

Guidelines and procedure to support
young people who are self-harming
or engaging in suicide behaviours
in Lanarkshire
chooselife

content





3	– Foreword
4	– How to use Lifelines
5	– Self-harm and Suicide
6	– Initial assumptions
9	– Intervention
10	– Support Strategies
11	– Role and training of Support Staff
12	– Intervention Flowchart
13	– Lanarkshire Suicide Assessment
14	– Supporting Young People and Staff
15	– Support Plan
16	– Emergency Contacts
19	– Monitoring of Young People
20	– Concern, Consent and Confidentiality
22	– Involvement of Parents
24	– “Please don’t tell my Mum!”
27	– Use of Record forms
29	– Recording of meeting with Young Person
31	– My Safe Plan
32	– Checklists of Action
37	– Looking after Ourselves and Others
38	– The ABCs of Self Care
39	– Services Available
51	– Training
52	– ASIST Training
53	– SafeTALK
55	– Contacts
58	– Legal Issues

Foreword

Lifelines arose from discussions with staff supporting young people, engaging in self-harm or suicide behaviours, who explained that there was very little guidance available.

Staff reported this shortfall as a primary source of personal and professional anxiety and a fundamental barrier to effective joint working.

It is felt the Lifelines will improve the support given to young people, their families and peers. In addition it will enhance the skills and knowledge base of staff, resulting in improving the support they provide.

North Lanarkshire's Choose Life Implementation Group had discussed these concerns of staff regarding self-harm and the need to develop guidelines. The working group's membership drew on a number of key agencies and the joint work has resulted in the creation of Lifelines.

Lifelines have been piloted with staff, giving comments and feedback to the working group ensuring that the guidelines are user friendly.

Early in 2009, discussions took place to extend the availability of the guidelines to South Lanarkshire staff. Through a series of meetings it has proven possible to integrate South Lanarkshire's protocol with Lifelines thus creating a pan Lanarkshire approach to supporting young people engaging in self-harm or suicide behaviours.

There are unique versions of the protocol for North and South Lanarkshire due to services often being specific for either locality.

Key Aims

- To assume a shared responsibility for the care of those 'at risk' of self-harm or suicide.
- To work together to provide a person-centred caring environment based on individual assessed need, where young people who are in distress can ask for help to avert a crisis.
- To identify and offer assistance in advance, during and after a crisis.

Key Objectives

- Care is central to everything we do and can only be achieved through effective partnerships with children, young people, parents, guardians, and other agencies.
- Since assessment techniques alone are not enough to reduce suicides, the aim is to create an environment where young people feel safe and confident to ask for help.
- Multi-disciplinary working and sharing of information are recognised as essential.

- All members of the staff know to take immediate action when risk is identified.
- Decisions about young people 'at risk' are made by teams, not individuals.
- Case conferences and 'Safe Plans' are the means by which support is organised and reflect the assessed needs of the young person and level of risk.
- Staff are supported if monitoring of a young person is necessary, recognising also that a young person with self-harm or suicidal behaviour may unsettle others.
- It is essential to generate an understanding amongst young people, which involves them and their families in responses.
- To develop a community approach is recommended, which enables everyone, including young people, to work together to identify self-harm, share information and encourage those "at risk" to accept help and support.



How to use Lifelines

This document is for all staff in statutory and voluntary agencies who are working and supporting young people, e.g. educational psychologists, group workers, home school partnership officers, public health nurses, pupil support staff in schools, social workers and youth counsellors.

Lifelines supports practitioners in identifying their concern of self-harm and suicide and so enables them to work together on shared approaches and protocols. The Lifelines Flowchart, record forms and guidance are provided to facilitate this multi-agency collaboration and decision making. For ease of use, the Intervention Flowchart is within the inside back cover beside the page for Key Contacts and also as a poster. This document and the poster version of the flowchart are available as pdf versions.

Lifelines is designed to be used by staff who have completed the ASIST and Supporting Young People who are Self-harming training programmes. It builds on the approaches and knowledge gained on these courses and focuses on the key issues and strategies relevant to effective multi-agency support and support plans for these vulnerable young people. Since it is written to be used as a reference aide, some information has been repeated in a number of sections and, where appropriate reference made to more detailed information or recording forms elsewhere in the guide.

Lifelines must be used with the person who is self-harming. A Safe Plan form is available for the young person to complete and keep.

Lifelines may be used to support your own professional judgement and existing local practice. The individual assessment and plan of care should be recorded in your agency's young person's record, for example, using the young person's single agency assessment framework.

Unless it is inappropriate to do so, copies of the Record Forms and other key information should be passed to the co-ordinator (see page 11) at the young person's school. The co-ordinator will arrange for this information to be copied to other staff known to be working with the young person. In this way, all professionals will be aware of other services supporting an individual young person and be able to support them in a more co-ordinated and effective way.

Please remember these forms and checklists are a guide and prompt only, it is not essential they are completed at a set time, so long as you have a clear record of your contact and agreed actions. It may be that you chose to write this up after the young person has left. If you feel it is not appropriate or helpful to complete these during your contact with the young person, then don't.

They are there to support your record keeping, not to take the place of meaningful and supportive conversations. Remember to keep the young person at the centre of the contact you have with them, and do what you would usually do to enable you to maintain a supportive relationship with them, and to build up trust. The only form that should routinely be completed and reviewed with the young person is the Safe Plan.

Completing this may take several sessions and should be done sensitively and meaningfully if it is to be of use. Remember you already have the skills you need to engage with a young person who is self-harming, they are the same skills you would use with any young person in distress.

Self-harm and Suicide

Both these behaviours occur where an individual is struggling to cope with the significant problems in their life. Indeed, they can feel overwhelmed and powerless to change their situation.

In both cases, the individual carries out a deliberate and intentional act to harm themselves. However, there is a fundamental and crucial difference between these two behaviours.

Self-harm

For the vast majority of people who are self-harming, they do so in order to cope. Their intention is to stay alive and to hope for an improvement in their situation. Self-harm can include cutting, burning and self-poisoning.

For them, their self-harming behaviour can have one or more of the following types of functions:

- To achieve a relief of feelings, even for a fleeting moment.
- To exert a measure of control over some aspect of their life.
- To communicate their distress and/or problems.
- To achieve comfort and nurture.
- To help them feel real or alive.
- To stop flashbacks.
- To suppress painful emotions or memories.
- To have tangible evidence of their emotional pain.
- Having a pain that can be cared for.
- To have the opportunity to watch their pain heal.

The rate for self-harm varies with age, gender and membership of vulnerable groups. Recent figures indicate that 1 in 10 Scottish adolescents self-harm and that girls are 3 times more likely than boys to do so. Current figures indicate that between 5% and 10% of those who die by suicide have a history of self-harm.

Suicide

Those who act on thoughts of suicide generally do so in order to kill themselves. For them, the intention is to end their life, to stop the pain, or because they have decided there is no point in living.

The rates of death by suicide in North Lanarkshire and South Lanarkshire are very similar and tend to be a little lower than the Scottish average. Each week, in each council area, there is one death by suicide.

Vulnerable Groups

In addition, we know that some groups are more vulnerable to self-harm and suicide, for example, those young people who:

- have experienced abuse,
- know someone who has is or was self-harming,
- know someone who attempted or completed suicide,
- come to be looked after, or
- have gender uncertainties.

Initial Assumptions

Research² highlights the particular importance of peers, family and the school environment. The young people surveyed suggested that having someone to talk to, who would listen to their problems and who was accessible at home or school, was the best way to prevent young people from feeling that they wanted to hurt themselves³.

- Children and young people who engage in self-harm and suicide behaviours generally are vulnerable and in need of support.
 - They need to feel that their concerns are listened to, heard and taken seriously.
 - They need to feel that people are there for them.
 - Their concerns and problems may be short term but often span months and years. Periods of crisis tend to be brief but, at these times, they need a listening ear and supportive adults are critical.
 - Some may need intensive counselling or therapy but, even these young people, still depend on their daily contact with supportive and listening peers and/or adults.
 - Talking about their self-harm or suicide thoughts or behaviours is NOT likely to (will not) put them at more risk. In fact, the opposite is true – talking and being listened to is a positive and saving process.
 - They need help to feel good about themselves and to feel that they can and will cope.
 - They need encouragement and support to plan for their future – today, tomorrow...
 - They need to feel that there is a positive future for them and you believe that they can make it happen.
 - If you feel that they are self-harming or are feeling suicidal, remember:
If you don't ask
You don't know
If you don't know
You can't help
 - However, you may also need to take action to keep them safe.
 - If you suspect someone may be at risk of self-harm or suicide, it is important to ask them directly about thoughts of self-harm or suicide.
- Do not avoid using the word self-harm or suicide. It is important to ask the question without dread, and without expressing a negative judgement. The question must be direct and to the point.
- For example, you could ask:
"Are you having thoughts of harming yourself?" or "Are you thinking about killing yourself?"

We are here to identify and support young people, first and foremost, who are vulnerable and at risk.

The primary aim is to ensure that they are safe and supported and then, and only then, to look more closely at the problems or traumas affecting them and also their self-harm and/or suicidal behaviours.

In our assessments, we need to determine:

- whether this behaviour is a one-off incident or part of a pattern.
- our level of concern because of the risk to their health or because of their behaviour.
- any changes in their behaviour or mood.

Key steps in this approach, therefore, are:

Listening

- Initial contact and connection
- Active listening
- Keep young person safe and reassured
- Provide support

Action

- Help young person define their problem and concerns.
- Examine alternative coping strategies.
- Make plans, ensuring continuing safety.
- If appropriate, gain commitment to the plans.

Administrative

- Alert school co-ordinator (see page 11).
- Identify and involve support worker (see page 11).
- Request support from other agencies, if required.
- Even if the initial concerns have ceased and the self-harm or suicide behaviours have stopped, monitor the young person and remain vigilant.
- Carry out review as outlined in the Intervention Flowchart (page 12).
- Complete appropriate Checklist of Action with copies to your young person file and school co-ordinator (page 32 to 34).

Attending, observing, understanding, and responding with empathy, genuineness, respect, acceptance, nonjudgment, and caring are important elements of listening. Action steps are carried out in a nondirective and collaborative manner, which attends to the assessed needs of clients as well as the environmental supports available to them⁴.

Support Strategies

The following pages address the support strategies that should be in place in all secondary schools which would enable school staff, with the support from external agencies, to identify and support young people as soon as there is a concern that these young people could be self-harming or contemplating suicide.

The roles and training of staff are outlined and an Intervention Flowchart is provided to clarify the support routes for 3 levels of concern – low, medium and high.

While these guidelines focus on school-based support, the booklet has been written in such a way that the principles and guidance, perhaps with some adaptation, can be applied to supporting young people in other settings.

The approach is predicated on the level of training of key members of staff.

- There should be at least one person in the organisation on duty at any time who is trained in ASIST, and there should be forward plans in place to train all key staff members in this approach as soon as possible.
- There should be several staff trained in safeTALK with forward plans for the school or organisation to ensure all staff are trained in this approach as soon as possible.

- There should be several key staff trained in supporting young people who self-harm (course provided by North or South Lanarkshire psychological services on request, and via the Advisory service in South Lanarkshire).
- All this training should be continually offered on a rolling programme to ensure new staff are kept skilled in these areas.

The Support Worker is any appropriate member of the school staff (e.g. pupil support teacher or partnership officer) or an external service (e.g. psychologist, public health nurse or social worker) who meets these training requirements and is involved in working with these young people. More specifically, it may be used to denote the person identified to be the key support and contact person for an individual young person.

When beginning an interview, it is important that the support worker indicates how much time they have available but that if more time is needed there are ways to accommodate this.

Experts suggest to enhance engagement with a young person (we recognise that staff who work closely with young people will already be highly skilled in engaging and supporting young people):

- Exhibit friendliness, warmth and an interest in the activities and concerns of the young person.
- Listen carefully, compliment the young person on their strengths and avoid arguments.
- Be yourself and do not attempt to adopt the young person's colloquialisms.
- Keep communication at a level that the young person can understand, avoiding the use of professional jargon.
- Be clear and precise in communicating with a young person who may be very distressed and vulnerable, because they may often be confused or in a state of chaotic feelings because of a recent stressful event.

Role and Training of Support Staff

Role of Co-ordinator

Usually, the lead profession will be school staff. In some situations, for example, during a child protection investigation, the Social Work Department is likely to take on this responsibility.

In most cases, the co-ordinator will be a senior member of school staff, most likely the Depute Head Teacher responsible for co-ordinating the Pupil Support Team and the school's multi-agency group, or in the case of the primary school, a member of the primary school Senior Management. Otherwise, the co-ordinator will be a senior staff member in the service with lead responsibility. This role is primarily a management and supervisory function.

Role of Lead Professional

The lead professional is the key contact person for the family and responsible for monitoring the child's or young person's progress and for putting the plan into effect. Other professions providing support will liaise with the lead professional. This role focuses on the direct service and support to the child, young person or family.

The multi-agency team⁵ which meets in secondary schools is a primary forum to discuss pupils for whom there is concern regarding some aspect of their learning or behaviour. It comprises key school staff such as the head teacher or depute head teacher, pupil support staff, support for learning staff as well as, as appropriate, psychologist, home school partnership officer, social worker, and speech and language therapist.

School based support worker

They should be a member of the pupil support team or a partnership officer. In most schools, pupil support staff will take on this role for the groups of young people they are responsible for.

It is good practice for staff to have training in Supporting Young People who are Self-harming and in ASIST. Details of these training programmes are provided on page 51.

In addition they should also have been given further training and information on related topics such as bereavement and responding to critical incidents.

There is a need for a sufficiently large group of such staff who are accessible enough to provide support but small enough to develop the expertise and knowledge of assessing the complexity of needs and concerns.

External Support Staff

It is good practice to have staff trained in Supporting Young People Who Are Self-harming and be ASIST trained.

The expectation is that schools and services will move to ensure that their key staff will be trained to this standard by 2012 and will continue this training programme thereafter.

General Points

Lifelines should be the set of guidelines and procedures which staff will use when supporting and assessing young people who may be self-harming or thinking of suicide.

The staff involved in supporting young people should be involved in a formal peer supervision process. For staff in some agencies, particularly schools, this is not common practice. However, staff are often supporting vulnerable young people, and in order to avoid burn out, organisations need to try wherever possible to create an ethos where receiving support and supervision for this challenging work is seen as standard practice. (See also the section on Looking after Ourselves and Others on page 37).

These guidelines recommend that over time as many members of school staff (including ancillary staff) as possible receive input on how to support young people who self-harm and are suicidal.

All school staff, teaching and ancillary should receive information during inset days on the approach to support young people exhibiting suicide and deliberate self-harm behaviours, and the relevant referral steps.

All teachers will report to the school based Co-ordinator (or a Support Worker) who will liaise with other external agencies. However, the person contacted may vary according to each school's structure, staff availability, the nature of the incident or the concern about the young person.

5. Previously, a number of titles were used for such meetings, e.g. Joint Assessment Team (JAT) or Extended Support Team (EST)

Intervention Flowchart

The Intervention flowchart is located on the inside back cover of Lifelines.

In schools, the Support Worker will be one of the members of school staff who has been trained as detailed previously. External workers/staff could provide support either in the school or in the community.

The Support Worker will explore nature and level of concerns, self-harm and/or suicide behaviours.

The Support Worker may need to contact services who have information about the young person and their family.

The Support Worker will share findings with identified colleagues for peer support and will liaise throughout with the co-ordinator.

The end purpose of the support to every young person is to develop a Safe Plan (see page 31). The timescale for this will differ in each case, depending on the young person's willingness to engage in this work and their rapport with the support worker, however this is an important part of any intervention.

The follow-up reviews are carried out as agreed with the young person.

After the incident, Support Worker will liaise with the school co-ordinator and jointly complete the appropriate checklist – pages 32 to 34.

Alert: Since bullying and, more importantly, abuse are major reasons for self-harm and suicide behaviours, staff may also have to invoke the current Child Protection and Bullying procedures.

As a guide, the follow up reviews should be:

- a. After one week to ensure initial assessment and strategies remain appropriate. Revise as required, including a new working through the intervention flow chart. Complete checklist and copy as required.
- b. Longer term support requires no later than three monthly checks until two "no actions" are achieved.

Definitions

The following definitions are used on the Intervention Flow Chart. Some examples have been given, but they should be seen only as a guide.

Low Level of Concern

Young person is harming themselves to an extent that is unlikely to cause death or serious harm and they do not have thoughts of suicide or a suicide plan.

Medium Level of Concern

Young person is harming themselves to an extent that could cause accidental death if undetected or untreated, and they do have thoughts of suicide but no plan or intent.

High Level of Concern

Young person is harming themselves to an extent that could cause immediate accidental death or they intend to complete suicide.

Lanarkshire Suicide Assessment and Treatment Pathway

Lifelines and its Intervention Flowchart works in conjunction with the Lanarkshire Suicide Assessment and Treatment Pathway and its associated guidance.

The purpose of the Pathway is to assist staff in the assessment of people of all ages who desire to kill themselves and to ensure appropriate and timely treatment is provided within appropriate timescales.

It will be used by staff across North and South Lanarkshire, primarily by health and social care staff.

By comparison, Lifelines focuses exclusively on young people and covers a much wider range of concerns. The lead professionals supporting young people will be education staff or staff from other agencies (statutory and voluntary) working within educational establishments, for example, educational psychologists, group workers, home school partnership officers, public health nurses, pupil support staff in schools, social workers and youth counsellors.

When the assessments indicate a high level of concern or when there is immediate risk of suicide or significant harm to them, the Lanarkshire Suicide Assessment and Treatment Pathway should be used.

If required, phone 999.

Information about and copies of the Lanarkshire Suicide Assessment and Treatment Pathway are available from the element website:

www.lanarkshirementalhealth.org.uk

Supporting Young People and Staff

Throughout Lifelines we have focused on the support worker as a key person in helping the young person. The focus is also to ensure that the young person is safe and receives the help, advice and support they require, and that these change in response to the continuing assessment by staff involved.

While one member of staff acts as the primary support worker, it is essential to ensure that at least one other member of staff (school or external) is known to the young person, and other colleagues are available for consultation and supervision with the support worker. The involvement of other staff ensures that the young person can receive support if the key support worker is unavailable for any reason. Some young people do benefit from the security provided by a team approach.

In over 80% of cases, when a young person first discloses their suicide or self-harm behaviours, it is to a friend. Their peers can be involved in encouraging the individual to seek help from an adult whether this is, for example, a member of the young person's family or staff in a school or support agency. Usually, the peers continue to support their friend. This is an onerous and challenging responsibility. These peers should be given help to realise that their role is to be a friend while adults take on the key responsibilities of caring for and helping the young person.

In addition, these friends may benefit from help to understand suicide and self-harm behaviours by way of discussion with staff, information leaflets, and, if appropriate, attending a safeTALK session, which is suitable for people 16 years and older. However this may not always be possible for example within the constraints of the school curriculum. In those cases an awareness from support staff that peers might be anxious and require reassurance is protective, however this is provided. The advice in terms of Self Care (page 38) could be modified for these young people.

Furthermore, support staff also require supervision and support: they are often dealing with complex, demanding and emotionally stressful situations (see page 38). This support is not always provided formally within an organisation however there is great benefit in informal peer support as well, although it would be best practice for formal support structures to be in place.

Support Plan

Low level of concern

As indicated in the Intervention Flowchart, it is very unlikely that the young person is at risk of seriously harming themselves but they are vulnerable. They require support to ensure that their problems and concerns are addressed and so minimise the likelihood that the level of concern increases.

One person will take the lead in supporting the young person but the young person knows who and how to contact other support staff, if necessary. The young person requires regular planned support sessions and is able to access support outside these sessions.

Medium level of concern

One person will take the lead in supporting the young person, with colleagues available as described previously. The young person requires more frequent planned support sessions and is able to access support outside these sessions.

It may be important to ensure that medical staff are in touch with and available to the young person (and their family) to address any issues such as caring for wounds.

Since a number of agencies are likely to be involved, it will be vital that good communication and joint-planning takes place. The co-ordinator performs a central role in these processes. Within schools, the multi-agency group meetings and regular review meetings should be used to ensure that the most appropriate support is and continues to be provided. When another service is taking the lead, their own mechanisms and procedures will be followed, ensuring that regular multi-agency meetings take place.

A planned programme of monitoring (page 19) and ongoing support is very important until staff are confident that there is no, or minimal, concern about the young person.

High level of Concern

Immediate action and involvement of other services may be essential to ensure that the young person is safe:

- medical needs are addressed including an emergency admittance to hospital
- any child protection, domestic violence and/or bullying issues are dealt with according to current procedures

If the immediate action above is required, then the co-ordinator should call an urgent multi-agency meeting or instigate Child Protection procedures, if appropriate.

A multi-agency support plan is essential, with a high level of ongoing communication and co-ordination. Regular reviews and explicit monitoring are also essential to ensure that the young person is being helped and the level of concern can reduce.

Long term monitoring and reviews will be essential. Explicit checks every 3 months have been found to be very effective in identifying deterioration in mood and increased level of risk of serious self-harm or suicide intent.

Alert: particularly when there is or have been concerns of suicide intent, a change to a more positive and buoyant mood may NOT indicate improvement but rather that the young person has settled on a firm suicide plan.

Emergency Supports

It is inevitable that, at some point, a young person or their family will be looking for help or advice late on a Friday or just before a holiday period.

At these times, sources of help include:

Psychiatric Liaison Nurses

Monklands Hospital, Airdrie
Telephone: 01236 748 748

Wishaw General Hospital
Telephone: 01698 361 100

Childline

Telephone: 0800 11 11
www.childline.org.uk

Breathing Space

Telephone: 0800 83 85 87
www.breathingspacescotland.co.uk

Samaritans

Telephone: 08457 90 90 90
www.samaritans.org

Cruse

Telephone: 01698 303 099
www.crusescotland.org.uk

NHS 24

Telephone: 08454 24 24 24
www.nhs24.com

Parentline Plus

Telephone: 0800 800 2222
www.parentlineplus.org.uk

Emergency Social Work Services

We deal with emergencies which are too urgent to await action by the social work locality office on the next working day.

Service operates outwith office hours and at weekends.

Who we are

The team is made up of experienced and qualified social work staff.

What sort of emergencies can we help with?

- Child protection
- Adult protection
- Older people who are at risk or need immediate help
- Mental health assessments
- Major incidents (civil emergencies)

North Lanarkshire contact details

Freephone: 0800 121 4114

South Lanarkshire contact details

Freephone: 0800 678 3282

Dial 999 in emergency situations

Given the episodic nature of self-harm and that it can recur some years later, it is important that each agency's case file and the school's pupil records include reports of the student's self-harm and suicide behaviours.

This documentation could include the proformas outlined in section beginning on page 29.

The identified support worker will provide support and monitor the young person's progress. After each meeting with a young person, it may be helpful to use the Record of Meeting Form (page 29) to record your contacts with a young person who is self-harming, or you may choose to continue to use your agency's current recording procedures.

Where there is an update on the situation or a change in our assessment of level of concern, a copy should also be sent to the school co-ordinator and all professionals known to be supporting the young person.

This distribution of information must take account of:

- a. our agreement about who should be kept informed,
- b. when and about which issues
- c. the content and, in particular, the agreement on consent and confidentiality made with the young person.

This recording form is useful in agreeing a summary of our meeting with them, identifying next steps from them and us, and agreeing any action involving family members or other staff.

External support staff working in a school should also provide a record of their assessment and input for inclusion in the school file. Such staff would include home school partnership officer, psychologist, group worker, public health nurse and social worker.

If the situation changes or the level of concern has increased, it is important to make the young person aware that it is now necessary to involve other members of staff or other services. They may need to be helped to understand that this action is in their best interests. If there are Child Protection issues, we are required to act according to current procedures, even if the young person is not in agreement with this course of action.

If there is a change in the young person's circumstances, their behaviour or an increase in the level of concern, a multi-agency meeting should be called. A school based multi-agency case discussion or conference is likely to be the most appropriate forum. A formal record of the meeting will be made and copied to all involved in supporting the young person.

Overview

It may be useful to monitor within school the number of young people causing medium and high levels of concern, and for the school co-ordinator to have an overview of these cases. For more high tariff cases it is recommended that there is a formal discussion at the start of each session that involves the co-ordinator, school and external key support staff. Again, a multi-disciplinary meeting is likely to be the appropriate forum. At this type of meeting, staff may wish to discuss particular types/patterns of self-harm or suicide behaviours in order to formulate a shared support plan for any young person presenting with these types of behaviours.

Concern, Consent and Confidentiality

In this and subsequent chapters, it is important to be aware of a number of legal issues. These will be addressed within each section as they are relevant to the issues being considered.

The key issues relate to

- a. Our duty of care for children and young people of all ages
- b. Capacity, Consent and Confidentiality, including information sharing
- c. Data protection

Detailed legal information is provided in the section titled Legal Issues on page 58.

Central to these three issues is that decisions and actions should be taken in the best interests of the child or young person. We have legal and professional obligations to keep them safe and to take their views and wishes into account.

The Lanarkshire Information Sharing Protocol provides full details of good practice in obtaining consent and related issues of confidentiality.

Informed consent

It is imperative that each professional supporting a young person makes clear the reason and nature of their involvement and the support they can or will be providing. For example, they are there to provide support, advice and information.

It is also vital to make explicit:

- Why we would wish to share information.
- With whom information would be shared.
- What information would be passed to or available to others, e.g. shared case notes.
- Any recommendations we will be making and to whom
- Any actions that we will be taking.
- Any boundaries or limitations we have.

Within this context, we should be making them aware that we have to ensure their safety and that of other children and young people. Therefore, we should be explicit in letting them know that we may be required to let others know if someone is at risk. As stated previously, we may then have to follow Anti-Bullying and/or Child Protection procedures.

Confidentiality

There are various pieces of legislation⁶ which make clear that we must respect the views of all children and young people and must take their views into account. These imperatives are regardless of the age and ability of the child or young person.

In addition, we are required to hold private the conversations we have with them and only pass on information given by them:

- With their explicit agreement and after we are sure that they have understood what will be shared, with whom and why.
- When information they have given us means that we must act to keep them, or someone else, safe. Usually, these situations are covered by Child Protection procedures.
- If we feel that they are at risk of seriously harming or killing themselves, we must act⁷. (Details are given in the section Support Plan on page 15 and in the Intervention Flowchart, page 12).

Our primary responsibility is to keep them (or other young people) safe

Clearly, these requirements may be felt to be in tension or even clashing with normal expectations/assumptions that parents will be automatically informed and involved when concerns are raised about their child. However, as discussed several times earlier and especially in the section on page 15, when young people are self-harming or engaging in suicide behaviours, we need to proceed with much greater caution, we act only after much more comprehensive assessments and formal case discussions of if, when and how parents can be informed and then involved in the support to their child.

Evidence supports an approach and strategies that recognise that:

- It is paramount to ensure the young person is safe and risk to them is minimised: this has priority over a commitment to contact parents.
 - The young person may be very accurate in their appraisal of their situation and risks of contacting their parents. There could be the potential for an increase in the risk to them from e.g. abusive parents. In addition, we have to be aware that the young person may wish to be protective of e.g. a parent who has mental or physical health problems.
 - Legally and professionally, we have to listen to, respect and, where appropriate, accept and work with their decisions rather than those of their parents.
 - We are not acting “in loco parentis”, even when we are fulfilling our duties as a corporate parent. Rather, we are required to fulfil our professional responsibilities as set out in any Council or Service policies, our professional codes of practice or legislation.
- Self-harm and similar behaviours are coping mechanisms, necessary for surviving personal problems and traumas. While we will be working with young people to find and use less harmful coping strategies, the priority is to address their primary problems and enable them to better cope with them.
 - These young people are very vulnerable, often very isolated and very poorly supported. They may well have needed courage and a great deal of encouragement to access and work with staff. In going against their wishes, not only may we exacerbate an already troubled or abusive family situation but put them at risk of withdrawing from contact with any service. Therefore, there is a risk of compounding their vulnerability and isolation, and, in so doing, increasing their stress. The likelihood becomes that the self-harm and suicide behaviours increase and become riskier.

Involvement of Parents

Parents will usually be important sources of support for their child

When we ask young people to involve their family, we have to be ready to respond to three reactions:

1. They will agree and may even be keen/relieved that their family will be involved.
2. They will be reluctant.
3. They will refuse to have their family contacted, let alone be involved.

Agreeable

In most cases, we will be able to receive the young person's agreement to informing and involving their family. We can then decide the best strategies to support that young person and their family.

Reluctant

In other cases, the young person will be reluctant for this to happen because of anxiety, embarrassment or uncertainty about how the adult(s) will react.

Here, staff will have to help both the young person and their family by:

- Reassuring and supporting the young person through this process.
- Signposting adults in the family to other sources of support and information.

It may be helpful or even essential to identify adult family members such as an older sibling, aunt or grandparent to act as a bridge and longer term mediator.

Refusal

However, it is important to recognise that the young person's resistance to their family being contacted can be realistic and appropriate. Our priorities are to ensure their safety and that they continue to seek help and engage with support staff. For some young people, we may have to respect this refusal while continuing to seek ways to encourage them to inform and involve their family.

In some situations, we may be able to engage in long-term intensive multi-agency work with the whole family before it is safe and appropriate to explicitly consider the young person's self-harm and/or suicide behaviours.

In a few cases, it will never be possible to inform or involve the parents.

In considering our course of action, it is important to:

- a. Ensure that there are no factors which would prevent parents from being contacted at this point (level of anxiety of young person or concern that e.g. abuse could occur).

It is crucial to be alert to the fact that a major reason for self-harming and suicide behaviours in young people is abuse by family members. If there is knowledge or any anxieties about this possibility, it is imperative that staff take active steps to clarify the situation and ensure the young person's safety before making the family aware of the situation. The involvement of and advice from the social work team are likely to be central to this process.

- b. Take steps to reassure the young person, if required, about the value of informing and involving their family.
- c. Provide support to the young person while working with them to understand how they can discuss their problems and needs with their parents.

At the time of the discussions with the young person, they may not be ready to involve their family and let them know about their self-harm or suicide behaviours through, for example, fear of their reaction or embarrassment. They may not feel emotionally and psychologically prepared, at this point, to disclose the behaviour and discuss their feelings with family members.

- d. Take steps to support family members to understand the young person's behaviour and then give them appropriate help to support their child.

Where young people are looked after within a children's house, it is essential that key staff on every shift are aware of the safe plan, the assessed level of concern and their support needs.

“Please don’t tell my Mum!”

Given the tension between the possible need to agree to this type of request and the valuable contribution that parents can make, how do we decide on the best course of action?

Low level of concern

Here, we may be in a good position to agree to the young person’s request. We are likely to have time to gather more information and extend our assessment of them. As we have discussed (page 15), the aspiration will be to help the young person become accepting of the involvement of their parents, perhaps with the mediation and support of a member of the support staff or another member of family.

Medium level of concern

Often, the reality is that we will be faced with a great deal of uncertainty and a paucity of information. The Intervention Flowchart (back cover) provides a structure for such considerations and decisions. However, it is vital that, where staff are grappling with such a request, they do not do so in isolation but formally discuss the request with colleagues and then record their response to it. The school co-ordinator should be made aware of the issues, the decision and the support plan. The issues of if, when and how to involve parents may need to be reviewed regularly in response to more information, updates in the assessment of the level of concern and changing circumstances.

The best course of action may be to agree to the young person’s request but to make it very explicit that, if appropriate, one element of their support plan will focus on how and when their parents can be involved.

Nonetheless, for others, it may never be possible or appropriate to involve their family. These young people will require a higher level of supervision and more frequent and formal case discussions. It is likely that several agencies will be involved and that, for the wider issues, a shared multi-agency single plan will be in place. The above support strategies may form part of that plan – but only if the details of the self-harm and/or suicide behaviours are not an explicit entry in a document to which the family could have access.

High level of concern

These situations are such that the parents will be quickly and formally informed and their involvement sought. However, these circumstances could also involve the invoking of Child Protection procedures.

Regardless of the background to the incident(s) leading to this assessment of a high level of concern, the young person will require a high level of support for a long period with close supervision and regular reviews thereafter.

Regular multi-agency meetings and formal case discussions will be vital to co-ordinate the support plan and ensure the continued safety and support to the young person. The frequency of these meetings is best agreed through initial joint planning taking into account the individual case circumstances. The frequency of these meetings and those invited may vary as the situation and planning changes.

Samaritans Confidentiality

This summary is provided by way of background to the unique position taken on confidentiality by the Samaritans.

All information relating to a caller is confidential to Samaritans unless:

- We have informed consent from a caller to pass on information.
- We call an ambulance because a caller appears to be incapable of making rational decisions for him or herself.
- We receive a court order requiring us to divulge information.
- We are passed information about acts of terrorism or bomb warnings.
- A caller attacks or threatens volunteers.
- A caller deliberately prevents the service from being delivered to other callers.

Samaritans maintain confidentiality even after the death of a caller.

Records

Use of Record Forms

Distribution List

Recording of meeting with Young Person

My Safe Plan

Checklist of Action

Use of Record Forms

A brief description of the record forms can be found below.

Record of Meeting

This form is designed to aid the support worker in recording a summary of their contact with any young person. When this is completed it is recommended that copies are passed to a line manager or co-ordinator, and to other professionals known to be involved in working with a young person.

Where staff are supporting a high number of young people it may not be practical to complete this after every contact, so long as some record is kept. For cases where concern is high, a system of formal recording and sharing of information with other appropriate agencies is advised. Always work within your child protection guidelines.

Safe Plan

This form can be used with the young person to develop and make explicit their safe plan. The form should be given to the young person, with a copy kept by the support worker involved. If agreed with the young person, copies could be shared with the family and/or other professionals.

There is no space included for the young person's name. This approach was felt to be useful to protect the young person's privacy and confidentiality in case they lose the form or it is discovered by someone else. In addition, if it is their plan, they do not need the administrative formality of the line for their name. Since it is their plan, they can customise it in any way they wish.

The support worker should ask the young person for a copy of this plan – for their record and, as a backup, in case the young person loses theirs. Alternatively, the young person may wish for the master to be kept by the support worker. This Safe Plan must be treated with respect and trust and confidentiality respected.

Checklists

Low, medium and high level of concern.

These forms are used at:

- the point of first identification of concern about a young person's self-harm
- following a formal monitoring of their progress
- when an increase in the level of concern is identified

The support worker or co-ordinator will usually co-ordinate this assessment and support process, ensuring that the various actions are carried out and recorded. Copies will be given to staff involved in supporting the young person.

Distribution List

Distribution List	Young person	Co-ordinator (School or external agency)	Pupil Support Teacher	Pupil's school file (PPR) ⁷	Other supporting staff* <small>(*as appropriate; HSPO, psychologist, public health nurse, or social worker)</small>
Support Plan	•	•	•	•	•
Record of meeting		•	•	•	•
Checklists		•	•	•	•

While other school staff and those from other agencies will have access to these reports in the pupil's PPR⁸, it is imperative that they too fully respect this trust and confidentiality and to handle any information contained with utmost sympathy and understanding.

They should liaise with the co-ordinator before meeting with the young person or their family. Indeed, it is likely that the best course of action is to leave any discussion of the Safe Plan and its contents to the staff directly supporting the young person.

In particular, these staff should be alert to any request by the young person regarding the involvement of their family and the information to be shared with them. Support staff should make them aware of any such issues and make these other staff members aware of their legal responsibilities when handling such consent and confidentiality issues.

Recording of meeting with Young Person

Concern: self-harm and/or suicide behaviours

Name of young person _____

Place of meeting _____ Date and time _____

Interviewed by _____ Post _____

Overall appearance

Description of suicide/self-harm behaviour, including injury (if applicable)

Describe e.g. any physical injury and medical support required.

Needs identified

Practical, physical and emotional support needed – both immediate and long-term.

Continued over

Recording of meeting with Young Person continued

Concern: self-harm and/or suicide behaviours

Function of the young person's behaviour

Possible questions could include:

- How do you think your self-harm helps you?
 - Do you know why suicide is important to you?
 - Does that make sense?
 - Do you know how it helps you?
-

Other points/issues from discussion

Next steps (agreed with young person and professional steps)

Detail what information can be shared and with whom

Name of agreed adult contact

Telephone

Recommendations or advice given

My Safe Plan

Risks to Avoid

How to keep myself safe

My resources

Things that I can do that will help

Who can help me and how

Safety contacts

_____	Childline	0800 1111
_____	Breathing Space	0800 83 85 87
_____	Samaritans	08457 909090 jo@samaritans.org

Low level of concern

Checklist of action on self-harm or suicide

Name of Young Person _____

The following provides a quick overview of the action you should take when assessing and providing support to a person who is self-harming to a degree which is **not likely to cause serious harm**, have long term health implications or result in accidental death.

Date	Action	Task undertaken by	Date Completed & Signature
	Joint discussion and agreed assessment and support plan		
	The young person has been asked if they are self-harming. You have established that currently there is low level of concern. The self-harm is not likely to cause permanent harm or accidental death.		
	You have asked the young person if they have any suicidal thoughts or plan. You have established that currently there is low level of concern. Their behaviour is not likely to cause permanent harm or accidental death.		
	Findings reported to co-ordinator. Co-ordinator _____		
	If young person is under 16 years old or is still at school, discussion about involving parents has been extensive and parents are informed only if young person gives permission.		
	Person named who will continue to monitor the young person. Name _____		
	The support needed and who will provide it is agreed with the young person. Support Worker _____		
	Young person is supplied with details of support agencies which they can contact on a voluntary basis.		
	Referral is made to supporting agencies, if appropriate		
	Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional.		
	All action and findings are fully documented.		

Medium level of concern

Checklist of action on self-harm or suicide

Name of Young Person _____

The following provides a quick overview of the action you should take when assessing and providing support to a person who **is self-harming to a degree which could cause serious harm**, have long term health implications or result in accidental death if immediate action and care are not secured.

Date	Action	Task undertaken by	Date Completed & Signature
	Joint discussion and agreed assessment and support plan		
	The young person has been asked if they are self-harming. You have established that currently there is medium level of concern. The self-harm is not likely to cause permanent harm or accidental death.		
	You have asked the young person if they have any suicidal thoughts or plan. You have established that currently there is medium level of concern. Their behaviour is not likely to cause permanent harm or accidental death.		
	Findings reported to co-ordinator. Co-ordinator _____		
	If young person is under 16 years old or is still at school, discussion about involving parents has been extensive and parents are informed only if young person gives permission.		
	Person named who will continue to monitor the young person. Name _____		
	The support needed and who will provide it is agreed with the young person. Support Worker _____		
	Young person is supplied with details of support agencies which they can contact on a voluntary basis.		
	Most appropriate agency is contacted to facilitate further assessment. Agency _____ Contact person _____		
	Advice on care of injuries is given or, if necessary, care is provided. Remember this should be given by a first aid trained professional or health professional.		
	All action and findings are fully documented.		

High level of concern

Checklist of action on self-harm or suicide

Name of Young Person _____

The following provides a quick overview of the action you should take when assessing and providing support to a person who is self-harming to a degree which could have implications or cause immediate accidental death.

Date	Action	Task undertaken by	Date Completed & Signature
	Seek support immediately. Do not leave young person alone. Name the person who assists you. Support Workers _____		
	Joint discussion and agreed assessment and support plan		
	Young person has been asked, and you are certain of the intentionality of their self-harm actions. This initial discussion with young person makes evident that permanent harm or accidental death could be imminent due to self-harm.		
	You have asked the young person if they have any suicidal thoughts or plan. You have established that currently there is high level of concern. Their behaviour could or is likely to cause permanent harm or death.		
	You have established whether or not that the young person has a history of suicide attempts or there is a history of suicide attempts or completed suicides by someone close to them.		
	Seek support immediately. Do not leave young person alone. Name the person who assists you. Support Workers _____		
	Access immediate medical attention or treat wounds appropriately. (Remember this should be given by a first aid trained professional or health professional)		
	Inform parents or guardians. If there are good reasons not to, then alternative arrangements have been made as this person should not be alone. Automatic alert to social work.		
	A named person has agreed to take the young person home or to a safe place to stay, agreed by social work. Named Person _____		
	Person named who will continue to monitor the young person. Name _____		
	The support needed and who will provide it is agreed with the young person. Support Workers _____		
	Findings reported to co-ordinator. Co-ordinator _____		
	All action and findings are fully documented.		

Self-Care

Looking after Ourselves and Others
The ABCs of Self Care
Services Available

Looking after Ourselves and Others

As highlighted in the introductory section, supporting young people who are engaging in self-harm and/or suicide behaviours can have an impact on our normal ability to function, psychologically, socially and emotionally.

Experience and research have both identified the steps that should be taken if staff are able to cope with such difficulties and to recover as quickly as possible from them.

Personal

The steps that we should take to look after ourselves are straightforward and unsurprising:

- Keep alert to the potential for such Compassion Fatigue
- Talk to others about these issues and how you feel
- If needed, look for more professional support and debriefing after sessions
- Ensure that you maintain a positive work – life balance
- Take care of yourself – diet, sleep, exercise and careful use of alcohol and medication.

Care of colleagues

Ideally, your organisation will have formal support structures, in particular:

- Peer support where you have regular and formal session in which you and a colleague can take turns to discuss and reflect on your professional practice.
- Peer supervision where a colleague from your organisation or another provides regular sessions in which you are asked to discuss your professional activities and receive supervision, coaching or mentoring.

Organisation structures

All the evidence underlines the reality that staff cope better and recover quicker if their organisation has the following characteristics:

- A positive and supportive ethos where staff feel supported and valued.
- The organisation encourages staff to discuss concerns and work collaboratively within a collegiate framework.
- The organisation recognises that there can be a cost to caring and providing pastoral care to vulnerable young people. Therefore staff's need for support is a normal not abnormal correlate of caring.
- Support plans and decisions about these young people should arise from careful discussions with other support staff and the responsibility for the care of these young people rests, not with one individual, but rather with the support team.

Warning Signs

The negative impact of caring varies from individual to individual and can affect them in a number of different ways:

- **Physically** level of energy, ability to sleep, and tendency to fall ill.
- **Cognitively** struggle to remember, difficulty in coping with demands of their post, and task avoidance.
- **Emotionally** tendency to irritability, anxiety, depression and an overwhelming sense of sadness.
- **Socially** avoidance of social situations, preference to be on one's own or far more gregarious than before.

Rather than looking to a checklist of indicators, it is more important to be aware of significant and lasting changes in mood, behaviour and performance. If you are concerned about yourself, discuss these concerns with an understanding and helpful colleague, a colleague from another service who has psychological or counselling training, use your staff or union's welfare service or your GP.

Similarly, if you are concerned about a colleague, approach it sensitively but with the knowledge that you can find help and support for them.

The ABCs of Self Care

There is a cost to caring. Professionals who listen to clients stories of fear, pain and suffering may feel similar pain, fear and suffering because they care⁹.

At these times it is crucial that you look after yourself and use the support available from your colleagues or other services.

Similarly, it is crucial that you ensure a colleague, who may be struggling from the impact of this caring, is offered and helped to accept support.

This straightforward approach was developed by Saakvitne and Pearlman¹⁰.

Awareness

Be alert to one's needs, limits and emotions.

Pay attention to all aspects of your experience including thoughts and feelings.

It helps to have quiet time and space for positive self-reflection.

Balance

Maintain a balance and diversity of activities at work.

Balance your energies between work and play, between activity and rest, between focus on self and focus on others.

Balance provides stability and helps us be more resilient when faced with high levels of stress.

Connection

Connection to oneself and to others decreases isolation and increases hope.

Connection is supported by open communication.

Connection with others, both personally and professionally is essential.

Connection with others enables us to be empathetic and to provide effective support.

We cannot do this work alone or unsupported

When we look after ourselves, we are better able to care and support others.

Services Available

Services provided to Children and Young People who engage in self-harm or suicide behaviours, and to their families.

The following pages provide key information about services that support young people who are self-harming or threatening suicide.

Each section includes a brief overview of the services available, contact details and a quick summary on the flowchart on page 48.

Educational Psychologists

South Lanarkshire Council Psychological Services are part of the Inclusion Service within Education Resources. Psychological Services have four main levels of input (child and family, school, locality, local authority). In relation to each of these four levels of work psychologists have five core functions: consultation & advice, assessment, intervention, training and research. Educational psychologists have a number of statutory roles, for example, in assessing children's individual support needs and in providing advice to Children's Hearings.

Educational Psychologists all have an honours degree and a post-graduate qualification in psychology and are both chartered by the British Psychological Society and registered with the Health Professions Council. As applied psychologists, they work both within the school system and in the community to effect positive change in the learning, development and emotional well-being of children and young people.

All schools have a link psychologist. Educational psychologists will work at various levels within a school or community and apply a range of knowledge and skills.

Some work will be with children, parents or school staff, individually and/or in groups. Consultation and collaboration with professionals from other departments is a crucial part of our support to children and young people who are engaging in self-harm or suicide behaviours. Another key area of work is the development and provision of a range of training and development packages for schools, parents and other professionals. We have a team within the service who specialise in supporting young people who are Looked After, and all Children's Houses within the Council have a link psychologist.

Target Group and Age Range

0 to 19 years, (16+ attending a local authority educational establishment)

Each primary, secondary and additional support needs school has a link psychologist.

Preschool children are supported on an individual basis. Some nurseries have a link psychologist. It is hoped eventually to be able to provide all local authority nurseries with a link psychologist.

The Post School Psychological Service offers consultation, training and advice to FE colleges for young people up to the age to 24.

Psychological Services

Brief Therapy Team

The Brief Therapy Team within Psychological Services in South Lanarkshire offers a variety of therapeutic approaches, including Solution-focused, possibility therapy, narrative therapy, CBT, EMDR. Referrals are made by case psychologists, not directly via the school or parents.

Times

Mondays to Thursday 8.45am to 4.45pm, Friday 8.45am to 4.15pm.

Contact details

Hamilton

Psychological Service
Woodside Primary School
Johnstone Road
Hamilton ML3 7JR
Telephone: 01698 423666

East Kilbride

Psychological Service
Cedarwood Centre
Cedar Drive
East Kilbride G75 9JD
Telephone: 01355 236 984

Lanark

Psychological Service
1 Albany Drive
Lanark ML11 9AQ
Telephone: 01555 661 673

Email: enquiries@slcpsych.org.uk

NHS Lanarkshire Child & Adolescent Mental Health Service (CAMHS)

NHS Lanarkshire CAMH Service provides a range of services across South Lanarkshire.

Mental Health Crisis Services

Each CMHT will have a dedicated duty person who can deal with calls and enquiries during the day with staff in the hospital available 24hours

8.30am–6.30pm Monday to Friday and 8.30am-5pm at weekends.

This also includes an assessment team for North and South Lanarkshire based with the Out Of Hours Service, but will respond to mental health crisis at Accident and Emergency (A&E) and Out Of Hours as well as provide a liaison service 24/7.

For individual enquiries please contact your local CMHT for further information.

Child & Family Clinics

Three multi-disciplinary CFC Teams provide a specialist service to children, young people and their families who are experiencing significant and complex mental health problems/mental illness such as Anorexia Nervosa, Depression, Psychosis, Self Harm, Anxiety Disorders and a range of neurological-developmental disorders.

All teams accept referrals from any professional working with children of children and young people from birth to their 16th birthday. An initial, holistic assessment is carried out covering biological, psychological and social background issues of the child and family.

From this assessment a range of interventions can be provided to meet the needs of the child and their family.

Interventions include:

- Medication
- Psychodynamic Psychotherapy
- Family Therapy
- Cognitive Behavioural Therapy
- Interpersonal Therapy
- Parenting Interventions
- Psycho-Education

Although services are delivered within a clinic based model the approach taken by staff is to work within a normalising framework, using a diagnostic approach where relevant. The teams also offer a consultation service to colleagues in other agencies, where appropriate.

Contact details

194 Quarry Street
Hamilton

Telephone: 01698 426753

Department of Child and Family Psychiatry (DCFP)

Children and young people living in Rutheglen and Cambuslang will receive CAMHS services from NHS Glasgow. The services is the same multi-agency service as the one offered by Lanarkshire CAMHS.

Contact details

Children and Young People Specialist Services
East Glasgow Child and Adolescent Mental Health Services
90 Kerr Street, Bridgeton
Glasgow G40 2QP

Telephone: 0141 531 3300

CAMHS Reach Out Team

The Reach Out Team provides a non clinic based (out-reach) specialist service to children and young people living with a parent with a diagnosed mental illness. The team are based at Coathill Hospital and accept referrals of young people up to their 16th birthday from any professional working with children and families. They will also accept self-referrals. The team provide a range of therapeutic interventions and support for this vulnerable group of young people. The service is available to families living within the following localities; Airdrie, Coatbridge, Cumbernauld/Kilsyth, Hamilton/Blantyre, Lanark and Douglas and Nethan Valley.

Contact details

CAMHS Reach Out Team
Coathill Hospital
Coatbridge

Telephone: 01236 707 760

CAMHS for Accommodated Young People Team (CAYP Team)

The CAYP Team provide a specialist multi-disciplinary service to children and young people who are looked after and accommodated within local authority children's houses across Lanarkshire. The team accept referrals, normally through social work services, of young people up to 18th birthday. The team provide staff training and professional consultation as well as the same direct therapeutic service to young people as those which are available within the CFC Teams.

Contact details

CAYP Team
Airbles Road Centre
49 Airbles Road
Motherwell

Telephone: 01698 244 321

CAMHS Primary Mental Health Team

The PMH Team provide an early intervention service to children and young people with less serious and complex emotional/behavioural problems. The team is currently set up to provide school based interventions and training in a few South Lanarkshire Schools. The service will be rolled out across South Lanarkshire in 2010. The team accept referrals from any professional working with children and families, of young people up to 18th birthday if they are still in school based education, and often work closely with the link Educational Psychologist for the school and other agencies via the Joint Assessment Team system in secondary schools.

Contact details

CAMHS Primary Mental Health Team
Gate House
Cleland Hospital
Cleland

Telephone: 01698 863 286

CAMHS Learning Disability Team

The CAMHS LD Team provides a specialist multi-disciplinary mental health service to children and young people with a moderate to severe learning disability. Children (up to their 18th birthday) who attend additional support needs provision only, can be referred by any professional. The team provide a range of biological and psycho-social interventions, as well as consultation and advice to other agencies.

Contact details

CAMHS Learning Disability Team
Airbles Road Centre
49 Airbles Road
Motherwell

Telephone: 01698 244 320

For children and young people in the Rutherglen and Cambuslang area of South Lanarkshire, the relevant LD CAMHS is located at:
Building 3, 4th Floor
Templeton Business Centre
62 Templeton Street
Glasgow G40 1DW

Telephone: 0141 277 7515

Community Mental Health Teams

Hamilton

High Patrick Street
Hamilton ML3 7JA
Telephone: 01698 455 459

Larkhall Health Centre

Low Pleasance
Larkhall ML9 2HW
Telephone: 01698 884 731

Clydesdale Resource Network

Woodstock Medical Centre
Woodstock Road
Lanark ML11 7DH
Telephone: 01555 667150

East Kilbride

4th Floor, Atholl House
Churchill Avenue
East Kilbride G74 1LU
Telephone: 01355 233 354

Home School Partnership Workers

Home School Partnership Workers support young people in their local secondary school.

Support offered

They can offer support to parent and families at difficult times, as well as signpost to other agencies. Home School Partnership Workers can make links with a variety of agencies within communities to ensure support is provided at the level required for the length of time required.

Their core business is to engage with parents and carers in their own and their children's learning, to raise attainment and achievement levels for all.

Target Group and Age Range

All pupils and families from nursery to secondary.

Times

Monday to Friday, 8.45am to 4.45pm (school term)

Out of hours support can be arranged, if required.

Out of school learning and school holiday programmes.

Contact details

A senior who oversees the work of home school partnership workers is available for contact in each of the four localities in South Lanarkshire.

Housing

Shelter Scotland Education Support Service

Working with homeless children and families, to help address the barriers to learning caused by homelessness. This service works with children of families who have approached Shelter for advice and support as well as children who have been referred from outside agencies.

Jacqueline McGrath
Education Liaison Worker
South Lanarkshire Council

Telephone: 0844 515 2500

SLC Housing Office contact details

Blantyre

45 John Street, Blantyre G72 0JG
Telephone: 01698 527 304
Email: housing.blantyre@southlanarkshire.gov.uk

Cambuslang

24 Stonelaw Road, Rutherglen G73 3TW
Telephone: 0141 613 5541
Email: housing.cambuslang@southlanarkshire.gov.uk

Carluke

9 Kirkton Street, Carluke ML8 4AB
Telephone: 01555 777 800
Email: housing.carluke@southlanarkshire.gov.uk

East Kilbride

Council Offices, East Kilbride G74 1AB
Telephone: 01355 806 000
Email: housing.eastkilbride@southlanarkshire.gov.uk

Hamilton

1 Leechlee Road, Hamilton ML3 0XB
Telephone: 01698 452 710
Email: housing.hamilton@southlanarkshire.gov.uk

Lanark

South Vennel, Lanark ML11 7JT
Telephone: 01555 673 563
Email: housing.lanark@southlanarkshire.gov.uk

Larkhall

Leechlee Road, Hamilton ML3 0XB
Telephone: 01698 880 000
Email: housing.larkhall@southlanarkshire.gov.uk

Rutherglen

24 Stonelaw Road, Rutherglen G73 3TW
Telephone: 0141 613 5560
Email: housing.rutherglen@southlanarkshire.gov.uk



Public Health Nurses (PHNs)

Public Health Nurses (PHN) are a jointly qualified Health Visitor and School Nurse. They are mainly employed by the health board to work with pre- and school age children and their families. Public Health Nurses are post registered nurses with a Degree or Post graduate certificate in Community Nursing.

PHN's work both within the school system and in the community to effect positive change in the learning, development and emotional well-being of children and young people. They are responsible for assessing the children's development and health needs.

Public Health Nurses utilise their range of knowledge and skills to deliver health education thus encouraging parents and young people to make informed decisions regarding their health choices. Some work will be with children, parents or school staff, individually and/or in groups. Consultation and collaboration with professionals from other departments is a crucial part of their support to children and young people who are engaging in self-harm or suicide behaviours.

Target Group and Age Range

Child to older adult but mainly 0 to 19 years and their families.

Times

Monday to Thursday 8.45am to 5pm,
Friday 8.45am to 4.30pm

Contact details

Rutherglen

Rutherglen Primary Care Centre
130 Stonelaw Road
Glasgow G73 2PQ
Telephone: 0141 531 6000

Cambuslang

North Avenue Surgery
16/18 North Avenue, Cambuslang
Glasgow G72 8AT
Telephone: 0141 641 3037

Lesmahagow

The Glebe Medical Centre
Lesmahagow ML11 0DB
Telephone: 01555 895 985/895 663

Carluke

Carluke Health Centre
Market Place, Carluke ML8 4AZ
Telephone: 01555 770 635

Forth

Forth Clinic, Forth ML11 8AA
Telephone: 01555 811 476

Lanark

Lanark health Centre
Woodstock Road, Lanark M11 7DH
Telephone: 01555 667 176/7

Biggar

Biggar Health Centre
Southcroft Road, Biggar M12 6BE
Telephone: 01899 229 536

East Kilbride

Red Deer Centre
Alberta Avenue
East Kilbride G75 8NH
Telephone: 01355 593 450

Hunter Health Centre
Andrew Street
East Kilbride G74 1AD
Telephone: 01355 906 600

Greenhills Health Centre
20 Greenhills Square
East Kilbride G75 8TT
Telephone: 01355 234 325

Alison Lea Medical Centre
Calderwood Road
East Kilbride G74 3HW
Telephone: 01355 233 547

Strathaven

Strathaven Health Centre
The Ward, Strathaven ML10 6AS
Telephone: 01357 529 911

Larkhall

Larkhall Health Institute
Larkhall ML9 2HW
Telephone: 01698 884 731

Blantyre

Blantyre Health Centre
Victoria Street, Blantyre G72 0BS
Telephone: 01698 823 583

Bothwell

Kirklands Hospital
Fallside Road, Bothwell G71 8BB
Telephone: 01698 855 601

Hamilton

Kelvin Unit, Udston Hospital
Farm Road, Hamilton ML3 9LA
Telephone: 01698 723 163/4

Pupil Support Staff

Pupil support staff offer pupils and parents a wide range of services including, curricular advice, personal advice, careers advice and information on access to various bodies which may assist the individual. They liaise with various organisations to ensure appropriate dissemination of information. These organisations include psychological services, social work, health board, Reporter to the Children's Panel, Careers Scotland, Child and Family clinic, colleges, universities and training bodies.

Any services provided to young people who self-harm, or anyone having thoughts of suicide or planning a suicide, are considered part of their personal care for pupils.

They also have a teaching commitment in both their specialised curricular area and Personal Social and Health Education (PSHE), is a vehicle which helps to raise awareness of issues with pupils and allows a forum to discuss these issues.

Target Group and Age Range

To ensure all 11 – 18 year olds in high school education are supported as individuals and are offered these services on a personal level.

Contracted hours

Monday to Friday 9am to 3.30pm during school term time.

A further 35 hours, the timing of which is agreed at school level. Although in reality most pupils support staff work longer hours than these.

Contact details

Contact your local secondary school.

Samaritans

Samaritans is a registered charity, founded in 1953, which offers 24 hour confidential emotional support to anyone in emotional distress.

There are 203 branches in the UK and the Republic of Ireland. Everyone, regardless of background, is offered the time and space to talk through their problems. Samaritans do not judge or give advice: they allow people to work out their own way forward.

Samaritans believes that offering people the opportunity to be listened to in confidence, and accepted without prejudice, can alleviate despair and suicidal feelings. In offering this service they hope to achieve their vision of a society where fewer people die by suicide, where people are able to explore and express their feelings and where people are able to acknowledge and respect the feelings of others.

It is the aim of Samaritans to make emotional health a mainstream issue. They have a team of volunteers who deliver talks and information sessions to schools and organisations.

Target Group and Age Range

Persons, of any age, who are experiencing difficulties in their lives, ranging from those which cause them to feel generally vulnerable to those which cause feelings of distress or despair and can lead to suicide.

Times

Phone, email or text – 24 hours each day.

Call back option is available with only the number appearing on the phone bill.

Visits to Hamilton branch are available every day from 10am to 9.30pm. No appointment is needed but it is helpful to phone ahead so that you are expected and don't have to wait.

Contact details

Lanarkshire Samaritans
4 Selkirk Place
Hamilton

Telephone: 01698 429 411

Email: jo@samaritans.org

www.samaritans.org

By letter:

Chris
Correspondence Branch
PO Box 90 90
Stirling FK8 2SA

National Number: 08457 909 090

Social Work Services

Emergency Social Work Service

0800 678 3282

This number should only be used in an emergency. The emergency social work service is only available when the local offices are closed, at weekends and on public holidays. All other enquiries should be made to your local social work office during office hours.

Blantyre

45 John Street
Blantyre G72 0JG
Telephone: 01698 527 400
Email: swloblantyre@southlanarkshire.gov.uk

Clydesdale

South Vennel
Lanark ML11 7JT
Telephone: 01555 673 400
Email: swloclydesdale@southlanarkshire.gov.uk

East Kilbride

Andrew Street
East Kilbride G74 1AB
Telephone: 01355 807 000
Email: swloeastkilbride@southlanarkshire.gov.uk

Hamilton

1 Leechlee Road
Hamilton ML3 0XB
Telephone: 01698 455 400
Email: swlohamilton@southlanarkshire.gov.uk

Larkhall

Claude Street
Larkhall ML9 2BU
Telephone: 01698 884 656
Email: swlolarkhall@southlanarkshire.gov.uk

Rutherglen & Cambuslang

380 King Street
Rutherglen G73 1DQ
Telephone: 0141 613 5000
Email: swlorutherglen@southlanarkshire.gov.uk

Young Person's Counselling

Children and Young Person's Counselling Service

This service offers individual counselling and group work to children and young people from 0 to 21, with priority given to vulnerable children and families who are recovering from trauma, and children who are looked after or looked after away from home. Referrals can be made by schools or other agencies like social work or psychological services, but priority is given to self referrals. Where an agency refers, a case discussion is usually held before involvement is agreed to ensure all services are working appropriately. Children can be seen either in clinic or in school or another suitable location of their choice. Therapists offer CBT, psychodynamic therapies, play therapy, person centred

counselling, and where appropriate parent and child family work. Group work is sometimes available where the referrals would support this approach. The service is based in Calder House, Blantyre.

Contact details

Telephone: 01698 527 400

Lanarkshire Youth Counselling Service

LYCS provides confidential therapeutic counselling to young people aged 11-18 who have experienced or are experiencing difficulties in their life, for example school refusal, family breakdown, depression, self harm, anger management, drug and alcohol

misuse. There are counsellors and therapists available in most secondary schools in South Lanarkshire from 2010. Types of therapy include psychodynamic, person centred, integrative, play therapy, EMDR, art therapy. Young people can see the counsellors in school or another suitable community location. Young people can be referred by other agencies or self refer.

Contact details

LYCS
Wester Moffat Hospital
Towers Road
Airdrie ML6 8LW

Telephone: 01236 771 064
Tel/text: 07795 968 529

Young Person's Drug and Alcohol Services

The Young Person's Drug and Alcohol Services was initiated and developed, funded from the changing children's services monies, for the most vulnerable young people across South Lanarkshire. The service was developed in response to a growing need across children's services regarding misuse of alcohol and/or drugs. The services aims to contribute to the reduction of the levels of problematic drug and alcohol use of young people, and provide a direct service to looked after and accommodated young people. This service offers group and individual work.

Service Criteria

Young people looked after and accommodated, misusing substances.

Young people living in their communities, on statutory measures, who misuse substances on a regular basis.

Young people at risk of being looked after by the local authority.

Young people coming to the attention of the Youth Court, or the persistent young offender's data, due to problematic substance misuse.

Young people highlighted due to concerning behaviours within schools, from Joint Assessment Teams, or Social Work Area Resource Groups.

Services Provided

Comprehensive assessments for young people affected by substance misuse issues, and with problematic issues; Groupwork programmes and one off initiatives for the most vulnerable young people, living in care and/or residential school placements; Family support to vulnerable families in crisis, due to substance misuse issues; One to one support for children and structured family work, in partnership with children/families social workers; Provision of detailed reports for statutory bodies, such as children's hearing system and Youth Court; Specialist training/consultancy for the staff, especially residential staff within the children's units; Psychological inputs/training to staff and young people where appropriate.

Contact details

Peter Gough
Calder House
Bardykes Road
Blantyre G72

Telephone: 01355 807 000

Email: peter.gough@
southlanarkshire.gov.uk

Liber8

1 Station Road, Blantyre G72 9AA
Telephone: 01698 825 114

Substance misuse teams

Blantyre

01698 527 400

Cambuslang/Rutherglen

0141 613 5130

East Kilbride

01355 807 000

Hamilton

01698 455 466

Lanark

01555 673 400

Larkhall

01698 884 656

Support Offered

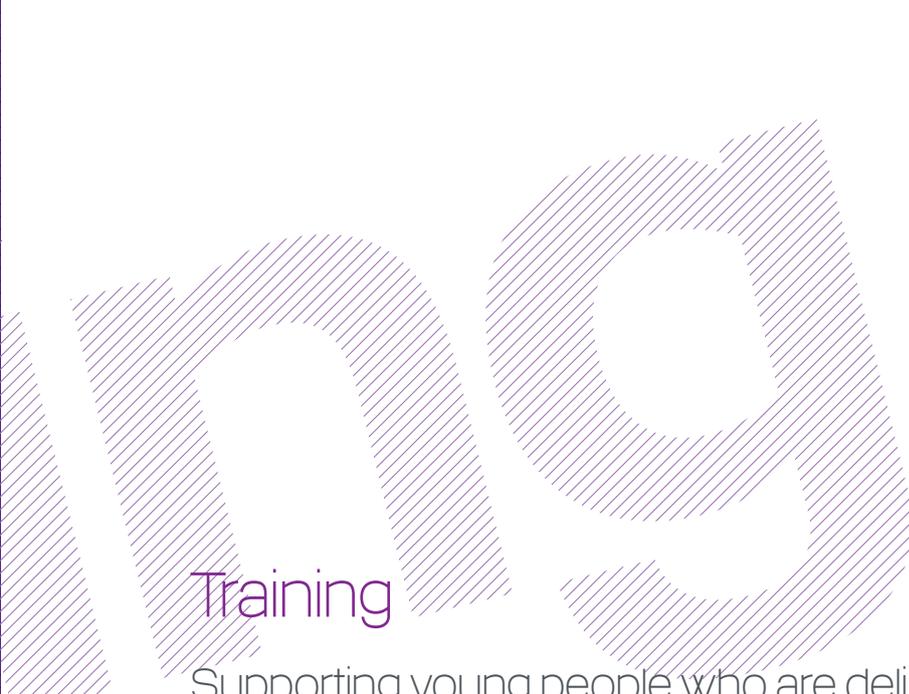
Type of Support	Psychological Service	CAMHS Service	Home School Partnership Officer	Public Health Nurse	Pupil Support Staff	Samaritans	Young Person's Counselling
Information	•	•	•	•	•		
Advice	•	•	•	•	•		•
Emotional Support	•	•	•	•	•	•	•
Counselling		•					•
Psychological Support	•						
Medical Care		•		•			
Assessment	•	•	•	•	•		
Group work	•		•				•
Referral to other agencies	•	•	•	•	•	•	•
Family Care, Liaison and Support	•	•	•	•	•		
Other, research	•						

TRAINING

Training

ASIST Training

SafeTALK Training



Training

Supporting young people who are deliberately self-harming

This course focuses on children and young people who are deliberately self-harming. The course looks at raising awareness of the current research, issues and support strategies for these young people.

Aims - Supporting Young People

This short (2–3 hour) training course has been developed from current research. The aim is to provide participants with an understanding of self-harming behaviours and how best to intervene. The session will conclude with a case discussion session where participants can raise concerns they may have about particular young people they are working with.

Key Target Groups for training

The course participants should be staff who are working directly with children and young people, 11 to 18 years. Staff will come from statutory services (e.g. education, social work and health) as well as local voluntary groups.

For example:

- Pupil support staff and co-ordinators in all secondary schools in South Lanarkshire Council.
- Social Work: staff working in area child care teams; residential workers; and staff working with looked after and accommodated young people.
- Youth Workers, for example Active Breaks staff, Universal Connections, Home-School Partnership.
- Public health nurses and similar NHS staff.
- Partnership officers and other community workers.
- Educational Psychologists, quality improvement officers, housing officers.

Main Objectives

Enable staff to:

- Understand the nature of self-harm in young people.
- Understand why some young people might engage in this type of behaviour.
- Highlight skills needed to positively intervene and provide support.
- Be aware of resources and referral systems.

Outcomes

- Improved confidence, knowledge and skills of staff taking part in the training.
- Improved joint agency co-operation and networking to support these young people.

Current contact details

Psychological Service
Station Road
Blantyre G72 9AA

Telephone: 01698 710 568

Facsimile: 01698 712 511

Email: enquiries@slcpsych.org.uk

Applied Suicide Intervention Skills Training (ASIST)

ASIST (Applied Suicide Intervention Skills Training) was developed in Canada in 1983 by a partnership of four mental health professionals (Richard Ramsay, Bryan Tanney, Roger Tierney and William Lang) in conjunction with the Canadian Mental Health Association and the government of Alberta. They worked to develop a suicide intervention training programme that would be suitable for both professional and other caregivers. The partnership evolved to create LivingWorks Education Inc. in 1991, a community services organisation aimed at providing suicide prevention education and consultation.

ASIST is now by far the most widely used suicide intervention skills training in the world with 3,000 registered trainers in Canada, USA, Australia, New Zealand, Norway, Ireland and the UK. The programme has been refined over a 23 year period with feedback from over 500,000 participants worldwide.

The first Scottish workshops were held in Shetland in 2003 and, to date, there have been over 576 workshops throughout the country and over 11,500 participants trained. There are ASIST Trainers in each local authority area in Scotland. Working in partnership with key national agencies such as the Scottish Association for Mental Health (SAMH), ChildLine and the armed forces has led to training being delivered in increasingly broad community settings. This work will continue being developed over the next few years.

Aims

- Promoting greater public awareness and encouraging people to seek help early.
- To help when responding to an immediate crisis.
- Assisting in the reduction of the rates of Suicide in Scotland.
- Improving support for hope and recovery.

Key Target Groups for training

ASIST provides practical training for caregivers seeking to prevent the immediate risk of suicide.

Participants often include:

- people concerned about family or friends.
- Natural helpers and advisers
- Emergency service workers
- Counsellors, teachers and ministers
- Mental health practitioners
- Workers in health, welfare or justice
- Community volunteers

Working mostly in small groups of one trainer to no more than 15 participants, ASIST uses many different teaching processes to create a practice-oriented and interactive learning experience.

Main Objectives

The emphasis of the ASIST workshop is on suicide first aid, on helping a person at risk stay safe and seek further help. Attendance at the full two days is essential.

Learn how to:

- Recognise invitations for help
- Reach out and offer support
- Review the risk of suicide
- Apply a suicide intervention model
- Link people with community resources

Outcomes

Evaluation has shown that the workshop increases caregivers' knowledge and confidence to respond to a person at risk of suicide, that intervention skills are retained over time and that they are put to use to save lives.

For an evaluation of ASIST in Scotland, please see: www.chooselife.net/web/files/pdf_reports_general/assist_evaluation__information_sheet.pdf

North Lanarkshire contact details

Choose Life
Room 3.12, Dalziel Building
7 Scott Street
Motherwell ML1 1PN

Telephone: 01698 267 748
Email: chooselife@samh.org.uk

South Lanarkshire contact details

South Lanarkshire Council
Corporate Training Team
Floor 2, Council Headquarters
Almada Street
Hamilton ML3 0AA

Telephone: 01698 454 213
Email: training@southlanarkshire.gov.uk

SafeTALK Training

SafeTALK is a half day session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills (ASIST). SafeTALK can be delivered to a group of people from the same organisation and even the same office. One person in the room must also be an ASIST trained person. SafeTALK addresses the myths surrounding suicide and provides skills of what to do if you think someone is thinking about suicide.

Key Target Groups

In only a few hours, you will learn how to provide practical help to persons with thoughts of suicide. Expect to leave SafeTALK more willing and able to perform an important helping role for persons with thoughts of suicide.

Key groups are:

- Reception staff
- Taxi drivers
- Hairdressers
- School pupils (over 16years)
- Voluntary staff
- Unemployed
- Those in mental health recovery
- Those in substance misuse recovery
- Anyone

Aims

SafeTALK prepares you to be a suicide alert helper. You are aware that opportunities to help a person with thoughts of suicide are sometimes missed, dismissed and avoided. You want persons with thoughts to invite your help. You know the TALK steps (Tell, Ask, Listen and Keep Safe) and can activate a suicide alert. As a part of the KeepSafe step, you connect persons with thoughts to persons trained in suicide intervention. Helpers trained in suicide intervention complete the helping process or connect the person with more specialised help.

Why use SafeTALK to learn to become alert?

A carefully crafted set of helping steps and the use of creative educational processes make it possible for you and up to 30 others in your community to leave SafeTALK willing and able to be suicide alert helpers. SafeTALK is the result of some twenty years of work at learning how to develop useful suicide prevention abilities in a short programme.

What happens at SafeTALK training?

Expect to be challenged. Expect to have feelings. Expect to be hopeful. See powerful reminders of why it is important to be suicide alert. See how to activate an alert. Ask questions and enter discussions. Learn clear and practical information on what to do. Practice the TALK steps. Conclude with practice in activating a suicide alert.

Outcomes

Most persons with thoughts of suicide go unrecognised – even though most all are, directly or indirectly, requesting help. Without SafeTALK training, these invitations to help are too rarely accepted, or even noticed. With more suicide alert helpers, more people with thoughts of suicide will get connected to the intervention help they want. Suicide alert helpers are part of a suicide-safer community.

North Lanarkshire contact details

Choose Life
Room 3.12, Dalziel Building
7 Scott Street
Motherwell ML1 1PN

Telephone: 01698 267 748
Email: chooselife@samh.org.uk

South Lanarkshire contact details

South Lanarkshire Council
Corporate Training Team
Floor 2, Council Headquarters
Almada Street
Hamilton ML3 0AA

Telephone: 01698 454 213
Email: training@southlanarkshire.gov.uk

Contents

- General Contacts
- Self-harm Organisations
- Suicide Organisations
- Legal Issues

General Contacts

Samaritans 08457 909 090

Samaritans are confidential and can help 24 hours a day all year round.

For help with:

- Relationship and family problems
- Loss including loss of a job, a friend or a family member through bereavement
- Financial worries
- Job-related or study stress or overwork

You can email, write a letter or even visit the local office.

By letter:

Chris, Correspondence Branch
PO Box 90 90
Stirling FK8 2SA

Local office:

4 Selkirk Place
Hamilton
Lanarkshire ML3 6RQ
Telephone: 01698 429 411
Email: jo@samaritans.org

www.samaritans.org

Breathing Space 0800 83 85 87

Offers a free and confidential phone line for anyone who is feeling down, covered by a dedicated team of Special Phone Line Advisors from a range of mental health, counselling and social work backgrounds. Callers are offered advice, guidance and support underpinned by empathy and understanding. Advisors also provide a signposting service to other agencies. The focus is to provide skilled assistance at an early stage and prevent problems escalating. Breathing Space also recognises its important role in helping family members, partners and friends who are concerned about the well-being of people they care about.

Breathing Space opening hours:

24 hours at weekends
6pm – 6am (Friday – Monday)
6pm – 2am (Monday – Thursday)

Childline 0800 1111

Sometimes you can sort out a problem on your own. But if you have a worry you can't cope with, don't bottle it up. If you are a child or young person needing help please call our free 24-hour helpline on 0800 1111. Lines can be busy but please keep trying and you will get through.

You can talk to ChildLine about anything, no problem is too big or too small.

If you are feeling scared or out of control or just want to talk to someone you can call ChildLine.

Calls are free and confidential.

www.childline.org.uk

Cruse Bereavement 0845 600 2227

Cruse Bereavement Care Scotland is a registered charity which offers free bereavement care and support to people who have experienced the loss of someone close.

www.crusescotland.org.uk

Young Minds 0800 018 2138

Young Minds is a free, confidential telephone service providing information and advice for any adult with concerns about the mental health of a child or young person.

www.youngminds.org.uk

Self-harm

Organisations

National Self-harm Network

PO Box 7264, Nottingham NG1 6WJ
Email: nshncg@hotmail.co.uk

A survivor-led organisation, founded in 1994. Committed to campaigning for the rights and understanding of people who self-harm. Produces leaflets and information. Also publishes The Hurt Yourself Less Workbook.

A comprehensive list is available from the National Self-harm Network.

www.nshn.co.uk

The Basement Project

PO Box 5, Abergavenny NP7 5XW
Telephone: 01873 856 524
Email: basement.project@virgin.net

Provides support groups, training, publications, consultation and supervision for workers. Also hosts the Self-Injury Forum.

www.basementproject.co.uk

Bristol Crisis Service for Women

PO Box 654, Bristol BS99 1XH

National helpline: 0117 925 1119
Friday and Saturday Evenings
9pm to 12.30am, Sunday 6pm to 9pm.

Set up in 1986 to respond to the needs of women in emotional distress, with a particular focus on self-injury.

Text and email service available on 0780 047 2908 charged at normal rate and an email service available from the website.

www.selfinjurysupport.org.uk

42nd Street

Second Floor, Swan Buildings,
20 Swan Street, Manchester M14 5JW
Telephone: 0161 832 0170
Helpline: 0161 832 0170
Minicom: 0161 831 7616
Email: theteam@fortysecondstreet.org.uk

A mental health service for young people aged 15 to 25 (in Manchester) facing a broad range of problems including self-harm and suicide.

www.fortysecondstreet.org.uk

Selfharm.org

A user-led voluntary organisation founded to raise awareness about self-injury and help people who rely on self-injury by providing a safe, friendly message board. Resources include guidance for friends, family, teachers and carers, with downloadable factsheets.

www.selfharm.org

The Site

Is a new online resource centre developed for and with young people featuring information, advice and guidance on a range of issues including self-harm. TheSite.org also features a confidential question and answer service and a moderated online community offering instant peer support.

www.thesite.org/selfharm

Publications

All of the listed agencies produce a range of excellent books and information leaflets. Many other publications on self-harm and related issues are available from: Mind Publications, 15-19 Broadway, Stratford London E15 4BQ
Telephone: 020 8221 9666

Bodies Under Siege - Self-mutilation and Body Modification in Culture and Psychiatry.

(1996) Armando Favazza
ISBN 0-8018-5300-1

The Language of Injury - Comprehending Self-Mutilation

(1997) Gloria Babiker & Lois Arnold
ISBN 1 85433 234 1

Cutting the Risk - Self-harm, Self-care & Risk Reduction

(2000) National Self-harm Network
ISBN 0 9534027 1 2

Healing the Hurt within

(1999) Jan Sutton
Telephone: 01752 202 301
www.siarl.co.uk

The Scarred Soul - Understanding & Ending Self-Inflicted Violence

(1997) Tracy Alderman
ISBN 157224 079 2

SHOUT for Women Newsletter

(Self-harm Overcome by Understanding and Tolerance)

PO Box 654, Bristol BS99 1XH
Bimonthly newsletter for women who self-harm and their supporters. Includes articles, pen pals, contacts, letters, details of helplines, groups and resources.

Suicide

Organisations

PETAL

(People Experiencing Trauma and Loss)
Provide practical and emotional support, self help, group support, information and advice to people (children and adults) affected by suicide and murder.

Telephone: 01698 324 502

Survivors of Bereavement by Suicide (formally SOBS)

Is a self-help, voluntary organisation for people bereaved by suicide. They offer emotional and practical support through telephone contacts, bereavement packs, group meetings, one-day conferences, residential events and information relating to practical issues and problems.

www.uk-sobs.org.uk

Publications

After a Suicide

Booklet for people bereaved by suicide. Includes practical information, coping strategies and details of agencies for further support. Produced by Scottish Association for Mental Health.

www.samh.org.uk

Not Just a Cry for Help

Booklet for anyone who knows someone who had made a suicide attempt. Gives guidance on how to help them and where to get help. Produced by Papyrus.

www.papyrus-uk.org

Thinking of Ending it All?

Information for young people who have attempted suicide or are having thoughts of suicide. Produced by Papyrus.

www.papyrus-uk.org

How to help someone who is suicidal

A question and answer form booklet for anyone who wants to gain an understanding of suicide. Topics include, Why do people become suicidal? How do I know if someone is suicidal? How can I help? Produced by MIND.

www.mind.org.uk/Information/Booklets/How+to/How+to+help+someone+who+is+suicidal.htm

General Information

ChooseLife

The Scottish Government's Choose Life strategy was launched in December 2002 and forms a key part of the National Programme for Improving Mental Health and WellBeing Action Plan in Scotland.

Choose Life is a 10 year plan aimed at reducing suicides in Scotland by 20% by 2013. It is the product of over 2 years work which drew on the experience and expertise of a broad range of partners including the family members of people who had attempted or completed suicide, health and social care workers, teachers, young people, suicide survivors, public health specialists, voluntary and community agencies, and many others.

The strategy and action plan aims to ensure we take action nationally and locally to build skills, improve knowledge and awareness of what works to prevent suicide, improve opportunities to prevent premature loss of life and provide hope and optimism for the future.

The Choose Life website is an information and education resource. Choose Life staff do not provide treatment, counselling or advice for those in crisis.

www.chooselife.net

Legal Issues

Capacity and Consent

Reference has been made at page 20 of this document to the attitude of a young person in question with regard to informing members of their family, particularly their parents, of disclosures made to professionals about self-harming feelings or behaviour.

The law on capacity is dealt with under the Age of Legal Capacity (Scotland) Act 1991. Broadly speaking, the Act provides that a person under 16 years of age shall not have capacity to enter into transactions. There are, however, a number of significant exceptions to that general rule whereby an individual under the age of 16 can enter into a transaction having legal effect. Notably, this would include the right to raise civil proceedings, including instruction of a solicitor, and to consent on their own behalf to medical treatment or procedures. The test is essentially, in the case of medical treatment, whether the individual understands the nature and possible consequences of such treatment. A similar test would be applied in respect of the raising of legal proceedings, namely, the individual having been deemed by the qualified professional (solicitor) to have a general understanding of what it means to do so. (Norrie - Parent & Child, Second Edition).

Capacity in such situations is therefore largely to do with the individual having an adequate understanding of the consequences of a particular course

of action. It is suggested that a similar test would apply in determining whether a young person or child has capacity to withhold consent for parents or family members to be informed.

As previously stated, young people will and should be encouraged wherever possible to inform and involve family members. There is a presumption that children above the age of 12 will have such capacity but this presumption can clearly be rebutted where the child is not considered to have sufficient maturity and understanding of the issues and consequences. Equally, it is quite possible that the presumption may be rebutted in the case of a child under the age of 12 years where they are considered to have such understanding.

Confidentiality

Children and young people have similar rights to confidentiality as adults. The obvious complicating factor is that parents of children have a legal obligation to safeguard and promote the health, development and welfare of the child until they reach the age of 16. There is accordingly potential for tension between, on the one hand, any withholding of information from a parent relating to the health, development and welfare of the child and, on the other, an ability by the parent to adequately discharge their parental responsibilities. It is not possible to fully explore this difficult legal question within this document, however, it is probably fair to say that parents will

generally be able to discharge their legal obligations in this respect, even in the absence of certain information. It has been argued as a very general rule that this becomes more the case as children become older.

The nature of the information and the circumstances in which it is provided will very much determine the status of information as confidential. Personal or private information provided to the professional on the understanding (implied or explicit) that there shall be no further disclosure without the consent of the individual will be confidential. There are situations where breach of confidentiality can be justified. Most notably, where there is a reasonable concern that a child or young person may be at risk of significant harm any professional requirement to maintain confidentiality will be overridden. It is suggested that professionals need to ensure that children and young people are informed at the outset that confidentiality cannot be absolutely guaranteed but that every reasonable attempt will be made to discuss with them beforehand a situation where absolute confidentiality cannot reasonably be maintained. It is open to professionals to revisit the issue of consent with the young person prior to any proposed breach. Children and young people should also be made aware at the outset of any requirement by professionals to share information which they provide with other relevant agencies.

Data Protection

Data protection is a vast and complex subject in its own right. The rules under the Data Protection Act 1998 about the capacity of an individual to exercise rights in relation to information held about them are similar to the terms of the Age of Legal Capacity (Scotland) Act 1991, already described. A person of 12 years shall be presumed to be of sufficient mental capacity to be able to exercise their rights and make decisions regarding their own information. Section 66 of the Data Protection Act provides that where a question fails to be determined in Scotland as to the capacity of a person under the age of sixteen years to exercise any right conferred by any provision of the Act, that person shall be taken to have that capacity where he has a general understanding of what it means to exercise that right. Without prejudice to that generality a person of 12 years of age or more shall be presumed to be of sufficient age and maturity to have such understanding.

Information held about individuals under this protocol may constitute sensitive personal data under the Data Protection Act and, needless to say, must be held and stored securely, whether in manual or electronic form.

The Data Protection Act contains eight fundamental principles, seven of which are as follows:

- Personal data should be processed fairly and lawfully.
- Personal data shall be obtained only for one or more specified lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data should be accurate and, where necessary, kept up to date.
- Personal data processed for any purpose or purposes shall not be kept longer than as necessary for that purpose or those purposes.
- Personal data should be processed in accordance with the rights of the data subjects under this Act.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss of destruction of, or damage to personal data.
- The eighth data protection principle is considered irrelevant for the purposes of this document.

Individuals have a right to know what information is held about them. As previously stated, if information held about individuals is likely to be shared with other agencies, the individual should be so aware. Professionals are referred to existing guidance and procedures within their service relating to data protection and the holding, disclosure and sharing of personal information. Further guidance is available from the website of the Information Commissioner at: www.ico.gov.uk Advice is also available to Council Services from Corporate Services Legal Services Division.

Emergency Supports

It is inevitable that, at some point, a young person or their family will be looking for help or advice late on a Friday or just before a holiday period.

At these times, sources of help include:

Psychiatric Liaison Nurses

Monklands Hospital, Airdrie
Telephone: 01236 748 748

Wishaw General Hospital
Telephone: 01698 361 100

Childline

Telephone: 0800 1111
www.childline.org.uk

Breathing Space

Telephone: 0800 83 85 87
www.breathingspacescotland.co.uk

Samaritans

Telephone: 08457 909 090
www.samaritans.org

Cruse

Telephone: 01698 303 099
www.crusescotland.org.uk

NHS 24

Telephone: 08454 24 24 24
www.nhs24.com

Parentline Plus

Telephone: 0800 800 2222
www.parentlineplus.org.uk

Emergency Social Work Services

We deal with emergencies which are too urgent to await action by the social work locality office on the next working day.

Service operates outwith office hours and at weekends.

Who we are

The team is made up of experienced and qualified social work staff.

What sort of emergencies can we help with?

- Child protection
- Adult protection
- Older people who are at risk or need immediate help
- Mental health assessments
- Major incidents (civil emergencies)

North Lanarkshire contact details

Freephone: 0800 121 4114

South Lanarkshire contact details

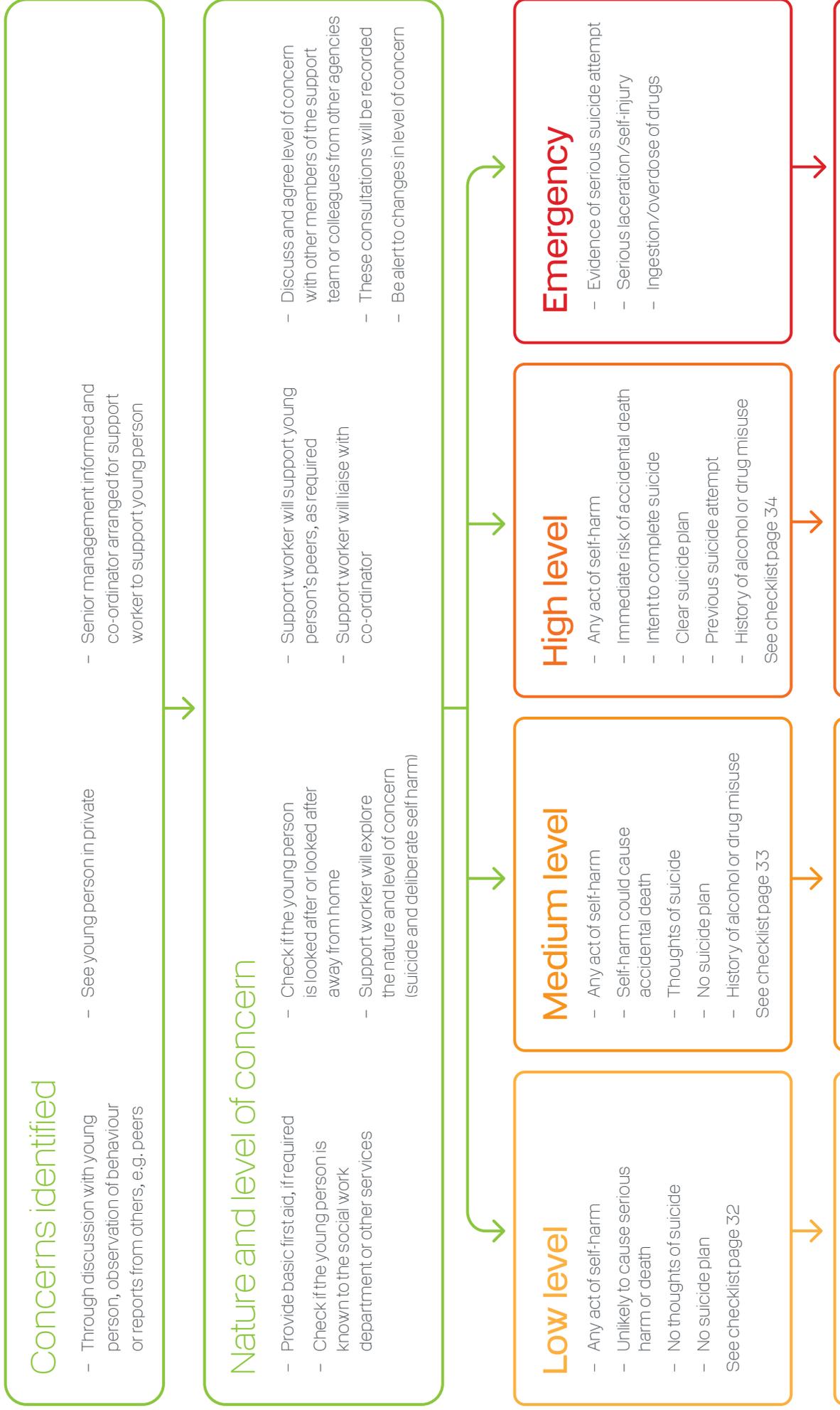
Freephone: 0800 678 3282

Dial 999 in emergency situations

Lifelines intervention flowchart

This flowchart should be used in conjunction with the supporting Lifelines Guidelines. In the case of Child Protection, please use your agency's guidance.

This flow chart assumes that all users will be trained on ASIST and Supporting young people who are self-harming.



Action

- No immediate action required
- Provide and secure advice on appropriate care of any injury

Action

- Do not send home alone
- Provide and secure advice on appropriate care of any injury
- Link with most appropriate agency for further assessment e.g. GP, CAMHS, A&E
- Liaise with Social Work

Action

- Access emergency medical attention, if required
- Do not send home alone
- Involve appropriate external agencies e.g. GP, CAMHS, A&E
- Liaise with Social Work
- Decide with Social Work on informing parents/carers

Action

- Dial 999
- Access immediate medical intervention
- Do not leave alone
- Inform parents/carers
- Liaise with Social Work

Reporting

- Agree Safe Plan with young person (Page 31)
- Agree multi-agency Support Plan with relevant staff (Page 15), as required
- Complete Record of Meeting form (Page 29), as required

Reporting

- Agreed action made to monitor young person and by whom
- Referral to supporting agencies, where appropriate
- Inform parents/carers with young person's permission (Page 24)

Reporting

- Provide information leaflets and contact cards
- Record all actions fully
- Report findings to co-ordinator who will inform relevant agencies, as required

Reporting

- Referral to supporting agency, where appropriate
- Record all actions fully
- Report findings to co-ordinator who will inform relevant agencies
- Agree multi-agency Support Plan
- Attend multi-agency review
- Refer to Lanarkshire Assessment and Treatment Pathway (page 13)

Follow up

- Maintain contact with young person during this period
- Maintain contact with parents/carers, as appropriate

Follow up

- Liaise with other agencies involved
- Be alert to changes in Levels of Concern

Follow up

- If there are changes in Levels of Concern work through Flowchart again
- Young person and support worker follow up commitment to Safe Plan

Follow up

- Follow up on commitment to multi-agency support plan, as required
- Multi-agency reviews, as required

Remember

- Try to make them feel safe
- Try to be calm and reassuring

Remember

- Remember self-harming is usually a coping mechanism

Remember

- Don't make them promise not to do it again



SAMARITANS



getting
it right
for every child



chooselife

The national strategy and action plan
to prevent suicide in Scotland