



# Online Learning Children and Young People

## Teen Suicide, Working with Risk

6,118 lives were claimed by suicide in the United Kingdom and Republic of Ireland in 2015, of these were 168 males and 63 females aged 10 to 19.

Suicide is the third leading cause of death for 15- to 24-year-olds, with adolescents who have been in foster care nearly two and a half times more likely to seriously consider suicide than other youth. Adolescents who have been in foster care are also four times more likely to have attempted suicide than other youth (Pilowsky and Wu, 2006). Abuse or trauma in childhood also increase the risk of suicide up to 5 times (Dube et al, 2001).

As a foster carer, residential worker, adopter or other person caring for or working with children and young people, having an awareness of the risks and protective factors around suicide is crucial in the hopes of providing the children and young people with internal and external resources to prevent future suicides.

### **What is Suicide and Suicidal Behaviours?**

Suicide does not have a universal definition, though it is accepted as self-inflicted death. The word itself originates from the Latin words *sui* and *caedere*, which translated to English mean to kill oneself (Gale, 2008).

Suicide ideation is defined as thoughts about ending one's own life, this can be a detailed plan or a passing consideration but does not include the act of suicide (Nordqvist, 2016).

The majority of people who experience suicide ideation do not attempt suicide, there are few if any people who have never had a thought of suicide at some point in their lives (Stengel, 1964).

Suicidal behaviour is not always necessarily persistent and not always presented in predictable ways. The level of risk can fluctuate depending on whether it has been triggered and risk and protective factors of the individual (Van Heeringen, 2001).



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According to O'Connor et al (2011) psychological model, suicide is a three-stage process.

Phase one being innate traits or traits developed as part of their personality which interact with the environment causing vulnerability.

Phase two being triggers such as stressful life experiences, loss of job, feeling of defeatism inability to focus on goals. Feeling hopelessness that they matter to no one and suicide ideation.

The final phase being the point where the person is more likely to act on their suicidal thoughts. If the person has developed a plan for how they intend to end their life or have experience of suicidal behaviour in those close to them it can be perceived as an acceptable option to end their life. The likelihood of suicide is also increased if the person is impulsive or has learned to overcome the body's natural instinct for survival through self-harm.

## **Vulnerability to Suicide and Suicidal Behaviours**

According to The Samaritans (2016) There is no such thing as a suicidal personality, however there are traits that make people more vulnerable.

Studies have considered the reasons for entry into Foster Care as an indicator of suicide risk. Attempts to identify which individuals in foster care are vulnerable to suicide-related outcomes found that:

- Higher rates of suicidal ideation are found in children and young people who had been physically or sexually abused, compared to other forms of maltreatment.
- Children exposed to multiple forms of maltreatment are at a higher risk of ideation than those exposed to one form of abuse.
- Females in care are reported as being more likely to attempt suicide and are at increased risk of suicide.
- More males than females achieve suicide.
- Individuals who attempt suicide are more likely to have experienced sexual abuse compared to other forms of maltreatment.



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- Those who attempt suicide are more likely to have had a higher number of prior referrals to the child welfare system, a higher number of household transitions and a longer period in foster care.

(Taussag et al, 2014., Bronsard et al, 2011., Kalland et al, 2000).

It is important to recognize that risk factors are not warning signs. Warning signs are an indication of immediate risk and are applicable to the individual, whereas risk factors indicate a heightened risk, but it may not be immediate and can also be found within communities (Rudd et al, 2006., Rogers, 2011).

Talking about warning signs can bring an awareness of actions that can be taken whereas talking about risk factors can provide an understanding of what can be changed within the individual and, or, the community to decrease suicide rates.

## **Warning Signs**

- Withdrawal
- Isolation/withdrawal
- Talking about life lacking meaning
- Lack of interest in activities
- Unbearable physical or emotional pain
- Planning or researching ways to kill oneself
- Abusing drugs or alcohol
- Strong anger or rage
- Change in eating habits
- Poor performance at school
- Giving away prize possessions
- Excessive guilt or shame
- High risk behaviours
- Sudden change in behaviours
- Personality changes
- Acting anxious or agitated
- Relationship changes



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- Sleep disturbance
- Self-loathing
- Obsession with death and dying
- The loss or death of a loved one

It should also be noted that some people who die by suicide do not show any suicide warning signs.

Suicide warning signs should always be taken very seriously. If a child or young person exhibits several of these suicide warning signs, immediate action is required.

## **Risk Factors**

- Previous suicide attempt or attempts
- Family history of suicide
- Family history of severe depression/severe mental illness
- Family history of violence
- Being exposed to others' suicidal behaviour
- Isolation
- History of child sexual abuse
- Bullying
- LGBTQ+
- Access to means such as weapons
- Engaging in high-risk behaviours
- Substance abuse
- Loss of family contact, support and connection
- Poor impulse control
- low frustration tolerance
- Feeling trapped, or caged with no hope of escape
- Talking about suicide or writing about it
- Cultural or religious beliefs
- Stigma of asking for help



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## **Risk Assessment in Foster Care**

Risk assessment is an important part of any assessment in ensuring the safety and wellbeing of children and young people.

Local authorities are required to use the strengths and difficulties questionnaire (SDQ) to assess the emotional wellbeing of individual children in foster care aged 4-16. Understanding the emotional and behavioural needs of looked after children is important so that the relevant support can be put in place and children are given the opportunity to achieve their full potential.

The SDQ is a brief behavioural screening questionnaire. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

1. emotional symptoms
2. conduct problems
3. hyperactivity/inattention
4. peer relationship problems
5. pro-social behaviour

Completion of the SDQ is crucial to assess the emotional wellbeing of the children in your care, half of the children in foster care meet criteria for psychiatric disorders and all have heightened risks of suicide. The completed SDQ can be used to

- Inform health assessments
- Aid referrals e.g. CAMHS
- Evaluate progress
- Provide an overview of the child or young person's emotional wellbeing needs

According to the British Association for Counselling and Psychotherapy (BACP, 2016) identifying protective factors is important for people who are suicidal as



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they provide motivation for their own wellbeing and can help to identify additional support strategies.

## **Protective Factors**

- Determination to succeed
- Problem solving skills
- Refusal to accept the norm
- Positive self-esteem
- Strong support system
- Willingness to accept society
- Academic achievement
- Sense of optimism
- Involvement in sports or other activities
- Peer support and acceptance
- Limited access to weapons
- Religion and spiritual practice
- Sense of personal control
- Support through mental health and other services

## **How to help your child or young person**

As a foster carer, residential worker, adopter or other person caring for or working with children and young people, the main area of intervention is to ensure the child or young person feels valued, wanted, loved, and an important part of the family.

This can be achieved by:

- Expressing love and emotion about having the child or young person in your care
- Talk to the child or young person in a calm manner
- Ask for their opinions and views
- Be watchful and mindful of access to alcohol, drugs and illicit activities
- Increase the child or young persons involvement in positive experiences



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- Monitor internet/communication usage
- Promote school activities, sports, drama, art, and community activities.
- Involve the child or young person in family decision making
- Give the child or young person a realistic role within the family
- Provide leadership opportunities
- Create happy memories, keep memories such as a memory box
- Show pride in their achievements, display certificates etc
- Get involved with their friends, invite them home or on days out
- Communicate honestly and openly with all other professionals in their care team
- Liaise with school
- Talk with the child or young person about your concerns
- Ask directly about suicidal thoughts
- Promote help seeking
- Advocate and support with help seeking
- Keep recording up to date and look to see signs or patterns of warning or risk signs
- Attend relevant training and continual professional development
- Participate actively in therapy with the child or young person

It's better to be safe than sorry, suicidal thoughts and behaviours are a mental health emergency.

If you have a child or young person who is in immediate danger call 999 or take them to the nearest Accident and Emergency department.



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## Case Study

13-year-old Emma and her mum have been known to social services for several years due to mum's mental health problems and her inability to provide appropriate care for Emma. Mum's behaviours can be unpredictable and life at home pretty chaotic. Mum finds it difficult to maintain relationships and has had numerous over the years. Her last relationship ended 13 months ago, when she was hospitalised following an incident of domestic violence. Emma was placed in short-term foster care as mum has no relatives and her father died of a drug overdose when she was 2 years old. Once recovered Emma returned to mum's care.

6 months ago, mum got a new partner, unfortunately he was a registered child abuser. Mum was informed and hid the relationship from social services. Once it was discovered mum refused to end the relationship putting Emma at further risk, as a result Emma was placed in your care.

Emma is very angry at mum for choosing her relationship over caring for her. She has been getting into fights at school, isolating herself from her friends and refusing to do her work. At home she spends most of her time in her room, she is reluctant to join the family at meal times and often has angry outbursts. She disclosed to her school counsellor that she has been self-harming, and a referral has been made to CAMHS.

1. What vulnerabilities to suicide does Emma have?
2. What suicide warning signs are there for Emma?
3. What risk factors do you notice?
4. What protective factors does Emma have?
5. How would you help Emma?





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## Support

**PAPYRUS** is the UK charity for the prevention of young suicide.

Web: [www.papyrus-uk.org](http://www.papyrus-uk.org)

Call: 0800 068 41 41

Text: 0778 620 96 97

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

**The Samaritans** providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland.

Web: [www.samaritans.org](http://www.samaritans.org)

Call: 116 123

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

## Activities

On the following pages are activities to carry out with your child or young person to enable communication around their thoughts and feelings, boost confidence, self-esteem and identify protective factors.



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## Protective Factors

Protective factors are things that contribute to your mental health.

People with lots of protective factors can face challenges easier than those without.

What are your protective factors?

People I can talk to are...

I am good at...

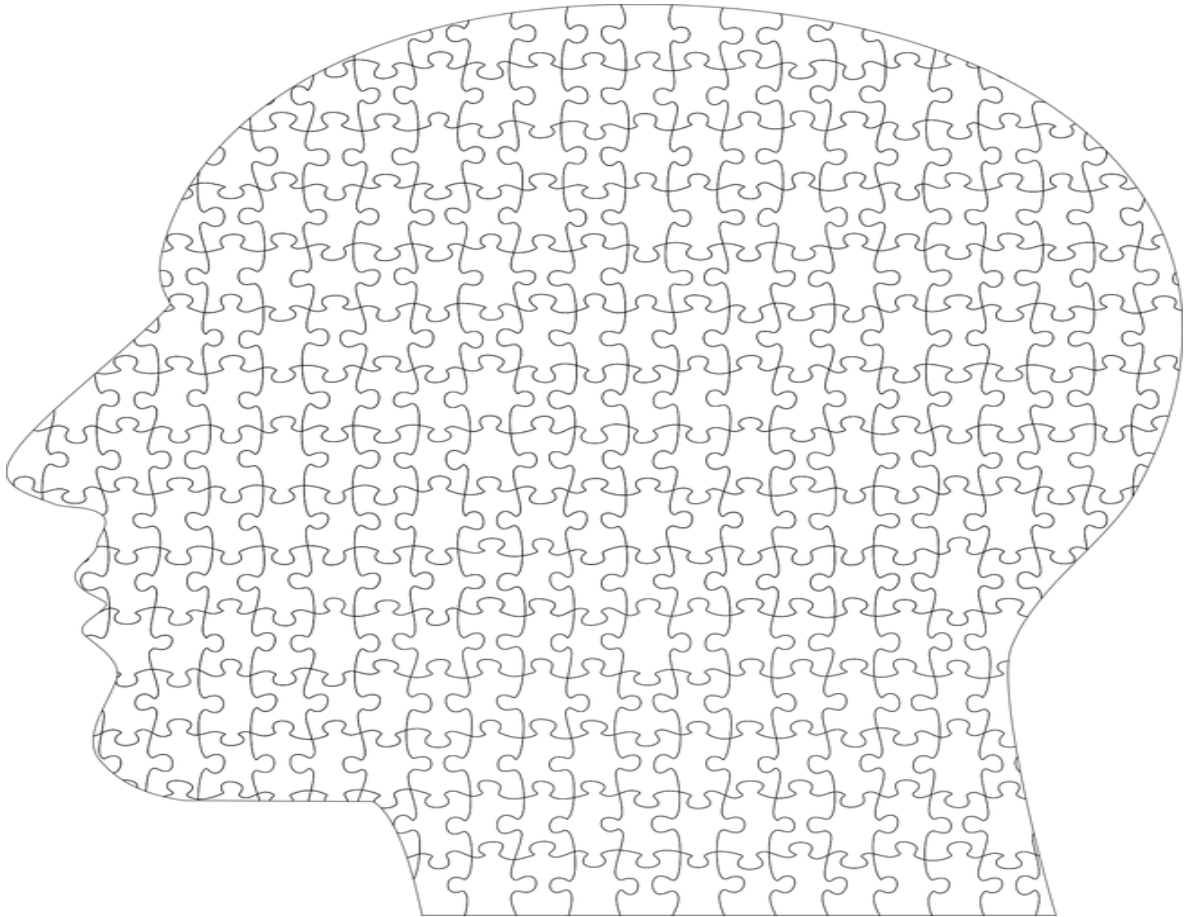
I enjoy...

Ideas to develop new protective factors I have are ...



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## What Makes Me, Me?



We are all unique and have different likes, dislikes, features, traits, beliefs, the list goes on. We may like things that others like too, but we are still unique, it is important to embrace and enjoy being you.

No one is perfect, there is no such thing, don't compare yourself to others or put yourself down.

Instead build yourself up.

Using the image, imagine that this head is yours, just waiting to be filled with all of the wonderful and unique things that make you, you.

Choose colours that represent positive aspects of you, for example each jigsaw piece you colour yellow could be that you love the sunshine, or green that you enjoy the feeling of grass beneath your toes.