



Re:Minds Suicide Prevention

Strategies for when your child is suicidal

Guidance on the services available in Southampton for suicide prevention



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This booklet is designed to give guidance to parents/carers about what to do when their young person is feeling suicidal and what to expect from services in Southampton. The information and responses have been collected from clinicians and those working in mental health.

Many thanks to Southampton Specialist CAMHS, In-service CAMHS team at University Hospital Southampton Emergency Department, GPs, the Hampshire Ambulance and Police service who have helped us create this information.



Is my child suicidal?

It can be really hard to know for sure if someone is feeling suicidal. If you are worried at all it is best to be direct and ask them. This can give them an opportunity to talk about how they are feeling. Asking someone if they are suicidal will not increase the risk of them committing suicide, in fact, it is proven that asking people reduces the risk. If they refuse to talk to you about how they are feeling, make sure they know that you are there for them at any time and that there are people who can help.



My child is feeling suicidal, what should I do?

CAMHS say it is really important to stay calm when your young person says they are feeling suicidal. Often young people do not want to tell anyone how they are feeling for fear of upsetting them, so try to put your emotions to one side. It is important to validate how they are feeling, to make sure they feel heard and that their feelings are important and believed. Even if you can't see a reason for them to feel suicidal, accept it and validate it.

A big risk factor in suicide is not feeling heard, so giving your young person a chance to be heard is crucial. Encourage your young person to keep talking to you about their feelings. Ask them open questions and make sure they know you are listening to their answers. Don't judge them or tell them everything will be ok, don't tell them it will pass or they will grow out of it. If they have hurt themselves, don't immediately ask to see wounds, just keep calm. Give them a chance to speak without trying to fix everything. It is ok not to know what to say, be honest with them, but reassure them that you are so pleased they told you.

Sometimes feeling suicidal happens in the moment, and it passes. Sometimes it is said in anger and frustration, but they don't mean it afterwards. You have to trust your instincts in judging how serious this is.

Once they are calm talk to them about how long they have felt this way, have they ever tried to act on these feelings? Have they thought about how they would do it? If they have thought about it for a long time then there should be time to get some professional support. If they have planned what they are going to do and have the intention of taking their own life then you should seek help more urgently.

What if they wont talk to me or anyone else?

As a parent you know them best so trust your instincts. Use your observational skills; have they become more withdrawn, angrier, irritable? Have they stopped seeing friends, stopped caring about their appearance, has their behaviour changed? Are they sleeping too much or too little ? If they have capacity to make their own decisions then you cannot force them to get advice. But tell them you are concerned, let them know you are always there for them through the ups and downs. Gradually build the relationship with them so that when they are ready you can be there, just be aware it can take time.

If after a conversation they are still feeling suicidal you can try to create a plan with them. There are charities which have fantastic examples of plans that can be used, such as Papyrus, or the HopeLine is a nationwide charity which will support a young person when they are feeling suicidal and they can complete a plan over the phone. Once the plans are complete and if appropriate, try to distract your young person from their feelings.

How do I distract them?

By distracting, we don't mean ignore the problem and pretend it didn't happen. Instead make sure they know that you have heard them, that there is a plan to try to help them through these feelings. After this time, explain to them that one of the strategies to help them cope is to distract themselves as much as possible.

You can try things such as:

- Use grounding activities that involve the senses
- Download apps such as Calm Harm, Mind Tools
- Find photos or videos on your phone of things that make them happy
- Read stories from people who have felt suicidal and got through it - Matt Haig's *Reasons to Stay Alive* is highly recommended and available in the ReMinds library.
- Create a Zones of Support sheet to identify who they have around them to help and support.
- Play a game on their phone
- Listen to favourite songs, create a playlist
- Go for a walk together
- Cook something together

You know your child, so try to find things they will like to do.

Talking and trying to distract them hasn't helped. What do I do next?

If you are still worried about your child, then there are a number of options.

- Self refer to Southampton Specialist CAMHS. A virtual referral for suicidal thoughts is usually followed up within 24 hours and a clinician will call you.
- Call 111 and speak to a CAMHS clinician or a mental health professional
- Use the 111 website for more advice and information
- Contact No Limits Safe Haven
- If you think there is an immediate risk to life then you can call 999 or go to A&E

If your young person is over 18 you can:

- Go to your GP for a referral to adult mental health services
- Go to The Lighthouse, a drop in centre for those in crisis
- Call 111 or use the 111 website
- Contact No Limits Safe Haven
- If you think there is an immediate risk to life call 999 or go to A&E



What happens if we go to our GP for support around suicide?

If your child is under 18

If you call your GP they will get back to you like any other triage appointment and will discuss the best thing to do next. Together they will plan what needs to happen next. They may refer your young person to CAMHS or advise you to self-refer. If there are urgent concerns they will call the CAMHS duty line for advice. This can take some time so do not expect an immediate response.

If they are very concerned that there is an immediate threat they will call an ambulance or police to attend.

If your child is over 18

If your young person is over 18 they have to speak to the GP themselves. If your GP thinks they need further urgent support they can make an urgent referral to Adult Mental Health Services. This referral should be triaged by adult mental health services within 4 hours. The acute mental health team will then call you by phone to plan what needs to happen next. This may mean that they will visit you at home, or, if things are a little calmer, they may arrange for you to come to Antelope House immediately, or later, depending on need.

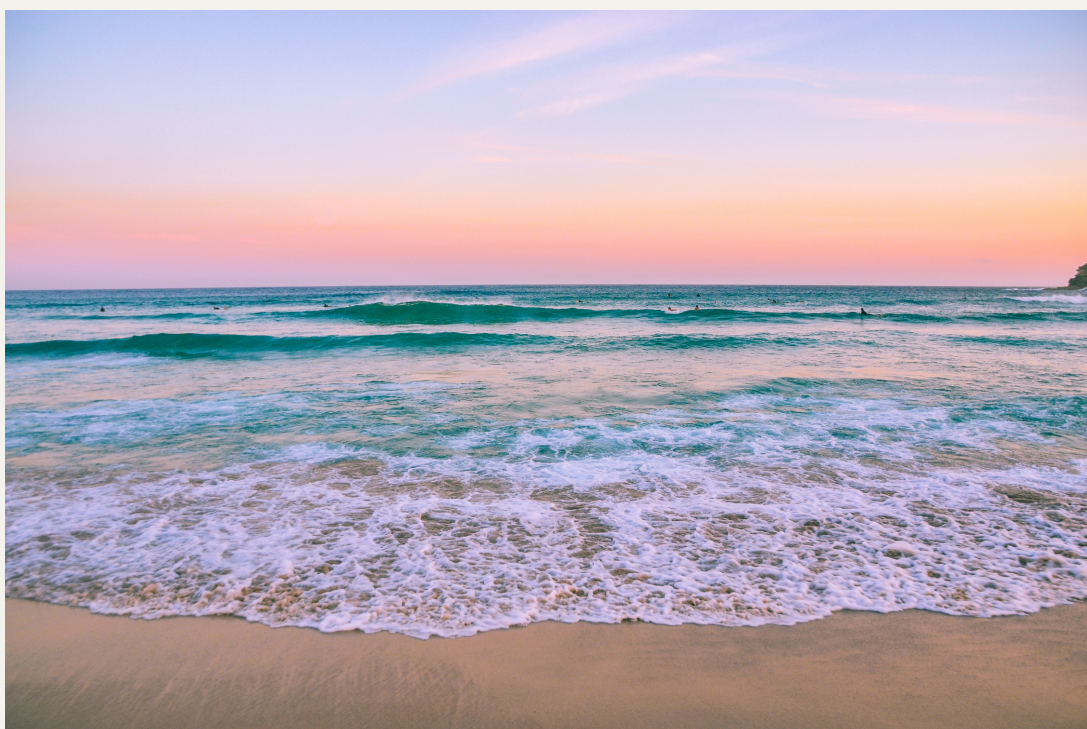
Adult Mental Health Services offer lots of different support across the city, for more information on these services you can go to the Re:Minds YouTube channel.

If your GP thinks urgent support is not needed, they will talk to you about what else you need help with and they may refer you to Steps2Wellbeing or discuss medication with you.



What happens if I go to Southampton Specialist CAMHS?

- You can make an online referral to Southampton Specialist CAMHS; give them as much information as possible about what is happening. They will call you, usually within 24 hours.
- During the call they will ask about how long this has been happening, whether the young person has actually tried to take their own life, what their mental state is like now. They will also ask for a family history and circumstances, friendships, family conflict etc. Whilst this might be hard to answer, it is really important to give the clinician as much detail as possible so they can help most effectively.
- What happens next really depends on individual need and the level of risk. You may be offered an urgent appointment if the risk is considered high - this can be within 24 hours, but there is no set timescale.
- Once you have been triaged a decision will be made about what happens next and CAMHS will either offer you an appointment or will suggest other places that might be more suitable to offer support.



Calling 999 or 111 for an ambulance

- The 111 service have mental health practitioners 24 hours a day. When you call you will be triaged by the NHS Pathways team who will ask a series of questions.
- Any calls relating to mental health go straight to the mental health practitioners team. They are able to access notes plans and crisis prevention plans if your child is already known to services such as CAMHS or adult services. They will take your details and call you back.
- If you are new to the service you can still access the mental health practitioners and get support from them.
- NHS 111 online also offers advice and you may be put in a queue and called back by a mental health practitioner or the 111 team.
- You can call 999 if there has been an overdose or there is an immediate threat to life - such as an attempted or about to attempt suicide. In these cases an ambulance is sent straightaway, the target time to reach you is within 18 minutes.
- If you call 999 and they don't think an ambulance is needed they may transfer you to the 111 service.
- During a call they have to ask specific questions about whether the patient is breathing etc, so please bear with them, you will get a chance to explain why you are calling.
- They will ask to speak to the patient, if your young person is unable to speak to them please explain calmly why this is not possible.
- If an overdose is taken a clinician will assess if urgent treatment is needed, it depends on the level of toxicity. If it does not needed the patient will be handed to the mental health team and they will decide if transport is needed to get them to hospital.
- If a patient refuses help, a Mental Health Capacity Act can take place, if they are under age the services will make a decision about whether this is needed. If the ambulance service deem a Capacity Act is needed to restrain and retain a person - the police and a social worker will make the decision as to whether it is needed and how to get them to hospital. Hampshire Ambulance Service do not transport people who do not have capacity.

Calling 999 for the police

- If a young person is feeling suicidal but there is no immediate risk to life, the police are not the right people to call.
- You should only call the police if there is immediate risk to life, this means if someone is actively trying to kill themselves.
- If someone has overdosed the best people to call are the ambulance service.
- When you call 999, if someone is actively trying to kill themselves, the police, ambulance and mental health team will all respond to get to that person as quickly as possible.
- If someone has gone missing the police will lead the response. They will ask whoever has contacted them a lot of questions to grade the level of risk.

There are 4 gradings:

- No risk
- Low risk
- Medium risk
- High risk

If the missing person is suicidal the usual risk category is 3 or 4, but if they regularly go missing without the intention of killing themselves the grade may be lower. If they are at risk of child sex exploitation or criminal exploitation the risk will be higher.

If there is a very high risk the police can use various intrusive methods to try and locate them.

Once a young person has been found their parents may be called to collect them, or an ambulance, or they may be taken to a mental health service. It really depends on the level of severity of their mental health needs.

If a the suicidal person is at high risk and does not co-operate the police have powers in law to take that decision away from them using Section 136 of the mental health act. This means they can detain them and take them to a place of safety.

What to expect when you go to Southampton University Hospital Emergency Department

When is the right time to go to the Emergency Department (ED)?

If your young person is in crisis and you don't know where to turn and they are at risk, then you can go to the ED. It can be really busy there, with many other families with similar needs and so it can involve a very long wait. It is always worth seeing if you can get help elsewhere first via 111, CAMHS, GP and the mental health crisis line. But if people are really in crisis, then ED is there for them.

When you arrive

-0-16 year olds will go to the children's department

-16-18 year olds can choose whether to go to children's or adults department

The process is the same for everyone going to A&E, you will be triaged by a clinician who will find out some background information or if there are any medical need such as self-harm or an overdose which needs attending to. If the clinician feels you need to be seen, you will go along the children's or adult's pathway process.

Who will we see next?

Since June 2021 there has been a CAMHS team based at the ED. They will lead on supporting young person

. CAMHS practioners are at the ED Monday-Friday 9am-10pm and Sunday 9-5.

They are trying to recruit staff for Saturdays. The team works alongside No Limits who have youth workers in the hospital to offer support as well.

Is there a quiet place to wait?

UHS are trying to create this, currently there is a small room with just two chairs in but they hope to expand this soon, however it can be busy so it might not always be available. If you are over 18 there is an enhanced suite for those not coping in the waiting room, but again, this may be busy.

What is the process?

Once you have been through triage the CAMHS team will look up any information they already have so you don't have to explain it all again.

Someone from the CAMHS team will go and see the young person and whenever possible they will ask to speak to them alone - they will also want to speak to parents/carers alone too. This is so they can get both sides of what is happening. The clinician will try and find a private room to go through an assessment of how things have been. If it is the first time a young person has been seen by any professional this assessment will be quite detailed. They will focus on the young person and the family, finding out what is difficult and what positives there are, such as strengths and hobbies.

After the assessment the CAMHS team will go back to their office and the young person and family stay in the ED. The clinician will then organise support and appointments for the family. From this a care plan will be written about how to best support the young person. The young person will not be discharged until they have a care plan, crisis numbers and out of hour services to support them.

The aim of the care plan is to help the young person feel more empowered and to speak to the people who can help them.

What if the CAMHS team aren't there?

If the Doctors at the hospital think there is a high level of risk they will keep you in the hospital until you have seen a CAMHS professional. There is a paediatric short stay department where you can get some sleep and then be seen from 9am the next day. If your young person does not want to stay in hospital they cannot be forced to, unless they meet the criteria for the Mental Health Act. If they leave without seeing anyone, the CAMHS team will try to call the next day to talk about how things are going.

What are the grounds for keeping someone in hospital?

Under 18s

It is very rare that a young person is detained in hospital. Most families are very good at managing care needs in the community with the right support. However, during the assessment process, it will become clear whether the young person and the family feel they are able to keep the person safe at home.

If there is a significant intent to harm themselves the clinician will explore what is available in the community to support and keep them safe, if there isn't enough or the young person/family feel unable to manage the risk then the hospital would be very concerned by this. It varies each time, but if there is deemed to be a high risk the hospital can admit the young person to the Children's Hospital on G Level. This can be for a long stay or a short time whilst safety planning is done. The CAMHS team can work with the young person for up to 3 days, after that the case is handed over to the UHS liaison team. If the young person is only in for 3 days it is called a 'delayed discharge' and it gives the professionals a chance to meet to try and plan the next steps before they go home.

Over 18

If it is felt that a person is not safe to release from hospital, they can hold a person for 72 hours under the Mental Health Act. At the hospital they may ask security to prevent someone from leaving. During this time an assessment will take place with the Adult Mental Health Team to plan what is best to do. If it is decided that they need to stay in hospital for their own safety, they will quickly be transferred to a psychiatric hospital.



Can a young person just leave the hospital, even on a 3 day delayed discharge?

This depends on the individual and the risk factors. If the young person is not being detained under the Mental Health Act and there isn't the grounds to hold them, they can leave if they want to. However, if the professionals think there is a risk, they can use something called a 5.2 of the Mental Health Act. This means the patient can be kept in for 72 hours while the Mental Health Act assessment is arranged.

Within the hospital if they think there is a high level of risk the patient can have 1:1 support with a mental health nurse. If the patient is not being detained under the Mental Health Act, this can still happen, but the hospital have to get permission from the patient to do so.

After 72 hours the patient can go home, with a care plan, or if it is felt that they are not safe to do so, two Doctors, approved by Section 12 of the Mental Health Act do an assessment and have to agree that the patient needs to be detained.

If they are under 18 and detained then they will have to wait for a CAMHS bed to become available. There are not many of these nationally, and so they will have to wait in hospital until there is one free.



What if we repeatedly need to go to the ED?

The process is much the same, but there will be a multi-agency meeting with all the professionals involved to see what other support is needed. No matter how many times you go to ED you will leave with a care plan, but the risk assessment might change as previous care plans have obviously not been working so they will want to try to find out why.

What is the role of No Limits in the ED?

The CAMHS team and No Limits share an office in the hospital. The young person may have CAMHS and youth worker needs, however if they do not meet the criteria for CAMHS support, then No Limits can help with a range of other services such as: social prescribing, connecting people with services in community, sexual health, housing, money, budgeting, relationship advice and they have primary and crisis mental health workers. If the young person is on a long CAMHS waiting list, then No Limits can offer support while they wait, either at one of their centres or a youth worker can go into their school.

What is the process if you are over 18?

It is the same process for adults. There is a triage and then a referral will be made to the adult psychiatric liaison service in the hospital. There are good connections between the teams, so if your young person has been to UHS ED as a child the adult services will have a record so you do not need to start again. They will also create a care plan with the young person before any discharge is made. The adult psychiatric service in the hospital will carry out a risk assessment for the patient and write a care plan for them before a discharge is made.

Places for support

Under 18s

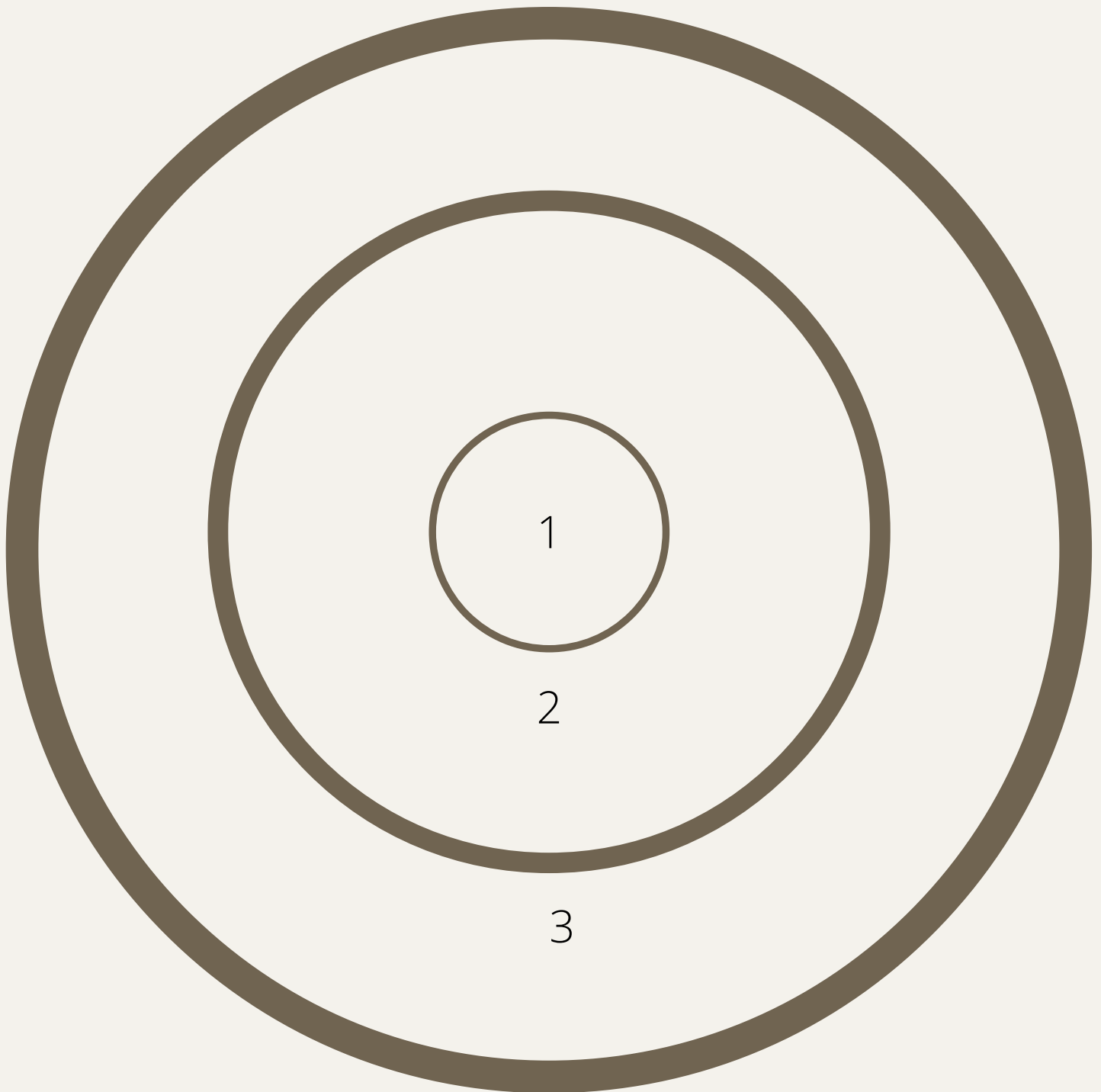
- Southampton CAMHS - <https://www.solent.nhs.uk/our-services/services-listings/child-and-adolescent-mental-health-service-camhs-southampton/>
- Young Minds - <https://www.youngminds.org.uk>
- Re:Minds - www.reminds.org.uk
- No Limits - <https://nolimitshelp.org.uk>
- Papyrus - <https://www.papyrus-uk.org>
- Kooth - online counselling - <https://www.kooth.com>
- Re:Minds - www.reminds.org.uk

Over 18

- Samaritans - 116 123
- Solent Mind - <https://www.solentmind.org.uk> Support Line - 023 8017 9049
- The Lighthouse Crisis Lounge - <https://www.southernhealth.nhs.uk/our-services/a-z-list-of-services/lighthouse>
- SHOUT text service - 85258
- Southampton CAMHS - <https://www.solent.nhs.uk/our-services/services-listings/child-and-adolescent-mental-health-service-camhs-southampton/>
- Young Minds - <https://www.youngminds.org.uk>
- No Limits - <https://nolimitshelp.org.uk> for up to 25 year olds
- Steps2Wellbeing - <https://www.steps2wellbeing.co.uk>
- Stay Alive app



Zones of Support



In the circles, write the following:

- 1 - the names of the people closest to you that you can call at any time for help
- 2 - other people you could contact for help, family members, GP, clinicians, teacher
- 3 - other people you know who could help, services that could help.

On the back write the contact details for those above

Keeping Safe Plan

**How can you keep safe right now?
Does anything need to change?**

What do you have to live for?

What can you do to distract yourself?

Who do you have to help you or to talk to?

**What professionals do you
need to contact?**

What/who makes you happy?

What are my warning signs that I need to get more help?