

## Knowledge of self-harm and suicide

### Terminology

An ability to draw on knowledge of definitions of self-harm and self-harm:
'self-harm' refers to an act of self-poisoning or self-injury in the context of overt or covert emotional or psychological distress, with or without an intent to die
'suicide' refers to the intentional act of taking one's own life
'attempted suicide' refers to an act of self-harm in which the person intended to die, and believed that the means and method of the attempt would be fatal
'suicidal ideation' refers to the person having thoughts about suicide (but not necessarily acting on these thoughts)
'suicidal intent' refers to an intention to act on suicidal ideation

### Knowledge of potential interventions

An ability to draw on knowledge that self-harm and suicide are preventable and amenable to a range of public health, population-based and individual clinical interventions
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### Self-harm in children and young people

An ability to draw on knowledge that suicide is the leading cause of death in young people (partly reflecting the fact that other causes of death, such as serious illness, are less common in these age groups)
An ability to draw on knowledge that over half of children and young people who die by suicide have a history of self-harm
An ability to draw on knowledge that:
presentations of self-harm become increasingly common from 12 years onwards
around 10% of young people report having self-harmed
presentation to hospital only occurs in one in eight young people who self-harm in the community (and is more common in those who take overdoses)
although self-harm is more common in female than in male young people (between 12 and 15 years the ratio of females to males is around five to one) this decreases in later adolescence as self-harm becomes more common in males and levels off in females
self-harm rates are higher in young people from lower socioeconomic groups
rates of self-harm in children and young people appear to be increasing
An ability to draw on knowledge that methods of self-injury in children and young people are varied, including self-cutting, jumping from heights and self-battery
An ability to draw on knowledge that while self-cutting is the most common method of self-harm in the community, self-poisoning is the most common presentation in a hospital context
An ability to draw on knowledge that repetition of self-harm is common in younger people, is more likely with self-cutting than with self-poisoning, and that depression, history of sexual abuse, exposure to self-harm, and concerns about sexual orientation are among the predictors of repetition
An ability to draw on knowledge that people who self-harm are 50 times more likely than the general population to attempt suicide, though it is still the case that only a minority will do so (making a history of self-harm a poor predictor of suicide in and of itself)

## Knowledge of mental health problems, self-harm and suicide

An ability to draw on knowledge that self-harm and suicide are expressions of overwhelming and intense psychological distress
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acts of self-harm and suicide are often (but not always) associated with mental health problems
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An ability to draw on knowledge that although more than 90% of people who die by suicide have a history of mental health problems, most people with such problems never attempt suicidal (and so in itself mental health is a poor predictor of suicide)
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## Vulnerability

An ability to draw on knowledge of populations with higher self-harm or suicide rates than the general population, such as:
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children and young people looked after in the care system
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children and young people who are carers
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children and young people who identify as LGBTQ+
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children and young people with learning disabilities and neurodevelopmental conditions (such as autism spectrum disorder)
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children and young people from some (but not all) ethnic minority backgrounds (e.g. Indian and East African females)
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refugees and asylum seekers
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children and young people in contact with the criminal justice system
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children and young people from the traveller community
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An ability to draw on knowledge of social factors that are associated with greater rates of self-harm and suicide, such as:
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social isolation
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economic problems
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homelessness and/or insecure or inadequate housing
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An ability to draw on knowledge of factors that could increase or decrease a child's or young person's risk of self-harm and suicide, such as:
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factors that may increase risk:
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presence of mental health problems (particularly depression)
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previous self-harm or suicide attempts
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family history of suicide
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feelings of hopelessness
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isolation and a sense of being cut-off from people
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exposure to the suicide of another person in an institutional setting (e.g. school, university, workplace or hospital)
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impaired capacity for problem solving (and so being unable to generate a solution or a way out of difficulties)
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experience of major losses
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bereavement by suicide
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access to potentially lethal means of harm
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experience of trauma or abuse
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experience of childhood abuse and/or maltreatment (including domestic violence)
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long-term physical health problems
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history of alcohol and/or drug misuse
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impulsive or aggressive tendencies
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unwillingness to seek help (e.g. because of perceived stigma about accessing mental health services)
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transitions in care
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relocations that disrupt the child's or young person's social networks
factors that may decrease risk:
access to social and cultural support
support from families, carers and friends
engagement with a healthcare practitioner and/or healthcare services

### **Knowledge of the impact of self-harm and suicide on others**

An ability to draw on knowledge of the impact of bereavement by suicide on individuals and communities
an ability to draw on knowledge that the impact of a death by suicide will be an interaction between a person's circumstances and the nature of their relationship to the deceased
An ability to draw on knowledge of the impact of a child's or young person's self-harm or suicidal behaviour on the emotional wellbeing and mental health of parents, carers, siblings, wider family and friends
An ability to draw on knowledge that some children and young people may react to knowledge of (or news about) a suicide by becoming suicidal themselves, and so there can be an increased risk, for example when:
a suicide occurs within a child or young person's social network particularly:
within their personal or social media network
among peers at school or college
where they identify with the person who has died by suicide
new methods of suicide are publicised
there is a death of a celebrity by suicide
An ability to draw on knowledge that when a death takes place among children and young people in educational settings (such as schools or universities) some of the deceased's peers may be at increased risk of suicide through a process of 'social contagion'
an ability to draw on knowledge of the role of 'postvention' (interventions with the aim of managing distress after a death by suicide and identifying people who may be at increased risk)