



Supporting Young People Who Self-Harm or Experience Suicidal Ideation

**MERTON PROTOCOL FOR ALL STAFF AND VOLUNTEERS WORKING
WITH CHILDREN AND YOUNG PEOPLE**

Authors: Merton Self-Harm and Suicidal Ideation Working Group	Date Updated: June 2022	Approved by MSCP: July 2022	Review Date November 2025
--	-----------------------------------	---------------------------------------	-------------------------------------

This protocol has been adapted from The London Borough of Sutton's '*LSCP Management of Young People who Self-Harm or have Suicidal Ideation protocol 2020 4th edition*' with their kind permission. The MSCP is grateful to colleagues in South West London including from SWLSTG NHS Trust, Off the Record Merton and the Virtual Behaviour Service for their support completing and adapting this protocol.

CONTENTS

1. Introduction	3
2. Definitions	3
3. Managing self-harm and suicidal ideation flowchart	4
4. Purpose and policy context	5
5. Scope	5
6. Key principles for effective partnership working	5
7. Why people self-harm, and types and signs of self-harm	6
7.1 Why people self-harm	6
7.2 Types of self-harm	7
7.3 Signs of self-harm	7
7.4 Initial response to a young person on disclosure of self-harm	7
8. Why people complete suicide, signs and initial response	8
8.1 Why people complete suicide	8
8.2 Types of suicidal ideation	8
8.3 Signs of suicidal ideation	9
8.4 Initial response to a young person with suicidal ideation	9
9. Effective responses, roles and responsibilities	10
9.1 Effective responses	10
9.2 Roles and responsibilities	11
10. References	15

APPENDICES

A. Initial information gathering/assessment guidance	16
B. List of Merton Services	17
C. Additional resources for young people, parents and carers	19
D. Young People with Autism Spectrum Condition	21
E. Interim wellbeing and safety plan templates	22
F. Managing acts of self-harm – attendance at emergency departments	25
G. Process following SPA referral	28

Key resources:

Flowchart for where to seek advice following concerns/disclosure of self-harm or suicidal ideation by a young person in Merton? **Page 4.**

Guidance of initial questions for thinking together with young people about self-harm and suicidal ideation concerns. **Page 16.**

Signposting and advice resources for young people, parents and professionals including local and national services. **Page 17-21.**

Multi-agency responsibilities and effective responses. **Page 9-14.**

Printable and editable. 'My Plan: Looking After Myself' and interim safety plan resources for collaboration with young people. **Page 22-24.**

1. INTRODUCTION

This is third edition of Merton's Safeguarding Children Partnership 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 Merton.

The protocol is a strategic document that includes guidance, expectations and operational principles for partners' effective 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 in the appendices at the end. The flowchart on page 4 is intended to provide a helpful overview of the multi-agency process and is covered in multi-agency training available to partners.

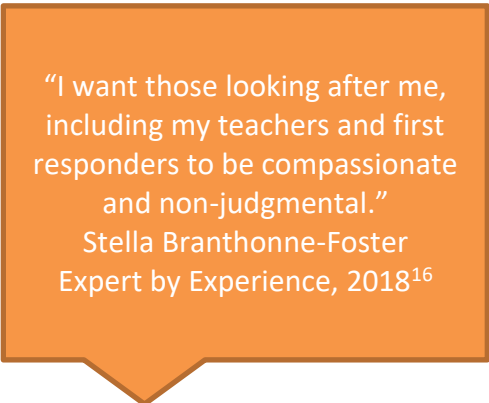
2. DEFINITIONS

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 attempt 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.

Suicidal ideation¹ or suicidal thoughts are when somebody feels like they want to die. Suicidal thoughts or an overwhelming desire to attempt suicide usually happens during episodes of low mood or depression. Suicidal ideation is usually not followed by actions to attempt suicide.

Suicidal intent is when somebody wants to die and has considered a clear way of how they might take their lives via suicide. Suicidal intent must always be considered as high risk.



"I want those looking after me, including my teachers and first responders to be compassionate and non-judgmental."
Stella Branthonne-Foster
Expert by Experience, 2018¹⁶

3. MANAGING SELF-HARM AND SUICIDAL IDEATION FLOWCHART

Disclosure or concerns about a young person self-harming or suicidal ideation

- Worker reports, records and discusses information with line manager/ safeguarding lead/ named professional immediately;
- The appropriate worker assesses risk with the information available and makes a decision about relevant course of action which may include identifying the most appropriate trained adult to meet with the young person;
- The appropriate worker should always contact parents/carers unless it would increase the risk of harm. If parents/ carers are not informed this should clearly be recorded with the reason why.

Lower Risk (*Getting Advice/Getting Help*)
E.g. One-off incidents which caused no or minimal harm and without expression of further intent

Manage in-house
E.g. Targeted work with young person and signposting:

- Direct work with a young person
- Consider contacting CAMHS SPA or a MHST/MSWT Lead;
- Initiate an Early Help referral if appropriate;
- Signpost to appropriate support agencies and organisations, if necessary considering GP, School Nurses and the voluntary sector. If no referral to other services is made, please record reasons for not doing so

(Response is consent based)

Medium Risk (*Getting Help/Getting More Help*)
E.g. One off incidents that caused harm and/or expression of intent for further harm

Seek advice, always:
-Contact local CAMHS SPA first (Merton CAMHS SPA: 0800 292 2505); a MHST/MSWT Lead or SWLSTG Crisis Line on 0800 028 8000

If there are safeguarding concerns, where there are other factors around parenting capacity, environmental factors, and or/ developmental needs:

- Contact Merton Children and Families Hub: 020 8545 4226; or 020 8545 4227
- Speak to allocated Social Worker, if applicable

(Obtain consent where possible)

Higher Risk (*Getting More Help/Getting Risk Support*)
E.g. Significant, if one of the below applies:

- * The child's actions could result in their death, or serious injury requiring hospital admission;
- * Intervention and support work is failing to reduce the risk of self-harm or suicidal ideation;
- * Evidence and risk factors suggest that child protection and contextual safeguarding issues form part of motivation for self-harm or suicidal ideation

Seek advice, always:
-Contact local CAMHS SPA first (Merton CAMHS SPA: 0800 292 2505) or SWLSTG Crisis Line on 0800 028 8000

For safeguarding concerns, where there are other factors around parenting capacity, environmental factors, and or/ developmental needs:

- Contact Merton Children and Families Hub: 020 8545 4226; or 020 8545 4227
- Speak to allocated Social Worker, if applicable

(Obtain consent where possible)

If you are unsure about referral pathway contact local CAMHS SPA Team (Merton 0800 292 2505), Merton C&F Hub 020 8545 4226 or 020 8545 4227, or SWLSTG Crisis Line for advice 0800 028 8000

Always contact emergency services on 999/attend A&E if: * A young person is having immediate thoughts of suicide and making plans to act on them; *A significant injury has occurred e.g. overdose of medication/ chemical poisons, uncontrollable bleeding, threat of death

4. PURPOSE AND POLICY CONTEXT

This is a self-harm and suicidal ideation protocol, for managing cluster (groups of people) suicide responses refer to [Public Health England guidance](#)².

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 respond to self-harm for those that are not under acute or specialist medical management. This protocol also looks at suicide prevention in young people. It gives guidance on talking about suicidal ideation, supporting someone who feels suicidal and understanding factors that increase the risk. NICE guidelines highlight that standardised risk assessment tools should not be relied upon to attempt to predict the likelihood of future suicide or self-harm behaviour, or to determine who should be offered treatment. This is given the lack of evidence for such tools and that risk can dynamically change over time. Rather, multi-agency information sharing, monitoring, shared understanding and working together is emphasised³.

Safeguarding and child protection issues should be managed as in accordance with the [Merton Threshold Document: Continuum of help and support](#)⁴ and [London Child Protection Procedures](#)⁵.

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), 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 SCP 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 actual risk of significant harm.

The national learning from LCSPRs and SCRs^{6,7,8} 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 Merton, 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.

SELF-HARM

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

7.1 WHY PEOPLE SELF-HARM⁹

Self-harm is more common than many people realise, especially among younger people. It is a very common behaviour in young people. Approximately 1 in 4 teenagers report deliberately self-harming on at least one occasion in the past twelve months between the ages of 14-17 around one in 12 people, with 20% of 15 year olds reporting that they have deliberately self-harmed previously. Rates of known deliberate self-harm are estimated to be nearly three times higher for girls compared to boys, with higher rates of self-harm amongst people from the LGBTQI+ community¹⁰ and young people with special educational and neurodevelopmental needs^{11,12}. These figures may vary as not everyone reports self-harming behaviours, and 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, emotional dysregulation and eating disorders;
- **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.
- **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;
- **Neurodevelopment difficulties and Special Educational Needs** – Children with ASC, ADHD, or learning difficulties can experience impulsive behaviour or difficulty regulating emotions and sensory experiences which may contribute to an increased risk in self-harm;
- **Care Experienced Young People** – 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;
- **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;

These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness or 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.

“It was important for me not to feel like an abstract or a ‘patient’, rather a human being that to some extent wanted to take control and be involved in my care. I wanted to understand why I was feeling the way I did”

Amanda Tuffrey
Expert by experience, 2018¹⁶

“Telling someone about your self harm shows strength and courage; it can often be a huge relief to be able to let go of such a secret, or at least share it.”

Mental Health Foundation – Truth about self-harm¹⁷

7.2 TYPES OF DELIBERATE SELF-HARM INCLUDE¹³

- Cutting or burning of skin;
- Bodily injury including deliberate hair pulling, repeated intentional damaging of skin (scratching or rubbing) and repeated scab picking
- Punching or hitting themselves or objects;
- Poisoning themselves with tablets or toxic chemicals without intent to die;
- Engaging in risk-taking behaviour (including alcohol or substance misuse)

This list is not exhaustive or cover all eventualities of intentional and deliberate self-harming behaviours.

7.3 SIGNS OF SELF-HARM¹³

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;

Potential Behavioural/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:

- Seek first aid treatment, if necessary;
- Listen calmly with empathy and without judgement;
- Consider any currently known or possible underlying needs including Special Educational Needs and make reasonable adjustments during response (referring to information including EHCPs or support plans; adjusting language and using visual/verbal aids; working with a coordinated network; seeking advice from external agencies);
- Work compassionately and collaboratively with the young person and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues;
- Consider safeguarding issues and other young people who may be affected
- Contact parents/carers in line with organisational safeguarding policy seeking young person consent first;
- Contact other professionals for advice (See flow chart, page 4);
- Monitor the situation and communicate regularly with parents/carers/professional network;

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

'Many people stop hurting themselves when the time is right for them. Everyone is different and if they feel the need to self-harm at the moment, they shouldn't feel guilty about it – it is a way of surviving, and doing it now does NOT mean that they will need to do it forever. It is a huge step towards stopping when they begin to talk about it, because it means that they are starting to think about what might take its place eventually.'
Mental Health Foundation – truth about self-harm¹⁷

8. WHY PEOPLE ATTEMPT SUICIDE, SIGNS AND INITIAL RESPONSE

Suicide is one of the biggest killers of young people (aged 16-24). In 2020, 7.0 out of every 100,000 young people aged 10-24 died via 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 20-24.⁸

8.1 WHY PEOPLE ATTEMPT 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 buildup 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 people⁷ found the following common themes:

- Family factors such as mental illness;
- Abuse and neglect;
- Bereavement and experience of suicide;
- Bullying;
- Impulsivity and risk-taking behaviour;
- 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.

“As a parent, I want to be informed about my child’s care, to be aware of the risk, behaviours and how best to manage risk.”

Angela Forster, Carer, 2018¹⁶

“I was absolutely terrified that by speaking to a professional my parents would be told. As I am of Asian heritage, mental health is a topic that is ignored and never discussed; there is a stigma attached to it”

Young Person testimony – Mind, Confidentiality¹⁸

Additional contextual factors that may increase a young person’s risk include being a member of the LGBTQI+ community, and having special educational and neurodevelopmental needs.

8.2 TYPES OF SUICIDAL IDEATION¹⁴

All types of suicidal ideation are to be taken seriously. Below are some different examples of suicidal ideation, fitting within what is termed as ‘active’ and ‘passive’ suicidal ideation. If you know what thoughts and type of suicidal ideation a young person is experiencing, this can be helpful for sharing with other agencies, including in onwards referrals and seeking support.

Active suicidal ideation is when someone has developed ideas of taking their life via suicide that includes active thoughts of doing something to take their lives. Examples would include:

- “I am having thoughts of taking my life by doing...”
- “I have had ideas of how I would take my life via suicide”

Passive suicidal ideation is when someone is having thoughts of suicide, but these thoughts do not currently involve active thoughts of doing something themselves to take their lives.

Examples include:

- Thoughts about not wanting to live e.g. “I don’t want to wake up tomorrow”
- Thoughts of emotional overwhelm e.g. “I can’t take it anymore”
- Thoughts of hopelessness e.g. “Things won’t get better”, “there’s no point”
- Thoughts of helplessness e.g. “no one can help me”
- Thoughts about punishment e.g. “I need to punish myself”, “I’ll show them what they’ve done to me”
- Thoughts about being a burden e.g. “Everyone would be better off without me”
- Thoughts about others not caring e.g. “Who would care if I wasn’t here?” / “No one would care if I wasn’t here”
- Thoughts about lacking purpose e.g. “What’s the point in living? / there’s no point”

“Speaking to families with respect and dignity is comforting. Sometimes all people might need is just knowing someone is there if they need to talk.”

Amanda Tuffrey
Expert by Experience, 2018¹⁶

8.3 SIGNS OF SUICIDAL IDEATION^{14,15}

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, visiting suicide forums; 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, multiple changes in someone’s personality and behaviour might be a sign that they are possibly vulnerable to experiencing 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.

“I’ve been able to come out of myself and explain what I do, and make sense of it, not keep having to lie and cover up what I did. I no longer feel ashamed as I know people are supporting me.”

Mental Health Foundation – Young Person Testimony¹⁷

8.4 INITIAL RESPONSE TO A YOUNG PERSON WITH SUICIDAL IDEATION^{14,15,16}

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

It might help to:

- Try to stay calm and listen – young people share that they value being listened to, not judged, having space to talk and being taken seriously. Ask open questions “Can you tell me more”, “what’s that like for you”

- Don't judge, offer platitudes ('things will pick up', 'life's too short' etc) or try to fix everything yourself. It often takes a lot of courage to open up and approach you, it is important that whatever they say it taken seriously and without judgment.
- Offer empathy – show them you are listening, empathise with what they are saying ('that sounds incredibly hard'), reflect back that you are hearing them ('you are telling me that you've been having a really hard time over the last few months')
- Give them space and time – as hard and as painful as it might be to listen, we need to hear their reasons for wanting to die before we can focus on reasons for living too.
- Ask open follow up questions about their suicidal thoughts (see Appendix A for ideas) if they are willing and able to share with you.
- Consider extending confidentiality alongside young person to include others who could support the young person and keep them safe i.e. parents/carers/members of school pastoral team and other members of the support system, discuss plan with young person to share information with others
- Offer to complete an interim wellbeing plan with the young person if they do not have a current safety or wellbeing plan in place until another form of support is in place (see Appendix E for example)
- Check in with the young person on a regular basis
- It's absolutely ok and normal to not know what to say! If you don't know what to say – be honest and tell that person. Tell them that you value and recognise their courage in opening up.
- Don't hold information to yourself or take a position sole responsibility – share risk or safety concerns with others, think and plan together – seek guidance and advice (see flowchart, p4)

To assist in identifying and responding to suicidal ideation, the tool in Appendix A can be used. Consider any known or possible underlying needs including learning difficulties, sensory and special educational needs, where reasonable adjustments could be important during a response (referring to information including EHCPs; adjusting language and using visual/verbal aids; working with the family and professional network; seeking advice from external agencies).

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) Merton SPA (0800 292 2505) 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, information sharing and/or signposting should be taken to support and safeguard children and young people. Early help and children's services referrals should be made in line with safeguarding policies and depending on the level of safeguarding concern ([Merton Threshold Document: Continuum of help and support](#)). In cases where the risk is considered to be medium or high (and where there is a safeguarding concern), the professional and/or their nominated adviser should make a referral to Merton Children and Families Hub for all new cases, and use the appropriate referral form. If the young person has an allocated social worker, please inform them. All multi-agency staff who work should regularly access training for identifying, responding and supporting young people who self-harm and/or experience suicidal ideation³.

9.2 ROLES AND RESPONSIBILITIES

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

CAMHS

1. Merton Single Point of Access (SPA)

The SPA operating hours are **9am – 5pm, Monday-Friday**. A clinician will be available to discuss potential referrals on **0800 292 2505**. Professionals can use the service for:

- Discussion of potential referrals;
- Advice and guidance;

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

For immediate and urgent mental health crisis advice and outside of SPA operating hours, **families and professionals in South West London can contact the mental health crisis number for advice on 0800 028 8000**. In immediate health emergencies posing significant risk to health or life, please continue to direct children and families to the emergency department or call 999.

When a referral is made into the SPA team, the referral information will be reviewed, followed by a call to the family to assess risk and consider safety planning (if required) and next steps in terms of signposting on or arranging a full SPA assessment. Risk assessment and safety planning would be repeated during the SPA assessment.

2. Merton Mental Health Support Teams/Merton Schools Wellbeing Team – ‘Getting Advice/Getting Help’

Merton Mental Health Support Teams based within primary and secondary schools work at ‘getting advice’ and ‘getting help’ early support level where risks are expected to be low. The following expectations apply:

- Schools can contact MHST leads for advice and support regarding pupils where mental health concerns are present, to consider possible next steps and support agencies, and for routine consultation
- Risks including self-harm and suicidal ideation are routinely monitored as standard practice as part of any assessments and subsequent intervention periods
- Any safety planning is incorporated with children, families and other professionals (with family consent) where required and appropriate (for instance measures where safety planning measures advised within a school setting or community setting)
- Key members of the professional network are informed of discharge and completion of intervention, including a risk update and any relevant safety planning measures (with family consent as above)

3. Merton CAMHS ‘Getting More Help Team’ / (Previously Tier 3)

Where a young person has been accepted or is being offered intervention and support through Merton CAMHS services, the following expectations apply:

- Risks including self-harm and suicidal ideation are routinely monitored as standard practice as part of any assessments and subsequent intervention periods
- Safety planning involves children, families and other professionals (with family consent) where required and appropriate (for instance measures where safety planning measures advised within a school setting or community setting)

- Key members of the professional network are informed of discharge and completion of CAMHS intervention, including a risk update and any relevant safety planning measures (with family consent as above)
- Multi-agency working, liaison and appropriate information sharing of risk information is embedded within practice where multiple, complex and high risks are indicated

4. Off The Record – ‘Getting Advice’ / ‘Getting Help’

Off The Record are funded within Merton ‘Getting Help Pathway’ throughout the community and for school based support. Young people can be referred by professionals or self-refer via the Off The Record website. All young people who present with risk of suicidal ideation or self-harm will be assessed and appropriate support be put in place. Support would include regular support, check-ins, safety planning, sharing information with families and other professionals (with client consent whenever possible) and onward referral for further support through CAMHS and or MASH. Where support is being delivered within schools, Off The Record would work closely with the school’s DSL

OTR is committed to share information appropriately to safeguarding young people:

- Where OTR believe that the young person or someone else is at serious risk of harm;
- If OTR believes a young person is not able to take responsibility for their decisions;
- In an emergency or when ordered by a court of law

CAMHS SPA frequently refer to Off The Record within the Merton "Getting Help Pathway" which may be part of an intervention for young people struggling with self-harm or suicidal ideation. Young people may also self-refer. Off The Record provide face-to-face, telephone, video and text-based counselling for young people aged 11 – 25 in Merton as well as workshops for the parent/carers of young people struggling with self-harm (self-referral). [Merton \(talkofftherecord.org\)](http://Merton(talkofftherecord.org))

5. CHILDREN and FAMILIES HUB (C&F Hub)

The C&F Hub should receive a referral from professionals if it is felt that a specialist response to safeguarding concerns (in line with the MertonSCP [effective support document](#)) is required, and C&F Hub would then process this in accordance with their usual practice.

- Telephone: 0208 545 4226/4227
- Email: candfhub@merton.gov.uk
- Referral form: Children and Families Hub Request for Services Form: [Children and Families Hub Request for Service Form](#)

Completed forms should be emailed to candfhub@merton.gov.uk

- Out of hours: 0208 770 5000

6. 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 C&F Hub or, for an open case, the allocated social worker.

7. 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 CECS, 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.

8. 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.

9. SCHOOLS AND COLLEGES

When a disclosure or concern is raised about self-harm or suicidal ideation from a young person, an assessment via the designated safeguarding lead will take place, 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 as part of an initial response and gather information, support any immediate physical health needs (self-harm) and discuss how the young person can and would like to be supported, this can include completion of an interim safety plan as appropriate at an early help and low risk level (see Appendix C). There is usually a need to speak to the young person's parents, unless doing so would increase the risk to the student.

Advice should be sought from a health and/or social care professional (see flow chart, p4), The young person can either be referred to an in-house pastoral team, Off the Record, CAMHS SPA, Children's Services, their GP or advice sought in line with the flow chart for managing disclosures of self-harm or suicidal ideation. Calling the local CAMHS team, mental health crisis lines or in an immediate health emergency calling 999 or supporting attendance to A&E, depending on level of immediate risk (see p4). All young people, where a concern has been raised, to be monitored and reviewed.

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

- Assess and record extent to which safeguarding needs, peer-on-peer abuse, bullying, family circumstances or academic expectations may be contributing as drivers for self-harm;
- Consider SEND needs and whether known or possibly unknown learning, special educational, sensory or mental health needs could be contributing – support identification and onward referral, make reasonable adjustments to school environment based on any identified needs including from an EHCP or support plan;
- Assess extent to which drivers behind self-harm could/might affect others;
- Decide what preventative measures the school may need to take – including where bullying is a factor and actions are taken to ensure safety of the young person;
- Consider risk and support plan measures within the school environment, consultation can be sought from partnership agencies as appropriate i.e. identify key supportive adults, environmental adaptations, when to ask for help, check-ins and monitoring agreements;

“It puts me at ease knowing they genuinely want what is best for you and will only share information to protect yourself and others around you”
Young Person Testimony –
Mind, Understanding
confidentiality¹⁷

- Information share with relevant agencies risk concerns (CAMHS/Children's Services) and log any incidents on internal reporting systems, including disclosures and changes in risk
- Work alongside multi-agency colleagues to support any safety planning and regular updating of information.
- Ensure self-harm guidance for identifying and assessing the needs of pupils who self-harm is regularly reviewed and kept up-to-date in line with current professional guidance, ensure that staff are aware of guidance and understand how to implement it within their roles and responsibilities.

HEALTH SERVICES

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

10. 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.

11. Acute Services

St. Georges Hospital and 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.

12. 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 C&F Hub.

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

10. REFERENCES –

1. NHS Choices: [nhs.uk/conditions/self-harm](https://www.nhs.uk/conditions/self-harm) and [nhs.uk/conditions/suicide](https://www.nhs.uk/conditions/suicide)
2. 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
3. NICE Guidelines Update. Self-harm: assessment, management and preventing recurrence. 2022 <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/self-harm>
4. Merton LSCP Threshold document: [Merton Threshold Document: Continuum of help and support](#)
5. London Child Protection Procedures: [londoncp.co.uk](https://www.londoncp.co.uk)
6. NSPCC: [nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/suicide/](https://www.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/](https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/)
7. The University of Manchester and HQIP: research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp_2017_report.pdf
8. Samaritans: [media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf](https://www.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf)
9. Young Minds: [youngminds.org.uk/find-help/feelings-and-symptoms/self-harm/](https://www.youngminds.org.uk/find-help/feelings-and-symptoms/self-harm/)
10. Research review risk factors of self-harm and suicide amongst LGBTQI+ persons: [Risk factors for LGBTQ+ youth self-harm and suicide \(nationaelfservice.net\)](#)
11. Risk of self-harm in children and adults with autism spectrum disorder: a systematic review and meta-analysis 2021: [Risk of Self-harm in Children and Adults With Autism Spectrum Disorder: A Systematic Review and Meta-analysis - PubMed \(nih.gov\)](#)
12. Prevalence and clinical correlates of self-harm and suicidality during admission of children in a mental health inpatient unit 2021: [Prevalence and clinical correlates of self-harm and suicidality during admission of children in a mental health inpatient unit - PMC \(nih.gov\)](#)
13. HSE: [hse.ie/conditions/mental-health/self-harm/self-harm-types-and-signs.html](https://www.hse.ie/conditions/mental-health/self-harm/self-harm-types-and-signs.html)
14. Rethink: [rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/](https://www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/)
15. Young Minds: A guide for parents suicidal ideation: [Suicidal Thoughts | Suicidal Ideation Signs & Symptoms | YoungMinds](#)
16. Self-harm and Suicide Prevention Competence Framework Children and Young People: Health Education England, October 2018: [self-harm_and_suicide_prevention_competence_framework_-_children_and_young_8th_oct_18.pdf \(ucl.ac.uk\)](#)
17. The truth about self-harm – mental health foundation: [The truth about self-harm | Mental Health Foundation](#)
18. Mind understanding confidentiality: [Information for young people on confidentiality and mental health - Mind](#)

APPENDIX A:

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 C&F Hub 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

Thank you for sharing with me, you have come to me and told me that you have deliberately hurt yourself...

- Are you willing to show me what you have done? (it may need medical attention) OR
- Can you tell me about what you've done? What led up to it? (Different types of self-harm: cutting, hitting, burning)
- People tend to hurt themselves for different reasons, can you tell me about what your reason was? What is self-harming like for you?
- Have you done it before?
- Do you think you might hurt yourself 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

Thank you for sharing with me, I want to ask you...

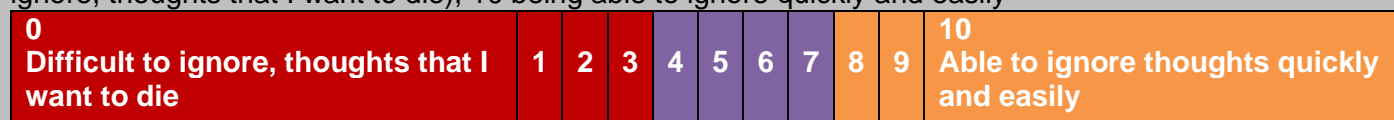
- Have you had thoughts about suicide?
- What sorts of thoughts have you been having? Any others?
- How often have you been having these thoughts? Where are you when you are having them? How have you been managing these thoughts? How long have you been having them?
- People can have these thoughts for different reasons, was anything happening around the time they started? Did anything bring them about or make them worse?
- Do you have a plan of how you would take your life? If yes, can you tell me more / what is your plan? Have you decided when you would do it?
- Is anyone else aware that you are having these thoughts, your parents or carers?
- Do you know of anyone personally who has attempted suicide?
- What are your plans for the rest of the day or week (As above)
- Optional interim safety plan whilst seeking additional support and advice (see Appendix D)

MOOD AND SUICIDAL IDEATION SCALING

If I was to ask you to rate your mood over the last week on a scale of 0 – 10 (0 being the worst someone could feel, not wanting to live), 10 being in a good mood – where would you put yourself?



Please rate how able you have been to ignore suicidal thoughts over the past week 0 – 10 (0 very difficult to ignore, thoughts that I want to die), 10 being able to ignore quickly and easily



Do you have any current plans to take your life via suicide?

APPENDIX B: LIST OF MERTON SERVICES

1. MERTON ADVICE AND SUPPORT LINES

Service	Description	Contact
Merton CAMHS Single Point of Access (SPA)	Advice and support for potential referrals. Children and young people with a Merton GP	Merton SPA: 0800 292 2505 Website: Find a service (swlstg.nhs.uk)
CAMHS Single Point of Access (SPA) for other South West London Boroughs	Advice and support for potential referrals. Children and young people with GP from another SWL Borough	Sutton SPA: 0203 513 3800, option 1 Kingston and Richmond SPA: 020 8547 6171 Wandsworth: 0203 513 4644 Website: Find a service (swlstg.nhs.uk)
South West London 24/7 Mental Health Crisis Line	Mental health crisis advice and support for young people, carers and professionals who have a GP in any South West London Borough.	Telephone: 0800 028 8000
Merton Children and Family Services Hub	Safeguarding advice and support including for potential referrals. Children and young people with a Merton home postcode.	Telephone: 020 8545 4226; or 020 8545 4227, email: candfhub@merton.gov.uk Website: Family Services Directory Merton directories

2. MERTON SERVICES FOR SIGNPOSTING AND SUPPORT:

- **Off the Record Merton** – Free Emotional Support for Merton young people aged 11-25 & support for parents of young people who self-harm; telephone: 020 3984 4004, website: talkofftherecord.org/merton
- **Well Centre Merton** – Free Access to Health & Wellbeing Practitioners, Counselling Support and GPs for 11-20 year olds in Merton. Telephone: 0208 473 1581, website: www.thewellcentre.org
- **Kooth** – Free Online Wellbeing Support and Counselling Service for Young People aged 11-25 years in Merton. Website: www.kooth.com
- **Jigsaw4u** – Support for children and families in Merton around loss and bereavement; parenting; missing children; disabilities; and, general therapeutic support for young people. Telephone: 0208 687 1384, website: jigsaw4u.org.uk
- **Catch22 Risk and Resilience Service** – Support for young people aged 11-24 in Merton who are or have been using substances, are at risk of or experiencing exploitation and providing a sexual health provision. Telephone: 0203 701 8641, website: [Merton Substance Misuse Support - Catch22 \(catch-22.org.uk\)](http://Merton Substance Misuse Support - Catch22 (catch-22.org.uk))
- **Merton Young Carers** – Support for young people aged 5-17 with caring responsibilities at home; telephone 020 8646 7515, website: www.csmerton.org
- **Merton Uplift** – Community based mental health and wellbeing service for adults aged 18+ in Merton; telephone: 0203 513 5888, website: www.mertonuplift.nhs.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

SEE FULL DIRECTORY OF MERTON SERVICES: [Family Services Directory](#) | [Merton directories](#)

3. NATIONAL SERVICES FOR SIGNPOSTING AND SUPPORT

- **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
- **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
- **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,
- **Stem4** – Resources, apps and guidance for young people, parents and schools: <https://stem4.org.uk/self-harm/>
- **Alumnia** – Free online 7 week group program of self-harm support ran by professional counsellors for young people aged 14-19 via self-enrollment. Website: <https://alumina.selfharm.co.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
- **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
- **Centrepoint** – Support for ages 16-25 who are homeless, sofa surfing or at risk; helpline: 0845 466 3400, website: centrepoint.org.uk
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

Urgent mental health support - 24/7 crisis lines

Every mental health trust in London has put in place a **24/7 crisis line** for people of all ages - children, young people and adults. The lines which are free to call can provide advice to those in a crisis. These crisis lines are supported by trained mental health advisors 365 days a year.

You can find the 24/7 crisis line numbers using the NHS Service Finder ([link below](https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline)) but the table provides all of the telephone numbers in London.

<https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>



Area	Boroughs covered	24/7 crisis line number
North West London	Brent, Hillingdon, Harrow, Kensington & Chelsea and Westminster	0800 0234 650
	Ealing, Hounslow and Hammersmith & Fulham	0800 328 4444
North Central London	Barnet, Camden, Enfield, Haringey and Islington	0800 151 0023
North East London	City & Hackney	0800 073 0006
	Newham	0800 073 0066
	Tower Hamlets	0800 073 0003
	Barking & Dagenham, Havering, Redbridge and Waltham Forest	0300 555 1000
South West London	Kingston, Merton, Richmond, Sutton and Wandsworth	0800 028 8000
South East London	Croydon, Lambeth, Lewisham and Southwark	0800 731 2864
	Bexley, Bromley and Greenwich	0800 330 8590

APPENDIX C: ADDITIONAL RESOURCES FOR YOUNG PEOPLE, PARENTS AND CARERS

RESOURCES FOR YOUNG PEOPLE:

Management of Self-Harm Urges Phone App by Stem4:

CALM HARM - <https://calmharm.co.uk/>

Description: Calm Harm is an award-winning app developed for teenage mental health charity stem4 by Dr Nihara Krause, Consultant Clinical Psychologist, using the basic principles of an evidence-based therapy called Dialectical Behavioural Therapy (DBT). Calm Harm provides tasks to help you resist or manage the urge to self-harm. You can make it private by setting a password, and personalise the app if you so wish. You will be able to track your progress and notice change.

Suicidal ideation support app for young people (and families):

STAY ALIVE APP - <https://www.stayalive.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.

Local advice and guidance for urgent support:

Talk Off the Record – Need help now? <https://www.talkofftherecord.org/need-help-now/>

Kooth – Urgent Support: <https://www.kooth.com/urgent-support>

National support numbers:

Text **YM to 85258** for free mental health crisis support, any time of the day.

YOUNGMINDS
Crisis Messenger

shout
Crisis Text

PAPYRUS
PREVENTION OF YOUNG SUICIDE
HOPELINEUK
0800 068 41 41

ChildLine
0800 1111

"It's alright to ask for help"

SAMARITANS

116 123

National websites:

<https://www.papyrus-uk.org/#> - advice and support for young people experiencing suicidal thoughts or concerned about others

<https://www.youngminds.org.uk/> - advice and support on a range of mental health issues

<https://www.selfharm.co.uk/> - free online self-harm support for 14-19 year olds

RESOURCES FOR PARENTS & CARERS:

Merton Talk Off The Record Parent Workshops – Including Understanding and Responding to self-harm
<https://www.talkofftherecord.org/sutton/support-for-parents-carers/>

Self-Harm Series SWLSTG NHS Trust Self-Harm webinar parts 1-4 freely available for parents:
<https://www.youtube.com/watch?v=VH5fck0I1yM&t=1s>

Papyrus Hopeline Advice Line and Website for Parents – advice about having difficult conversations and supporting young people who are experiencing suicidal thoughts: 0800 068 4141 and www.papyrus-uk.org

Charlie Waller Coping with self-harm guide for parents and carers: <https://charliewaller.org/mental-health-resources/managing-difficult-feelings/coping-with-self-harm>

Young Minds Parent Guide including for supporting and talking about self-harm and suicidal thoughts:
www.youngminds.org.uk/parent/a-z-guide and advice line information
<https://www.youngminds.org.uk/parent/parents-helpline-and-webchat/>

Combined Minds App for family members by Stem4 is an app developed for teenage mental health charity stem4 to help families and friends support young people with their mental health. Combined Minds helps families and friends to find ways to provide the right environment to help the individuals they support affect their own change: <https://combinedminds.co.uk/>

Merton Health and Wellbeing Directory of services:
<https://directories.merton.gov.uk/kb5/merton/directory/family.page?familychannel=5>

SWLSTG Crisis Line that parents can use in a mental health crisis: 0800 028 8000

In an immediate health emergency including risk of significant imminent harm, contact 999 or attend A&E.

ADDITIONAL RESOURCES FOR THOSE SUPPORTING YOUNG PEOPLE WITH SEN NEEDS:

Merton Mencap Local advice and support for parents/carers of young people with a learning disability and/or autism. Website: [For parents and carers - Merton Mencap](#)

National guidance for parents/carers for young people who are self-harming from the National Autistic Society. Website: [Self-harm \(autism.org.uk\)](http://Self-harm (autism.org.uk))

National 'Stay Safe' Suicide Prevention Toolkit for People with Learning Disabilities. Website: [Suicide Prevention - Learning Disabilities Toolkit - Grassroots \(prevent-suicide.org.uk\)](http://Suicide Prevention - Learning Disabilities Toolkit - Grassroots (prevent-suicide.org.uk))

National Information on SEN needs and Self-Harm from Alumnia (previously self-harmuk). Website: <https://www.selfharm.co.uk/index.php?p=get-information/the-facts/sen-and-self-harm>

APPENDIX D: YOUNG PEOPLE WITH AUTISM SPECTRUM CONDITION

Self-Injury & Self-Harm

Some autistic people may hurt themselves in various ways, such as banging their head on surfaces, biting their hands or arms or pulling their hair. This is known as self-injurious behaviour. Harm is not the intent. It is often the result of an attempt to regulate or express immediate physical pain or discomfort, or communicate a particular need.

Self-harm is intentionally causing physical pain or harm to yourself, often as an attempt to manage difficult emotions or distress. It doesn't necessarily mean that someone wants to end their life, and can also be called non-suicidal self-harm (NSSI).

Risk & ASD

Tragically, autistic children and adults are at a higher risk of suicide than the general population. The differences some autistic people have in communicating and interacting means they may present differently to the general population. For example, an autistic person may be able to follow their usual routine to get ready for an appointment, and still have suicidal intent. Alternatively, they may discuss self-harm, suicidal thoughts and even plans to end their life in what appears to be a 'matter of fact' way.

Language

The Samaritans recommend using terms such as 'die by suicide' and 'taking their own life'. It's important to keep language as clear as possible and reduce the use of metaphoric language, abstract statements or sarcasm.

Questioning

Using well-defined and specific questions to assess a client's intent will give a more accurate reflection of an autistic person's thoughts and help avoid unexpected and logical answers. For example:

Instead of:	Use:
<ul style="list-style-type: none">• How often do you think of suicide?• How likely are you to harm yourself in the future? <p><i>(questions like these could, for example, lead to the autistic person getting 'hung up' on numbers e.g. calculating likelihood of self-harm over the next decades or rest of their life)</i></p>	<ul style="list-style-type: none">• How many times have you thought of harming yourself today?• How long did you think about this when you had these thoughts?• Do you think these thoughts will be less or more over the next week?• What do you do when you have these thoughts?

Source: National Autistic Society: [nas-good-practice-guide-a4.pdf \(mind.org.uk\)](https://www.mind.org.uk/resources/autism-good-practice-guide-a4.pdf)

APPENDIX E: INTERIM WELLBEING AND SAFETY PLAN

There is now good evidence that developing a collaborative safety/wellbeing plan alongside young people can help support positive wellbeing and help reduce the likelihood of suicidal and self-harming behaviours. It is important that this isn't and doesn't feel like a tickbox task to a young person, but rather an invitation for a shared conversation and coming up with some possible ideas for how they are already and how they could support themselves and be supported for an interim period.

Non-mental health practitioners are not responsible for developing full mental health or suicide safety plans alongside young people, families and other key professionals. However, they can and could begin a conversation about how young people are managing and generate some initial ideas for how they could manage difficult thoughts and feelings when a safety plan is not already in place. The below plan provides a possible framework and example for working through an interim wellbeing plan either on paper or through a conversation. This includes key areas of: identifying possible distractions or management strategies of difficult thoughts and feelings (including self-harm urges and suicidal thoughts), thinking about supporters and the role of supporters, thinking about the future, and providing some support and crisis numbers in case ever needed. A record of this plan can be asked for with consent as well as the original version being kept by the young person and any identified key supporters. Further considerations around restricting means of self-harming or transport arrangements can be negotiated with mental health professional advice and support as needed. Promoting collaboration with young people and their networks, and their sense of control and autonomy where possible are important components of any helpful plan in line with NICE guidance³.

An interim safety / wellbeing plan does not replace a mental health assessment or full safety plan that should follow but can start a helpful conversation that many young people may appreciate and value. Health services should refer to their own agency guidance on managing young people with self-harm and suicidal ideation.

Additional safety plan options:

Papyrus Stay Safe Plan: <https://papyrus-uk.org/stay-safe-plan>

Every Life Matters Safety Plan: <https://www.every-life-matters.org.uk/safety-planning/>

Get Self Help Safety Plan: <https://www.getselfhelp.co.uk/docs/SafetyPlan.pdf>

**Many of the above plans may be suitable for young people with additional special educational, learning needs or neurodevelopmental differences. For older young people with a learning difficulties the following resources may also be useful:*

-'Stay Safe' Suicide Prevention Toolkit for People with Learning Disabilities: <https://prevent-suicide.org.uk/find-help-now/stay-safe/>

My Plan: Looking after myself

When I feel...

Or have thoughts like...

Others/I might notice signs that I am starting to struggle like...

I can... (distractions/coping strategies/what takes my mind off things?)

I am not alone and can contact my supporters who are...

Supporters can help me by...

Think about and remind myself of things I have got going for me, things I can enjoy, write 3 positives about me/my life (think about what others might say)...

Things I look forward to and why...

I would like this plan to be shared with...

Support for difficult times or a crisis:



Apps: CALM HARM – this app helps discover coping strategies and manage self-harm urges

Apps: CLEAR FEAR – this app helps discover coping strategies and manage waves of anxiety and strong emotion

Websites: www.kooth.com – online mental wellbeing community and support with text based and online counselling

In South West London, you can call the Mental Health support line on 0800 028 8000

In an immediate health crisis – call 999 or attend A&E

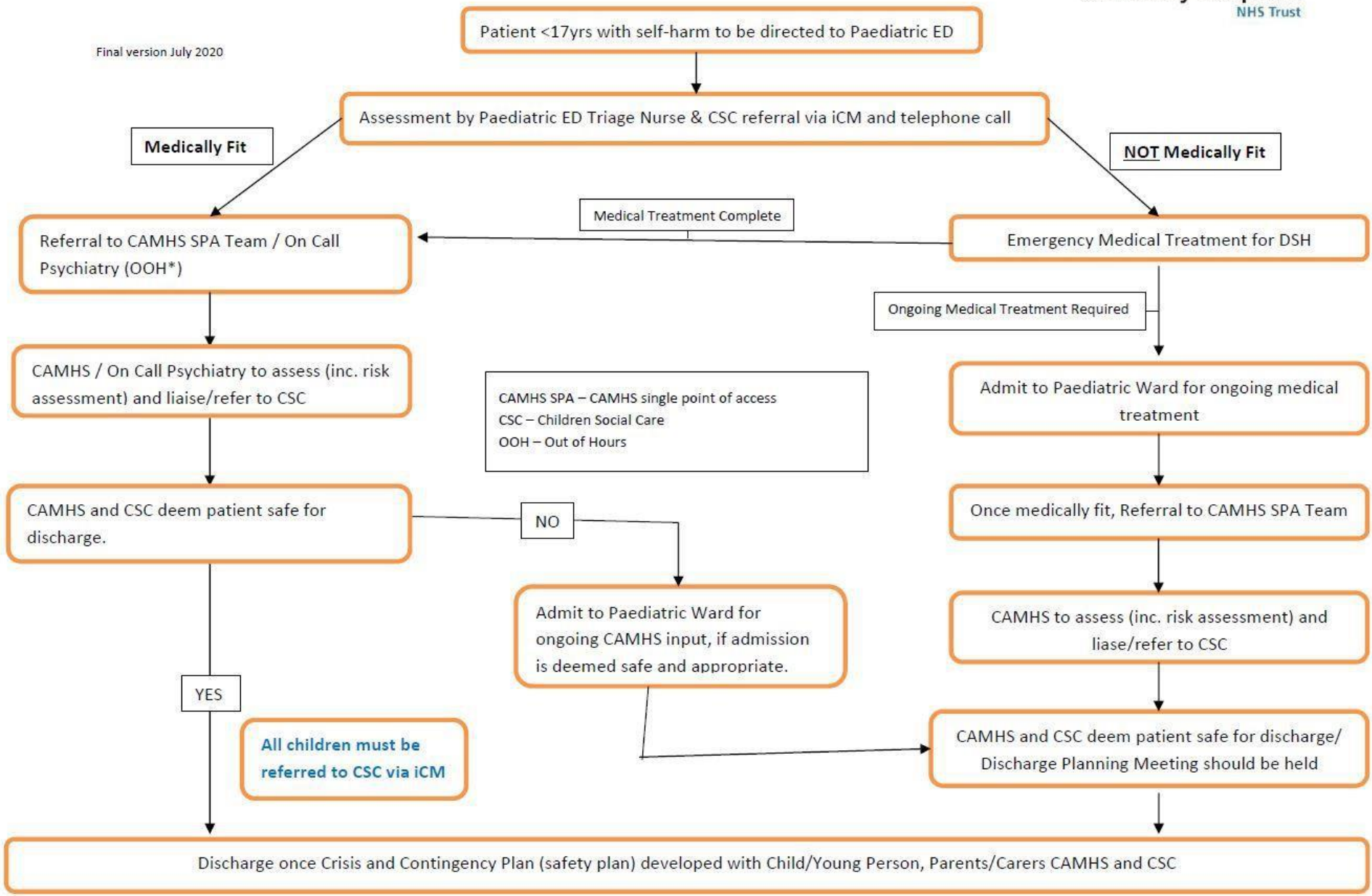
APPENDIX F: MANAGING ACTS OF SELF-HARM – ATTENDANCE AT EMERGENCY DEPARTMENTS

- 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.

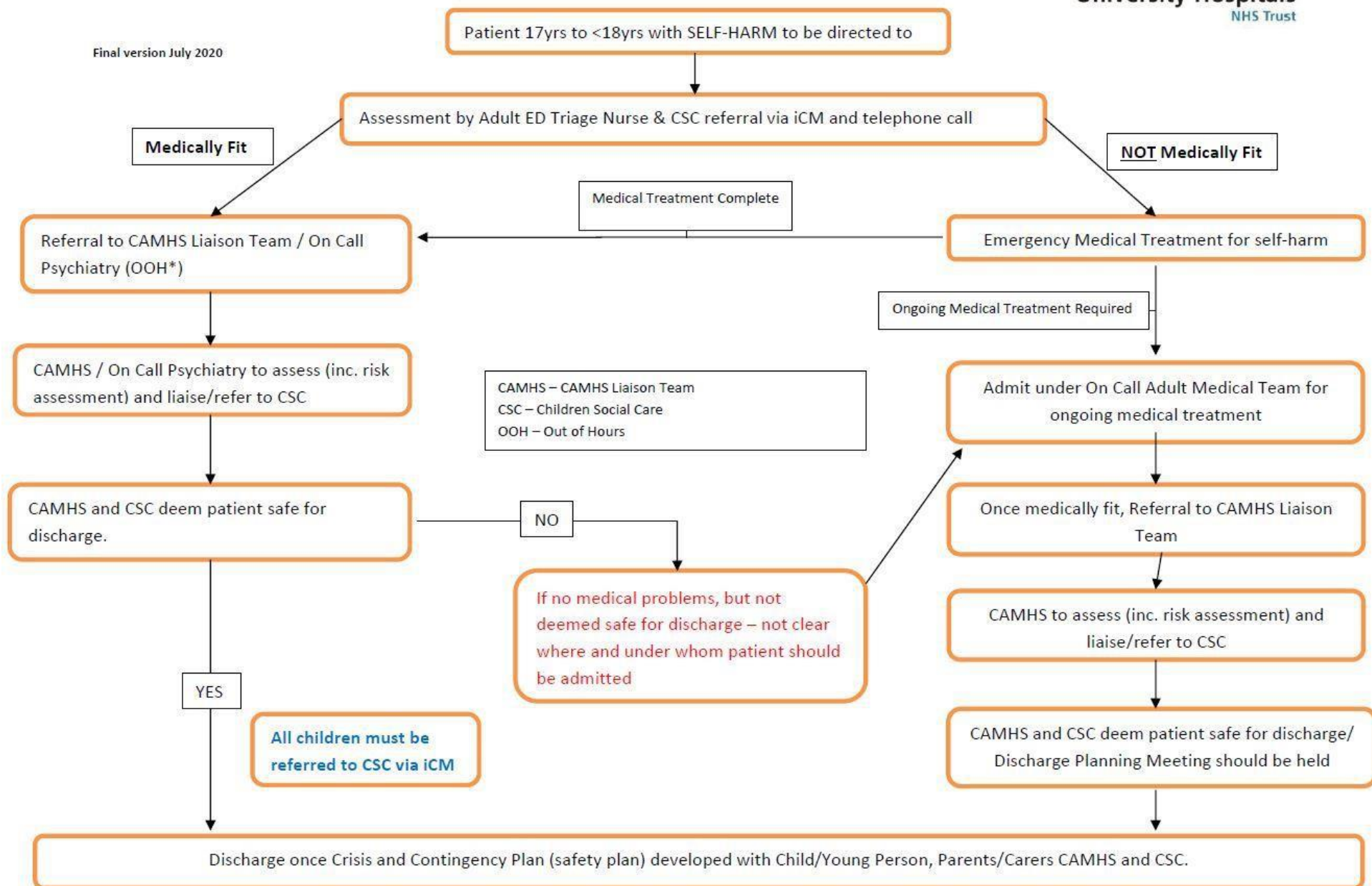
PROCEDURES AT EMERGENCY DEPARTMENTS (ED)

- 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 CECSnurse 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 CECS/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



Final version July 2020



APPENDIX G: 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, families are contacted to complete a risk assessment over the telephone within 24 hours. From there, a decision is made about how soon the young person needs to be seen for full assessment. The timings of this assessment will depend on SPA's assessment of the risk.
- If there is a very urgent risk identified from the referral information and initial triage call, and if the parent feels unable to keep the child safe imminently, SPA would direct the young person to their local A&E service 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 or signposted on to:
 - o Off The Record – parents may be referred to the self-harm group for parents (two sessions);
 - o Getting More Help services / CAMHS – directly from SPA for mental health support;
 - o Other Getting Help services within the borough
- 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.

Acknowledgments

The Merton Working Group for Supporting Self-Harm and Suicidal Ideation in Young People extends its gratitude to local; collaborators, contributors and authors of this updated version including Rosemary Ajibulu (Children's Project Manager, NHS SWL CCG), Sarah Keen (Senior Child and Adolescent Mental Health Service Transformation Manager), Dr Joshua Eldridge (Clinical Psychologist, Merton MHST), Dr Patricia Thornton (Clinical Psychologist, Merton CAMHS), Roz Turner-Drage (Merton Senior Manager, TalkOffTheRecord), Denise Dyer (Virtual Behaviour Service Manager), Kay Dove (Social Workers in Schools Lead), Merton CAMHS Partnership Board members for their feedback, KidsFirst Parents and Steering Group and other local partners.