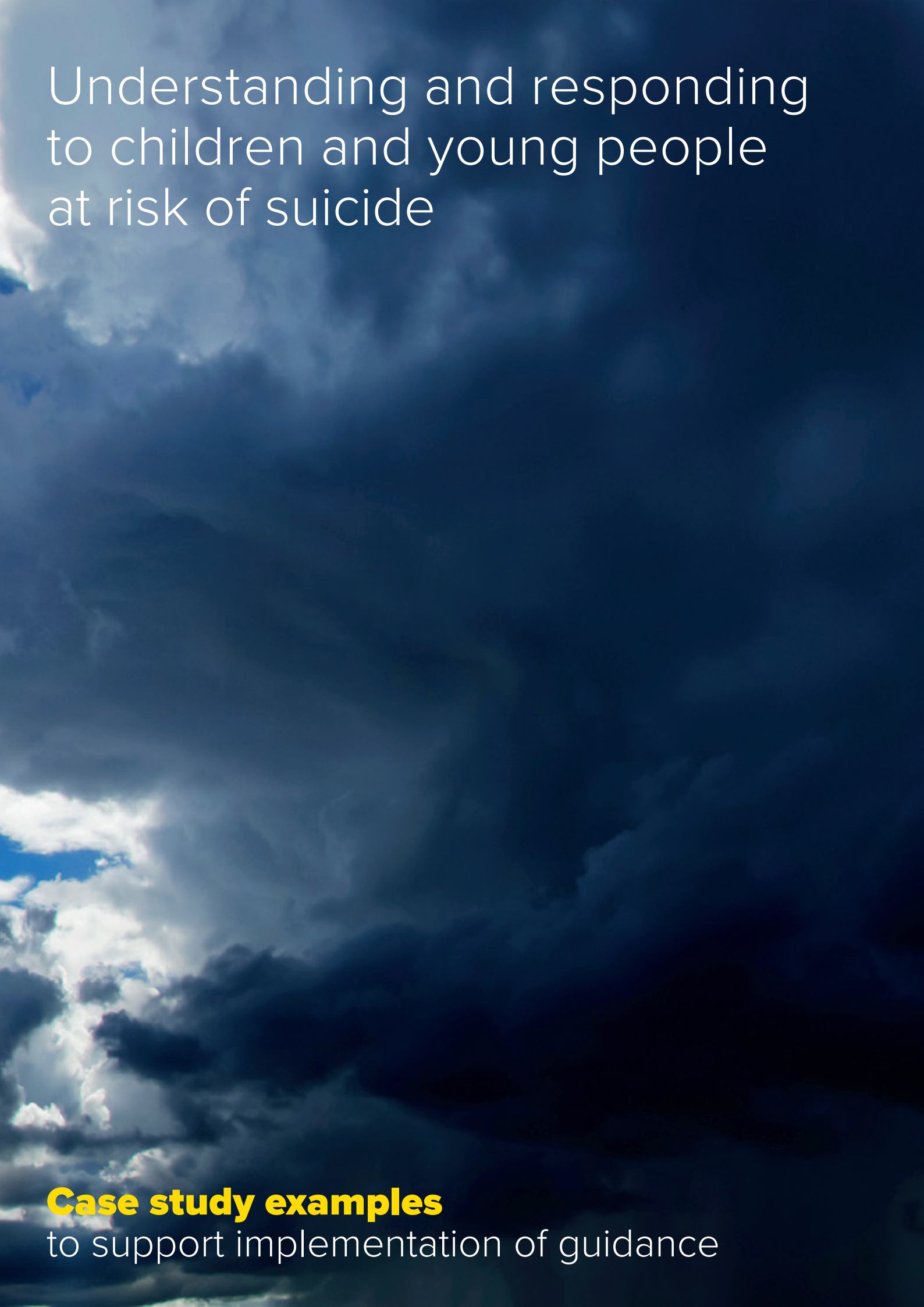

Understanding and responding to children and young people at risk of suicide

Case study examples
to support implementation of guidance

Introduction

The Understanding and Responding to Children & Young People at Risk of Suicide in Fife guidance is for all staff in statutory and voluntary agencies that are working with, and supporting, children and young people in Fife. The guidance was developed by a multiagency group and brings together information identified within various guidance documents. This additional document is provided to support you as an individual, team, service or organisation, to consider how you can implement the guidance within your area of work. There should be no "wrong door" when it comes to a young person asking for help.

The case studies contained within this document can be used to reflect on how you would respond to disclosures of suicidal thoughts or action by young people, and consider how you, as a practitioner or service, would respond using your own professional judgement and your organisation's existing policies. These case studies are for illustration purposes, and we acknowledge they may not capture detailed information for all parts of the system.

We have provided a series of case studies to reflect different levels of risk and a range of settings to support you to recognise which situations would be identified as low/raised/high risk and consider what action should be taken in response to each. Please utilise the case studies most appropriate to you. You can do this either as a personal reflection exercise or as a team/service to help identify and agree your own procedures. If you would prefer to create your own case studies to reflect your service, please feel free to do so.

When considering the case studies, consider the following questions:

- *What are your immediate actions?*
- *What processes and protocols are currently in place to support you to respond?*
- *What happens if the processes and protocols don't fit the situation you are responding to?*
    - *For example: out of hours disclosure; unable to speak to appropriate colleagues for support; agreement not given by young person to discuss with others.*
    - *At what point would you escalate the situation? What does this look like? How would you do this? Who would you speak to? This will look different for each service or practitioner.*
- *Consent to share information is not always necessary but you do need to advise sharing of information. Each service has protocols and procedures around this. Consider the following:*
    - *When you should disclose the conversation*
    - *When and how you should share information*
    - *Statutory requirements in relation to: consent; legitimate interest; vital interest; threshold for significant harm; public task; and duty of care.*
- *What are your longer-term actions and follow up?*

Case Studies

Low Risk Example 1

Lexie, aged 10, asked to speak to her teacher following incidents of bullying by peers over the last few weeks. She was distressed, scared and reported that a few pupils had been calling her unpleasant names in the playground and on-line. She disclosed that she had cut her arm with scissors the night before whilst crying in her bedroom. Alongside listening and easing Lexie's distress, the teacher asked if she had any further plans to harm herself. Lexie stated she did not and had no desire to die. The teacher spent time with Lexie exploring any other risk factors using the GIRFEC assessment tools. There were no other obvious concerns.

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.

Next steps: Low Risk Example 1

Lexie and her teacher agreed her parents would be called and this information shared with them.

Following the phone call with parents, a meeting was arranged with Lexie, her parents, the teacher and depute headteacher. Parents agreed to support and monitor Lexie's online use.

The depute headteacher reassured Lexie that the school would take the appropriate action regarding the bullying and discussed what ongoing wellbeing support would be appropriate for Lexie.

It was agreed that Lexie would check-in with her teacher on a weekly basis to monitor the situation.

The depute headteacher, as Lexie's named person, kept a written record of the meeting in line with current policy and guidance.

Low Risk Example 2

Dale is 13 years old and is receiving support from Children and Family Social Work on a voluntary basis following concerns regarding his father's drug use and mental health alongside concerns that Dale has been taking on a caring role for his two younger sisters. The support for Dale and his sisters is being supported through the Team Around the Child (TAC) approach and social work is fulfilling the lead professional role.

When Dale meets Megan his social worker, he presents as being quite flat and quiet. He talks to his worker about how things are ok but sometimes he thinks that life isn't worth living. Dale talks about spending a lot of time in his room, with his sisters watching tv and feels left out when he sees what his friends at school are doing on social media. Dale mentions he has been able to talk to his guidance teacher, but now that the summer holidays are about to begin, he won't be able to see her. Megan listens to Dale and is then able to begin to talk about some of the films he has been watching and his plan to meet his friend later that day to play football, whilst his sisters are at their dance class. Megan then talks to Dale about some of the additional services and activities that may be of interest to him, and these could be discussed further at his next TAC meeting. Dale was interested in some of the services and Megan agreed to bring information to her next visit so she could discuss them with Dale and his Dad. Megan also agrees with Dale to check in with Dale's guidance teacher before the holidays to make sure his views are represented at the next TAC meeting.

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.

Next steps: Low Risk Example 2

Megan checks in with Dale's Dad to see how things are and arranges a follow up visit with Dale's Dad the next day. Dad knows that Dale is meeting his friend tonight for a game of football and thinks it will be good for him to get out and about. Megan lets him know that Dale mentioned today he is keen to think about some additional supports and activities and that she will bring some further information with her to the next visit. Megan also confirms the date and time of the next TAC meeting.

Megan contacts Dale's guidance teacher to check in and share information that Dale seemed a bit low during her contact with him. This allows the guidance teacher to update on Dale's progress at school, his recent successes and some information about local activities which could interest him.

Low Risk Example 3

Steve, aged 22 years, met with a support worker for the first time in a local community centre and chatted informally while initial paperwork was completed. Near the end of the session, Steve indicated he had one more thing to share before he left the session, and it was something he had never told anyone before. Feeling reassured that he was he was free to share as much or as little as he would like, Steve disclosed he wanted to die, saying he had nothing to live for and that he was extremely unhappy with his life and found it pointless.

After the worker thanked Steve for sharing his feelings and being honest, Steve became very upset and required time to compose himself. Once he was more settled, the worker asked Steve if he wanted to continue the conversation, and he agreed.

Steve was encouraged to talk further about his thoughts, in particular, any intent or plans. He explained that he had no specific plan but felt empty and sad and didn't see the point in living with that pain. The worker suggested they complete a safety plan together, and Steve agreed. The safety plan included crisis and support numbers for Steve to save in his phone. Through exploring other supports he has, Steve explained that he lives with his Dad although they do not have a good relationship, but he gets on well with his Mum. The worker asks Steve how he would feel about contacting Mum and having a chat with her about how he was feeling and to make her aware of his safety plan. Steve advised his Mum was waiting outside to take him home and he agreed to the worker calling her and asking if she could come inside the community centre.

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.

Next Steps: Low Risk Example 3

Before his Mum joins the meeting, Steve asks the worker to speak to her on his behalf as he didn't feel comfortable saying the words as he knew she would get upset. The worker explains to Steve's Mum how Steve has been feeling and shares the safety plan with her, confirming she felt this was a plan which could be followed at home. She was also given a copy of the crisis numbers, and she advised she would call the doctor tomorrow and ask for further help.

During a debrief discussion with their manager, the worker discussed processes for initial appointments with young people. They decided to make some changes including direct questioning about self-harm or suicidal ideation, either in the past or presently, in order to make it easier for young people to share this information.

Raised Risk Example 1

During a school nursing drop-in session, CJ, aged 15, shared that their parents separated a year ago following incidents of domestic violence at home. CJ witnessed several incidents and explained that sometimes they would have dreams or flashbacks to these incidents where it felt like they were back in the room at the time it happened. They also often experienced feelings of overwhelming anger or despairing sadness. The school nurse asked if they had any thoughts of suicide, and CJ admitted that at times especially when they had these flashbacks, they had thought about overdosing. The school nurse spent time with CJ exploring risk and protective factors, using the GIRFEC wellbeing assessment tool. There were no specific plans to act on the thoughts of overdose.

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.

Next steps: Raised Risk Example 1

They discussed together what should happen next, and CJ was not keen for their mum to be informed as they did not want to worry her. The school nurse explained that due to what they discussed and ideas of overdosing that she needed to inform mum and the guidance teacher. CJ agreed for the school nurse to contact their Mum.

The school nurse supported CJ to complete a safety plan which was shared with CJ's mum and guidance teacher. It was agreed that CJ would check-in with school staff at a set time to see how they were doing, and that CJ could approach the guidance teacher or school nurse at any time. CJ and their mum agreed to the safety planning measures and stay in regular contact with the school. Actions were documented in line with guidance and policy.

Raised Risk Example 2

Susie is 15 and lives with her parents and two younger brothers. She and her brothers are currently subject to home-based supervision requirements, due to concerns around parental neglect and domestic abuse. Recently, Susie has been coming to the police's attention with a large group of friends. She has also been experimenting with alcohol and cannabis and staying out late at night. Her parents have been finding it difficult to respond successfully to her behaviours and family relationships are very strained. Susie has been spending more time at her Grans, who she is very close to.

Susie was recently discharged from CAMHS due to non-engagement after several episodes of self-harm. Children and Families have provided additional support for Susie and her family through EST (Emergency Support Team) and are holding LAC core groups to support planning and communication.

Susie is at the bus station with friends and becomes upset. A passerby stops to ask if she is ok, and Susie tells her that she doesn't want to return home and wants to run away and is going to 'jump off the big bridge'. The passerby is concerned and phones Police Scotland to pass on information. The call handler can see from Police Systems that there is recent contact with Children and Family Social work. The Police contact Susie's social worker and following this discussion it's agreed that the social worker will contact Susie to assess further. The social worker does this and phones Susie, who describes having an argument with her Mum that morning over going to school. Susie is able to share that she feels 'like it would be easier not being here anymore' but also that she doesn't have any intention of doing anything about this. The social worker empathises with Susie and acknowledge that things have been difficult for her, but that everyone was working together to make things better. The social worker also agrees with Susie to contact EST to find out what time they are meeting her this afternoon so that she can be supported today and to contact Susie's Mum to offer her support.

MEDIUM RISK

- Talking about suicide, thoughts are more frequent but still fleeting.
- May have considered method but no specific plan or immediate intent.
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- 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.

The social worker contacts Susie's EST worker to share information and highlights that although Susie is with her friends which she means she is not alone, there is a concern that this could lead to alcohol use which could increase the risks. The EST worker is due to meet Susie in a couple of hours and agrees to confirm this with Susie, the EST worker believes Susie will meet with her as they are developing a positive relationship. The visit will allow the EST worker to assess the situation further and identify whether any further support or action is required.

Next Steps: Raised Risk Example 2

The social worker agrees to link with Susie's Mum and explore whether it would be helpful for Susie to stay with her Gran tonight as a proactive step. A safety plan is created with agreed actions should Susie talk about suicide or if Gran had any concerns. The social worker will also contact Susie's school to discuss what steps can be taken to encourage Susie to attend the next day and update them.

The next core group is scheduled for the following week and will allow some further consideration to whether any additional support is required.

The social worker then calls Police Scotland back to advise them of the plan and provides them with the EST worker's mobile number for information.

Police Scotland submit a VPD to the Social Work Contact Centre which will be forwarded to Susie's allocated social worker for their information.

Raised Risk Example 3

Your service received a referral from a parent regarding her 15-year-old daughter, Abbie, who was experiencing daily panic attacks and struggling to go about her everyday life due to anxiety. You returned the call the same morning which went unanswered. You left a voicemail and sent a text explaining who it was and reasons for call and asked Mum to call back when convenient. Mum called back immediately and was very upset, crying and struggling to speak. She was desperate for help. Abbie was suicidal and Mum didn't know what to do or who to go to.

Due to the nature of the call and Mum's level of distress, you asked for the family's address to carry out a face-to-face visit to assess what action could be taken immediately.

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.

Next steps: Raised Risk Example 3

On arrival to the house, both Mum and Abbie were present, and both appeared calm. Mum reiterated Abbie was having suicidal thoughts and she didn't know what to do.

You asked Abbie if she was comfortable chatting with you and if she was also happy for Mum to stay during the conversation. Abbie agreed to both.

Abbie spoke about intrusive thoughts including thoughts that she didn't want to be here anymore.

You discussed triggers and coping strategies. Abbie explained that she enjoys walking and another professional had suggested that when she has these thoughts, she should go out for a walk to clear her head. However, Abbie said that going for a walk made her thoughts worse as she couldn't focus on anything else other than her thoughts. This is

when she started to think about suicide.

You asked Abbie if she had any specific plans for ending her life. Abbie said no, it was a feeling that just came over her.

Mum advised she had called the GP and they had an emergency appointment later that day.

You asked Abbie if they would like to do a safety plan to keep her safe for the time being until a further assessment could be made. Abbie agreed.

Along with Abbie and Mum, you completed a safety plan together which Abbie and Mum felt they could follow. Abbie was receptive and open to help and support and asked Mum if she would move medication out of her reach as she had once thought about taking paracetamol as a way to end her life. Mum agreed and moved all medication. Abbie gave Mum a pack of paracetamol from her bag that she had.

Worker gave Mum and Abbie their contact details and sent a text to both with a list of crisis numbers to keep in their phones in case they were needed (these were also included in the safety plan).

Mum called the next day with an update to say the GP had been very supportive and had arranged therapeutic support for Abbie with another service.

Abbie returned to your service after the therapeutic support was finished and continues to work on her confidence and self-esteem.

Raised Risk Example 4

You receive an enquiry from a professional working within a local high school who wanted to discuss a young person who was experiencing suicidal ideation. You meet with the professional and the young person's guidance teacher. They explained that the young person, Sarah, had expressed suicidal ideation and an intended date in mind. Parents were aware, they are understandably upset and were struggling to deal with this information. The teacher spoke of how this is a daily occurrence and that a safety plan was in place where Sarah was never left on her own within the school and she was dropped off and picked up form school every day.

There are plans in place for Sarah to receive support from another service, but the school staff felt that the support was only offered to Sarah and Mum in particular, was finding the situation very difficult. You offer to speak with Mum, if this would be helpful. They advised they would talk to Mum first, and pass on contact details, if she was happy with this.

Mum made contact by telephone. You discussed the circumstances, including how best to respond to Sarah when she was presenting as suicidal at home. Mum disclosed she is aware she doesn't react well. She either gets angry or upset which causes further upset to Sarah. You acknowledge these are understandable reactions to this situation and agreed they are probably not the best way to respond.

You asked Mum about other adults in her life who she could confide in to try and ease these feelings. Mum advised she had a very close friend she could speak to.

You discussed empathetic responses to try as an alternative. Mum was concerned that if Sarah didn't get the response she wanted, it might escalate the situation. On previous occasions when professionals didn't respond to Sarah in a way that she wanted, she went into the school toilets and severely self-harmed. You explored with Mum that this may not have been an empathetic response, instead it may have felt to Sarah like a judgemental response which resulted in the reaction.

It was suggested that a face-to-face meeting for further support could be arranged but Mum refused and, instead, she asked if it would be possible for you to speak to Sarah on her behalf and explain how she felt. You agreed this would be possible, although only if Sarah agreed to the meeting. You emphasised it would be much better for Mum to have the conversation directly with Sarah, either on a one-to-one basis or with someone there to support Mum but she felt she wasn't ready or able for this step.

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.

Next Steps: Raised Risk Example 4

Sarah agreed to meet and asked if reason for the meeting was because she was going to kill herself. She disclosed the date and method of suicide she had chosen and advised that she had shared this with everyone, so they were prepared.

Asked if she had spoken to Mum about how she was feeling. She said there was no point as Mum either gets angry or upset which makes her feel worse. You acknowledge that hearing these things from those we love can be painful and scary.

Advised Sarah there had been a discussion with Mum to explore how she could react differently to support her. Sarah was relieved to hear this as she sometimes feels she just needed to cry and have a cuddle, but Mum is desperate for her to feel better or she gets angry, which makes Sarah feel guilty. Asked Sarah if she was happy for this information to be shared with Mum so she knows of what to do. Sarah agreed.

Called Mum with Sarah present to share this information.

No further contact was received by either Sarah or Mum. School advised Mum is coping much better and supporting Sarah who is still experiencing suicidal ideation.

High Risk Example 1

Melanie is a 15-year-old who lives with her mum and has little contact with her dad, and has a history of self-harm. Melanie has previously attempted to end her life, a few months before, through an overdose of paracetamol which required medical treatment and an overnight stay in hospital.

It is Monday morning and Melanie has come to her guidance teacher and has stated she can't cope anymore and is going to kill herself.

The guidance teacher spends time with Melanie reassuring her that help can be provided and begins to ask Melanie directly how frequently she is having these thoughts and whether Melanie has an active plan. The guidance teacher allows Melanie to express her thoughts and feelings and acknowledges how difficult things for Melanie have been recently. Melanie then outlines a detailed plan which is similar to her previous attempt to end her life and says she is planning to take her life that night. Melanie describes trying to talk to her mum but that she had been unable to explain how difficult she was finding things this week. The Guidance teacher offers to contact Melanie's mum to agree next steps and Melanie agrees but doesn't think this will make a difference.

The guidance teacher continues to reassure Melanie that she is not alone and that together they will explain to her Mum how she is feeling and identify who else is best placed to support her.

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.

Next steps: High Risk Example 1

The Guidance teacher contacts Melanie's Mum whilst remaining with Melanie and explains calmly what Melanie has told her and that she is very concerned. Melanie's mum agrees to come and collect Melanie, and all agree that CAMHS should be contacted to get further advice.

A colleague known to Melanie stays with her, whilst CAMHS is contacted and Melanie's mum travels to school.

CAMHS offer Melanie an emergency appointment later that day and the Guidance teacher agrees to compete the referral form with initial information.

The Guidance Teacher provides mum with some additional resources, and they agree that it would be best for Melanie to go home with her mum until she can be further assessed by CAMHS later that day. The Guidance teacher agrees to see Melanie the next morning before class, unless she isn't in school which case, her mum agrees to let the school know.

High Risk Example 2

Joe is 15 and spent two years in foster care when he was younger due to complex family circumstances.

Joe has been refusing to attend school and spends most of his time in his room. His relationship with his parents is strained, and they can get frustrated and angry with him because they want him to attend school.

Joe tells his social worker Simon during a home visit that he has taken 24 paracetamol tablets, with the intention of ending his life, half an hour before Simon's visit. Joe tells Simon that he feels there is no point in living as nothing will ever change and his parents don't care about him. 12 months ago, Joe was hospitalised following an overdose and tests confirmed that he had taken a large quantity of medication, which thankfully didn't damage his internal organs. Joe refused to attend subsequent CAMHS appointments, and his case was recently closed.

Both Joe's parents are at work and Simon identifies an immediate risk to Joe's health and

HIGH RISK

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POSSIBLE ACTIONS

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- Decide on ongoing level of monitoring, increased support and by whom.
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the need for further medical assessment. Simon reassures Joe that he wants to help him, and the first step is to make sure that he receives medical attention. Joe doesn't want his parents to take him as he thinks they would be angry with him. Simon uses the car journey to continue to listen compassionately to Joe, who continues to express suicidal thoughts and share how difficult he is finding his relationship with his parents. Upon arrival Simon ensures there is a handover to A & E staff and explains to Joe that he will remain at the hospital to speak to his Mum.

Simon calls Joe's Mum to explain, and she agrees to speak to her manager to try and leave work early so she can meet Simon at the hospital.

Next Steps: High Risk Example 2

Joe's Mum arrives and is very distressed and describes to Simon her feelings that she can't keep her son safe. Simon reminds her that CAMHS will assess Joe before he is discharged to offer support and guidance, and the most important thing is for her to show Joe that he is loved and cared about. Simon empathises with her and offers his experience of how parents often feel helpless and anxious in situations like this, but there is help available. Alongside this, Simon describes some of the steps that other parents have taken in similar situations, and he can help them develop some interim safety plans, including the possibility of extra support if needed.

Simon then checks in with his supervisor by phone to identify any other missed steps. They agree that it was important to support Joe and his parents with an interim safety plan should he be discharged today, and the plan should be informed by the CAMHS assessment/ plans and Joe's parents' response to this. The upcoming Child Wellbeing meeting would also provide an important opportunity to review Joe's child plan and consider whether a risk management approach is required. The supervisor asks Simon to keep in touch to confirm plans and schedules a debrief with him at the end of the day.

High Risk Example 3

A referral for support was received for whole family support to reduce the impact of substance use. Although David (14) is currently being supported by a partner organisation and receives support in school, it was felt whole family support would be beneficial to promote boundaries at home and emotional wellbeing. David's mum has used substances in the past however his dad is still actively using.

In addition to parental substance use, at the time of referral, David had also recently lost a friend to a drug related death. David himself was smoking cannabis and has experimented with other substances.

Things at home had been difficult as David would often leave the house without his mum knowing where he was and would not answer his phone when out. Mum has had to resort to calling the police at times to locate him and bring him home. There has also been previous social work involved and Vulnerable Person's Database raised due to David absconding. David is not currently engaging with school however he will attend his college class.

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.

David unfortunately, took an overdose and was admitted to hospital. CAMHS carried out an assessment and a safety plan was put in place. David's behaviour after this incident escalated further however, and his alcohol and substance use increased, often absconding to be with his dad. Due to David's continued high-risk behaviour, social work were contacted in order for additional family support to be considered.

All professionals and organisations involved, worked closely together to provide appropriate support for the family. Harm reduction work was undertaken with David, and it was also felt appropriate to do naloxone training with him as he was spending more time with his dad. Family support included supporting with boundaries at home and emotional support for both mum and David's younger sister.

David's high-risk behaviour, unfortunately led to charges for vandalism, violence and assault, and Social Work completed a referral to the Children's Reporter. The Children's Hearing Panel made the decision not to put David on a Community Support Order but instead for Multi-Systemic Therapy (MST) to become involved to offer intensive support.

Next steps: High Risk Example 3

Multi-Systemic Therapy (MST) worked with David for 20 weeks while we continued to offer additional support to David's Mum and sister. However, at points, David's alcohol and substance use led him to disclose to his mum that he did not want to be here. This disclosure meant his safety plan needed to be reviewed and additional support was also provided to both mum and David. David was supported with his mental health and coping strategies and mum was also provided with emotional support to feel equipped to process the information shared and help to keep her son safe.

Over time, with the additional support, David's behaviour de-escalated, and this has resulted in things being more positive for the family. David is now leaving school and deciding whether to go to college full time or apprenticeship. We stayed involved for a further period beyond this to ensure the family remained on a positive trajectory and felt equipped to deal with any future challenges.

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