

FACTSHEET: Self harm and suicide

Any child or young person who self-harms or expresses thoughts about this or about suicide has to be taken seriously and appropriate help and intervention should be offered at that point. The practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with them without delay.

Definitions

Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury
- Suicide is self-harm, resulting in death

Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident.

Information sharing and consent

Informed consent to share information should be sought if the child is competent unless:

- The situation is urgent
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime
- If consent is refused or cannot be sought, it should still be shared if:
- There is reason to believe that otherwise it will result in serious harm to a child or young person
- The risk is sufficiently great to outweigh the harm
- There is a pressing need to share the information

If a competent young person wishes to limit information to their parents/carers or to withhold information, their wishes should be respected unless the conditions above apply.

For further details see **chapter 3.8.4** in Sheffield Children Safeguarding Partnership Procedures.

Responding to the child or young person

A supportive attitude, respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

Practitioners should talk to the child and establish:

- If they have taken any substances or injured themselves
- Find out what is troubling them
- Explore how imminent or likely self-harm might be
- Find out what help or support the child or young person would wish to have.

Actions and Referral

Where hospital treatment is required:

- Triage and treatment for under 16's should take place in privacy in the ED.
- There should be an overnight admission to a Paediatric or Adolescent ward with a full assessment the next day with input from CAMHS.
- The assessment should include an assessment of the family, background history, the social context and any child protection concerns and consider referrals as a Child in Need or at risk of harm
- A child refusing admission should be seen in ED by a Senior Paediatrician and their management discussed with the on-call Child and Adolescent Psychiatrist
- Where a young person is caring for a child or pregnant a referral should be made to Children's Social Care in respect of the child or unborn baby.
- Young people aged 16+ should be referred to Adult Mental Health services