FACT SHEET: Self harming and suicidal behaviour

Self-harm, suicide threats and gestures by a child may put the child at risk of significant harm, and should always be taken seriously. Professionals should also consider the circumstances of a serious eating disorder or extreme risk-taking as a threat or attempt at self-harm or suicide by a child. Professionals in all agencies who become aware, through disclosure or otherwise, that a child has self-harmed or threatened or attempted suicide, should discuss this with their line manager and their agency's nominated Safeguarding Children advisor.

For further details see the full procedure at: www.northumberland.gov.uk/SafeguardingChildren

Times of vulnerability

Children can be particularly vulnerable at times of transition, when any emotional difficulties they may be experiencing are compounded by changes which they may find stressful or frightening such as:

- Leaving home or care,
- Transferring to adult services,
- Facing or being in custody,
- Experiencing a family break-up
- In the context of a bereavement
- Preparing for exams

Professionals may be able to reduce or prevent self-harming behaviours by planning for transitional support for children already receiving care services, and being alert to children becoming stressed and isolated in universal settings such as schools.

Action to be taken

Professionals in all agencies who become aware, through disclosure or otherwise, that a child has self-harmed or threatened or attempted suicide, should discuss this with their line manager and their agency's nominated Safeguarding Children advisor.

Whenever a child is known to have deliberately harmed themselves, a parent should be contacted urgently unless to do so would put the child at risk of significant harm. If the injury warrants further medical assessment, the parent, or if they are unavailable, a responsible adult should accompany the child to an Accident and Emergency department for treatment and an assessment of the child’s needs and the risk of further harm.

Children under 16 years

If hospital admission is required, children under 16 should be admitted to a children's ward under the care of a paediatrician. Irrespective of whether the child requires physical monitoring or treatment, s/he should receive the necessary assessment of mental health need and risk, together with support, from Children & Young Peoples Services (CYPS).

Referrals to Children’s Social Care

Hospital staff should undertake a full assessment and if there are any child protection concerns they should consult with the nominated/designated Safeguarding advisor and / or make a referral to Northumberland Children’s Social Care.

Children’s Social Care should always allocate cases involving the attempted suicide of a child to an experienced social work practitioner who has completed relevant training in this field and who is well acquainted with this pathway

Discharge from hospital

Any discharge from hospital should involve co-ordinated planning with community health services, CYPS, Northumberland Children’s Social Care, the education setting and the police where appropriate. Every child or young person should have a Discharge Plan in place to set out the pathway of care.

Prevention & Early Intervention

- Professionals and organisations (including schools and educational settings) can contribute to reducing the risk of children and young people resorting to self-harming and suicidal thoughts and action. They can do this by providing and emotional literate, supportive environment in which children and young people are encouraged to explore and understand their emotions, develop resilience and positive coping strategies for life.
- Universal services can/should continue to be a source of significant support for children and young people with self-harming and or suicidal intent/behavior even when other targeted and specialist agencies, such as children’s social care and the Children and Young Peoples Service (CYPS) are involved.

The following sections in the Northumberland Safeguarding Children Board Procedures might be helpful:

1.3 Recognition of Significant Harm
3.1 Making a Referral