm or actually self-harming without having to refer all cases to CAMHS or CFCS.

School nurses need to refer to their own agency guidance on managing young people with self-harm.

VOLUNTARY AND COMMUNITY GROUPS/AGENCIES

The London Borough of Sutton has a vibrant and diverse voluntary and community sector; this consists of registered charities and community and voluntary sector organisations. These organisations are governed by Boards of Trustees or Management Committees and the services are delivered through a combination of paid staff and volunteers. In Sutton there are over 400 organisations registered with Community Action Sutton, although it is estimated that the size of the sector is more extensive than this.

These organisations provide a range of essential services including: information and advice, befriending, counselling, adult health, social care, advocacy, play and leisure services, and mentoring. Community Action Sutton works with the diversity of community members across Sutton, including: Black and Minority Ethnic community members, older people, Carers, people with a mental health diagnosis, victims and survivors of domestic violence, victims of crime, people with long term conditions, children and young people, and people with learning disabilities.

This list is not exhaustive and Community Action Sutton, based on local needs assessments, seeks funding and resources to support those needs.

Contact details:

- Community Action Sutton c/o Granfers Community Centre, 73-79 Oakhill Road, Sutton, SM1 3AA;
- Contact number: 0208 644 2867;
- Contact email: enquiries@suttoncvs.org.uk.

10. REFERENCES

1. Public Health England guidance: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf
2. NICE Self-harm guidance (2013): nice.org.uk/guidance/qs34/resources
3. Sutton LSCP Threshold document: suttonlscp.org.uk/static/guidance_files/LSCP_Sutton_Threshold_Guidance_Oct_2020.pdf
4. London Child Protection Procedures: londoncp.co.uk
5. NHS Choices: nhs.uk/conditions/self-harm and nhs.uk/conditions/suicide
6. NSPCC: nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/suicide/ and nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/
7. Young Minds: youngminds.org.uk/find-help/feelings-and-symptoms/self-harm/
8. HSE: hse.ie/conditions/mental-health/self-harm/self-harm-types-and-signs.html
9. Samaritans: media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf
10. The University of Manchester and HQIP: research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp_2017_report.pdf
11. Rethink: rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/
12. Sutton LSCP Website: suttonlscb.org.uk

APPENDIX A: SUPPORTING GUIDANCE AND ADVICE

INITIAL INFORMATION GATHERING/ASSESSMENT

(Information that is useful to have so you can discuss the incident with the lead professional, Early Help, CAMHS SPA, or CFCs advisor)

1. **Be honest with the young person and tell them you will have to pass this on to the line manager/ safeguarding lead/ named professional, but that you will let them know what's going to happen;**
2. **Encourage the child to remain in the setting until you have discussed the incident with the line manager/ safeguarding lead/ named professional;**
3. **Try to ensure that if the child is in the setting for the rest of the day, that they have someone they can come and talk to, if necessary.**

It is important to write down what the young person says (not always in front of them) as you will want to have a record, and it also helps you inform the line manager/ safeguarding lead/ named professional.

PROMPTS TO TALK ABOUT A SELF-HARM INCIDENT

You have come to me and told me that you have self-harmed...

- Are you willing to show me what you have done? (it may need medical attention) OR
- What have you done? Tell me about it? (Different types of self-harm: cutting, hitting, burning)
- Did it help?
- Have you done it before?
- Do you plan to do it again?
- Have you told anyone else, your parents or carers?
- What are you planning to do the rest of the day/ weekend? (This is to check if they have any support at home or are going to be alone)

Now this is out in the open this is what we need to do to support you...

SUICIDAL IDEATION

You have come to me and told me that you have had these thoughts...

- Have you tried to do anything to harm yourself?
- Have you made any plans to end your life?
- What are you planning to do for the rest of the day or weekend? (As above)

MOOD SCALE

If you were to think about how you are feeling what number would you be?

1 (I'm feeling OK)	2	3	4	5	6	7	8	9	10 (I have a plan and want to die)
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How would you like to feel?

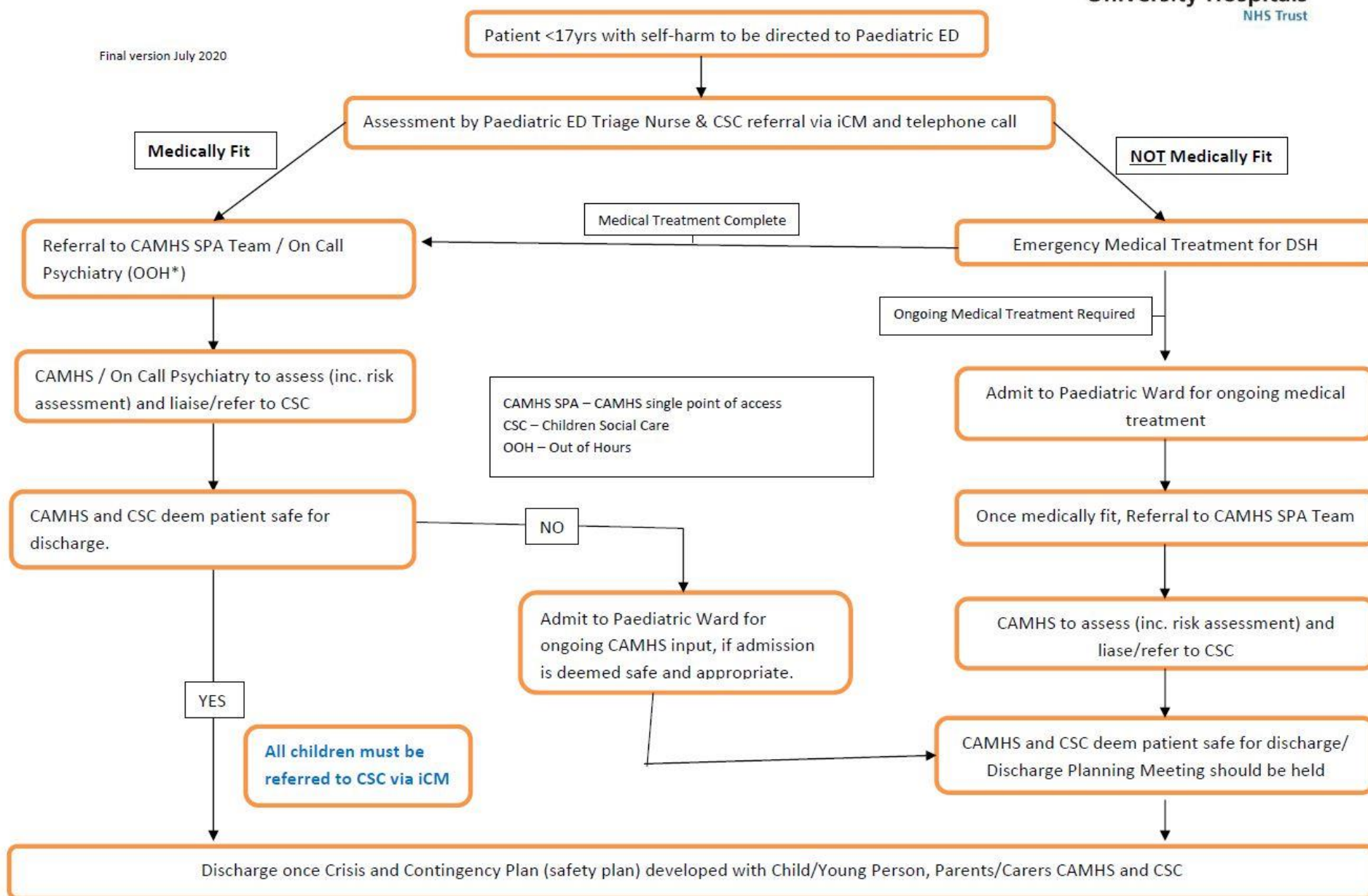
APPENDIX B: MANAGING ACTS OF SELF-HARM – ATTENDANCE AT EMERGENCY DEPARTMENTS

- I. If the self-harm act has occurred and involved ingestion, serious lacerations or an excessive dose/omission of prescribed medication, the child or young person should attend the Emergency Department.
- II. When an overdose is revealed the child or young person will need to be assessed in hospital. Details about what has been taken and when must be shared with medical staff.
- III. If the self-harm incident has involved ingestion, **do not** give anything to the child or young person to make them sick, or make them want to go to the toilet to flush out their stomach or bowels.

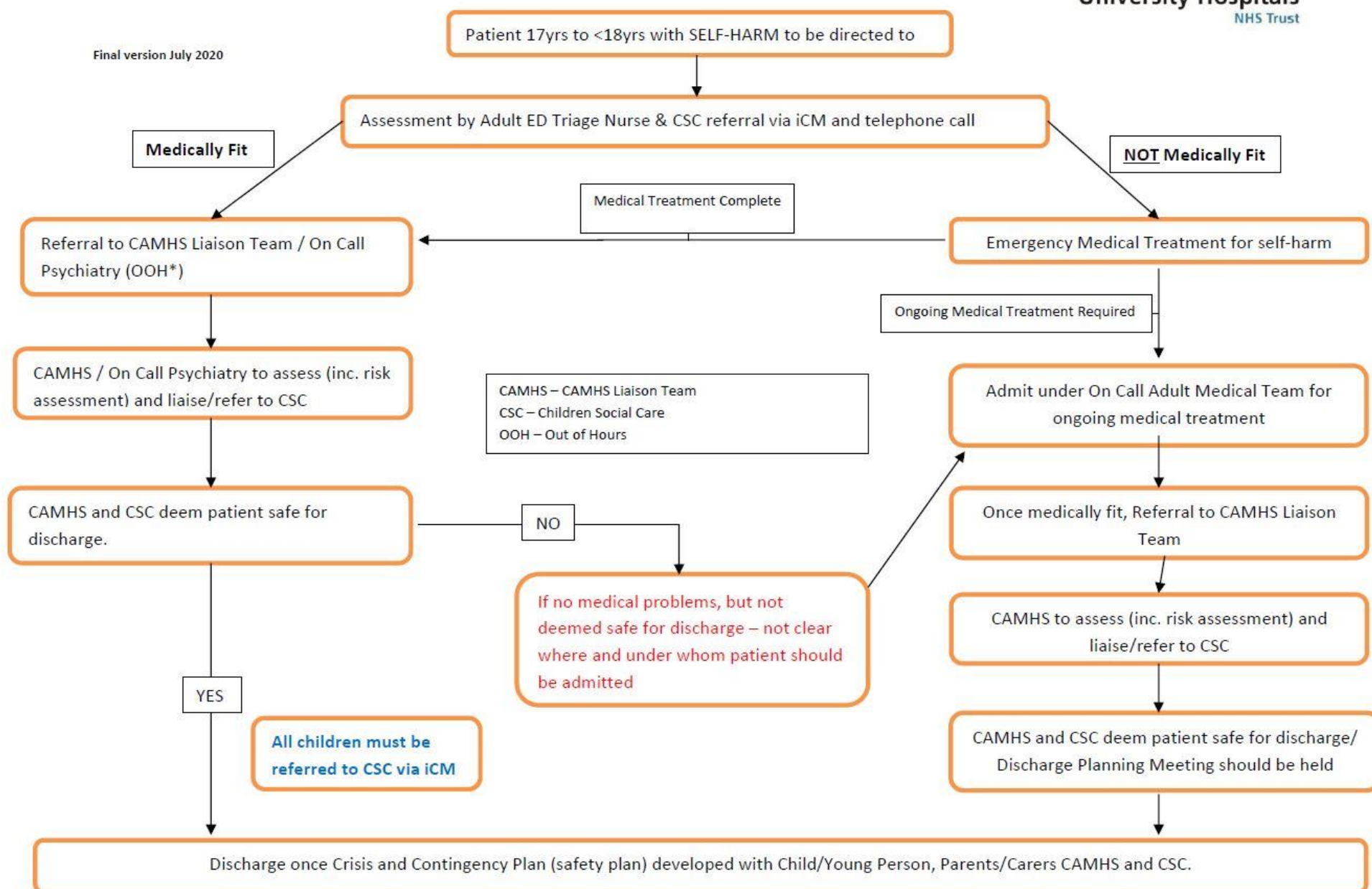
PROCEDURES AT EMERGENCY DEPARTMENTS (ED)

- I. Emergency admissions to hospital and related care will take precedence before the initiation of a self-harm protocol.
- II. All children/ young people who attend ED must be **referred by ED** to CFCS, or if at tier 1, then information shared to CFCS as soon as possible. A telephone call **must** be made to CFCS.
- III. All children/ young people with self-harm will need a referral to CFCS by CAMHS/Mental Health Team.
- IV. Children/ young people presenting with self-harm will be directed to the Paediatric ED department up until their 17th birthday. Thereafter, they will usually be directed to the general (Adult) ED.
- V. Initial assessment will then be carried out by a triage nurse. ED staff need to inform CFCS of attendance and outcome.
- VI. Following Triage in ED a decision will be made as to whether an immediate referral to the CAMHS team, or a review by the Paediatric or Adult Medical Team is required (as determined by age criteria described above), if there is a need for medical intervention, for example, treatment following an overdose, or suturing of a wound. If no treatment is required, the child is referred to the CAMHS nurse or Psychiatry Team on call.
- VII. As a general guide **all** children less than 16 years presenting with self-harm should be admitted to hospital for observation and assessment. However, if following a CAMHS assessment there is no need for medical intervention, it may not be appropriate for the child to be admitted.
- VIII. If admission is required, young people aged 16 years up until their 17th birthday who present with self-harm can be admitted to the Paediatric ward if admission is deemed safe and appropriate.
- IX. 17 year olds requiring admission for ongoing medical treatment will be referred to the on call medical team and admitted to an adult medical ward. Psychiatric assessment will take place once medical treatment is complete. If ongoing medical treatment is not required they will be assessed by CAMHS or On Call Psychiatry in ED.
- X. The exception to 17 year olds requiring admission, is a case where no increased or ongoing risk is identified. This decision should only be made in conjunction with CAMHS, and the child or young person must be assessed by CAMHS in ED. If there is no medical intervention then CAMHS and CFCS will make the decision to discharge.
- XI. Before discharge from ED or the inpatient ward, there must be a risk assessment and a Crisis and Contingency Plan (safety plan) developed with the child/ young person, parents/ carers, CAMHS, and a social worker (CFCS/EDT). The communication between CAMHS, CFCS/EDT is usually by telephone.
- XII. For children and young people deemed to be medically fit but under CAMHS, CAMHS should determine if it is safe for them to be discharged.

Final version July 2020



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Self-Harm Clinical Specialist Nurse

The Sutton CAMHS nurse for self-harm can support with difficulties including:

- Self-harming behaviours
 - Suicidal ideation
- An associated mental health difficulty, such as low mood/depression or anxiety
 - Requirement for risk assessment of needs

Self-Harm Nurse can also offer:

- Advice and guidance to professionals around self-harm and management within the school environment
 - Discussion/support about whether to make a referral to CAMHS
- Advice and guidance to parents/ carers in relation to concerns about self-harm

Referrals can be discussed in advance with the self-harm nurse or a member of the CAMHS SPA team on **020 3513 3800 (option 1)**.

To refer to SPA – See SPA Referral form



The self-harm nurse will have links to other CAMHS provision where required.

Please feel able to contact the SPA Duty system to speak to a CAMHS clinician or to contact the self-harm nurse.

Thank you

APPENDIX D: LIST OF SERVICES

1. SUTTON SERVICES

- **CFCS** – Children’s First Contact Service; referral form: sutton.gov.uk/cfcs, telephone: 0208 770 6001.
- **CAMHS SPA** – Single Point of Access; telephone: 0203 513 3800 (option 1).
- **Off the Record Sutton** – Free counselling for Sutton young people aged 11-25 & support for parents of young people who self-harm; telephone: 0208 251 0251, website: talkofftherecord.org/sutton
- **Switch Sutton** – Young person’s alcohol and drug service for anyone up to the age of 18 living in Sutton; telephone: 0208 773 9393, website: cranstoun.org/services/young-people/switch-sutton
- **Getting it on** – Information for 13-19 year olds in Sutton on sexual and mental health issues, drugs and alcohol and relationship problems; website: gettingiton.org.uk
- **Jigsaw4u** – Support for children and families in Sutton around loss and bereavement; parenting; missing children; disabilities; and, general therapeutic support for young people. Telephone: 0208 687 1384, website: jigsaw4u.org.uk
- **Sutton Young Carers Service** – Support for young people aged 8-25 with caring responsibilities at home; telephone: 0208 296 5611, website: suttoncarerscentre.org/young-carers-services
- **Sutton Uplift** – Community based mental health and wellbeing service for adults aged 18+ in Sutton; telephone: 0800 032 1411, website: suttonuplift.co.uk
- **Rape Crisis South London** – Counselling for women aged 13 and above, who live and/or work in any of the South London boroughs; website: rasasc.org.uk

2. NATIONAL SERVICES

- **Childline** – Free confidential support, 24 hours a day for anyone under 19, online or on the phone; telephone: 0800 11 11, website: childline.org.uk
- **The Mix** – Confidential information and support for young people under 25 on a wide range of issues via online and a free confidential helpline; telephone: 0808 808 4994, website: themix.org.uk
- **Papyrus** – Help and advice around suicide prevention for young people and anyone worried about a young person; telephone: 0800 068 4141, website: papyrus-uk.org
- **Beat eating disorders** – Working to beat eating disorders; youth helpline: 0808 801 0711, website: beateatingdisorders.org.uk
- **Mermaids** – Emotional support for transgender and gender diverse young people, their families and professionals working with them; helpline: 0808 801 0400, website: mermaidsuk.org.uk
- **Centrepont** – Support for ages 16-25 who are homeless, sofa surfing or at risk; helpline: 0845 466 3400, website: centrepont.org.uk
- **Samaritans** – Free confidential support, 24 hours a day, call free from any phone, any time; telephone: 116 123, website: samaritans.org
- **Young Minds** – Information for young people, parents, and professionals around the wellbeing and mental health of children and young people; parent’s helpline: 0808 802 5544, website: youngminds.org.uk
- **Rethink Mental Illness** – Advice service and online resources for people suffering with mental illness; advice service: 0300 5000 927, website: rethink.org

APPENDIX E: PROCESS FOLLOWING SPA REFERRAL

- Any referrals which enter SPA where there are issues regarding suicidal ideation/significant self-harm are seen face to face. This allows for a fuller assessment of risk and any associated mental health issues. In addition, safety planning can then be started.
- For referrals which include suicidal ideation, the young person would be booked into an urgent slot, which means they take priority over routine referrals and are seen within five working days. Clinicians hold daily urgent slots to see these young people. The timeframe is up to five working days urgent appointments, therefore, if a sooner appointment is available in SPA, this will be offered.
- If there is a very urgent risk identified in the SPA assessment, but the parent feels able to keep their child safe overnight, SPA will liaise with tier 3 psychiatry colleagues who offer rapid assessment appointments. Should the parent feel unable to keep the child safe imminently, or the clinician deems that the parent is not able to keep the child safe, SPA would direct the young person to the ward at St. Helier where they can be kept safe until assessed further.
- Following assessment of the risk level and mental health needs, an intervention plan will be agreed with the family. From SPA, those with suicidal ideation or self-harm risks may be referred on to:
 - Off The Record – self-harm pathway;
 - Off The Record – parents may be referred to the self-harm group for parents (two sessions);
 - Tier 3 CAMHS – for a fuller CHOICE assessment to explore issues further;
 - Tier 3 CAMHS – directly from SPA for mental health support;
 - Tier 2 CBT pathways in CAMHS – if self-harm is lower level and is connected to issues of anxiety or low mood.
- Letters are routinely written to the referrer to communicate about risks. Where the referrer is not the GP, the GP will be copied into the letter. Parents will also be copied into this letter to reinforce any safety advice given in the appointment.
- In addition, SPA will liaise with MASH where needed, and with school staff to ensure that the family are supported in keeping the young person safe. SPA would refer to MASH where there are any other safeguarding concerns (e.g. neglect, physical abuse, sexual abuse, or emotional abuse) or where there are concerns about the parent's ability to follow plans to keep their child safe.

APPENDIX F: INFORMATION DURING COVID-19

Useful information during COVID-19

- Urgent emails and referrals to CAMHS should be forwarded to ssg-tr.suttoncamhs@nhs.net;
- A CAMHS duty worker is available for consultation to young people and professionals on 0203 513 3800 option 1 (Monday to Fridays between 9:00 and 17:00);
- Young people are advised to follow any personalised safety plan that has been created with their care coordinator;
- Monday to Friday 17:00 to 22:00 and on weekends and bank holidays 9:00 to 21:00, young people can contact the SLP CAMHS crisis line on 0203 228 5980;
- If you people need advices outside of those hours, it is recommended that they contact the dedicated SWLSTG Mental Health Support Line on 0800 028 8000 or NHS 111.

Young people and families should not attend the Emergency Department unless they require urgent or lifesaving medical attention. If young people are considering the need to attend the Emergency Department for mental health reasons, they should call CAMHS on the above crisis numbers in the first instance.

