PLYMOUTH SAFEGUARDING CHILDREN PARTNERSHIP

CHILDREN AND YOUNG PEOPLE SUICIDE PREVENTION ACTION PLAN

STRATEGIC FIT

Suicide and self-harm prevention for children and young people is vital to keep children and young people in Plymouth safe. Focusing on prevention and early support/intervention and supporting children and young people to be healthy and happy is an essential part of suicide and self-harm prevention. It is therefore a key element of delivering the visions of A Bright Future and the Plymouth Safeguarding Children Partnership (PSCP), as well as the priorities of the Plymouth Corporate Plan.

A Bright Future 2021-26 is Plymouths partnership approach to meeting the needs of all children and people in Plymouth. The vision of the partnership is that children and young people in Plymouth grow up healthy and happy, safe and able to aspire and achieve; living in resilient families and communities, able to take advantage of a broad range of opportunities.

The mission statement of the Plymouth Safeguarding Children Partnership is: working together to ensure the safety and wellbeing of children, young people and families within Plymouth.

Plymouth City Council's Corporate Plan priorities keeping children, adults and communities safe and focusing on prevention and early intervention.

The vision for the Plymouth Suicide Prevention Strategic Partnership is a Plymouth where everyone can live healthy, fulfilling and connected lives, where all suicides are considered preventable, and suicide prevention is everyone's business. We aspire to work together to make all communities in Plymouth suicide safer communities. We want to make Plymouth a place that supports people in times of personal crisis and builds individual and community resilience to improve lives.

INTRODUCTION

Suicide is defined as all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by self-injury or poisoning where the intent was undetermined for those aged 15 years and over. Only a Coroner can determine whether a death is a suicide following an inquest.

All deaths by suicide are tragic and traumatic, but the death of a child or young person by suicide is even more heartbreaking. Its most fundamental impact is the loss of the opportunity for that young person to experience all that life holds. It is also a devastating bereavement for family and friends, the pain and grief are immense and lifelong. The impact also extends into the wider community, educational settings and to all services involved.

The suicide rate in young people aged under 18 is relatively low compared to older age groups but have been increasing over the last decade. This is why children and young people are identified as a priority group in the previous government's Suicide Prevention Strategy for England: 2023 to 2028.

The causes of suicide are complex and individual. There is rarely a single cause, but suicide is more often the result of a complex combination of risk factors and stressing events. These risk factors often reflect wider inequalities in social and economic circumstances.

SUICIDE IN CHILDREN AND YOUNG PEOPLE

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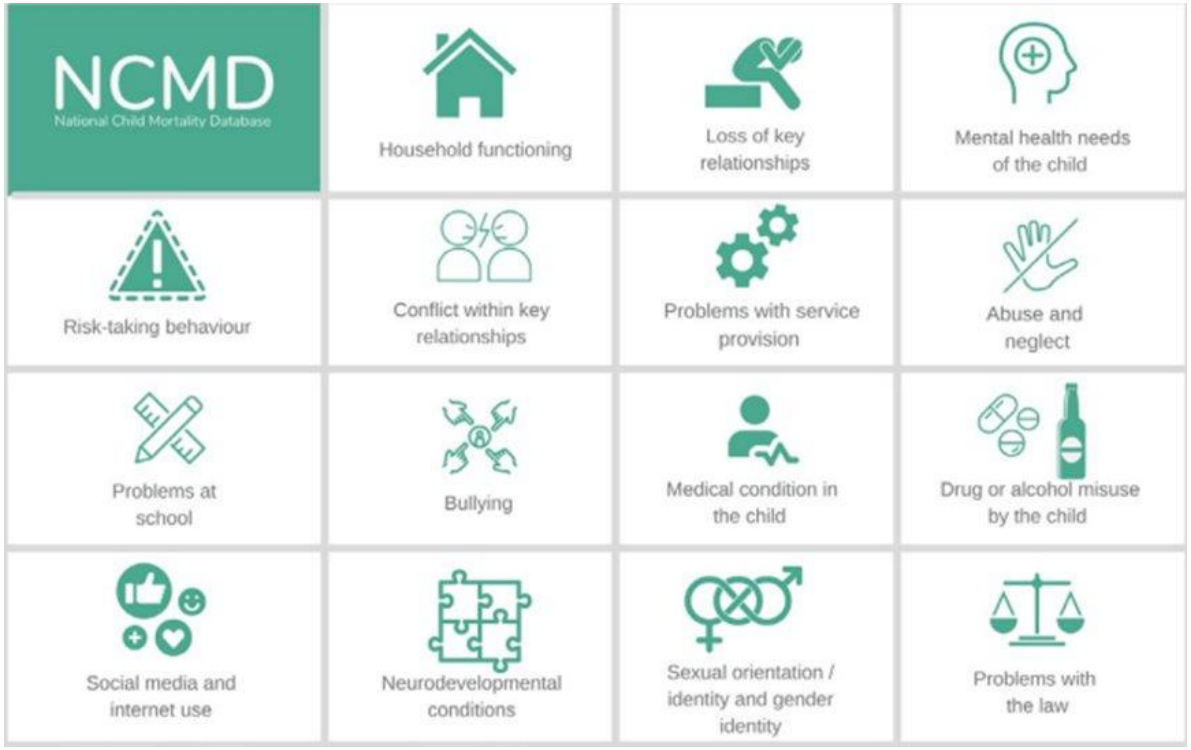
- The National Child Mortality Database (NCMD) Suicide in Children and Young People Report reviewed deaths by suicide of children and young people under 18 years old between April 2019 and March 2020. 108 deaths were assessed, and the report identified a number of adverse factors that were present in the life of the young person who died. These factors and the percentage of deaths that this factor present are shown below:



Category	Number (%) of deaths reviewed with at least one factor within the category
Household functioning	63 (69%)
Loss of key relationships	56 (62%)
Mental health needs of the child/ young person	50 (55%)
Risk taking behaviours	45 (49%)
Conflict within key relationships	41 (45%)
Problems with service provision	32 (35%)
Abuse and neglect	29 (32%)
Problems at school	27 (30%)
Bullying	21 (23%)
Medical condition in the child/young person	21 (23%)
Drug or alcohol misuse by the child/ young person	18 (20%)
Social media and internet use	16 (18%)
Neurodevelopmental conditions	15 (16%)
Sexual orientation, sexual identity, and gender identity	8 (9%)
Problems with the law	8 (9%)

SUICIDE IN CHILDREN AND YOUNG PEOPLE

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The NCMD data showed that eighty-one (89%) children or young people had more than one factor recorded and 51 (56%) children or young people had five or more factors present. This highlights the complexity of the potential causes of suicide, with multiple overlapping factors often contributing to risk.

Knowing this information is helpful because it develops system awareness of the risk factors for suicide in children and young people. This enables population and targeted approaches to reduce these risk factors and provide greater support to children and young people who may be more vulnerable. However, the majority of children and young people with even a large number of these adverse factors do not die by suicide. It is impossible to predict who will die by suicide, which is why the wider measures on a population and targeted level are so important.

Nationally, one third of young people who die by suicide are in current contact with mental health services, one third have had previous contact and one third have never had contact with mental health services. This again highlights the vital importance of a whole population, whole systems and community-focused approach to suicide prevention.

SELF-HARM

Self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose. It is not a mental health condition or illness but a range of behaviours that can be an indicator of poorer emotional health and wellbeing.

Self-harm is complex and varies widely between individuals. It can service a variety of functions, including but not limited to:

- Coping with or distracting from distressing emotions or circumstances, including traumatic or adverse experiences
- Regulating emotions, providing release, comfort or restoring calm
- Communicating feelings that are difficult to articulate or have not been listened to
- Gaining control or agency over one's body, feelings or circumstances
- A compulsion or habitual behaviour
- A form of self-punishment, sometimes linked to feelings of shame, guilt or low self-esteem

The relationship between self-harm and suicide is complex. The vast majority of young people who self-harm do not die by suicide. In fact, for some people, self-harming behaviours are a way of coping with their distress and have been described as a way to stay alive. In those who die by suicide over half have a history of self-harm, but many have never self-harmed.

This action plan is not a self-harm prevention action plan, however, there is overlap between the risk factors for suicide and for self-harm. Self-harm is considered in this plan as a risk factor for suicide and as such measures to prevent, reduce and mitigate self-harm and support children and young people who self-harm will contribute to suicide prevention.

The public health teams in Devon, Plymouth and Torbay have commissioned an all-age Devon-wide self-harm needs assessment. This will be published by the end of 2024 and the findings will be reviewed to inform local action.

PLYMOUTH CHILDREN AND YOUNG PEOPLE SUICIDE PREVENTION ACTION PLAN

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Suicide can be preventable. But it is not possible to predict who will die by suicide. It is essential that the preventative approach addresses the complexity of the issue and focuses on the breadth of factors that have been shown to contribute to suicide in children and young people. There are no simple measures that on their own will prevent suicide. Efforts to prevent suicide will only be effective if we improve the conditions in which children and young people are born and grow up in, promote emotional wellbeing, support young people with mental health issues (from early intervention through to crisis care) and respond appropriately after a suicide.

In this action plan, this breadth of actions to prevent suicides is framed in terms of:

- **Population level measures**:
- **Targeted approaches** directed at specific risk factors
- **Individual support** for those children and young people who are most at risk

This means that suicide prevention is everyone's business. No single organisation is responsible for suicide prevention, but there is a requirement for a whole systems approach where partners in the voluntary and statutory sectors are working in collaboration towards the same priorities.

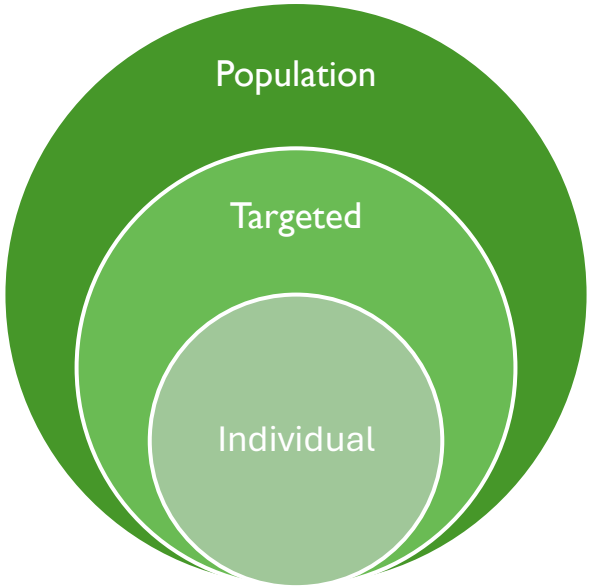
Given the complexity of the challenge, actions to reduce suicide in children and young people must be based on data and evidence. National reviews of deaths by suicide are able to analyse a greater number of deaths by suicide in children in young people than is possible locally and therefore provide a stronger rationale for action. Four national reports on suicide prevention activity in children and young people were identified.

These reports are: NCMD Suicide in Children and Young People Report, NCISH | Suicide by Children and Young People, RCPCH: State of Child Health - Suicide, Public Health Wales: Averting Tragedy: Suicide Prevention in Welsh Children and Young People

PRIORITY AREAS

The recommendations from these reports were used to develop the priorities and objectives in this plan for Plymouth. These priority areas are mapped against the population, targeted and individual framework.

Priority area	Level of intervention
1. A whole-system approach to emotional health and wellbeing	Population
2. Children and young people knowledge and awareness of emotional health and wellbeing	Population
3. Training, awareness and information provision	Population Targeted
4. Support in educational settings	Population Targeted
5. Approach to children and young people at risk	Targeted Individual
6. Bereavement support and response to suspected and confirmed cases of suicide in children and young people	Targeted Individual



1. A WHOLE-SYSTEM APPROACH TO EMOTIONAL HEALTH AND WELLBEING

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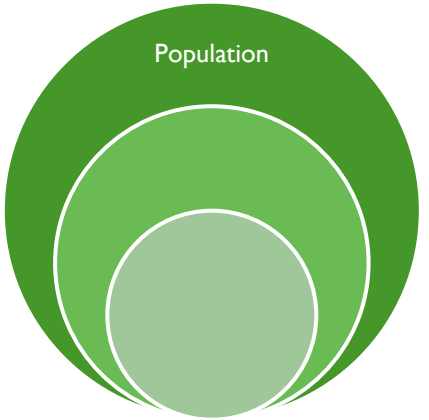
Suicide prevention starts with the promotion of resilience and emotional health and wellbeing. Focusing only on those children and young people with vulnerabilities and mental health needs will not in itself be sufficient to reduce suicide risk across the population. A proportionate universalism approach is needed, where support is delivered to the whole population but at a scale and intensity that is proportionate to need. This aims to improve the emotional health of all children and young people, but also reduce inequalities between different groups. It is essential that the promotion of good emotional health and wellbeing is embedded and prioritised in our partnerships, strategic groups and services for children and young people.



Recommendation for the system:

1.1 The Plymouth system continues to strategically prioritise the promotion of resilience and good emotional health and wellbeing for all children and young people through preventative and early intervention approaches that address risk and protective factors.

Examples include:

- Healthy and Happy priority area of A Bright Future
- Early help support and Family Hubs
- Whole school approaches to emotional health and wellbeing
- Accessible services for children and young people seeking or requiring support
- Plymouth Trauma Informed Network
- High quality support for children and young people who are looked after or care experienced

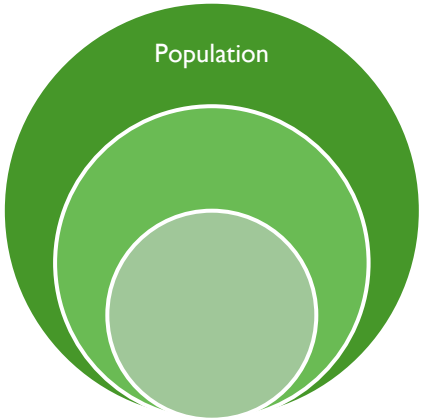
Key partners:
A Bright Future
Commissioned services
Education
Trauma informed network
Children's services

2. CHILDREN AND YOUNG PEOPLE'S KNOWLEDGE AND AWARENESS OF EMOTIONAL HEALTH AND WELLBEING

Desired outcomes:

- **Children and young people in Plymouth will have greater awareness of their own emotional health and wellbeing and understand ways that they can support it.**

The universal promotion of emotional health and wellbeing across the population is an essential underpinning approach to prevent suicide. Whilst universal approaches can have a small effect on each individual, there can be a large impact on the population as a whole.
Improving knowledge of emotional health and wellbeing in children and young people also reduces stigma. Reducing stigma around these topics is important because increased stigma reduces help-seeking behaviour.



Actions:

2.1 Identify/develop and promote information provision to children and young people focused on emotional health and wellbeing promotion.

Key delivery partners:
Happy and Healthy
Public health

3. TRAINING, AWARENESS AND INFORMATION

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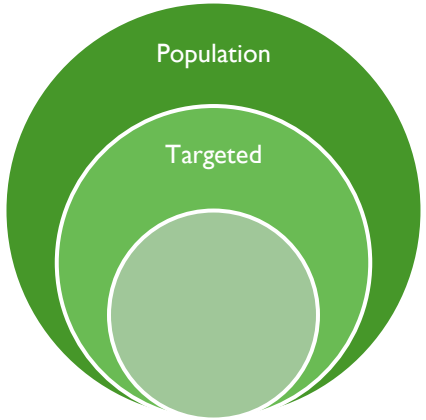
Desired outcomes:

- **Parents/carers and partners working with and for children and young people understand the range of adverse childhood experiences and risk factors that increase vulnerability to suicide. In addition, they will have the competence and confidence to identify and respond to children and young people in a compassionate and trauma-informed way that is aware of the importance of language used.**

It is not possible to predict a death by suicide in advance. This is why suicide prevention needs to take a whole population approach and not solely focus on mental health services. Raising awareness of suicide and providing information and training to the population can reduce stigma (increased stigma reduces help-seeking behaviour) and mean that when children and young people who experience inequalities and vulnerabilities that may increase the risk of suicide are more likely come across somebody who can identify those vulnerabilities, understand what the young person is going through and compassionately find ways to support them using language that makes it easier for children and young people to share how they are feeling and access support.



Actions:

3.1 Identify or develop resources for parents/carers and partners working with and for children and young people with credible information on self-harm and suicide.

3.2 Explore feasibility of delivering a range of shorter suicide and self-harm training to complement the existing 2-day STORM training provided by Livewell CAMHS service.

Key delivery partners:
Public Health
Adolescent safeguarding
Commissioned services
Trauma informed network

4. SUPPORT IN EDUCATIONAL SETTINGS

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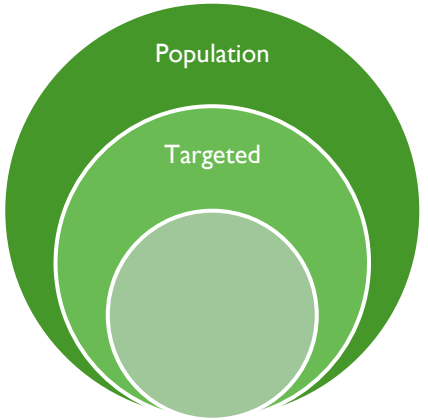
Desired outcomes:

- **Educational settings have a whole-school approach to emotional health and wellbeing, which includes a focus on areas identified as having an association with increased vulnerability.**

Most children and young people spend a significant proportion of their time in educational settings. It is therefore essential that these settings are a source of positive emotional wellbeing. Additional partnership consideration of emotional health and wellbeing should be contemplated in specific circumstances, such as where there are instances of bullying or where exclusion is being considered.



Actions:

4.1 Education settings in partnership with key stakeholders build their whole-school approach to emotional health and wellbeing, taking into account the NCMD report recommendations relevant to schools regarding bullying and exclusion policies.

NCMD report recommendations:

- Ensure schools have clear anti-bullying policies that include guidance on self-harm and suicide awareness for children and young people experiencing bullying, and when and under what circumstances multi-agency support is required.
- Exclusion policies should recognise that when children and young people are permanently excluded any relationships with universal services are at risk of becoming fractured. This should be considered when decisions are being made for a young person's future and should be identified as a potential risk factor for suicide.

Key delivery partners:
Schools
PCC Education
Adolescent safeguarding

5. APPROACH TO CHILDREN AND YOUNG PEOPLE AT RISK

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Desired outcomes:

- **Children and young people with vulnerabilities known to increase the risk of suicide are supported with appropriate information, advice and services to reduce their risk.**

The NCMD report on suicide in children and young people identified a number of adverse factors that are associated with suicide. 56% of the children and young people who died by suicide had 5 or more of these factors present in their lives. This highlights the importance of identifying and supporting children and young people with multiple risk factors for self-harm and suicide. These adverse factors also overlap with known characteristics of children and young people that increases their vulnerability including children and young people in care or care experienced, with SEND e.g. neurodiversity.

Actions:

5.1 There should be an agreed partnership approach available to children and young people identified as having vulnerabilities known to increase risk of suicide. This should include compassionate and non-stigmatising information, advice and support from relevant services.

Key delivery partners:
Adolescent Safeguarding
Public Health
Children's services
Commissioned services
Mental health services

6. BEREAVEMENT SUPPORT AND RESPONSE TO SUSPECTED AND CONFIRMED CASES OF SUICIDE IN CHILDREN AND YOUNG PEOPLE

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Desired outcomes:

- **In Plymouth there is a system response to a suspected or confirmed suicide in a child or young person, which includes immediate response, bereavement support and understanding and sharing learning from incidents.**

Being bereaved by suicide is a risk factor for suicide in children and young people. Following the tragic event of a suicide in a child or young person, there needs to be a rapid system response to ensure that key immediate actions are taken, and people affected by the suicide are supported as early as possible. In addition, the learning from the incident needs to understood and shared with the system leading to inform tangible improvements where relevant.

Actions:

6.1 Ensure there is a clear and agreed system multi-agency response plan for following a suspected suicide in a children and young people.

6.2 Provide timely bereavement support to children, young people, families and settings.

6.3 Ensure that the learning from a suicide/suspected suicide (e.g. from CDOP reviews and Coroner's inquests) is understood and shared appropriately with the system.

Key delivery partners:
Safeguarding
Public Health
Educational Psychologists
Mental health services
Bereavement support

OVERVIEW OF ACTIONS

1.1	**RECOMMENDATION: The Plymouth system continues to strategically prioritise the promotion of resilience and good emotional health and wellbeing for children and young people through preventative and early intervention approaches that address risk and protective factors.**	**Whole system**
2.1	Identify/develop and promote information provision to children and young people focused on emotional health and wellbeing promotion.	Public Health
3.1	Identify or develop resources for parents/carers and partners working with and for children and young people with credible information on self-harm and suicide.	Public Health
3.2	Explore feasibility of delivering a range of shorter suicide and self-harm training to complement the existing 2-day STORM training provided by Livewell CAMHS service.	Public Health
4.1	Education settings in partnership with key stakeholders build their whole-school approach to emotional health and wellbeing, taking into account the NCMD report recommendations relevant to schools regarding bullying and exclusion policies.	Education
5.1	There should be an agreed partnership approach available to children and young people identified as having vulnerabilities known to increase risk of suicide. This should include compassionate and non-stigmatising information, advice and support from relevant services	Adolescent safeguarding
6.1	Ensure there is a clear and agreed system multi-agency response plan for following a suspected suicide in a children and young people	Adolescent safeguarding
6.2	Provide timely bereavement support to children, young people, families and settings	Public Health
6.3	Ensure that the learning from a suicide/suspected suicide (e.g. from CDOP reviews and Coroner's inquests) is understood and shared appropriately with the system.	Adolescent safeguarding

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INDICATORS

Measuring the success of suicide prevention plans is challenging. The main outcome measure is the number of suicides, however, data on this is difficult to interpret because of very low numbers at a local level, and due to the coronial delay in determining a death as a suicide. Furthermore, the wider factors including cultural and socio-economic factors that affect the whole country have historically had a significant impact on suicide rates, and unpicking the impact of local action on a changing national landscape is almost impossible.

The following indicators can be helpful in understanding the current situation in Plymouth:

- Possible/suspected deaths by suicide in children and young people
- Number of people in the city who are parents/carers of or work with children and young people trained in suicide prevention for children and young people
- Hospital admissions as a result of self-harm (10-19 years)
- Percentage of looked after children whose emotional wellbeing is a cause for concern