

Crossing the Rubicon: From Suicidal Ideation to Suicidal Acts

Learning from tragic events – a thematic analysis of suicide in children and young people

Thematic analysis

The thematic analysis was commissioned by the Kent Safeguarding Children Multi-Agency Partnership and completed by Dr Terence Nice (Programme Director and Lecturer in Psychological Studies, University of Kent). The Executive Summary of the reports can be read in full here.

This briefing paper has been prepared by the Kent and Medway Suicide Prevention Programme, in conjunction with the Kent Safeguarding Children Multi-Agency Partnership and Kent and Medway CCG.

These are all tragic cases and our thoughts are with the families and friends of those that died. But by thoroughly, independently and openly reviewing the circumstances of these young people's death we have identified key themes and learning, so that improvements can be made by agencies and partners across the system.

Background and objectives

Deaths by suicide amongst children and young people are rare, (middle aged men are at the greatest risk of dying by suicide). However, the death of a child is particularly tragic, and it was felt appropriate to look in as much detail as possible to understand more about the causes of these deaths and identify what can be done to reduce the risk of future suicides.

Therefore, in Autumn 2018, the Kent Safeguarding Children's Board commissioned Dr Terence Nice (Programme Director and Lecturer in Psychological Studies, University of Kent) to undertake a thematic review.

The review undertook a statistical analysis of the suspected suicides of 16 young people in Kent between May 2014 and June 2018. This was complemented by a more detailed examination of a smaller number of deaths using existing Local Safeguarding Board, and Root Cause Analysis reports.

In order to reduce the risk of young people dying by suicide, the objectives of the review were to:

- Identify principal themes and patterns amongst the deaths of the young people who died by suicide
- Raise staff awareness of early indicators where young people may be vulnerable to self-harm and/or suicide ideation
- Help identify appropriate services to support young people at the earliest possible opportunity..

Key findings

Within the group of young people who formed the basis of this study;

Twice as many

males as females



Two-thirds

were known to secondary mental health services (CAMHS)



A quarter

were not known to **any** service



Three-quarters

of those that died were known to have had either self-harmed, attempted suicide or had suicidal thoughts



A small number

in contact with the criminal justice system

A small number

of cases has domestic abuse or parental conflict present

Detailed analysis

The role of family, friends and schools

Many young people will not be known to mental health services or social care, therefore family, friends, and teachers can play an important part in raising awareness and concerns.

The role of GPs

GPs are often the first port of call for young people suffering with mental health issues, and are in a unique position to assess the young person, deliver specialist advice and onward referral to Child and Adolescent Mental Health Service (CAMHS). They are a vital link in the chain in bridging the vulnerable lines of demarcation between other professional services.

The need for organisations to work together effectively

The interface between different specialist health services and other organisations is a vital. Long waiting lists, poor lines of communication and administrative errors can lead to a delay in urgent assessments of self-harming and suicidal young people. This increases risk.

The need for high-quality assessment and treatment

High quality clinical assessments and early treatment diminish suicide risk. Suicidal ideation and suicidal plans may not be a reliable indicator of chronic intent to die by suicide, therefore, a comprehensive assessment is required involving actively listening to parents and young people, cross-checking and cross-referencing at an individual and systems level.

The risk of self-harm

Repeated self-harm remains one of the most reliable indicators for completed suicide (as opposed to expression of suicidal ideation and suicidal plans). This is a key point since many clinical assessments rely on checking for the presence of suicidal ideation and explicit suicidal plans as an indication of high and blue-light risk.

Trigger Event Phase vs Discrete Trigger Events

Suicides are rarely in response to one event. The shift from suicidal ideations to suicide often occurs with a fluidity that rises and falls as opposed to a being a single moment in time.

While 'Discrete Trigger Events' (DTEs) may provide a tipping point, clinicians should give consideration to a 'Trigger Event Phase' (TEPs), that allows for a bigger picture of the shifts, movements and dynamics underwriting suicide process that may counter the idea that suicides seemingly 'come out of the blue.'

Protective factors should be promoted and researched

Resources should be also be used to identifying protective factors that combine and foster a protective membrane around the young person and their family. This will increase understanding what prevents young people from engaging in suicidal behaviour.

Suggestions for action contained within the report



Community

- Multi-agency professionals (including GPs and school teaching staff) should undertake suicide prevention training to ensure they can play a full part in suicide prevention activities



Clinicians

- Suicidal young people cannot wait. Timely and proportionate access to mental health services must be given (with emphasis on direct positive engagement, comprehensive assessment and necessary treatments with young people and their families).
- When a clinician believes that there is evidence of suicidal ideation, they should complete a comprehensive and immediate psychosocial assessment and engagement in a therapeutic relationship and **not respond with a risk assessment that solely distinguishes on the basis of method and stated intent.**
- Clinicians and professionals should increase their understanding of the concept 'trigger event phases' (TEPs) rather than solely discrete trigger events (DTEs).
- Clinicians and professionals need to have greater awareness of and the capacity to explore young people's use of online activity and social media

County-wide Suicide Prevention Strategies



- Develop community focused approaches (in addition to clinical approaches) to suicide prevention
- Issues such as age, gender, ethnicity, bereavement, e-bullying, Lesbian, Gay, Bisexual, and Transgender (LGBT) issues, exposure to abuse, social media, psychiatric disorders, emotional well-being and self-harm need to be considered by Suicide Prevention Strategies.
- The experiences and voices of young people and their parents are vital in creating preventative strategies.
- Support needs to be given families bereaved by suicide in a respectful, timely and appropriate manner.
- Resources should be promoted to identifying protective factors that combine and foster a protective membrane around the young person and their family. This will increase understanding what prevents young people from engaging in suicidal behaviour

What action has been taken since 2018

1

We have commissioned West Kent Mind to deliver suicide prevention training to people working with children and young people. Today, over 1,000 people have completed this training.



In addition **617** people have taken the Suicide Prevention & Awareness e-learning module

<h3>Reach and resilience</h3> <p>Delivered a Good Mental Health Matters (GMHM) campaign and developed free teaching resources for Kent primary and secondary schools</p>	<h3>Early intervention & prevention</h3> <p>Put in place a Kent-wide adolescent targeted support offer and risk-taking behaviours programme delivered in schools and the community.</p>	<h3>Specialist support</h3> <p>Designed a mental health contract (CYPMHS) and provider (NELFT) delivering targeted and specialist support accessed through a Single Point of Access which is co-delivered with Kent Community Health NHS Foundation Trust.</p>
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2

The CCG and partners have developed and delivered Transformation Plan for the wider children and young people's mental health. Visit <https://tinyurl.com/y2age9uv> for more information.



3

The Suicide Prevention Programme and the Kent Safeguarding Children Multi-Agency Partnership hosted a major conference with 200 people to discuss the initial findings of the thematic review



Kent Safeguarding Children
Multi-agency partnership

University of
Kent

Teenage suicide and self-harm in Kent

Raising awareness and exploring preventative strategies

Date: Tuesday 1st October 2019, 10.00 – 16.00 (registration from 9.30)

Venue: Ashford International Hotel

Registration and refreshments		
9.30	Registration and refreshments	
10.00	House-keeping arrangements and day's programme	Mark Janaway (Conference host)
5 mins		
10.05	Welcome and introduction to the day	Dr Anne-Maria Brennan Director of Graduate Studies, University of Kent
5 mins		
10.10	'Understanding youth suicide: Individual Signatures and Thematic Patterns'	Dr Terence NICE, Programme Director (Psychotherapy), Lecturer in Psychological Therapies, University of Kent
25 mins		
10.35	Children's mental health, the role of adversity, trauma and resilience	Jo Tomlin Public Health Specialist
20 mins		



KOOTH is for young people 10-16 to get advice, information and also chat to a counsellor. Visit www.kooth.com



24-hr support available by texting the word KENT to 85258. Texts are free from most networks, more details at www.release.thepressure.uk



BIG WHITE WALL is available for 16-18 year olds with an online community filled with resources, information and counselling. Visit www.bigwhitewall.com

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A range of easy to access support services have been provided to ensure that young people have access to 24/7 support



An early intervention group, offering support around self-harming behaviours. Accepts referrals to support young people deemed vulnerable but who would not meet the Kent NELFT services thresholds. More details at <https://www.wearewithyou.org.uk/>



The BeYou Project helps to connect young people in Kent who are lesbian, gay, bisexual, trans, non-binary or are questioning their sexual orientation and/or gender identity. For more information visit <https://thebeyouproject.co.uk/>



The Kent Resilience Hub (developed as part of the HeadStart Kent programme) helps young people, parents, carers and professionals to understand emotional growth and resilience. Visit www.kentresiliencehub.org.uk

What we will do next

Strategy

We will consult on a new 2021-25 Suicide and Self Harm Prevention Strategy for Children and Young People

Action

Learning

We will continue to use the learning from this review, and all other sources, to shape services and support to reduce the risk of suicide and self harm in children and young people

Action

Action

Conference

We will host a 2nd conference for professionals to share the learning from **this thematic review** and discuss the implications for their practice

Action

Training

We will continue to deliver suicide prevention training aimed at people working with children and young people

Action

Network

We launched a new **Children and Young People's Suicide Prevention Network**