Diogelu Gwent
Gwent Safeguarding

Multi Agency Protocol for the Management of Cases of High Risk Self-Harm and Potential Suicide in Children and Young people

Ratified by Board
September 2024

Protocols & Procedures Sub Group

Review Date
September 2027

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Background

This protocol has been developed as a result of a Concise Child Practice Review undertaken by Gwent Safeguarding Board (2018). The Child Practice Review report indicated that in high risk cases of self-harm and suicide; in order to protect these young people, full information sharing is necessary between the agencies involved and processes should be in place to promote shared responsibilities across the agencies.

This protocol sets out a framework for a multi-agency response in relation to cases of high-risk, self-harm and potential suicide. Talk to Me 2 - The Suicide and Self-Harm Prevention Strategy for Wales 2015-2020 indicates "there is no single reason why someone may take their own life or harm themselves. It is usually in response to a complex series of factors that are both personal and relate to wider social and community factors"

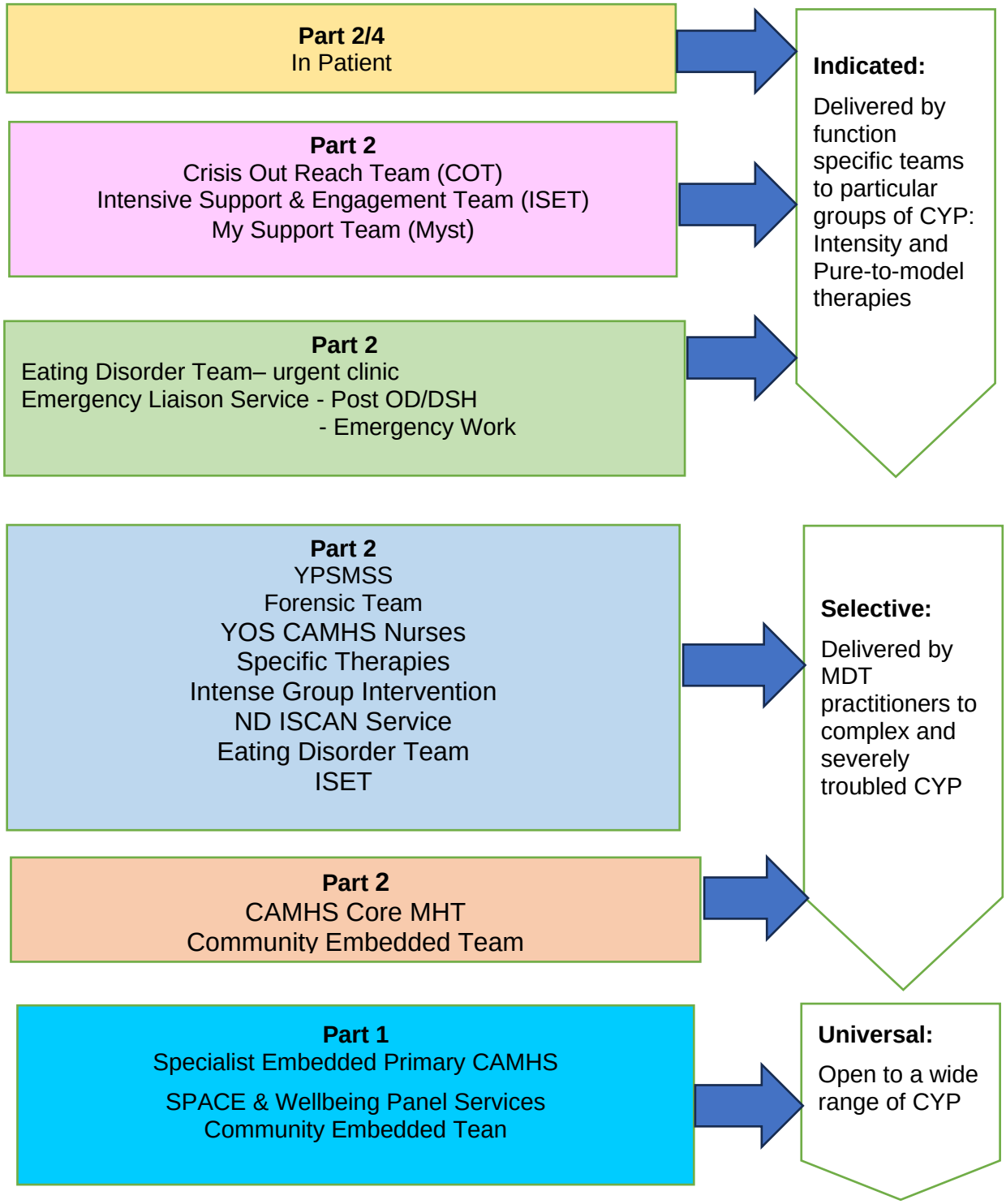
All young people identified with high risk self-harm behaviours should be managed with a multi-agency approach. No agency working with these young people should work in isolation, there should be a collaborative approach with all agencies working together.

This protocol should be used alongside the "Handling issues of Self-Harm and thoughts of Suicide in children and young people" leaflet for front–line professionals and volunteers which can be found here SuicideSelfHarm-Eng-March2022-Singles-Web (2) (gwentsafeguarding.org.uk). It should also be read in conjunction with any organisational policies and/or national guidance, such as the Welsh Government document 'Responding to issues of self-harm and thoughts of suicide in young people Guidance for teachers, professionals, volunteers and youth services,' which can be found here. National School Categorisation Guidance Refresh (gov.wales)m.

The diagrams below detail the different levels of service available to children and young people and outline the process for practitioners when dealing with concerns in relation to high risk self harm and suicide.

ABUHB CAMHS and SPACE Services

PARTS 1- 4



Flow Chart

Practitioner gathers information that indicates the child / young person requires triage assessment **CAMHS CCIH Emergency Duty Line 01633 749519**
(Mon to Fri 8am – 6pm)
Outside of these hours call ABUHB switchboard on 01633 234234 and ask for CAMHS on call psychiatrist
(If medical treatment is required, contact GP out of hours or go to The Grange, or local Accident & Emergency Department,)
After 5pm practitioners can also call should ring NHS 111 and press 2 for advice.
Guidance on choosing the right service can be found here Layout 1 (nhs.wales)
****Child should not be left alone during this process****

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If urgent criteria met, Emergency Liaison assessment will be offered.
Parental consent should be sought prior to the assessment.
If the urgent criteria is not met advice will be given on the most appropriate referral pathway, this could be Part 1 or Part 2.
CAMHS clinician to provide practitioner with copy of safety plan

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If there are any safeguarding concerns whilst awaiting assessment a
Duty to Report should be made to Social Services and consideration must be given to a Strategy Discussion / Meeting being convened (*co-ordinated by Social Services).*
Consideration should also be given as to whether an Immediate Response Group meeting should be held to manage the impact to the child/young person and any other children/young people who may have been impacted . Children's Immediate Response Group Protocol - June 2023 (gwentsafeguarding.org.uk)

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Following assessment and WARRN (page 7) indicates high risk / imminent risk of suicide or escalating pattern of severe self-harm referrals to:
Crisis Outreach Team (completed by Emergency Liaison Clinician) and Duty to Report to Social Services (outcome of assessment to be provided).
A multi-agency meeting is to be convened, co-ordinated and minuted by Social Services **unless** the outcome of the assessment identifies the need for inpatient assessment or treatment of a psychiatric illness. In this case, the meeting should be convened by Health - Part 3 Health to convene and coordinate a multi-agency meeting within 24 hours. Corporate Health Safeguarding to be invited to all meetings (notification to be sent to Gwent Safeguarding Board Business Unit)
Parents/carers and practitioners relevant to the child / young person to be invited.
Identified actions to be distributed within 2 working days and the minutes will follow within 20 working days.

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Monitoring / Review meetings to be held 3 monthly or
in line with the young person / child's situation and level of need.
Children discharged would receive a safety and treatment plan bespoke to their individual needs.

1. Definitions and Context

Suicide
The definition of suicide is an act that is dependent on intent. A coroner will return a verdict of suicide only if there is clear evidence beyond all reasonable doubt that the individual intended to kill themselves and the death was self-inflicted. "Suicidal ideation" is a medical term often used to describe the state of a person who has thoughts of suicide. This can vary from a single fleeting thought to the construction of a detailed plan.

High Risk Self Harm

- The young person's actions could have resulted in their death or serious injury and required hospital admission. Imminent risk of suicide / self-harm, expressing suicidal plans.
- The intervention and support work with a young person is failing to reduce the risk of self-harming behaviour.
- Evidence and risk factors suggest child protection issues form part of the motivation for self-harm (Enfield Self-Harm Protocol 2017).

Those young people who repeat self-harm are at significantly greater risk of completing suicide than those who have a single episode. 40-60% of suicides have at least one previous episode of deliberate self-harm (Gwent Safeguarding Concise Child Practice Review 2018). Not all young people who repeat self-harm have intent to die – "non suicidal self-harm" (NSSI) (Talk to me 2 – Suicide and Self-Harm Prevention Strategy for Wales 2015-2020). The strategy suggests that suicide is best understood by looking at each individual, their life and circumstances.

Between 25 and 33% of adolescent suicide victims have made a prior attempt. A prior suicide attempt is the single most important predictor of suicide in the general population (Talk to me 2 2015-2020).

There is rarely a single reason why a child or young person engages in high risk self-harming behaviours, but it is usually due to a variety of risk factors, circumstances and adversities, see below. Please see link to Public Health Wales Thematic Review into the deaths of children/young people 2019.

Self-Harm Risk Factors

- Low self-esteem, low self-worth, or self-loathing
- Low mood or a change in mood
- Hopelessness
- Perfectionism
- Experiencing mental health problems.
- Problems at home or school, including being missing
- Neglect, physical, emotional, or sexual abuse
- Adverse Childhood Experiences (ACE's)
- Victims of bullying or young people who bully others (including online)
- A sudden change in friends or withdrawal from a social group
- Escalating patterns of self-harm behaviours, suicide risk
- Lack of interest in usual school activities and/or an overall decline in grades or a decrease in effort (Gwent Safeguarding 2019)
- The influence of the internet, social media and electronic communication on self-harm

- Out-of-character behaviour e.g. withdrawing or becoming disruptive
- Drug and/or alcohol misuse or risk taking behaviour
- Lack of or breakdown in family support/relationships
- Child Exploitation
- Issues with gender or sexual identity
- Bereavement
- Self-harm in close family/friends

Suicide Risk Factors

- Research suggests that males are at greater risk
- Low socio-economic status
- Restricted educational achievement
- Previous suicide attempt(s)
- Mental disorder (including those unrecognised or untreated)
- Major physical or chronic illnesses including chronic pain
- Alcohol or substance misuse
- Family history of suicide
- Sense of isolation
- Hopelessness
- The influence of the internet, social media and electronic communication.
- Impulsiveness
- Admission to prison / engagement with criminal justice system
- Victimisation, bullying and stigma.
- Relational or social losses or discord
- Easy access to lethal means
- Clusters of suicide have an element of contagion
- Exposure to suicidal behaviours
- Stigma associated with poor help seeking behaviour
- Barriers to accessing healthcare, particularly mental health and substance misuse treatment (Talk to me 2)
- Adverse childhood experiences, including bereavement.

Self-Harm/Suicide Protective Factors

- Skills in problem solving, conflict resolution and non-violent responses to challenges
- Restricted access to the means of suicide
- Strong connection with family and community support
- Seeking help and easy access to quality care for mental and physical illness
- Personal, social, cultural and religious/spiritual beliefs that support the self (Talk to me 2).

2. Identification of high risk self-harm behaviours in young people

- CAMHS Emergency Liaison Service will identify the young people who are undertaking high risk self-harm and suicide behaviours during an A&E attendance and/or Hospital admission or Emergency Outpatient Clinic.

- Crisis Outreach Team (COT) provides intensive evidence based interventions to children and young people in crisis as an alternative to hospital admission and will also identify young people undertaking high risk self-harm behaviours particularly those where an intervention is failing to reduce the risk to the young person.

Other Practitioners/Agencies who may identify the high risk self-harm behaviours in young people include – GPs, Pediatricians, Accident and Emergency Departments, Police, Education (to include Pupil Referral Services) Social Services, Youth Offending Service, MyST, SPACE and Wellbeing Panel, Residential Placements, Mental Health schools In Reach team.

Questions to identify high risk self-harm and risk of suicide

These questions can be used by any practitioners who are involved with children and young people. Start the discussion with questions about their life in general to better understand the lived experience of the child /young person. For example, are they going out with friends and engaging in social activities, are they attending school, what are they studying and what do they want to do when they finish school? This will give you some idea of future plans, before you start to explore the other issues. Further advice and guidance as to engaging with children and young people where there are concerns regarding self-harm and/or potential suicide is available here: https://www.gov.wales/sites/default/files/publications/2019-08/responding-to-issues-of-self-harm-and-thoughts-of-suicide-in-young-people-guidance.pdf .

- Ask about the context of their distress, what are the motivations or triggers for the self-harm and can these be avoided or minimised?
- Have they self-harmed in the past?
- Have they used any alternative coping strategies in the past? Have these helped?
- Is anybody else aware of the self-harm?
- Have they recently self-harmed? If the young person has an injury, then assess it if competent to do so. If in doubt, seek appropriate medical help.
- Are they reporting depressive symptoms; depressed mood, reduced social functioning and reduced pleasure from previously enjoyed activities, poor sleep, sleeping too much, poor concentration?
- Have they got any support services involved?
- Are they saying they have a desire to end their life? Is it constant, frequent, occasional, or rare? Are they talking about wanting to end their life now?
- Have they had thoughts about methods they would use to complete suicide?
- If a particular method/methods are identified, would they have access to the method?
- Have they identified a time when they plan to complete suicide? If so, have they started preparing for this (e.g. writing a note, gathering medication etc.).
- Have they ever tried to kill themselves in the past?
- What has stopped them acting on the suicidal thoughts and kept them safe?
- Do they have any plans for the future? How far into the future (e.g. a holiday planned next year, their next birthday) or is there no evidence that they intend to be around for future events?
- Do they already have a safety plan in place?

It is acknowledged that practitioners may not be able to ask all of the questions listed above, however, these questions provide a guide as to information that would be helpful to inform the triage assessment. To complete the assessment the CAMHS Clinician will check the health and mental health records of the young person to see if there is any previous history.

It should always be the practitioner who asks the young person the questions who contacts the CAMHS Emergency Duty Line. Parental consent is not required to seek consultation with CAMHS via the Emergency Duty Line but if an assessment is required parental consent should be sought.

On completion of the triage assessment a clinical outcome will be provided to the practitioner and professional advice given. Possible outcomes of the assessment include:

- Emergency Liaison outpatient assessment if the assessment identifies the child/young person as high risk.
- Referral to another service or agency if the child or young person is not assessed as high risk.

The CAMHS Clinician will advise the practitioner to contact the young person's parents/carers to inform them of the outcome of the risk assessment, ensuring they have a copy of the safety plan. If the child/young person already has a safety plan in place, it may be beneficial to review and update this plan rather than develop a new plan. It is important that safety plans are developed collaboratively with the child/young person and that they are encouraged to take ownership of their plan. A copy of the plan will be provided via email for the practitioner to share with the parents/carers. The referrer should inform their safeguarding lead of the outcome of the assessment.

If the child/young person is taken to A&E for medical treatment the Emergency Liaison Outpatient appointment should be arranged from there.

If the child/young person is actively known to CAMHS there should be an up to date WARRN (Welsh Applied Risk Research Network, Snowdon et al, 2019) completed. WARRN is the approved risk assessment document used by CAMHS, and following emergency assessment, must be shared with practitioners working closely with the young person. This should be reviewed 3 monthly or when there are significant changes to the young person's presentation and or circumstances

3. Process

Once a young person with high risk self-harm behaviours has been identified (identification on page 5) they will have an assessment with the Emergency Liaison Team. If the assessment confirms that the child/young person is high risk, then a referral will be made to the Crisis Outreach Team (COT) who will put a daily support plan in place to ensure that there is a rigorous mental state assessment. If specialist in-patient intervention is indicated, a referral will be made to the gatekeeping team at Ty-Lydiard, who will assess and advise accordingly within 24 hours of referral.

If it is believed that the young person's safety is not manageable (measured by clinical indicators, level of risk, suitability for admission etc.) a strategy discussion with the Police and Social Services should be held and a decision made whether immediate action is necessary due to the severity of the situation (immediate action may already have been taken).

A Duty to Report needs to be submitted to Social Services by the practitioner who has spoken to the young person – telephone the concerns and then complete a Duty to Report within 24 hours. It needs to be made clear if the referral is being made under the High Risk Self-Harm and Potential Suicide Protocol – high risk cases are those who reach the Intensive Support and Engagement Team (ISET), the Crisis Outreach Team (COT), My Support Team (MyST), Part 4 assessment, hospital admission or escalation in high risk behaviours that could be fatal.

It is important that the practitioner who spoke to the young person and liaised with CAMHS, submits the Duty to Report to social services where possible (they can be supported to do this). In some cases, it may be the Designated Safeguarding Person who submits the Duty to Report, after discussion with the practitioner who has spoken with the young person.

For young people who do not meet the urgent criteria, advice will be given on the most appropriate referral pathway, this could be Part 1 or Part 2.

Once a referral under the High Risk Self-Harm and Potential Suicide Protocol is received by Social Services a multi-agency meeting should be held within 5 days of the receipt of the referral if the child/young person is referred to ISET or COT. If the child/young person is for psychiatric in-patent admission this meeting should be held within 24 hours. The meeting should be convened and coordinated by Health (COT/Emergency Liaison with the support of ABUHB Safeguarding Team), a range of professionals should be invited who are relevant to the young person/ child, the young person and their parents/carers will also be invited (meeting should take place even if they decline). The meeting will be minuted by social services and the minutes circulated within 5 working days. A notification should be sent by the agency coordinating the meeting (Health) to Gwent Safeguarding Board Business Unit (email to gwentsafeguarding@caerphilly.gov.uk) to advise that a multi-agency meeting is taking place on a young person providing the young person's initials, DOB and Local Authority area). This will enable there to be a central record held of all those children and young people in Gwent who meet this high risk threshold and where a multi-agency intervention is applied under this process.

The purpose of this meeting will be to share information and to complete and agree a multi-agency risk management plan, this should ensure shared responsibilities across all agencies in order to promote the protection of the young person concerned as indicated in the Concise Child Practice Review, Learning point 3 (Gwent Safeguarding 2018).

Core membership of this meeting should include, professionals working with, or with knowledge of the young person, Education, Youth Offending Services, Substance Misuse Services, CAMHS, MyST, Social Services, and Health etc. If CAMHS are involved with the child/young person at this stage then the WARRN (Welsh Applied Risk Research Network, Snowdon et al, 2019) risk assessment document should be updated and circulated to all attendees. A risk assessment will be completed by Children's Services to reflect the risk management plan.

A date for the Monitoring / Review meeting should be arranged in line with the young person / child's situation and level of need. The review meetings, if required, should be held at least 3 monthly.

Frequent detentions under section 136 of the Mental Health Act

Section 136 of the Mental Health Act allows Police to take an individual to, or keep them at, a place of safety. Before using section 136, Police must consult a registered medical practitioner, a registered nurse, or an Approved Mental Health Professional (AMHP). Police can keep the individual at the place of safety for up to 24 hours.

Frequent detentions under section 136 of the Mental Health Act, where a further section (e.g. Section 2) following assessment is not indicated, still points to high risk behaviour, and a number of complexities within the young person's life alongside any potential mental health issues. This should require a multi-agency meeting to develop a safety plan. The child/young person may already have a safety plan in place, in which case it may be beneficial to review and update this plan rather than develop a new plan. As above, the safety plan should be developed collaboratively with the child/young person and the plan appropriately distributed.

The Police Mental Health Lead will also review regular detentions as part of the wider section 136 process; these reviews may also involve appropriate health and social care practitioners.

Appendix One

Resources and Contacts

Training

- Welcome to the Suicide and self-harm Prevention Cymru Training Hub (sshp.wales)
- Mental Wellbeing Courses | Melo Self-help Resources and Support This features free training courses for professionals to help improve knowledge, skills, confidence and motivation to have mental wellbeing conversations and to be more suicide aware.

Documentation

- https://www.gov.wales/sites/default/files/publications/2019-08/responding-to-issues-of-self-harm-and-thoughts-of-suicide-in-young-people-guidance.pdf
- SuicideSelfHarm-Eng-March2022-Singles-Web (2) (gwentsafeguarding.org.uk)
- Child mental health: learning from case reviews | NSPCC Learning

Documentations for Schools

Partner Services

- **Call NHS 111 and press Option 2** - If you or someone you know needs urgent mental health care, but it is not life threatening, call NHS 111 and select Option 2. Mental Health 111 (Option 2) is available 24 hours a day, 7 days a week, and is free to calls from a mobile (even when the caller has no credit left) or from a landline. When you call, a Mental Health & Wellbeing Practitioner will talk through how you are feeling. They can provide brief interventions over the phone to help you cope with how you are feeling. They can also arrange referrals to mental health services, if needed.

- **CALL 247** Is a mental health helpline for Wales which provides a confidential listening and support service and is **open 24/7**- C.A.L.L. Mental Health Helpline - Community Advice and Listening Line

- **PAPYRUS HOPELINE247** for young people suicide prevention - **0800 068 4141** - Papyrus UK Suicide Prevention | Prevention of Young Suicide

  1You can contact HOPELINE247 if you:

  - Are experiencing thoughts of suicide and need support keeping safe from taking steps to end your life.
  - If you have concerns for someone you feel may be experiencing thoughts of suicide and need support in having safe conversations around suicide.
  - You need to de-brief after supporting someone with their thoughts of suicide.

- **2wish** who Support the family of a child or young person, aged 25years and under, who has died suddenly and who lives in Wales

  Tel: 01443 853 12
  Email: info@2wish.org.uk
  Website: www.2wish.org.uk

- **The Jacob Abraham Foundation** will support anyone affected by a death by suicide of adults aged 26 and over who lives in the Gwent area of Wales.

  Tel: 029 22404736
  Mobile: 07501096081
  Email: gwentpostventionsupport@jacobsfoundation.org.uk
  Website: www.jacobsfoundation.org.uk

- Melo - Mental Health & Wellbeing Resources, Courses & Support

  Melo is Aneurin Bevan University Health Board's website with self-help information, advice and free courses and resources to help people look after and improve their mental health and wellbeing.'