



Suffolk  
Safeguarding  
Partnership

# **What to do if you believe a child or young person might be at risk of suicide**

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## Policy Version History

Version	Date	Review Date	Author	Approved at LSCB PPE/TQS
1.0	January 2019	January 2022	Cindie Dunkling, Designated Nurse Tracy Murphy, SSP Professional Advisor	
2.0	April 2019	April 2022	Cindie Dunkling, Designated Nurse Tracy Murphy, SSP Professional Advisor Amendments/additions from Fran Russo, Emotional Wellbeing and Information Advisor,	April 2019

This guidance has been produced for everyone who engages directly with children and young people in their day-to-day work and who may become aware of a young person's suicidal thoughts or intentions. It is specifically aimed at professionals who have no training or expertise in the field of mental health and who do not have a role in the formal assessment of risk.

The purpose of this guidance is to ensure that the wider children's workforce has an understanding of the process to be followed in Suffolk where concerns about possible risk of suicide exist. Everyone has a responsibility to identify young people at risk, including the risk of suicide, and to share information when action may be required to protect a child or young person. Professionals may also have a role in the implementation of a coordinated multi-agency Safety Plan or Risk Management Plan following completion of a detailed risk assessment by specialist mental health services or children's social care. For further advice and information on suicide prevention refer to:

<https://www.healthysuffolk.org.uk/projects/suffolk-lives-matter>

There is a link between self-harm and suicide. Please refer to Appendix 2 for further information and follow the SSP guidelines. [self-harm](#)

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We would like to thank Norfolk Safeguarding Children Partnership for allowing us to adapt their guidance.

## **Contents**

	<b>Page</b>
<b>1. Introduction</b>	<b>4</b>
<b>2. Principles and Values</b>	<b>5</b>
<b>3. Definitions</b>	<b>5</b>
<b>4. Identifying Risk Factors</b>	<b>6</b>
<b>5. Referral Pathway</b>	<b>9</b>
<b>6. Important Things to Remember</b>	<b>12</b>
<b>7. Young People Who Do Not Engage</b>	<b>13</b>
<b>8. Engagement with Parents and Carers</b>	<b>14</b>
<b>9. Looking After Yourself</b>	<b>14</b>
<b>Appendix 1 - Information Gathering Conversation and Flowchart</b>	<b>16</b>
<b>Appendix 2 - The links between self-harm and suicide</b>	<b>19</b>
<b>Appendix 3 - Guidance on sharing information</b>	<b>20</b>
<b>Appendix 4 - Roles and responsibilities</b>	<b>21</b>
<b>Appendix 5 - Useful Organisations/Websites</b>	<b>23</b>

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## 1. Introduction

A growing number of teenagers in England and Wales are taking their own lives. There were 177 suicides among 15 to 19-year-olds in 2017, compared with 110 in 2010 and more than in every year since then except 2015, when the toll was 186 (Office of National Statistics).

Fifty-six girls and women in the age group killed themselves in 2017, the highest number since records began in 1981. The suicide rate among that group, 3.5 per 100,000 people, was also the highest on record, and well up on the rate of 2.1 per 100,000 in 2010. The suicide rate among boys and men that age climbed to 7.1 per 100,000. There were 121 young male suicides in 2017, compared to 74 in 2010.

Regionally during a 12-month period 2017-2018 there were 19 suicides, 9 males and 10 females. 90% of these deaths were by hanging. In 53% of the cases there had been a history of self-harm and disclosure of suicidal intention. In 47% of the cases there had been breakdown of parental relationships. However only 37% of the cases were known to social care or mental health services.

10 young people under the age of 18 years died as a result of suicide/fatal self-harm in Suffolk since 2009. It is not possible to be specific about the numbers of attempted suicides due to difficulties in establishing whether a self-harm episode is an attempt at suicide or not. Self-harm is a common precursor to suicide and children and young people who self-harm may kill themselves by accident. There has been a significant increase in self-harming episodes in Suffolk in the last 12 months. Please see Appendix 2 and the SSP guidance for further information.

The aims of this guidance are to:

- Develop a shared language which supports effective information sharing.
- Standardise the response of agencies and practitioners to identifying and responding to young people who may be at risk of suicide by providing a referral pathway.
- Provide tools for practitioners to support the early identification of risk.
- Provide information about the respective roles of services and referral criteria.

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## 2. Principles and Values

***Any child or young person, who expresses thoughts about suicide, must be taken seriously and appropriate help and intervention should be offered without delay.***

- It is acknowledged that suicide issues can be extremely challenging for practitioners, family members and communities.
- Assessments should be based on the unique experiences and feelings of each young person and not on the perceptions of adults. Young people should not be stigmatised or discriminated against because of suicidal thoughts or behavior.
- It is acknowledged that belief systems can impact on individual attitudes towards suicide. A coordinated response by agencies is in the interests of young people at risk of suicide. Confidentiality and consent issues should not be barriers to effective joint working. Creating a safe and supportive environment should be a key aim.
- Conversations about suicide risk with young people should be held by those who know them best.
- Staff supporting young people should be offered appropriate advice and support by their organisation.

## 3. Definitions

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**Suicidal behaviour** is any deliberate action that has potentially life-threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death.

**Suicidal thoughts** imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

**Suicide** is the act of deliberately ending one's own life. It is possible to die unintentionally as a result of a serious self-harm episode.

**Self-harm** is the term used when someone intentionally injures or harms themselves. It is a common pre-cursor to suicide and children and young people who self-harm may kill themselves by accident.

**Suicide prevention** is the process of identifying and reducing the impact of risk factors associated with suicidal behaviour and identifying and promoting factors that protect against engaging in suicidal behaviour.

## 4. Identifying Risk Factors

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***If a practitioner is concerned that a child or young person is at risk of suicide, they should make a referral to the appropriate agency with responsibility for specialist mental health assessments. The process for doing so is set out in Section 5 of this guidance.***

***They should also consider that they will need to begin a conversation with the child or young person about how they are feeling. Please refer to Appendix 1 for advice and help on how to start this conversation.***

A risk assessment is only valid at the point that it is completed and needs to be updated in response to changing circumstances. Significant information can be obtained from the young person, but information will need to come from other sources, such as parents/carers, peers or professionals.

Risk factors give an indication of the potential for serious harm to occur but cannot provide an accurate prediction of what will happen. Risk factors can be seen as 'alarm bells' – the more alarm bells that are ringing the greater the concern - however one significant risk factor can also trigger a young person having suicidal thoughts or behaviour.

### **Warning Signs to Look Out For**

- Talking or writing about death, dying or suicide.
- Someone actively looking for ways to end their life.
- Talking about feeling hopeless or having no reason to live.
- Talking about being a burden to others.
- Talking about feeling trapped or in unbearable pain.
- Increasing use of alcohol or drugs.
- Significant change in behaviour.
- Suddenly very much 'recovered' after a period of depression.
- Visiting or calling people unexpectedly to say goodbye.
- Making arrangements, setting their affairs in order.
- Giving things away, such as prized possessions.

### **Personal History**

#### **Risk Factors**

- Previous self-harm, suicidal thoughts or suicide attempt.
- Substance use.
- Evidence of mental health problems, especially depression, psychosis, posttraumatic stress disorder or eating disorder.
- History of experiencing physical, emotional or sexual abuse.

- Loss or bereavement – could include loss of relationships or social status (anniversaries can be significant).
- Pressure from social media.
- Family factors – instability (divorce, separation, changes of care giver, repeated house moves), conflict, arguments, domestic violence.
- Family history of suicide, mental illness or substance misuse.
- Issues of gender or sexual orientation.
- Children and young people who may have been radicalised.
- Bullying.

### **Personal Functioning**

- Changes in anxiety levels, problem solving skills, social withdrawal, feelings of hopelessness, personal appearance, sleeping and eating habits.
- Altered mental states, e.g. Feelings of agitation, hearing voices, delusional thinking, aggression, intoxication.
- Statements of suicidal intent: letters, comments, Facebook status, social media messages, text messages, etc.
- Tendency to impulsive behaviour.
- Running away from home.
- Anger, hostility or anti-social behaviour.
- Use or increased use of drugs/alcohol.
- Feelings of ambivalence about the future e.g. no reason for living, no purpose in life.
- Difficulty in coping with exam stress.

### **Verbal Warning Signs**

- 'I can't take it anymore'
- 'Nobody cares about me'
- 'I can't see the point anymore'
- 'Everyone would be better off if I weren't here'
- 'Nothing matters any more'
- 'I'm going to top myself'
- Threatening to hurt or kill themselves,
- Talking or writing about death, dying or suicide.
- Actively looking for ways to end their life, such as stockpiling medication or exploring suicide websites.

## Levels of Risk

<b>High Risk</b>	<ul style="list-style-type: none"><li>• Previous, especially recent, suicide attempt.</li><li>• Frequent suicidal thoughts which are not easily dismissed.</li><li>• Specific plans with access to potentially lethal means, e.g. time, location and method.</li><li>• Evidence of current mental health problems.</li><li>• Significant or increasing drug or alcohol use.</li><li>• Situation felt to be causing unbearable pain or distress.</li><li>• Increasing self-harm, either in frequency or potential lethality or both.</li></ul>
<b>Medium Risk</b>	<ul style="list-style-type: none"><li>• Suicide thoughts are frequent but still fleeting.</li><li>• No specific plan or immediate intent.</li><li>• Known current mental health issue.</li><li>• Use/increased use of drugs or alcohol.</li><li>• Situation felt to be painful but no immediate crisis.</li><li>• Current self-harm or thoughts of self-harm</li></ul>
<b>Standard Risk</b>	<ul style="list-style-type: none"><li>• Suicidal thoughts are fleeting and soon dismissed.</li><li>• No plan of how they would attempt suicide.</li><li>• Fewer or no signs of low mood.</li><li>• No self-harming behaviour.</li><li>• Current situation felt to be painful but bearable.</li></ul>

## 5. Referral Pathway – Suicidal Thoughts and Suicidal Behaviour

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*'There is no evidence that asking a young person whether they are having suicidal thoughts will put the thought in their mind if it were not there before. There is, however, a great deal of evidence to suggest that being able to talk to clients about suicide is extremely important in providing a safe space for them to explore their feelings.'*

Rudd (2008), Barrio (2007)

If you have concerns that a young person has suicidal thoughts or behaviours you must follow the steps as laid out in this guidance and seek advice from your line manager.

If the young person does not engage with the conversation, then follow advice in Section 7. Young People Who Do Not Engage.

### **If a young person tells you they are imminently about to take their own life:**

- Do not leave the young person on their own.
- If urgent assistance is required call **999** and request an ambulance and/or Police.
- Call NHS 111 who can direct you to the nearest support.

### **Immediate Medical Attention:**

- If suicidal actions have been disclosed or if the level of self-harm has resulted in a significant physical injury (e.g. recent overdose or serious cutting), it is important to ensure that the young person is assessed urgently in order to ascertain whether any immediate medical treatment is required. Take the young person to the Accident and Emergency department at the local hospital or dial 999 and ask for an ambulance if the young person is unresponsive/seriously unwell.
- Inform the young person's parents/carers.

### **Support Agencies and Resources**

The following agencies are available for support: Young Minds, The Samaritans, NHS 111, GP services.

The following numbers are available twenty-four hours a day, seven days a week, 365 days a year:

- **Papyrus** (also referred to as **Hopeline** for young people) provides confidential help and advice to young people and anyone worried about a young person who is not coping with life. Call **0800 068 4141**.
- **Young Minds Crisis Messenger Service** provides free, 24/7 crisis support for young people who are experiencing a mental health crisis and need support, they can text YM to **85258**.

- **Samaritans** offer confidential and non-judgmental emotional support. Call **116 123**.
- **Childline** offers a counselling service for children and young people. You can also call the Helpline if you are an adult worried about a child or young person. Call **0800 1111**.
- **FRANK** provides information and advice about drugs. Call **0300 123 6600**.
- **NHS 111** offers urgent medical help or advice when it isn't life threatening situation. Call 111.
- **The Patient Advice and Liaison Service (PALS)** offers confidential advice support and information on health related matters for staff, patients, their families and carers. PALS is available Monday to Friday, 9am to 5pm by telephone or e mail. Call **01603 421191** or BT Freephone **0800 279 7257**.
- For low mood, stress or anxiety you can self-refer to our Wellbeing service visiting our websites. Visit [www.wellbeingnands.co.uk](http://www.wellbeingnands.co.uk). Alternatively call **0300 123 1503**.

Further information and details of support can be found on the NSFT 'Help in a Crisis' page on the NSFT website: <http://www.nsft.nhs.uk/Find-help/Pages/Help-in-a-Crisis.aspx>

### **Information Gathering Conversation**

Possible questions for an information gathering conversation are contained in Appendix 1. You will need to start the conversation by explaining the reasons for your concern, these questions aim to guide you through a conversation in which you can find out about suicide risk, which will inform your next actions. The conversation should be supportive and take account of the young person's individual situation and his/her needs. Ideally, the conversation should be held by the worker who knows him/her best. Young people say that scaling questions might also be useful.

### **Emotional Wellbeing Hub**

The Emotional Wellbeing Hub provides a helpline and referral process for anyone concerned about a child or young person's emotional wellbeing or mental health in East and West Suffolk. (For Waveney services please refer to Norfolk LSCB guidance).

- A team of Emotional Wellbeing Practitioners for expert information, advice and support.
- An online referral form for parent/carers and professional. Young people can also self-refer to the Hub.
- A consultation helpline for emotional wellbeing and mental health issues relating to children & young people, available to professionals, young people and parents/carers.

The Emotional Wellbeing Hub replaces the NSFT (Norfolk and Suffolk Foundation Trust) Access and Assessment Service for 0 to 25 year olds. It provides a simple process for families, young people, and professionals to make a referral or get advice about wellbeing and mental health services.

## **Contact the Emotional Wellbeing Hub**

Call **0345 600 2090**, available Monday to Friday, 8am to 7:30pm.

For more information about The Hub and how to make an online referral, go to the [Emotional Wellbeing Gateway website](#)

### **Emotional Wellbeing Gateway website**

The Emotional Wellbeing Gateway website provides online support to professionals and families who are worried about a child or young person's emotional wellbeing. The information and advice on the website have been co-produced with the Suffolk Parent Carer Network, and includes:

- Information and resources about emotional wellbeing support, including how to access the Emotional Wellbeing Hub and other mental health services.
- Practical advice and guidance pages on common mental health issues, such as, anxiety, stress, depression, eating disorders, and self-harm.
- A directory of local organisations, charities, and community groups that offer emotional wellbeing support to children, young people, and families.

Visit: [www.emotionalwellbeinggateway.org.uk](http://www.emotionalwellbeinggateway.org.uk)

## **The Source – for young people**

The Source website provides quality information and sources of advice and support on the issues young people across Suffolk may face in their everyday life. This includes an emotional wellbeing section which has been co-produced with young people, and mentions about suicidal feelings, as well as mental health problems, such as, anxiety, stress, depression, self-harm and loss.

Visit: [www.thesource.me.uk/wellbeing](http://www.thesource.me.uk/wellbeing)

### **If there are no concerns about suicidal thoughts or behaviour and Standard Risk of suicide is indicated:**

- If the young person is standard risk in respect of suicide but has additional needs (not impacting on welfare) then consider a referral to the Early Help or to other services (details Appendix 4) if appropriate.
- If the young person is standard risk in respect of suicide but has other needs which impact on their safety or welfare, please consider making a referral to Children's Social Care via the MASH team (details Appendix 4).
- If the young person is standard risk in respect of suicide but is showing early signs of mental health and emotional problems, please consider making a referral via the Emotional Wellbeing Hub (EWH) (details Appendix 4).
- Give consideration to the impact on the young person's support network.

### **If your conversation indicates Medium or High Risk of suicide:**

- Explain limits of confidentiality and consent to share issues.

- Contact the Emotional Wellbeing Hub for consultation and/or referral.

**You should also:**

- Liaise with parents/carers but consider the young persons' voice (see Section 8. Engagement with parents and Carers).
- Inform Children's Services if you think that the child may already be open to social care or early help.
- Inform the young person's GP.
- Refer to the MASH if the young person or parents/carers do not engage.
- Give consideration to the impact on the young person's support network.

**Safety Planning**

You could also consider helping the young person to put together a safety plan (see Appendix 4).

## **6. Important Things to Remember**

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**Do**

- Take suicide gestures seriously.
- Listen, be non-judgmental and think about what you say.
- Ask direct questions early on to establish the level of risk.
- Ask about other problems such as bullying, substance misuse, bereavement, relationship difficulties, abuse, sexuality issues. Ask if anyone in their family has died by suicide.
- Check how and when parents/carers will be contacted.
- Encourage contact with friends, family, trusted adults.
- Ensure immediate support for the young person is in place and that medical attention is provided if necessary.
- Consult with specialist services for advice.
- Make sure you record your assessment, concerns and actions in line with your agency's procedures.
- Make appropriate referrals.
- Engage with processes for developing Risk Management and Safety Plans.
- Ensure actions to be taken by your agency to manage risk are implemented.
- Consider protective factors and provide ongoing opportunities for support and monitoring.

- Remain calm and ensure that you project a sense that you are in control and that you know what to do with the information you have been told.

### **Do Not**

- Promise confidentiality.
- Make assumptions or react without considering all of the risks.
- Dismiss what the young person is saying.
- Presume that a young person who has threatened to harm themselves in the past will not do so in the future.
- Disempower the young person.
- Dismiss self-harm or expression of suicide thoughts as attention seeking.
- Show feelings of discomfort or panic.

## **7. Young People Who Do Not Engage**

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If a child or young person is at risk of significant harm (S47 Children Act 1989) you have a duty to share concerns and information relevant to the risk. Some young people do not wish to engage with specialist services but may choose to engage with other professionals. If a young person is at high risk of suicide and does not wish to engage with a Children's Mental Health Team:

- Seek guidance from your line manager and/or safeguarding lead.
- Try contacting the young person.
- If you know the young person is open to Social Care or Early Help services, contact the young person's lead worker. If you are unable to get hold of the lead worker or the case isn't open to Social Care or Early Help, contact the MASH Professional Consultation Line for advice.
- If you are unable to make contact with the young person, consider overriding consent and contacting the young person's parents/carers (unless child protection concerns preclude this). You may have already been given consent from the young person to do this.
- Consult with Children's mental health services about what action to take next. The Children's Mental Health Team may offer to remain in contact with any such professionals to help them to work with the young person and their family. **Please refer to Page 9 in this guidance for details of services and support.**
- Consult with the MASH (Children's Services) about what action to take next if a young person who is at high risk of suicide will not engage with any professional.
- Ensure the young person has a support network around them and/or has someone they can contact. It is important that the young person is not left alone.

If you find yourself in this position you must share information and seek support and guidance from specialist agencies (as well as your line manager/safeguarding lead).

## 8. Engagement with Parents and Carers

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Consider with the young person, how and when parents/carers can be contacted. When parents/carers are informed they can become part of the assessment, safety planning and risk management. Informing parents/carers can be very stressful for the young person. Some young people may be relieved that someone else liaises with their parents/carers and engages with them to be supportive.

Parents/carers may need some additional advice on how to best support their child. Please see Appendix 4 for agencies that may be able to help, and Appendix 5 for national organisations/websites.

- If the young person does not wish their parents/carers to be informed, then workers should explore the reasons for this so that concerns of the young person can be addressed. The worker should seek the support of their manager/supervisor. A consultation with the MASH about whether parents should be informed as part of safeguarding the young person may be helpful.
- If the young person has disclosed that their self-harm or suicidal thoughts/intentions are a response to alleged abuse by their parents/carers, the worker should consult their line manager/safeguarding lead and follow their organisation's procedures for reporting child protection concerns without delay.
- Consult with the MASH (Children's Services) about what action to take next if parents of the young person who is at high risk of suicide will not engage with any professional.

## 9. Looking After Yourself

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When you are supporting young people with suicidal thoughts/feelings, it can be challenging and create a range of feelings in ourselves, such as anxiety, fear, confusion, sadness, frustration, hopelessness, and powerlessness. You need to think about ways of looking after yourself when supporting young people in situations such as these.

Be sure you look after yourself by sharing your concerns and discussing how you are feeling with your manager/senior lead and ask for support when you need it.

These 'Five ways to well-being' may also be helpful to consider.

### **Connect...**

With the people around you. With family, friends, colleagues, and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and

invest time in developing them. Building these connections will support and enrich you every day.

***Be active...***

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

***Take notice...***

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savor the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

***Keep learning...***

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

***Give...***

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

(The New Economics Foundation, 2008)

## Appendix 1 – Information Gathering Conversation and Flowchart

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If a young person's presentation/behaviour causes concern that they may have suicidal thoughts or intent, have an **Information Gathering Conversation**. Feel free to adapt the questions appropriate to the young person's needs and ask other relevant questions.

Tell me, is something troubling you (home, family, school, friends)? Or: I am aware that you have talked about xxx, tell me a bit more... How is this making you feel?
How often have you had these thoughts?
Are other people also worried about you? Who, why?
Have you ever felt like hurting yourself? Have you ever hurt yourself?
Have you ever felt like ending your life?

If the answer is no, then you will **not** need to go on with the **suicide specific questions**, but you may wish to continue with **further questions** (see below), in particular if the young person is self-harming. The **general questions** at the end are likely to be appropriate for everyone.

### Suicide Specific Questions

How often do you think about suicide? How long have you been having suicidal thoughts? When did you last think about suicide? Are you currently thinking of ending your life?
What makes you think of suicide (e.g. worries, fears, loss)? Have you ever made a suicide attempt?
What stops you acting on these thoughts?
Do you have a timescale?
Have you thought about how you would kill yourself/Do you have a plan? Do you have ways of taking your own life? (tablets, weapons, other?)
Is anyone aware that you think about suicide (family, friends, professionals)?
What stops you thinking about taking your own life?
What stops you from taking your own life?
Can you think of things that are working well in your life?

### Further questions:

Are you experiencing harm from others (bullying, threats, abuse)?
Do you use drugs or alcohol? Does this make you feel better or worse?

What stops you thinking about harming yourself?
What helps to stop your self-harming behaviour from getting worse?

**General questions:**

Are you getting support with your feelings (from family, friends or professionals)?
How are you feeling generally at the moment (mood, health, social life)?
What do you think needs to happen to improve the situation and make you feel better? (Do a safety plan – see section 5 – if appropriate). <b>Agree what will happen next.</b>
Think about things that make you feel better.
If you were advising a friend, what would you say to make them feel better?

**Silence Costs Lives – Be Curious, Ask Questions, Respond to Answers**

**Helpful Resources: NHS 111 and A and E services, the GP, Chat Health, Samaritans, Childline.**



Recognise why a person may be at risk of suicide and identify some of the signs.



Talk to someone if you're concerned and ask directly if they're thinking about suicide.



Help them to stay safe for now and direct them to helpful resources.

## Appendix 2 Links Between Self-harm and Suicide

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In the majority of cases, self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state. In these circumstances, somewhat paradoxically, the purpose of the self-harming behaviour is to preserve life, although this can be a difficult concept for practitioners to understand.

A small minority of young people who repeatedly self-harm may go on to attempt suicide, although this may not be what they intend to do and death can occur accidentally. The difference between self-harm and suicide is not always clear, however. self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide.

In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours.

Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to start to understand the risks, either of serious risk to the young person's health or wellbeing, of the risk of death by misadventure, or the risk of intentional suicide.

Please follow the SSP Guidance on self-harm or refer to Suffolk Lives Matter:

[self-harm](#)

<https://www.healthysuffolk.org.uk/projects/suffolk-lives-matter>

## Appendix 3 Guidance on Sharing Information

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The purpose of sharing information is to ensure young people who are at risk from suicidal thoughts and behaviour receive help and support appropriate to their level of need.

### **Seven Golden Rules to sharing information** (Information Sharing: HM, July 2018)

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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**The most important consideration is whether sharing information is likely to safeguard and protect a child.** If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded. If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.

**What makes me feel bad? What does this feel like?**

HINT: Has something happened to make you feel this way? What do you currently feel?

**How can I keep myself safe right now?**

HINT: Do you need to speak to someone for some help? Are there things around you that make you feel unsafe? Can being somewhere else make you feel safer? Who can I go to to feel safer?

## What helps me to feel good?

HINT: What activity do you like to do? What is your favourite food? Who or what makes you laugh?



### If I can't stay safe, who will I tell?

HINT: Who do you trust?  
Who is suitable to help you?

### If i need help, who can I ring?

HINT: Can you ring an adult,  
a friend or helpline?

### What do I love right now and what are my hopes for the future

HINT: Who is important to  
you in your life? Who do you  
look up to? What would you  
like to achieve?

HOPELINEUK: 0800 068 4141

CHILDLINE: 0800 11 11

CALL HOPELINEUK 0800 068 4141

## Appendix 5 - Useful Organisations/Websites

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### How to Contact Services in Suffolk

For information about mental health services in Suffolk, or to search for organisations, charities, and community groups that offer emotional wellbeing support, please visit the Emotional Wellbeing Hub: [www.emotionalwellbeinggateway.org.uk](http://www.emotionalwellbeinggateway.org.uk)

Below are some websites and contact details for organisations in Suffolk and nationally, that can provide support.

- Emotional Wellbeing Hub. Call **0345 600 2090**, available Monday to Friday, 8am to 7:30pm. To make an online referral go to the Emotional Wellbeing Gateway (see above). [Healthy Suffolk](http://www.healthy.suffolk.nhs.uk) – Five Ways to Wellbeing.
- [AMPARO SUFFOLK](http://www.amparo.suffolk.nhs.uk): Call **0330 088 9255** or email [amparo.service@listeningear.co.uk](mailto:amparo.service@listeningear.co.uk)
- [YANA](http://www.yana.org.uk): The YANA Project provides confidential support, mental health awareness and funding for counselling to the farming and rural communities of Norfolk and Suffolk.
- [Suffolk Mind](http://www.suffolkmind.org.uk): call **0300 111 6000** (Monday to Friday, 9am to 5pm).
- [Suffolk Wellbeing](http://www.suffolkwellbeing.org.uk): call Suffolk on **0300 123 1781** or Norfolk & Waveney on **0300 123 1503**.
- Domestic Abuse Help and Advice in Suffolk. <https://www.suffolk.gov.uk/communityand-safety/crime-and-public-safety/domestic-abuse-help-and-advice/>
- [Samaritans](http://www.samaritans.org): call **116 123** (7 days a week, 24 hours a day freephone helpline).
- [Rethink Mental Illness](http://www.rethinkmentalillness.org.uk): call **0300 5000 927** (Monday to Friday, 9.30am to 4pm).
- [CALM \(Campaign Against Living Miserably\)](http://www.calm.org.uk): call **0800 585858** (7 days a week, 5pm to midnight).
- [Men's Health Forum Beatstress.uk](http://www.menshealthforumbeatstress.uk): offers a free, confidential web chat and SMS service for men – live chat on Wednesdays 7pm to 10pm or receive a reply within 48 hours.
- [Mental Health Foundation](http://www.mentalhealthfoundation.org.uk): a charity focused on preventing mental health problems.
- [Papyrus](http://www.papyrus.org.uk): call **0800 068 4141** (Monday to Friday 10am to 10pm, weekends and bank holidays 2pm to 5pm) or email [pat@papyrus.org.uk](mailto:pat@papyrus.org.uk)
- [Survivors of Bereavement by Suicide \(SoBS\)](http://www.sobsupport.com): call **0300 111 5065** (9am to 9pm) or email [sobs.support@hotmail.com](mailto:sobs.support@hotmail.com)
- [www.nsft.nhs.uk/Find-help/Pages/Help-in-a-Crisis.aspx](http://www.nsft.nhs.uk/Find-help/Pages/Help-in-a-Crisis.aspx) - NSFT Help in a Crisis.
- Turning Point: advice and support for drug or alcohol use and health and wellbeing services. <https://www.turning-point.co.uk/>
- Frank: Honest Information about drugs. Call: **0300 1236600**. <https://www.talktofrank.com/>

## Local Resources for Young People

- The Source website – for young people, provides information and sources of advice on a range of health topics for 11-25 years olds in Suffolk, including Suicidal thoughts. Visit [www.thesource.me.uk/feelingsuicidal](http://www.thesource.me.uk/feelingsuicidal)
- [Suffolk Young People's Health Project \(4YP\)](#): call 01473 252607, plus drop-in centre in Ipswich and online chat facility (please see website for more details).

## National Resources and Research on Suicide

- Centre for Suicide Research (University of Oxford). <https://www.psych.ox.ac.uk/research/csr>
- Mental Health Foundation. [www.health.org.uk](http://www.health.org.uk)
- National Suicide Prevention Alliance [www.nspa.org.uk](http://www.nspa.org.uk)
- National Centre for Social Research [www.natcen.ac.uk](http://www.natcen.ac.uk)

## Recent Research

[“Suicide and Self-Harm in Britain – Researching Risk and Resilience”](#), Natcen Social Research Report, 2019.