

## LOW RISK

No suicidal thoughts, or if so, vague, reactive, fleeting.

- No plan in place.
- Self-harm that is known and managed.
- Any mood changes are transient.
- Able to articulate future life plans.
- Current concerns were managed appropriately.

## POSSIBLE ACTIONS

### Actions to consider

- Discuss plan to support wellbeing, self-help tools eg distraction plans.
- Provide advice on appropriate care of any injury.
- Inform parents/carers with young person's consent.
- Arrange meeting with parents/carers to discuss.
- Inform the named person with consent and link to sources of support in school.
- Single Agency Support Plan as per GIRFEC.
- Consult with relevant services eg Ed Psych, school nurse (drop in model), Primary Mental Health Worker, consider referral to counselling or other support services.

## MEDIUM RISK

- Talking about suicide, thoughts are more frequent but still fleeting.
- May have considered method but no specific plan or immediate intent.
- Previous suicide attempts.
- Previous history of overdose or other significant self-harm.
- History of impulsivity.
- Current self-harm with raised safety risk, eg deeper/more frequent cutting.
- Significant drug/alcohol use.
- Experience of trauma has been considered.
- Young person has significant other wellbeing concerns eg truancy, conflict at home or with peer group, offending.
- Current concerns are managed appropriately.
- Care experienced child/young person.

## POSSIBLE ACTIONS

### Actions to consider

- As per Low Risk action points.
- Arrange wellbeing meeting.
- Link to sources of support in school/notify named person and other relevant professionals. Consider contacting CAMHS consultation line for possible referral for further assessment.
- Discuss need for increasing level of support.
- Refer to relevant agencies and agree multiagency Child's Plan.
- Consider safety and support plan and who should be part of this.
- Review and assess at agreed intervals.
- Complete checklist/document decision making.
- Consider how to access your own support needs.

## HIGH RISK

- Frequent suicidal thoughts which are persistent, clear and unrelenting.
- Strong desire to die, indicates hopelessness.
- Specific/detailed plans in place.
- Increasing self-harm with significant safety risk, frequency, severity, or both.
- Previous history of suicidal behaviour, attempts, family history of suicide.
- Evidence of current mental health problem.
- Significant drug or alcohol use (including binge drinking).
- History or evidence of impulsivity.
- Situation felt to be causing unbearable distress.
- Lack of protective factors.
- Care experienced child/young person.

## POSSIBLE ACTIONS

### Actions to consider

- Consider access to trained people in your organisation (eg ASIST trained).
- Stay with the young person. Do not send home alone.
- Listen compassionately and ease distress as far as possible.
- Consider together what may be done to resolve difficulties.
- Provide advice on appropriate care of any injury.
- Discuss immediate plan to stay safe.
- Urgent referral to CAMHS - initially via telephone and followed up with completed referral form.
- Inform parents/carers (unless this will increase present risk).
- Discuss immediate Safety & Support plan with parents/carers.
- Notify services as appropriate (eg GP, Social Work).
- Decide on ongoing level of monitoring, increased support and by whom.
- Meeting/Child's Plan Review arranged - risk management processes may be required.
- Complete checklist/document decision making.
- Assess immediate risk and consider 999/A&E if urgent attention is required.