



Supporting Children and Young People at Risk of Self Harm

West Lothian Multi-Agency Guidance

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Foreword

West Lothian Council is committed to ensuring that all our children and young people are given the best start in life and that they are supported to become successful learners, confident individuals, responsible citizens and effective contributors. Our focus is on prevention and early intervention that will enable us to prevent negative outcomes for all. We recognise that promoting good mental wellbeing is vital to doing just that.

Sadly, there is growing evidence to suggest that self-harm is one of the main concerns among children and young people in today's society. For example, Penumbra reported a 16% increase in referrals related to self-harm between April 2013 and March 2014¹. In their annual review for 2013-2014, ChildLine reported that self-harm was the third most common reason why young people contacted their service².

The rise in young peoples' self-harming behaviours is in itself concerning, however further attention should also be given to the evidence that 3 out of 4 young people report that if they were self-harming they would be unsure who to talk to. This suggests that there are many young people experiencing distress who do not come forward for support³. There is further evidence in the Northern Ireland Commissioner for Children and Young People's (NICCY) report (2012 REFERENCE), which suggests that young people often do not wish for a "referral", but rather to be supported through supports already in place. This concludes that building capacity within people already part of a young person's life would significantly increase the likelihood of young people accessing the necessary support to address self-harming behaviour.

I am therefore pleased to introduce this guidance which has been drafted by a team of multi-agency colleagues with the aim of supporting those working with children and young people across a wide

range of services to better understand how best to respond appropriately to this very sensitive issue. Colleagues from the Health Improvement Team, Child and Adolescent Mental Health Service (CAMHS), The Children and Young People Team (CYPT), The Educational Psychology Service and staff in schools have worked together to produce this guidance, the principle aim of which is to provide support for individuals and professionals supporting young people who are self-harming.

This guidance aims to dispel the myths associated with self-harm and to support professionals to feel confident, informed and able to support those young people most at risk. When young people do access social, healthcare and other services, they need to do so without fear, stigma and be safe in the knowledge that they will be given strong and appropriate support.

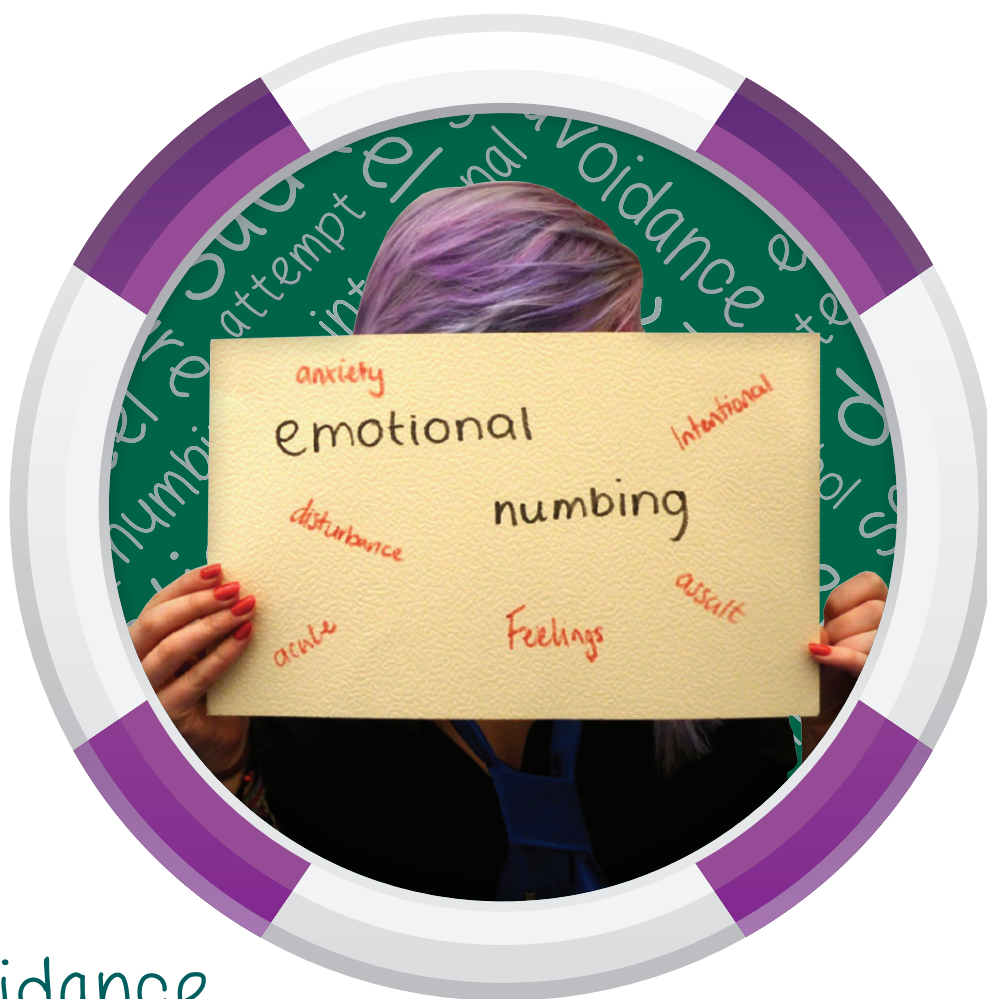
This guidance identifies common factors and offers tools and strategies for those working directly with children and young people. It also makes recommendations about systemic support for staff within organisations who are involved in working in this emotionally demanding environment.

The guidance is also aimed at developing a shared understanding and language around self-harm so that, by working together as services with and for our young people, we can ensure that they receive consistent and relevant support at the point at which it is most needed.

¹ Penumbra (2014).

² ChildLine (2015). *Family relationships were the most common reason, and low self-esteem and unhappiness was second most common reason for contacting the service.*

³ Cello Group (2012)



Guidance

All agencies who have contact with children and young people have a key role and responsibility in providing support to children and young people who may be at risk of self-harm .

This guide aims to provide support to staff working in a variety of settings (education, voluntary organisations, and community groups) to help identify children and young people who are or are at risk of self-harm⁴.

The guide will enable staff to offer the most relevant intervention, based on an individual child/young person's level of distress or need.

We would like to thank the young people using services within the Child and Adolescent Mental Health

Service and the Children and Young People Team, for their input into the document. Also, the pupils of the Linlithgow Academy for their art work, and to Amy Chandler (University of Edinburgh) for providing insight from the Social Aspects of Self-Harm (SASH) Project.⁵

We would also like to thank NHS Tayside for their permission to adapt their guidance to meet the needs of West Lothian.

Disclaimer

Every effort has been made to ensure that the information in this guidance is up-to-date and accurate. However, we are aware that information, and advice on what is best practice can change over time.

All staff members need to supplement this guidance with training appropriate to their role and setting

⁴ Scottish Government (2008).

⁵ Chandler, A. (2014). Full details of the Social Aspects of Self-Harm Project, including links to videos can be found on their website: <https://sashresearchproject.wordpress.com/>

1 Introduction

In Towards a Mentally Flourishing Scotland (TAMFS)⁶, commitment 16 of Priority 5, (Reducing the Prevalence of Suicide, Self-Harm and Common Mental Health Problems), states that:

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

At the time of publishing, this is the most up to date national policy.

1.1 Definitions of Self-Harm

Self-Harm

Self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act (with no intention to die)⁷.



1.2 Aims

The aims of this guidance are to:

- Ensure the child or young person is seen as central to the whole process and accorded appropriate priority by the agencies involved;
- Ensure a consistent response to and understanding of self-harm across all agencies concerned with children and young people;
- Provide an agreed set of procedures for dealing with disclosure;
- Minimise harm and support emotional health and wellbeing of the child and young person through collaborative working;
- Provide children and young people with opportunities and strategies for hope and recovery from the effects of self-harming and minimise the risk of future harm;
- Support services/agencies, schools and other organisations to carry out a risk assessment and make appropriate referrals.

1.3 Definition of Child or Young Person

There are a number of different definitions of a child in Scottish legislation. The United Nations Convention on the Rights of a Child framework defines a child as being under 18 years of age⁸. For the purposes of this document, references to ‘children’ and/or ‘young people’ includes all those under the age of 18.

Whilst this document has been written specifically with secondary schools in mind, it may also be relevant for use in any organisation or setting for children and young people, including primary schools, colleges, and universities. It will also be appropriate in supporting young adults, over the age of 18.

⁸ United Nations (1990).

1.4 Information Sharing and Getting it Right for Every Child (GIRFEC)

All practitioners working with children and young people must play their part in supporting the wellbeing of children and young people to ensure they are safe, healthy, achieving, nurtured, active, respected, responsible and included.

To provide children and young people with the help they need, when they need it, for as long as they need it means moving away from crisis intervention towards early identification, intervention and support.

Effective early intervention necessitates appropriate and proportionate information sharing as well as consideration of confidentiality and consent.

Best practice is to work in partnership with the young person and the family, discussing the wellbeing concerns and sharing appropriate information with the family (unless this puts the child at immediate risk) in order to facilitate a support network.

The following general guidance about information sharing is included in A Practitioner Guide to Information Sharing, Confidentiality and Consent to support Children and Young People's Wellbeing⁹.

- 1 What is getting in the way of this child or young person's well-being?
- 2 Do I have all the information I need to help this child or young person?
- 3 What can I do now to help this child or young person?
- 4 What can my agency do to help this child or young person? And
- 5 What additional help, if any, may be needed from others?

- Adopt a common sense approach.
- Use your professional judgment, knowledge and skills – gut feelings.
- Seek help and support in doing so – Line Manager/ Supervisor or if your concern is one of safety, follow the Inter-agency Child Protection Procedures Edinburgh and the Lothians (2012).
- Share what you consider only to be necessary, appropriate and proportionate – on a need-to-know basis only.
- Consider the alternatives and/or implications of not sharing information.
- Always record your decision and the reasons for it.
- Follow your agency's policies and procedures and your professional guidelines.

Consent with regards to Information Sharing

- There is no need to seek consent in situations where you are likely to share information in any case.
- Consent should only be sought when the individual has a real choice over whether the information should be shared.
- Consent should be informed and explicit.
- Children and young people, subject to their age and developmental capacity, can provide consent, if consent is necessary.
- Consent must always be recorded.

Legislation

- Legislation does not prevent you from sharing information – it empowers you (full guidance can be found in the Information Sharing document).

Always share your concern with the child or young person's Named Person.

⁹ Lothian and Borders GIRFEC Regional Steering Group (2014).

2 Emotional Resilience

“The inner strength to deal competently and successfully with the day to day challenges and demands we encounter”¹⁰



Children and young people who have increased resilience have access to:

- Caring relationships which provide boundaries, consistency and love;
- Role models who demonstrate respect, empathy and guidance ;
- Opportunities to contribute to activities – big and small;
- A sense of belonging both within the schools, clubs, families and communities of which they are part.

Children with good levels of resilience often:

- Demonstrate good communication skills;
- Believe that they have choices;
- Are able to use humour;
- Demonstrate problem solving skills;
- Demonstrate reasoning ability;
- Have skills which allow them to reflect ;
- Reflect a sense of hope for their future. ¹¹

Children and young people affected by self-harm may not have any, or only have a few of the items listed above.

Children and young people who self-harm will have underlying factors that contribute to their feelings of distress and behaviours.

These underlying factors may not always be obvious to someone else yet have significance to the child.



¹⁰ Brooks, R. & Goldstein, S. (2001)

¹¹ Adapted from Section 3 of a 'Confident Staff, Confident Children' (2012) handout by the City of Edinburgh Council

3 Self-Harm



- Self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act.
- Self-harm is a behaviour, not a mental illness.
- Self-harm is a way of managing distress.
- NHS Health Scotland suggests that 1 in 10 young people self-harm ¹² ; that's likely to be up to three in every secondary school class.
- Girls are 3.4 times more likely to report self-harm than boys.
- There is huge underreporting due to fear: in a recent study, 3 out of 4 people surveyed stated they would not know who to speak to for help ¹³.

¹² NHS Health Scotland (2013).

¹³ Cello Group (2012).

3.1 Why Do Young People Self-Harm?

Self-harm is a coping mechanism which enables a person to express difficult emotions. Young people who hurt themselves often feel that physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible.

However, the behaviour only provides temporary relief and fails to deal with the underlying issues that a young person is facing.

“ I've always been angry at...everything, and things just build and build until I feel like I'm going to explode, I remember the relief I felt the first time I self-harmed, it made me feel like I didn't want to punch the wall or the teacher, so for me it was about trying to keep myself from doing something I'd regret later. I attended a group once I realised I couldn't stop it and the most helpful thing for me was knowing that other people felt the same. ”

CAMHS

For some people, self-harm may last for a short time. For others, it can become a long-term problem. Some people self-harm, stop for a while, and return to it months or even years later, in times of distress.

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

- Self-harm temporarily relieves intense feelings, pressure or anxiety.
- Self-harm provides a sense of being real, being alive – of feeling something other than emotional numbness.
- Harming oneself is a way to externalise emotional internal pain (to feel pain on the outside instead of the inside).
- Self-harm is a way to control and manage pain (unlike the pain experienced through physical or sexual abuse).
- Self-harm is self-soothing behaviour for someone who does not have other means to calm intense emotions.
- Self-loathing: some people who self-harm are punishing themselves for having strong feelings or for a sense that somehow they are bad and undeserving (for example, following a period of abuse, some people may develop a belief that it was deserved).
- Self-harm followed by tending to wounds is a way to be self-nurturing, for someone who was never shown by an adult to express self-care.

- Harming oneself can be a way to draw attention to the need for help, to ask for assistance in an indirect way – this could be done in a very inviting or uninviting way, for example, angry outbursts or withdrawn behaviour.
- On rare occasions self-harm may be used to influence others: make other people feel guilty or bad, make them care, or make them go away.
- Self-harm can be influenced by alcohol and drug misuse.



3.2 Who Self-Harms?

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

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

These include:

- Children and young people who have experienced physical, emotional or sexual abuse during childhood;
- Girls and young women;
- Young people in a residential setting;
- Looked After Children (LAC);
- Lesbian, gay, bisexual and transgender (LGBT) people;
- Young Asian women;
- Children and young people in isolated rural settings;

- Children and young people who have a friend or family member who self-harms;
- Groups of young people in some sub-cultures who self-harm.

“Boys don't talk about it, or show it much, like, or are as open to, like, self-harm. They won't tell anyone or show anyone. They'll deny it if they're asked.”

SASH Project

3.3 Types of Self-Harm

Self-harm is a response to a sense of emotional distress, and involves risk taking behaviour. Some risk taking behaviours are common in current society and may not include an intention to self harm. Other behaviours are more overtly concerning.

Common Risk taking behaviours:

- Practices such as tattoos, piercings;
- Rituals, for example, cultural aspects or rites of passage;
- Unhealthy behaviours: alcohol, diet, risk-taking sexual behaviour for example;

Concerning risk taking behaviours:

- Cutting;
- Biting oneself;
- Burning, scalding, branding;
- Picking at skin, reopening old wounds;

- Breaking bones, punching;
- Hair pulling;
- Head banging;
- Ingesting objects or toxic substances;
- Overdosing with a medicine.

“You wouldn't think that someone that drinks [...] you wouldn't really think twice about it, but then someone that self-harms you would be like, oh, you'd be a bit more like, oh”

Aged 15, SASH Project

“If I drink it becomes ten, twenty, a hundred times harder to resist the urge – that's happened a few times.”

Aged 16, SASH Project

3.4 Who Self-Harms?

- Life events that could have prompted these feelings – bereavement, abuse, exam stress, parental divorce, etc.;
- Low self-esteem;
- Any mood changes – unhappy, anger, sadness;
- Feelings of worthlessness;
- Wearing long sleeves at inappropriate times;
- Wearing clothing that is inappropriate for the activity;
- Spending more time in the bathroom;
- Unexplained cuts or bruises, burns or other injuries;
- Razor blades, scissors, knives, plasters have disappeared;
- Unexplained smell of substances such as Dettol, TCP, etc.;
- Changes in eating or sleeping patterns;
- Losing friendships or changes in friendship circles;
- Withdrawal from activities that used to be enjoyed;
- Increase or starting to use alcohol and or drugs which is not age appropriate;
- Spending more time alone and becoming more private or defensive.
- Social media conversations which include reference to self harm

Please note: some of these behaviours are typical during adolescence.

3.5 Taking Action

When a young person shares with you that they have been self-harming:

- 1 Take any report of self-harm seriously.
- 2 Keep calm. Make sure the child or young person is safe.
- 3 Listen empathetically.

Remember to explain your role and the limits of your confidentiality (see 1.5 for further guidance). Children and young people choose who they want to talk to.

Your core skills and values of empathy, understanding, non-judgmental listening and respect for individuals are all vital in this area. It is noticeable that children or young people will seek out the adult of their choice when they are inviting help. Therefore it is important that anyone feel they can support the individual.

Commonly when children and young people are referred to other services or agencies for support they can fail to attend. This could be due to the uniqueness and trust of the relationship with the person they have initially chosen to disclose to.

“ I approached Pupil Support but I felt that they thought I was just looking for attention, the woman I spoke to was quite disapproving of me and I started crying and ran out of the room. A really nice teacher came to get me and talked to me for ages and she didn't ask me to stop but asked if I felt like doing it to come and talk to her first, she gave me some websites to look at and to help. I don't self-harm anymore and I'm working on better coping strategies. ”

Aged 16, SASH Project

Explore alternative less harmful coping strategies with the young person as telling the young person to stop can make things worse.

Good practice in providing empathetic listening includes:

✓ Reflecting... 'You've said that you're feeling...tell me more'	Rather than	✗ ...Evaluating 'Of all these issues this is the most important...'
✓ Clarifying... 'So what I'm hearing is...is that right?'		✗ ...Confronting 'That's ridiculous...'
✓ Supporting... 'I'm here to listen...'		✗ ...Problem solving 'I think you should...'
✓ Developing... 'I'm here to listen...'		✗ ...Analysing 'So I think what's most important is...'
✓ Sharing silence... “...”		✗ ...Filling the gaps 'The weather's nice...'
✓ Summarising... 'So let me check where we are at...'		✗ ...Interrupting 'I think I've heard what you've said...'
✓ Explore options... 'You have told me about other times you managed not to self-harm, tell me a bit about them...'		✗ ...Telling to stop 'You need to stop doing that'

See appendix 1 for further examples of helpful questions.

“ I felt like no one could see that I was really truly falling apart and no one was offering help, and if I self-harmed they would get that message ”

SASH Project

3.6 Other things to consider

- Be aware that the child or young person may be feeling guilty and ashamed, so acknowledge how difficult it will have been for the young person to come to you.
- Check for associated problems such as bullying, bereavement, relationship difficulties, abuse, and sexuality.
- Advise the child or young person about the range of support available.
- Involve the young person actively in decision making.
- Make appropriate referrals if required.

It is vital that the young person:

- Has some control of their situation;
- Is fully aware of who needs to be informed and why;

- Is consulted on their views, and;
- Is allowed, wherever possible, to set the pace and make choices.

To do otherwise could result in a worsening of the self-harm.

Remember that self-harm is not an illness, it is a coping mechanism, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term.

Please see appendix 2 for advice and guidance on actions to take in the event of a self-harm incident (including disclosure).



4 Ongoing self-care

4.1 Staff Health and Wellbeing

Staff need to care for their own mental wellbeing on an ongoing basis. Supporting a young person who is self-harming can be upsetting as well as rewarding.

Staff may have feelings of:

- Shock;
- Guilt;
- Fear;
- Incomprehension;
- Anger and frustration;
- Distress and sadness;
- Powerlessness and inadequacy.

It is important for staff involved to be aware of their own mental wellbeing and to acknowledge any distress they may feel. Line managers can support staff by providing access to appropriate support whenever required.

Staff can try some of these self-care techniques to help relieve the stress they may feel:

- Talk to a friend, partner or a colleague about how you're feeling (without compromising the confidentiality of any child or young person involved);
- Try some relaxation techniques, such as yoga, tai chi, visualisation and breathing exercises;
- Listen to relaxing music or have a bath.
- Do something active, such as walking, dancing or going to the gym.
- Do something you enjoy.

4.2 Specific Guidance for Schools

It is acknowledged that staff in schools will often find themselves working with pupils who share their experiences of self-harm for the first time with a trusted adult in the school setting. It is also acknowledged that this can be particularly stressful for school staff who become anxious about giving the right response and support.

It is envisaged that this guidance document would therefore be used as part of a wider support plan within the school setting. The suggested arrangements are as follows:

- 1 Key staff from school attend the Health Improvement Team Self-Harm general awareness raising training (details provided in Section 6: Training)
- 2 These key staff then establish a peer support network / working group within the school. This group would provide an opportunity to discuss individual circumstances as and when they arise with trained colleagues.
- 3 This group of staff also ensure that general information regarding self-harm support is shared with the wider staff team so that the school staff community know who to speak to for support should a young person share their experiences with a member of staff who has not received the training. As previously noted, this is important because children / young people may choose to open up to any member of school staff community. Appendix 2 could be used to support this process.

5 Myths around self-harm and suicide

5.1 Myths about the link between Self harm and suicide

There is no direct link between self harm and suicide.

Often when people are concerned about self harming behaviours in others they are also concerned that the person may be thinking about suicide.

To help people understand the differences between self harm and suicide this document contains information around both. Evidence shows that they are very different behaviours, each with very different intended outcomes.

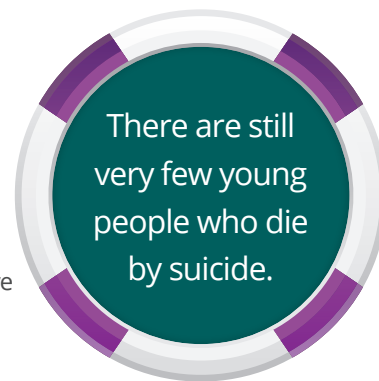
This document therefore uses the following working definitions of each behaviour:

Self-Harm

Self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act (with no intention to die).

Suicide

An act of self-harm, with the intention to die.

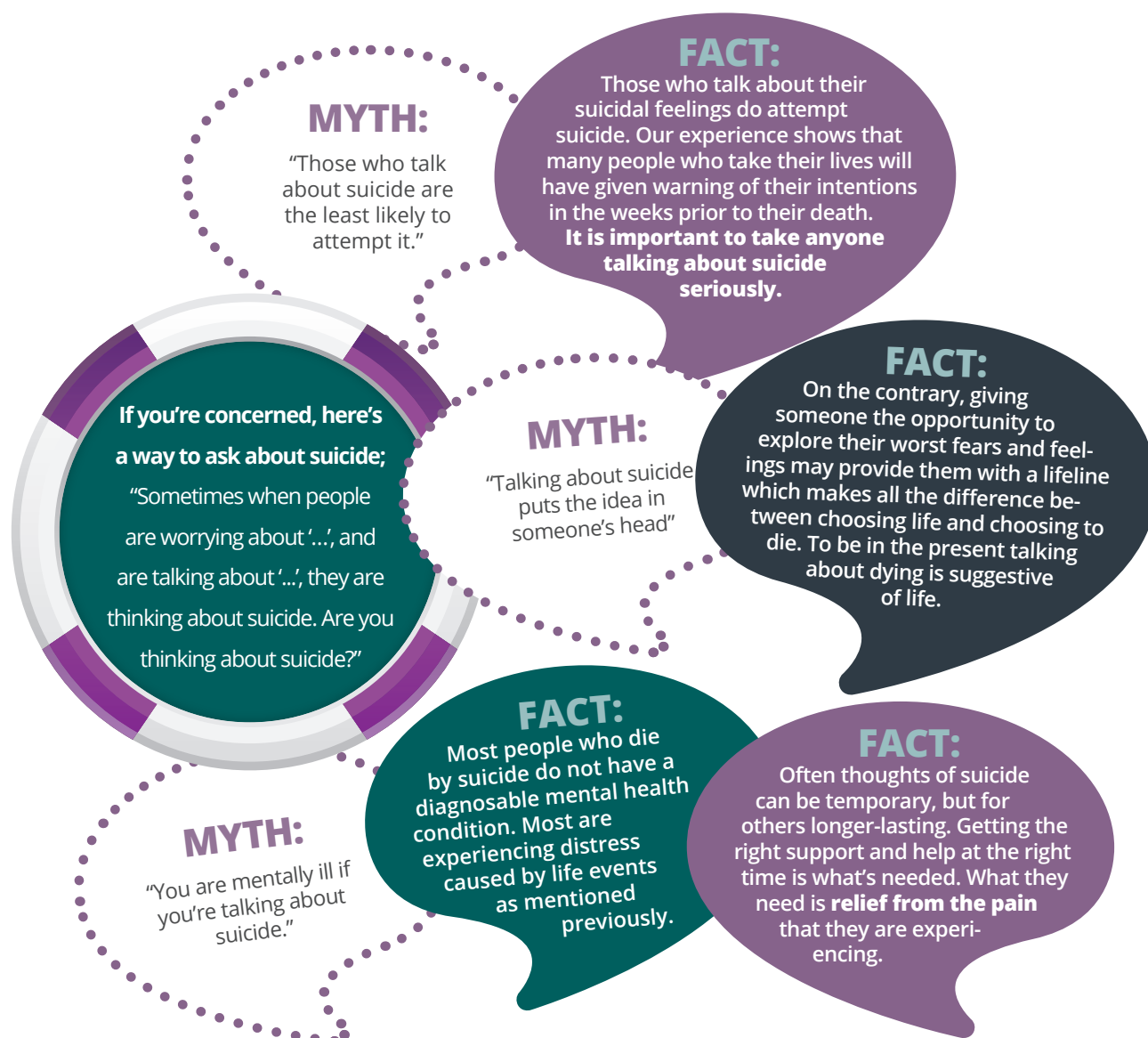


5.2 Who is at Risk?

Anyone is at risk of suicide but there are some specific vulnerable groups amongst young people who are more at risk. These include those affected by:

- Sexual/physical/emotional abuse;
- Bullying;
- Bereavement;
- Low socio-economic status;
- LAC;
- LGBT;
- Involvement in the criminal justice system;
- Parental neglect;
- Any type of loss including job, friendships, attainment, home or pet.

5.3 Common myths about suicide



This is where your empathetic listening skills are crucial to be able to reflect back the exact language of the child or young person and their concerns.

If the young person has suicidal thoughts and at the same time does not have a plan to act on their thoughts, continue to provide support and seek further advice if or when appropriate. For many people, this will be enough.

If you're concerned the person is going to act on their thoughts of suicide, contact:

- The Named Person
- Child Protection Officer

Advice is also available through NHS 24 on 111 (open 24 hours) or by contacting a nurse or doctor locally

Ensure the young person has these phone numbers and encourage the young person to contact one of the helplines such as the Samaritans (08457 90 90 90), Breathing Space (0800 83 85 87) or ChildLine (0800 1111).

Attempted suicide

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

- Keep safe – do not endanger your own life;
- Phone 999 immediately or take the person directly to A&E (if safe to do so);
- Perform first aid if it is necessary and safe to do so;
- If the person is drinking alcohol or taking drugs, try to get them to stop;
- Continue to encourage the person to talk and listen empathetically

6 Training

6.1 Information and training directly relating to self-harm and suicide

The following training can be accessed through the Health Improvement Team (www.westlothianhchcp.org.uk or hit@westlothian.gov.uk).

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning Outcomes <i>(What do you hope to achieve from the training?)</i>
Self-Harm: Information Session	Open to staff working alongside young people	<p>Self-Harm: Information session aims to support participants to:</p> <ul style="list-style-type: none"> ➤ Explore and dispel the myth around self-harm; ➤ Explore what self-harm is and why people do it. <p>It informs participants of:</p> <ul style="list-style-type: none"> ➤ Adolescent brain development and the links to self-harm; ➤ What can be done to support someone who self-harms.
Scotland's Mental Health First Aid	Open to all community and professionals	<p>Scotland's Mental Health First Aid aims to help participants to:</p> <ul style="list-style-type: none"> ➤ Preserve life; ➤ Prevent the mental health problem or crisis developing into a more serious state; ➤ Promote the recovery of good mental health; ➤ Provide comfort to a person experiencing stress; ➤ Promote understanding of mental health issues.
Scotland's Mental Health First Aid: Young People	Open to staff working with young people	<p>Scotland's Mental Health first Aid: Young People aims to support staff to be able to:</p> <ul style="list-style-type: none"> ➤ Provide young people with comfort when they are experiencing mental distress or crisis ➤ Preserve life ➤ Prevent mental distress developing in to a more serious state, and ➤ Promote the recovery of good mental health.
Applied Suicide Intervention Skills (ASIST)	Open to all over the age of 18, communities or professionals	<p>ASIST is a two-day comprehensive workshop for anyone who wants to learn how to recognise the signs of suicidal thoughts and how to intervene to prevent the immediate risk of suicide. The course is designed to help anyone in a community to become more willing, ready and able to help people at risk of suicide.</p>
SafeTALK	The course is open to anyone over the age of 15	<p>SafeTALK is a 3.5 hour session aimed at giving participants the skills to recognise that someone may be suicidal and to connect the person to someone with suicide intervention skills, for example, someone who has completed ASIST, GP, MHLW</p>

6.2 Additional training and support

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning Outcomes <i>(What do you hope to achieve from the training?)</i>	Who delivers the training?
LLTTF (Living Life to the Full)	Open to staff working alongside young people	LLTTF is an 8 session course which offers people the opportunity to learn more about why they feel like they do and, more importantly, learn new skills and techniques to improve their life and make changes. Based on CBT, it covers topics such as anger, confidence and low energy.	HIT (Health Improvement Team) and partners. Contact: hit@westlothian.gov.uk Educational Psychology Service (school staff). Contact school link EP or: ed.psych@westlothian.gov.uk
WRAP (Wellness Recovery Action Planning)	Open to all	WRAP supports people to develop a personal plan to manage their own wellness through exploring wellness tools, triggers to wellness, crisis management and recovery.	HIT (Health Improvement Team). Contact: hit@westlothian.gov.uk Children and Young People Team (CYPT). Contact: cypt@westlothian.gov.uk
Stressless	Open to all	Stressless is a 1.5 hour session which aims to support people to gain an understanding of the nature of stress, understand the impact of stress and the coping mechanisms to deal with stress positively.	HIT (Health Improvement Team). Contact: hit@westlothian.gov.uk Every high school has an internal contact.
Growing Confidence	Open to all over the age of 18, communities or professionals	LLTTF is an 8 session course which offers people the opportunity to learn more about why they feel like they do and, more importantly, learn new skills and techniques to improve their life and make changes. Based on CBT, it covers topics such as anger, confidence and low energy.	HIT (Health Improvement Team) and partners. Contact: hit@westlothian.gov.uk Educational Psychology Service (school staff). Contact school link EP or: ed.psych@westlothian.gov.uk
Rory	The course is open to anyone over the age of 15	LLTTF is an 8 session course which offers people the opportunity to learn more about why they feel like they do and, more importantly, learn new skills and techniques to improve their life and make changes. Based on CBT, it covers topics such as anger, confidence and low energy.	HIT (Health Improvement Team) and partners. Contact: hit@westlothian.gov.uk Educational Psychology Service (school staff). Contact school link EP or: ed.psych@westlothian.gov.uk

6.2 Additional training and support (continued)

What is the training?	Who is the training aimed at? Is it open to anyone?	Learning Outcomes <i>(What do you hope to achieve from the training?)</i>	Who delivers the training?
Oh Lila	Early Years staff	Oh Lila aims to build resilience and protective factors in young children.	HIT (Health Improvement Team) and partners. Contact: hit@westlothian.gov.uk Educational Psychology Service (school staff). Contact school link EP or: ed.psych@westlothian.gov.uk
Parenting Teenagers	Anyone taking on a caring role for a young person aged between 12 and 16 years old and who would like support and learn strategies to solve particular parenting problems or simply to get support from other parents or carers.	The Parenting Teenagers Programme is delivered over 12 weekly sessions with each session lasting two hours. Some groups run during the day and some in the evening depending on the requests of parents and carers who register to attend. When attending the course, parents and carers are encouraged to reflect back to when they were a teenager. Participants will learn about why teenagers behave and interact the way they do, as well as learning some positive behaviour management strategies. During the course, parents and carers learn the importance of taking care of themselves. Using different strategies to interact with their teenager and the importance of teenagers needing to feel secure, loved and valued by their parents or carers.	Children and Young People Team (CYPT). Contact: cypt@westlothian.gov.uk
Give us a break	Aimed at young people between the ages of 10-14 years from West Lothian.	This is an 8-week group work programme aimed at supporting young people to make sense of life events such as divorce, separation, loss of a loved one, change of home, school or living arrangement. The programme gives young people a chance to make sense of these experiences in a supportive environment with others who have gone through similar changes and also helps to build a deeper understanding in adults about just what young people go through following on from bereavement and loss.	Educational Psychology Service (school staff). Contact school link EP or: ed.psych@westlothian.gov.uk Children and Young People Team (CYPT). Contact: cypt@westlothian.gov.uk

7 Services – Advice and Information

7.1 Local supports

Workers can keep up-to-date with current services and best practice from a variety of sources including websites, books and reports. They can also contact a range of national or local organisations for advice.

Name of Service	Website and Email	Nature of service/purpose
SOBs (Survivors of Bereavement and Suicide)	Website: uk-sobs.org.uk ; Email: edinburghsobs@gmail.com	We exist to meet the needs and overcome the isolation experienced by people over 18 who have been bereaved by suicide.
Touched by Suicide	Website: touchedbysuicidescotland.org Email: touchedbysuicidescotland@hotmail.co.uk	We exist to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend.
CYPT (Children and Young People Team)	Website: www.westlothianhcp.org.uk Email: crypt@westlothian.gov.uk	We provide early intervention and preventative supports to those referred to the service in order to help maximise their potential, promote positive relationships and identify support needs
West Lothian Young Carers Project	Website: www.carers-westlothian.com ; Email: wilma@carers-westlothian.com	We support, guide and advise young carers, between the ages of 8 and 18, on issues they have about being a young carer and a young person.
West Lothian Youth Action Project	Website: www.wlyap.org.uk ; Email: office@wlyap.org.uk	We offer support, information and advice to young people aged 10-21 years.
West Lothian Youth Inclusion Project	Website: www.westlothianhcp.org.uk Email: Youthinclusionprojectreferrals@westlothian.gov.uk	The Youth Inclusion Project provides a consistent resource and support for vulnerable young people aged 16-25 and who live in West Lothian.
West Lothian Mental Health/ Mental Wellbeing Screening Group	Referrals for support should be submitted to the CYPT in the first instance. Email: crypt@westlothian.gov.uk	The Mental Health Mental Wellbeing Screening Group is an initiative between health, education, voluntary organisations and social policy which aims to streamline mental health and mental wellbeing services for children and young people.

7.1 Local supports (continued)

Name of Service	Website and Email	Nature of service/purpose
CAMHS (Child and Adolescent Mental Health Service)	CAMHS at St. John's Hospital (01506 523000)	Children and young people (0 – 18 years old but mainly school age children) are referred to CAMHS if there are significant concerns about their mental health or wellbeing and when difficulties are impacting upon their day to day functioning.
Duty Social Work	Livingston – 01506 282252; Broxburn – 01506 775666; Bathgate – 01506 776700	We exist to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend.
SCET (Social Care Emergency Team)	01506 281028 01506 281029	SCET provides emergency social work services outwith normal office hours.
Child Protection – schools		Each school in West Lothian has an identified child protection officer who can be contacted for advice, information or support.
DASAT (Domestic and Sexual Assault Team)	Website: www.westlothianchcp.org.uk; Email: dasat@westlothian.gov.uk	DASAT provides a specialised service to women and children in West Lothian who are experiencing, or have experienced, domestic abuse. The service also provides support to victims of recent and historical rape and/or sexual assault.
LGBT (Lesbian, Gay Bisexual, Transgender) Youth Scotland	Website: www.lgbtyouth.org.uk; Email: info@lgbtyouth.org.uk	LGBT's mission is to 'empower lesbian, gay, bisexual and transgender young people and the wider LGBT community so that they are embraced as full members of the Scottish family at home, school and in every community'.
Covey Befriending	Website: www.coveybefriending.org.uk; Email: office@coveybefriending.org.uk	We support children and young people on their life journey, bringing colour to their lives, while enabling them through strong befriending relationships to become more resilient and self-aware; better equipped to reach their full potential.
WLDAS (West Lothian Drug and Alcohol Service)	Website: www.wldas.com; Email: enquiries@wldas.org	We support children and young people on their life journey, bringing colour to their lives, while enabling them through strong befriending relationships to become more resilient and self-aware; better equipped to reach their full potential.
Circle	Website: www.circle.scot/west-lothian.aspx; Email: info@circlescotland.org	Circle West Lothian works with children and families affected by their parents' drug and/or alcohol use.

7.1 Local supports (continued)

Name of Service	Website and Email	Nature of service/purpose
COZ (Chill Out Zone)	Website: www.children1st.org.uk ; Email: coz@children1st.org.uk	COZ provides a drop in service which young people can use in their own time or by appointment with a nurse or counsellor to get information, counselling and advice on a number of issues including sensitive physical, emotional, mental and sexual health matters. COZ also works with groups of young people needing more support, including LGBT and those in, or leaving care and in secondary schools throughout West Lothian providing sessions on subjects such as sexual health, domestic abuse, gender inequalities and risk taking behaviours.
Barnardo's	Website: www.parentingwestlothian.org.uk ; www.barnardos.org.uk Email: Barnardosfamilysupportservicescotland@barnardos.org.uk	Provides a range of parenting services including Parenting group work Mellow Parenting, Webster Stratton, Getting Through The Day and Parenting Children with ADHD. Also provides group and individual work with children.
No. 54	Based at Willow Grove 01506 434274 option 3	NHS Lothian/Barnardo's Skylight service attached to CAMHS. This service supports young people affected by sexual abuse and those who have engaged in harmful sexual behaviours.
With Kids	Website: www.withkids.org.uk	Provides individual, social and practical support to children and families in Scotland
SWAT (Social Work Addictions Team)	Website: www.westlothianhchcp.org.uk ; Email: socialworkaddictionsteam@westlothian.gov.uk	SWAT aims to enable individuals and families to take positive steps to recover from problematic alcohol and/or drug use. To ensure all clients with children are helped to become more aware of the impact on children of parental alcohol and/or drug use as well as the risks to the safety and wellbeing of children.
CRUSE	Website: www.crusescotland.org.uk Email: info@crusescotland.org.uk	CRUSE are a charity, staffed by volunteers, which gives bereavement support to people throughout Scotland.
Amber Mediation	Website: www.cyrenians.org.uk ; Email: amber@cyrenians.org.uk	Creates a safe space for everyone to have their say and be listened to. It is impartial, confidential, non-judgmental and completely voluntary.
Signpost	Website: www.signpost-online.co.uk Email: enquiries@signpost-online.co.uk	Signpost is a voluntary organisation which offers information and support for families of young people with disabilities and additional support needs in West Lothian.
Healthy Respect	Website: www.healthyrespect.co.uk Email: healthy.respect@nhslothian.scot.nhs.uk	Healthy Respect works to improve young people's sexual health and wellbeing, and supports them to enjoy healthy and respectful relationships. Aimed at young people aged 13-18 living in Lothian, we work with professionals who work with young people, and local organisations from both statutory and voluntary sectors.

7.2 Help lines

Someone to talk to:

➤ Breathing Space	0800 83 85 87
➤ Samaritans	08457 90 90 90
➤ Childline	0800 1111
➤ Relationship Helpline	0808 802 2088
➤ NSPCC Helpline	0808 800 5000

Get Connected Helpline	0808 808 4994
Hope Line UK	0800 068 4141
Anxiety UK	0844 477 5774
Parentline	08000 28 22 33
Young Minds Parents Helpline	0808 802 5544
Women's self-injury Helpline	0808 800 8088

7.2 Helpful websites

Support for self-harming concerns:

- www.selfharm.co.uk
- www.lifesigns.org.uk
- www.nshn.co.uk (National Self-Harm Network)
- www.recoveryourlife.com
- www.selfinjurysupport.org.uk

Support for depression and anxiety:

- www.depressioninteenagers.co.uk
- www.stressandanxietyinteenagers.co.uk
- www.actionondepression.org
- www.moodcafe.co.uk
- www.stepsforstress.org
- www.firstsigns.org.uk
- www.stepsforstress.org

General mental health and wellbeing:

- www.mind.org.uk
- www.youngminds.org.uk
- www.westspace.org
- www.getconnected.org.uk
- www.moodjuice.scot.nhs.uk
- www.minded.org
- breathingspace.scot
- www.mentalhealth.org.uk
- www.mwscot.org.uk (Mental Welfare Commission for Scotland)
- www.penumbra.org.uk
- www.samaritans.org
- www.sane.org.uk
- www.samh.org.uk (Scottish Association for Mental Health)
- www.scottishrecovery.net
- www.seemescotland.org

Support for lesbian, gay, bisexual & transgender concerns:

- www.lgbtyouth.org.uk
- www.genderedintelligence.co.uk
- www.gires.org.uk
- www.stonewall.org.uk

Support for bullying concerns:

- www.beatbullying.org
- www.respectme.org.uk

Support for loss and bereavement:

- www.winstonswish.org.uk
- www.crusescotland.org.uk

Support for suicidal thoughts:

- www.chooselife.net
- www.papyrus-uk.org

Support for eating disorder concerns:

- www.b-eat.co.uk
- www.nbp-eating-disorders.co.uk (No Bodies Perfect)
- www.needs-scotland.org
- www.sedig.co.uk (Scottish Eating Disorder Interest Group)

Support and advice for children and young people:

- www.childline.org.uk
- www.handsonscotland.co.uk
- www.thesite.org (16-25 year olds)

Support for substance abuse concerns:

- www.talktofrank.com

Support for parents and families:

- www.familylives.org.uk
- www.children1st.org.uk/parentline-scotland

Support for housing concerns:

- www.turningpointscotland.com
- scotland.shelter.org.uk

Support for domestic abuse:

- www.mensadviceline.org.uk
- www.scottishwomensaid.org.uk
- www.sdah.scot (Scottish Domestic Abuse Helpline)
- www.abusedmeninscotland.org
- www.shaktiedinburgh.co.uk

Support for local issues:

- www.farminghelp.org.uk
- adlib.eversite.co.uk/adlib/defra/content.aspx?id=000IL3890W.17UT5WTBSD06AN (Rural Stress Information Network)

Information on therapeutic services:

- www.counselling-directory.org.uk
- www.lttf.com (Living Life to the Full)

Please note, there is also a curriculum resource available in all schools, called 'Getting the Lowdown (Scotland)'. This resource aims to engage and educate young people around the key issues of mental health and emotional well-being. It is suitable for primary school pupils (with topics on bullying, being active, anger management, friendships and relationships, and loss and bereavement – <http://bit.ly/lowdownprimary>) and secondary school pupils (stress and anxiety, loss and bereavement, eating disorders, self-harm depression, and bullying – <http://bit.ly/lowdownsecondary>). You must be logged in to GLOW to access these links. If you would like further information on this resource, please contact the Educational Psychology Service (ed.psych@westlothian.gov.uk).

8 References

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Appendix 1 – Helpful Questions to ask when assessing children and young peoples' levels of distress

Underlying Issues

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

General Distress

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

Other Risk Taking Behaviours

- Explore other aspects of risk – extreme sports, and use of drugs/alcohol.

Health

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

Nature and Frequency of Injury

- Are there any injuries requiring immediate attention?
- Has the young person ingested/taken anything that needs immediate action?

- Establish what self-harming thoughts and behaviours have been considered or carried out and how often?
- Suicidal Intent
- Ask if there is any intention to complete suicide in a clear and straightforward way and persist if necessary.
- Consider the likelihood of imminent harm including means, plan and intention

Child Protection

- Consider if there are child protection issues and, if so, discuss and/or refer.

Future Support

- Elicit current strategies that have been used to resist the urge to self-harm or stop it from getting worse.
- Discuss who knows about this situation that may be able to help.
- Discuss contacting parents if that would be helpful.
- Discuss possible onward referral with child or young person (see Pathway)

Appendix 1 – Actions (please print out this document and make it available to all staff.)

If the injury is life-threatening, phone an ambulance (999).

If it is something you cannot assess, ask for advice. This could include contacting NHS 24 on 111 (open 24 hours).

Immediate Risk	Action
When child/young person has just self-harmed and is in need of significant medical treatment.	<ul style="list-style-type: none"> ➤ Call 999/seek first aider assessment. ➤ Keep calm and give reassurance to the child/young person and those who may have witnessed the self-harm incident. ➤ Follow Child Protection Procedures. ➤ Seek support from your line manager or other relevant person.
High Risk	Action
<ul style="list-style-type: none"> ➤ Increasing self-harm, either frequency, potential lethality or both. ➤ Situation felt to be causing unbearable pain or distress. ➤ Frequent suicidal thoughts, which are not easily dismissed. ➤ Specific plans with access to potentially lethal means. ➤ Significant drug or alcohol use (inappropriate for their age and stage). 	<p>Immediate action</p> <ul style="list-style-type: none"> ➤ Ease distress as far as possible. ➤ Listen empathetically (refer to section 3.5 in supporting document). ➤ Problem solve jointly with the young person to resolve difficulties. ➤ Use/review school safety plan if developed. ➤ Follow Child Protection Procedures. <p>Follow-up action</p> <ul style="list-style-type: none"> ➤ Speak to other members of staff in your school/organisation who are trained in self-harm management. ➤ Seek advice from GP/CAMHS ➤ Submit a referral for support to the Health and Wellbeing Screening Group. ➤ Ensure there is ongoing support for child/young person within the school/organisation and review and reassess at agreed intervals. ➤ Seek support from your line manager or other relevant person.

Moderate Risk	Action
<ul style="list-style-type: none"> ➤ Current self-harm is frequent and distressing. ➤ Situation felt to be painful, but no immediate crisis. ➤ Suicidal thoughts may be frequent but still fleeting with no specific plan or immediate intent to act. ➤ Drug or alcohol use, binge drinking (inappropriate for their age and stage). 	<p>Immediate action</p> <ul style="list-style-type: none"> ➤ Ease distress as far as possible. ➤ Listen empathetically (refer to section 3.5 in supporting document). ➤ Consider safety of young person, including possible discussion with parents/carers or other significant figures. ➤ Problem solve jointly with the young person regarding underlying issues. ➤ Use/review school safety plan if developed. <p>Follow-up action</p> <ul style="list-style-type: none"> ➤ Speak to other members of staff in your school/organisation who are trained in self-harm management. ➤ Consult with relevant agency for advice e.g. Child & Adolescent Mental Health Service (Mental Health Link Worker), Educational Psychologist. ➤ Consider referrals for support to the Health and Wellbeing Screening Group. ➤ Ensure there is ongoing support for child/young person within the school/organisation and review and reassess at agreed intervals

Low Risk	Action
<ul style="list-style-type: none"> ➤ Self-harm is superficial. ➤ Underlying problems are short term and solvable. ➤ Mood appears typical for that person. ➤ Current situation felt to be painful but bearable. 	<p>Immediate action</p> <ul style="list-style-type: none"> ➤ Ease distress as far as possible. ➤ Listen empathetically (see section 3.5 above). ➤ Problem solve jointly with the young person regarding underlying issues. <p>Follow-up action</p> <ul style="list-style-type: none"> ➤ Speak to other members of staff in your school/organisation who are trained in self-harm management. ➤ Link to other sources of support/counselling. ➤ Make use of line management or supervision to discuss particular cases and concerns. ➤ Ensure there is ongoing support for child/young person and review and reassess at agreed intervals. ➤ Some young people find the 'five minute rule' helps: if they feel they want to self-harm they have to wait 5 minutes. Then another five minutes if possible – 'until the urge is over'

Contact details??