

# Supporting young people who self-harm or feel suicidal

A guide for professionals in Leeds working with young people aged 25 and under



# Acknowledgements

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Written by Charlotte Hanson and Vineeta Sehmbi with support from Annie Frecklington.

Content informed by:

- Mental Health Foundation 'Truth Hurts' report, which is based on the National Inquiry into Self-Harm among Young People. This gathered feedback from young people who self-harm and those who work with or care for them.
- 'Understanding and responding to children and young people at risk of self-harm and suicide: A guide for practitioners in Cambridgeshire' produced by Cambridge and Peterborough NHS Foundation Trust in 2014.

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Thank you to the young people from Battle Scars who contributed the quotes used in this guide based on their own experiences.

# References

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# Introduction

This guide is for anyone who works with children, young people and young adults in Leeds.

Although some younger children do self-harm, it becomes more frequent in young people, therefore the term 'young person' is used throughout the guide as shorthand to refer to anyone under 25.

Different staff groups will have different levels of responsibility in terms of understanding and responding to risk, so the advice in this guide should be applied alongside organisational and professional guidelines. If in doubt always seek advice from a manager or safeguarding lead.

Contact details for specific services have **not** been included to ensure the guide does not become out of date. Each section includes links to specific web pages which provide up to date information.

- **Section 1** explores **self-harm** behaviours, how to talk to and support a young person who is self-harming, understanding the risk and responding to their needs.
- **Section 2** looks at **suicide** in young people. It gives guidance on talking about suicidal thoughts, supporting someone who feels like this and understanding factors that increase the risk.
- **Section 3** includes the basic principles of **information sharing** and approaches to involving parents/trusted adults, and how to do this in a supportive way.
- **Section 4** sets out **referral pathways**, including accessing support for different age groups and where to get support urgently.

The information in this guide is correct at the time of printing (October 2024).



# Section 1: Self-harm

## What is self-harm?

Self-harm is a broad term which includes a variety of things that people do to hurt themselves physically.

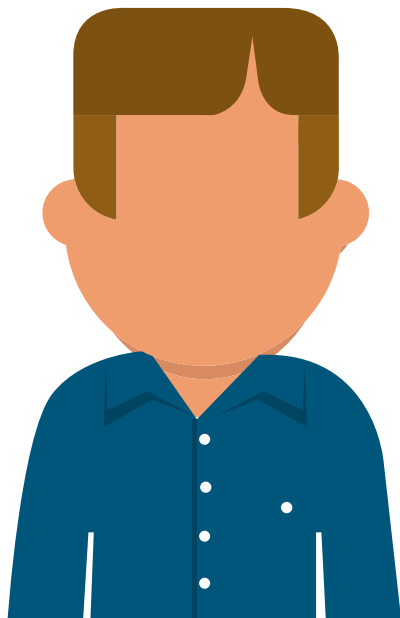
It is defined by NICE (2022) as intentional self-poisoning or injury, irrespective of the apparent purpose. Self-poisoning involves overdosing with medicines or swallowing a poisonous substance. Self-injury can take many forms, for example cutting parts of the body, burning, scratching, picking skin or pulling hair. At the severe end of the spectrum it may involve jumping from heights or stabbing.

Eating disorders, drug or alcohol misuse, or 'risky behaviours' can also be included in a broader definition of self-harm. This guide does not specifically address these broader forms of self-harm; however, the principles described are still applicable.

## Who does self-harm affect?

Self-harm is a common behaviour in young people, affecting around one in 12 people with 10% of 15-16 year olds self-harming at any time (Young Minds, 2018).

23% of secondary school pupils surveyed in Leeds said that they had hurt themselves on purpose at some point. Within this group, 16% said they hurt themselves often or regularly (Leeds City Council, 2023). 15 to 19 year old females have the highest rates of hospital admissions for self-harm in the city (Murphy, 2018).



While it is true that self-harm affects anyone, some people are more likely to self-harm because of things that have happened in their lives – where they live, things that are happening with friends, family, or at school, or a combination of these. Some factors might make someone more at risk of self-harm:

- Experiencing a mental health problem, including depression, anxiety, borderline personality disorder and eating disorders
- Being a young person who is not under the care of their parents, or young people who have left a care home
- Being part of the Lesbian, Gay, Bisexual and Transgender (LGBT+) community
- Having been bereaved by suicide

(Mental Health Foundation, 2018)

## Why do people self-harm?

Self-harm can be a way of obtaining temporary relief from a difficult and otherwise overwhelming situation or emotional state. During acts of self-harm, it is common for people to feel separate or disconnected from their emotions and pain. A sense of temporary relief is usually experienced following self-harming.



Self-harm may be an attempt to communicate with, influence or secure help from others, or it may remain a secretive behaviour. People often self-harm to regain control of their situations, emotions or thoughts. It is often assumed that people who self-harm are suicidal, but for many people it is actually a way of coping or surviving.

For many young people self-harm is something they may experiment with (in the same way that young people experiment with alcohol, sex, smoking etc.) and it will not become a long-term coping strategy. For others, it is indicative of underlying distress, especially if the self-harm is over a long period of time and/or is serious or life threatening.

## Talking to a young person about self harm

Young people say that the first time they speak to a professional about self-harm they want to be treated with care and respect. Responding to a young person by telling them to stop self-harming is likely to make the situation worse.

- Take concerns seriously and respond in a non-judgemental way
- Explain confidentiality requirements from the start (see page 19)
- Ask the young person to share what's happening from their perspective
- Use active listening, for example: "Can I just check that I have understood what you mean?"
- Acknowledge their distress and show concern, for example: "That sounds very frightening. Let's see what we can work out together to help"
- Be aware of the language they use – the young person may not be aware of the terms 'self-harm' or 'self-injury'
- Avoid making promises and be realistic about what you can and can't do
- Explore with the young person if they have any thoughts of suicide (see page 14)
- Value your own ability to respond in an appropriate way



From professionals the best thing is to show compassion and kindness.



For me, self-harm is just a way of coping when I don't know how else to. It serves many functions for me but ultimately I consider it something I use and try not to make it part of my identity.



Try to understand if there are underlying reasons behind self-harming, rather than solely focusing on the behaviour. However, avoid asking them directly why they self-harm as many young people won't be able to explain it and may find this distressing. Listen and if they cannot explain, offer to help them discover the reason together.

It is easy to focus on the aim of stopping the young person from self-harming; however, this may not be their goal. Talk to them to understand the purpose self-harm is serving and come to a shared understanding of what you are hoping to achieve.

**Talk to the young person about anything that triggers them to self-harm and strategies that help in these situations:**

- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What doesn't help?
- What do they feel would help right now?

## The role of social media

Young people can view unhelpful content online that may normalise self-harm and potentially discourage them from seeking help or even encourage these behaviours. Despite this, social media is more commonly used for constructive reasons such as seeking support and coping strategies. Young people can often find it easier to talk to strangers than to close family and friends as the anonymity of online forums provides a safe place where they can access emotional help and support.

It is important to encourage young people to make the most of these valuable aspects of social media while helping them to develop the tools to avoid aspects of online life which are problematic.

## Talking about social media

Young people's unique understanding of the online world means that they are often best placed to provide their own solutions and take a critical approach to navigating the internet.

This can be done by taking a three-step framework approach (Betton and Woollard, 2019).

### 1. Explore

- Gather online resources to signpost young people towards to help them make positive choices about how they use digital media in respect to self-harm
- The MindMate website includes links to online counselling and apps to support young people's wellbeing
- The Calm Harm app provides young people with different tasks which all aim to help the user to resist and manage the urge to self-harm (see page 10)



### 2. Inquire

- Try to learn about the young person's behaviours to help understand the role that social media plays in relation to their self-harm:
  - Do they access websites about self-harm?
  - What kind of advice are they getting?
  - Do they post about self-harm on social media?
- Try to avoid making assumptions about how the young person engages with social media and feel comfortable in guiding them towards more positive behaviours.

### 3. Ally

- Encourage the young person to think critically about how they engage with social media and the impact it has on their mental health and self-harming behaviours:
  - Do they feel that it is benefiting them or making the situation worse?
  - Can they think of any changes they would like to make to use certain social media sites or apps in a way that feels less scary or upsetting?



## Developing coping strategies

For some young people, self-harm is a way of coping with distressing experiences (for example relating to family life, or problems at school such as bullying). In the longer term, it is possible for the young person to develop alternative ways of dealing with the underlying emotions related to their self-harm. Regular counselling/ therapy may be a helpful way for the young person to start to do this.

Taking part in activities, such as those offered by local youth or sports clubs, can encourage the young person to develop their resilience and provide opportunities for them to learn new skills, develop friendships and improve their self-esteem and confidence.

In the short term, replacing self-harm with different, safer activities can be a positive way of coping with emotional pressure and can minimise harm when the young person feels unable to stop self-harming completely.

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I've tried so many distraction techniques – from writing down my thoughts, hitting a pillow, listening to music, writing down pros and cons. But the most helpful to my recovery was the five minute rule, where if you feel like you want to self-harm, you wait for five minutes before you do it, then see if you can go another five minutes and so on until eventually the feeling that you need to is over.

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CALM HARM

## Encourage young people aged 12 and older to download the free Calm Harm app

The app is centered around the principles of an evidence-based theory called **Dialectic Behaviour Therapy (DBT)**. It enables young people to start to manage impulsiveness and to explore underlying trigger factors.

**Calm Harm** provides five categories of tasks that target the main reasons for why people self-harm.

- **Distract** helps to combat the urge by learning self-control
- **Comfort** helps to care rather than harm
- **Express** gets those feelings out in a different way
- **Release** provides safe alternatives to self-injury
- **Breathe** helps reduce the symptoms of stress and anxiety and to stay in the moment.

**Calm Harm** allows users to track their progress and is password-protected to remain private.

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The urge to self-harm is like a wave – it feels most powerful when you start wanting to do it. Once you surf the wave, the urge will fade.

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## Understanding the risk of self-harm

Risk assessment is more than just a matter of listing risk factors. The interplay between risk factors and outcomes is complex and the impact of each factor varies from person to person.

For many young people, self-harm is controlled and they do not hurt themselves in a serious way that requires medical attention; however, this may change over time as the factors that influence risk can change over time.

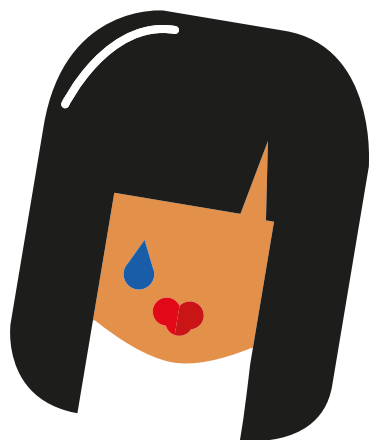
Although it may not be part of your role to formally assess risk, it is still important to use your professional judgement to make a decision about the level of need and if there is a cause for concern.

### The following factors suggest the risk is high:

- Intensifying or increasing self-harm to experience more of the 'benefits'
- Depression
- Hopelessness
- Expressing suicidal intent
- Significant drug or alcohol abuse

Some methods of self-harm are particularly dangerous and the young person may not realise the risks involved. Self-poisoning and ligaturing (tying a rope or cord around the neck) can result in accidental death. Self-poisoning can also cause long-term organ damage so the impact may not be visible straight away.

A young person should **always** seek medical attention from the Emergency Department even if it seems like there has been no impact following self-poisoning, as the effects can take days to develop.



## Providing on-going support

The decision of whether to carry on supporting the young person within your organisation, or whether to refer on for additional support, will depend on the identified needs of the young person, including the level of risk, and if your service is best placed to support them.

### If you decide to continue working with the young person you may want to consider the following:

- Have you got the necessary skills?
- Have you got the necessary time?
- Does it fit within your role?
- Do you know who to consult for advice while you see the young person?
- What does the young person want?

Make sure there is a support plan in place that is regularly reviewed. Be aware that self-harm behaviours can become a usual response to daily stresses and can therefore escalate in severity. Do not become complacent if someone presents with self-harm on a regular basis as circumstances can change and additional support may be required.

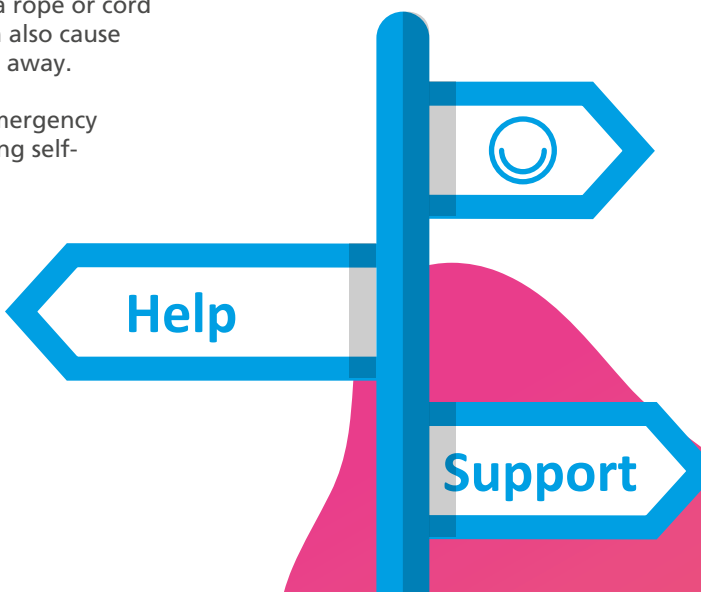
If you are unsure if it is necessary to refer on, talk to your line manager or designated safeguarding lead for advice. Ensure that you record any discussions or actions related in line with your organisational policies.

## Accessing additional support

If the young person needs additional support from an external organisation see Section 4:

- **'How to access additional support'** (page 23)
- **'How to access urgent support'** (page 25)

If you refer the young person to another organisation, always talk to them about this process and what they can expect to happen next.



## Young people with complex needs

Some young people, such as those with a borderline Learning Disability, can demonstrate the same type of self-harm behaviours as described in this section. However, young people with more complex needs, including those with more severe Learning Disabilities who have little or no verbal communication, young people with Autistic Spectrum Condition and young people with an additional sensory impairment, may experience self-harm differently.

Their emotional distress is much more likely to be expressed in a more immediate way via what is described as 'self-injury'. In this context, it can involve head banging, eye poking, hand biting or any other way in which a young person inflicts direct physical harm to themselves, but the purpose or intent is different. These behaviours are often related to pain and/or distress, to get something they want, or to avoid something. Young people may learn that these behaviours are a way of gaining the attention of others, in order to fulfil an internal sensory need that they cannot communicate in another way.

The assessment and interventions related to self-injury in young people with complex needs can require specialist advice and support to help identify the function of these behaviours. This could be from a paediatrician, school nurse, local cluster support services or Specialist Inclusive Learning Centre (SILC) staff. Young people may need to be referred to specialist CAMHS services (via the MindMate Single Point of Access) as the longer such behaviours occur the less likely they are to respond to intervention.



## Section 2: Suicide

The impact of a young person taking their own life is extremely traumatic for families and friends. Deaths by suicide are rare in childhood/early adolescence, then the rate increases in the mid to late teens (15 – 19 years) and continues to rise in the early twenties (20 – 24 years) (ONS, 2022). 22% of secondary pupils surveyed in Leeds reported having thoughts about ending their own life (Leeds City Council, 2023). A study reviewed the common themes in the lives of young people who died by suicide (NCISH, 2017). It showed a changing pattern, reflecting the stresses experienced at different ages. Academic pressures and bullying were more common before suicide in under 20s, while workplace, housing and financial problems occurred more often in 20 – 24 year olds.

### The study identified the following themes:

**Table 1: Ten common themes in suicide by children and young people**

- Family factors such as mental illness
- Abuse and neglect
- Bereavement and experience of suicide
- Bullying
- Suicide related internet use
- Academic pressures, especially related to exams
- Social isolation or withdrawal
- Physical health conditions that may have social impact
- Alcohol and illicit drugs
- Mental ill health, self-harm and suicidal ideas

These experiences may combine over time to increase risk, until suicide occurs in a crisis triggered by, for example, the breakdown of a relationship or exam pressures (NCISH, 2017).

As stated, most young people self-harm without suicidal intent; however, over half of young people who die by suicide have a history of self-harm (NCISH, 2017). It is important to take self-harm seriously, not only because it is often an expression of distress, and can cause bodily harm, but also because it is associated with an increased risk of suicide.



## Talking to a young person about suicidal thoughts

It is understandable to feel anxious about talking to a young person about suicide. However, there is no evidence to suggest that bringing it up in conversation will encourage them to act on their thoughts.

### Although it's understandable to want to immediately jump in with solutions, allow the young person to express their feelings first:

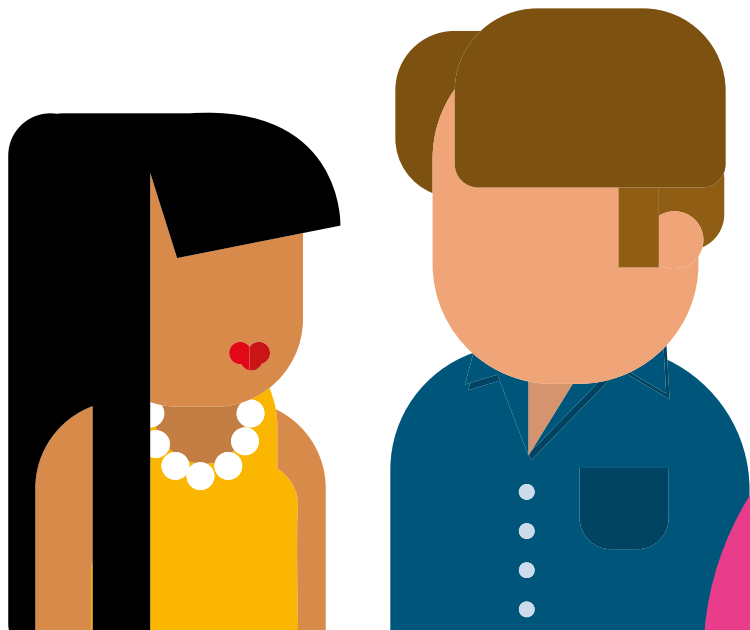
- Reassure the young person that they are not alone and that you can look for support together
- Avoid making promises and be realistic about what you can and can't do
- Value your ability to respond in an appropriate way

It is unlikely that you will be able to make their feelings go away, but you can help by encouraging them to see that there are some things worth living for.

It is good practice to use direct questions to ask about suicide and whether the young person has a plan or the means to harm themselves. This ensures that there is no confusion and the young person understands you are asking them about suicide and nothing else.

### Use questions such as:

- "Are you having suicidal thoughts?"
- "Have you thought about how you would end your life?"



## When talking to a young person about suicide, take concerns seriously and listen without judgement:

- Explain confidentiality requirements from the start (see page 19)
- Acknowledge their distress and show concern, for example: "That sounds very frightening. Let's see what we can work out together to help"
- Ask open questions that invite more than a 'yes' or 'no' answer, such as "What happened next?" or "How did that make you feel?"
- Use active and empathetic listening. Reflect on what the young person says and clarify what they mean. For example: "Can I just check that I have understood what you mean?"
- Ask about their social media use and explore any impact this is having on their suicidal feelings (see page 7)



Sometimes after telling someone you may feel worse. That's normal. But remember that once you get over this hurdle there is support and help available.



## Understanding the risk of suicide

Suicidal thoughts and feelings in a young person **should always be met with concern**. However, the risk of suicide for a young person may be higher in certain circumstances.

### The following warning signs suggest that the risk is particularly high:

- Thoughts of suicide are frequent and not easily dismissed
- Evidence of current mental health problems, particularly depression
- Situation felt to be causing unbearable pain or distress and a feeling of hopelessness
- Specific plan to complete suicide
- Access to the means to complete suicide (for example, stockpiling tablets)
- Significant drug or alcohol abuse
- Previous, especially recent, suicide attempt
- Limited protective factors that may prevent them from attempting suicide, for example, socially isolated or poor relationships with parents/ carers
- No support mechanisms when distressed or withdrawal from support network
- History of family or peer suicide (people who have been bereaved by suicide themselves are at a higher risk of taking their own life)



## Next steps

Many people who have attempted or died by suicide have talked to someone about feeling suicidal or hopeless before acting on these thoughts. This means if a young person talks about killing themselves always take it seriously. Remember to discuss this with your line manager or safeguarding lead.

Arrange for them to be seen urgently by their GP or mental health professional so that they can access appropriate mental health services. This takes priority over maintaining confidentiality. A decision can then be made as to whether the young person needs to attend the Emergency Department at the hospital, or the GP may make a referral to MindMate SPA (who will help find the right support service) or adult services. See [How to access urgent support](#) on page 25.

Alongside this you can also use a 'safety plan' document to explore their thoughts in more detail and formulate a plan for staying safe. The young person keeps the plan and is encouraged to follow it step by step when they feel suicidal. With the consent of the young person, the plan can be shared with appropriate adults in their life such as family or school/ college staff. They can support them to implement the plan.

### Download a safety plan on MindMate

Go to '[www.mindmate.org.uk](http://www.mindmate.org.uk)'

→ Click on 'Professionals'

→ Select 'Professional Resources'

→ Use filter menu and select 'Suicidal Thoughts'



There may be times when working towards a safety plan with a young person is not appropriate because they are going to immediately act on their thoughts of suicide or they have already taken steps to end their life. In these circumstances **always seek emergency help**.



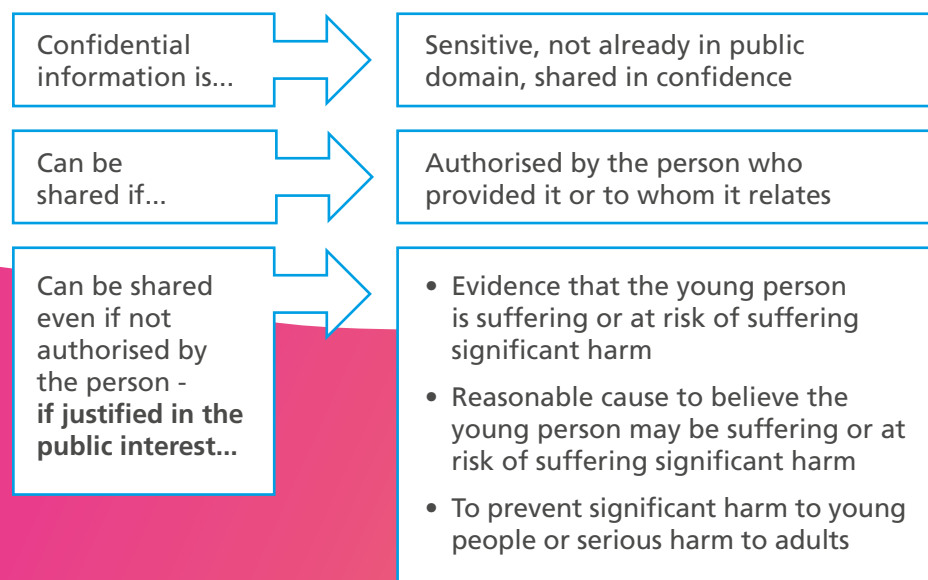
## Section 3: Sharing Information

Effective joint working can be undermined by poor communication and several Child Safeguarding Practice Reviews have highlighted poor information sharing as a factor.

Information sharing in a safeguarding context means the appropriate and secure exchange of personal information, between practitioners and other individuals with a responsibility for children, in order to keep them safe from harm.

Find current guidance at: [www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice](http://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

The following chart may help clarify what confidential information is and if it can be shared:



### It is always important to:

- Explain at the outset, openly and honestly, what and how information will be shared
- Always consider the safety and welfare of a young person when making decisions on whether to share information about them
- Seek consent to share confidential information. You may still share information if, in your judgment, there is sufficient need to override the lack of consent
- Seek advice when you are in doubt
- Ensure the information is accurate and up to date, necessary, shared only with those people who need to see it, and shared securely
- Always record the reasons for your decision in line with GDPR principles and let the young person know that this will happen and who will have access to this information

### Involving parents, carers or another trusted adult

Understanding when to share information with parents/carers can seem complicated as it includes assessing the young person's competency to make decisions about their care, as well as the level of risk. Make sure you are aware of your organisational safeguarding/child protection policy, as different settings take different approaches to this. If you are unsure how to proceed in an individual case, talk to a colleague, manager or safeguarding lead for advice.

### Children under 13 years old

If a child under 13 discloses self-harming behaviour it is always important to involve a trusted adult (usually a parent/carer but explore this with the child) as the child does not have capacity to make decisions about their care. Talk to the child about how they feel and be open and supportive with them throughout the process in order to maintain a trusting relationship.

## Young people aged 13 and over

Young people aged 13 and over can make informed choices in respect to whom they wish to share personal information with and seek support from, unless they are deemed as not competent, i.e. there are concerns about their cognitive ability to make informed choices. Therefore, if a young person chooses not to involve their parent/carers, this must be respected under the United Nations Convention on the Rights of a Child. Confidentiality should not be breached without explicit consent from the young person concerned.

The exception to this is if it is deemed by the professional concerned that the information shared by the young person is causing, or may cause, significant harm to them. In such cases it is always important to share information with the relevant people, regardless of consent from the young person. This decision making process must be clearly recorded and must demonstrate that the welfare of the young person is the paramount principle.

If it is necessary to override a young person's right to confidentiality, you should inform the young person that you are doing so, unless in your professional judgment this compromises the young person's safety and/or increases risk.

## Safeguarding

Some young people may feel concerned at parents/carers being notified about self-harm so explore the underlying reasons for this before you decide whether to proceed. There will be rare occasions when informing parents may place the young person at immediate or greater risk of harm.

If you are concerned that the young person is in need of protection, professionals should contact the Duty and Advice Team or out-of-hours Emergency Duty Team. The Social Workers will take information and signpost to the most appropriate agency or team.



**More information is available on the Leeds Safeguarding Children Partnership website**

Go to '[www.leadsscp.org.uk/information-sharing-toolbox](http://www.leadsscp.org.uk/information-sharing-toolbox)'

→ Click on 'Practitioners'

## How a trusted adult can help the young person

Encourage the adult to listen without judgement to open up communication and build trust with the young person, as this can reassure them that it's okay to talk about their distress at home. Being accepting and focusing on the underlying issues can make a big difference to the young person, whereas giving them ultimatums to stop may lead to more secretive or dangerous methods of self-harm.

It is understandable for adults to feel mixed emotions such as guilt, shame, anger, sadness and frustration. Encourage them to seek help for themselves if they are finding it difficult to cope. MindMate has a section for parents/ carers.



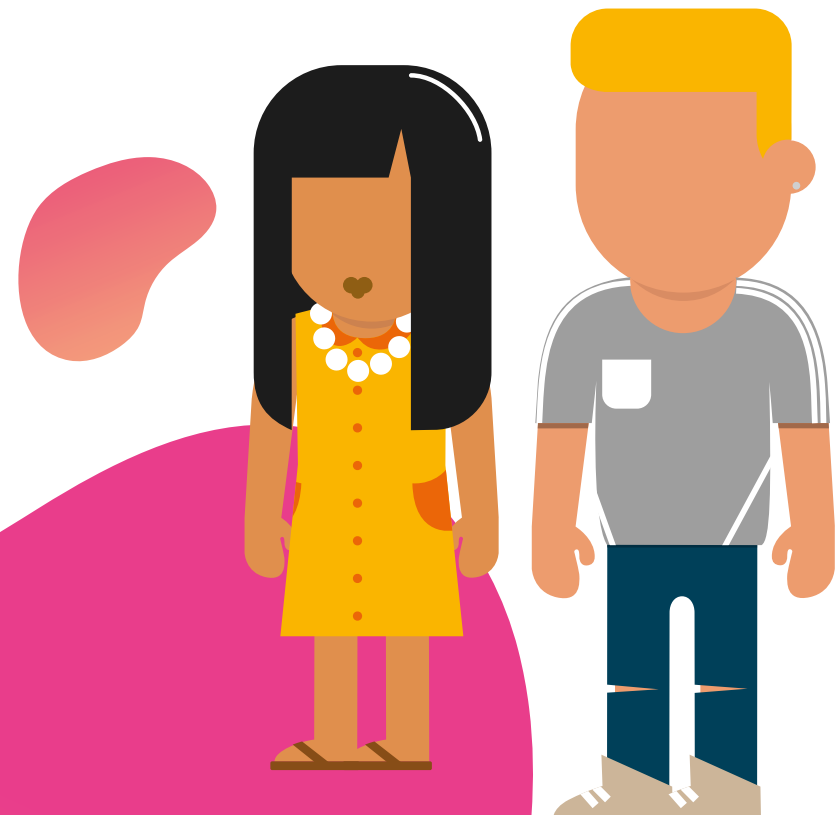
**More information is available online**

Go to '[www.mindmate.org.uk](http://www.mindmate.org.uk)'

→ Click on 'Parents and carers'

→ Select 'How can I help?'

The MindWell website also provides information about support services for adults.



## Section 4: Referral Pathways

### How to access additional support:

If you have concerns about the self-harming behaviour and/or underlying emotional distress but there is no immediate risk, suggest that the young person goes to their GP to explore next steps. There are also a range of services in Leeds that can provide additional support depending on the young person's age.

18 years  
and over

Under 18  
years old

Leeds MindMate Single Point of Access (SPA) is for all children and young people who have a Leeds GP, up to the age of 18.

Daily referral management meetings are held to determine the best service to meet the young person's needs. Leeds MindMate SPA will work with all services available locally to find the right support for the young person. This may include cluster based emotional health support, voluntary sector services or CAMHS (Child and Adolescent Mental Health Services).

**Information about how to refer into the Leeds MindMate SPA, including self-referral by young people, is available on the MindMate website**



Go to '[www.mindmate.org.uk](http://www.mindmate.org.uk)'

→ Click on 'Professionals'

→ Select 'Services in Leeds for young people'

[www.mindmate.org.uk/im-a-professional/services-leeds-young-people/](http://www.mindmate.org.uk/im-a-professional/services-leeds-young-people/)

The website also includes information about the wide range of local services and helplines available.

Young adults over 18 years access adult mental health services, although some services do span this transition age group. Be aware that this can be confusing or daunting for those who are already using children's mental health services.

There are a wide range of adult services including talking therapy, peer-led support groups and emotional and crisis listening support.

**More information is available online on the MindMate website**

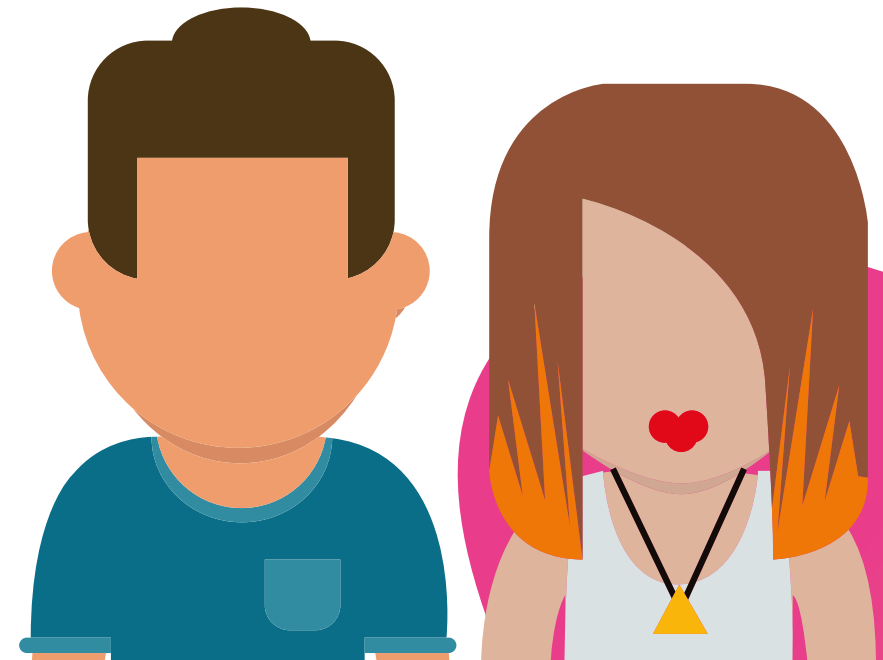


Go to '[www.mindmate.org.uk](http://www.mindmate.org.uk)'

→ Click on 'Getting help'

→ Select '18 to 25'

[www.mindmate.org.uk/whats-in-leeds-for-me/18-to-25/](http://www.mindmate.org.uk/whats-in-leeds-for-me/18-to-25/)



## How to access urgent support:

If the level of self-harm poses a risk to the young person's health or if they are considering suicide, you need to arrange for them to be seen urgently by their GP or mental health professional so that they can access appropriate mental health services. This takes priority over maintaining confidentiality.

A decision can then be made as to whether the young person needs to attend the Emergency Department at the hospital, or the GP may make a referral to MindMate SPA (who will help find the right support service) or adult services.



The MindWell 'Need urgent help?' page sets out telephone helplines, face-to-face support services and online chat or text support available for people over 18.



Go to '[www.mindwell-leeds.org.uk](http://www.mindwell-leeds.org.uk)'

→ Click on 'Need urgent help?'

[www.mindwell-leeds.org.uk/i-need-help-now](http://www.mindwell-leeds.org.uk/i-need-help-now)

If the young adult requires medical attention for physical injuries, arrange for them to attend the Emergency Department at Leeds General Infirmary or St James Hospital.

Under 18  
years old

MindMate's 'Urgent help' page gives information about helplines and other services in Leeds to support young people in crisis.



Go to '[www.mindmate.org.uk](http://www.mindmate.org.uk)'

→ Click on 'urgent help' button

[www.mindmate.org.uk/urgent-help-all-services/](http://www.mindmate.org.uk/urgent-help-all-services/)

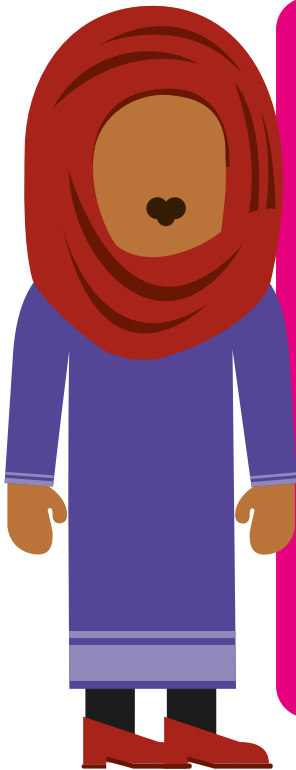
In an emergency arrange for the young person to attend the Emergency Department at Leeds General Infirmary. 16 and 17 year olds can also access St James Hospital.

Throughout this process ensure you follow your organisation's child safeguarding procedures. If you require advice contact the duty social worker or your identified safeguarding lead.



# Key Messages

- Do not be afraid to talk about self-harm and suicide
- Respond in a non-judgemental way
- Do not just focus on the self-harm or suicidal intent; consider the underlying issues
- Be clear about your own organisational policies
- Refer on for support or speak to a specialist if you are unsure about the level of risk
- Work with other professionals to ensure relevant information is shared when appropriate
- Find information about support on the MindMate and MindWell websites
- Remember you can play a part in keeping young people safe



## Find out more...

A list of local training courses related to self-harm and suicide is available in the 'professional resources' section of MindMate

[www.mindmate.org.uk/resources](http://www.mindmate.org.uk/resources)

Go to '[www.mindmate.org.uk](http://www.mindmate.org.uk)'

→ Click on 'Professionals'

→ Select 'Professional resources'

→ Filter by 'self-harm'

A free 40 minute e-learning session 'Self-harm and Risky Behaviour' is available via MindEd Hub

[www.minded.org.uk](http://www.minded.org.uk)

Free health promotion resources are available from the Public Health Resource Centre

[www.phrc.leeds.gov.uk](http://www.phrc.leeds.gov.uk)