

Gwent Safeguarding: 7 Minute Briefing

Suicide and Self-Harm in Children and Young People – A Practitioner's Aide



What to do Learning Opportunity

Reflect on the subject discussed and think of how this subject could have presented in your work with vulnerable individuals?

Ask is there any relevance in cases you have worked or situations you have encountered?

What would you have done with such concerns when working with vulnerable individuals? And what are the barriers to practice in your organisation?

Identify key support for yourself in your team.

Prevention

- The circumstances that lead to suicide in young people often appear to follow a pattern of cumulative risk, with traumatic experiences in early life, a build up of adversity and high risk behaviours in adolescence and early adulthood, and
- a "final straw" event. This event may not seem severe to others, making it hard for professionals and families to recognise
- suicide risk unless the combination of past and present problems is taken into account. Each component of the model is open to prevention in different ways, for example:

- supporting vulnerable young children / families
- promoting mental health in schools to address bullying and online safety
- services for self-harm, drug/alcohol misuse
- healthy campus initiative
- crisis services

A number of groups of young people have been identified as having specific risks:

- young people who are bereaved, especially by suicide, who need bereavement support services to be widely available;
- students in universities and colleges who would benefit from a greater focus on prevention, e.g. staff vigilance for warning signs, as well as access to counselling and primary care;
- looked after children, especially aged under 20, who need stable accommodation on leaving care, and access to mental health care;
- LGBT groups, especially aged under 20, who may have fears over disclosure of their gender identity and may face bullying.

Internet safety is an important component of suicide prevention in young people. Further efforts are needed to increase online vigilance for people who are distressed or being bullied and to teach safe internet use in schools.

No single organisation can tackle suicide prevention in isolation. However, the majority of young people who die have not had recent contact with front-line services; when they have, suicide risk has not usually been recognised. Staff in these services need the skills to assess suicide risk as well as the multi-agency collaboration that we have found in too few cases.

Context

As a response to several Child Practice Reviews within the Gwent region where suicide and self-harm was a theme, this briefing will highlight common themes, possible sources of stress, the role of support services and will signpost practitioners to other practice resources.

Copies of the full Child Practice Review Reports can be accessed through the Gwent Safeguarding Board website link below *1.

This briefing has been informed by the report into 'Suicide by Children and Young People – National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017. (*2 Web link below)

For support to manage the consequences of critical incidents, including suicides of young people please consider the protocol web link at *3.

Prevalence

- In the UK, suicide is the leading cause of death in young people, accounting for 14% of deaths in 10-19 year olds.
- The number of suicides at each age rose steadily in the late teens and early 20s. Most of those who died were male (76%) and the male to female difference was greater in those over 20.
- 21% of under 20s who died were university or college students. Suicide in students under 20 occurred more often in April and May, conventionally exam months
- 9% of under 20s who died had been 'looked after children'.
- 6% of under 20 year olds who died were reported to be gay, lesbian, bi-sexual or transgender (LGBT) or uncertain of their sexuality.
- 26% of deaths in under 20s had suicide-related internet use as a factor. This was most often searching for information about suicide methods or posting messages with suicidal content.
- Self-harm was reported in 52% of deaths in under 20s.
- Around 60% were known to services. Around 40% had been in recent contact – in only 26% this was mental health care. Interagency collaboration was variable and risk recognition was poor.

Helpful web links and practice resources relating to suicide and self-harm:

www.youngminds.org.uk
www.samaritans.org
www.papyrus-uk.org
www.thecalmzone.net
www.childline.org.uk
www.nspcc.org.uk
www.bbc.co.uk/headroom

Key Messages

- Suicide in young people is rarely caused by one thing; it usually follows a combination of previous vulnerability and recent events.
- The stresses we have identified before suicide are common in young people; most come through them without serious harm.
- **Ten common themes** in suicide by children and young people:
 - ❖ Family factors such as mental illness
 - ❖ Abuse and neglect
 - ❖ Bereavement and experience of suicide
 - ❖ Bullying
 - ❖ Suicide-related internet use
 - ❖ Academic pressures, especially related to exams
 - ❖ Social isolation or withdrawal
 - ❖ Physical health conditions that may have social impact
 - ❖ Alcohol and illicit substances
 - ❖ Mental ill health, self-harm and suicidal ideas
- Further efforts are needed to remove information on suicide methods from the internet; and to encourage online safety, especially for under 20s.
- Suicide prevention in young people is a role shared by front-line agencies; they need to improve access, collaboration and risk management skills.
- Services which respond to self-harm are key to suicide prevention in young people, and should work with services for alcohol and substance misuse, factors that are linked to subsequent suicide.

*1 To access the website for the South East Wales Safeguarding Children Board please follow the web link below:
www.gwentsafeguarding.co.uk

*2 <https://www.hqip.org.uk/wp-content/uploads/2018/02/8iQSVI.pdf>

*3 [Partnership Protocol for the Immediate Response to Critical Incidents Involving Children and Young People - FINAL.pdf](#)