

NSPCC study

SUICIDES - Learning from case reviews

Issues often referred to in cases include:

- bereavement, including family history of suicide
- history of abuse
- exposure to domestic violence
- parental mental health problems
- parental alcohol or substance misuse
- breakdown of relationships with family or boy/girlfriend
- lack of stable accommodation or consistent source of care
- copycat suicides
- social isolation
- bullying
- mental health problems including depression
- behaviour disorders including attention deficit hyperactivity disorder (ADHD)
- risk taking including drug or alcohol misuse, criminal behaviour and underage sexual activity
- lack of parental control and boundaries
- perceived or actual pressure to achieve
- financial worries.

Learning for improved practice:

Recognising and responding to the warning signs of suicide ideation:

Case reviews involving suicide nearly all related to adolescents, and the majority related to boys. The case reviews identified a number of warning signs that a young person was considering suicide.

These included:

- disclosures of suicidal feelings - often verbal, but also letters, suicide pacts or pieces of creative writing
- change in sleep patterns - sleeping more or less than usual
- change in appetite - eating more or less than usual
- sudden mood swings - in some cases a notable uplift in mood preceded a suicide attempt
- feelings of hopelessness, rejection or being a burden to others
- self neglect - often signalled by a decline in personal hygiene and appearance
- self harm - often through deliberate cutting, but also aggressive acts such as hitting walls
- withdrawal from family and friends and stopping engagement with support services.

Every warning sign of suicide should be taken seriously and acted on accordingly.

Listening to the young person:

Young people's suicide threats and attempts were often interpreted as teenage histrionics rather than cries for help.

Suicide threats should be routinely assessed for motivation and level of intent.

Professionals should be alert to the different ways young people may express suicidal feelings, whether it be direct disclosure or through the indicators outlined above.

Engaging with the young person:

The failure of young people to attend appointments or take advantage of the services offered to them should not result in the withdrawal of services. Young people who are feeling suicidal will often withdraw themselves from those who are able to help and support them. Services should instead look at ways of being more accessible to young people, such as providing ways to access support without having to meet face to face with service providers.

Working together across agencies:

Suicidal feelings are often treated as purely mental health issues. This means that many of the factors contributing to the way the child feels remain unaddressed. It also means that in cases where a child is not diagnosed as suffering from depression, professionals are mistakenly reassured that a child will not attempt to take their own life.

Young people can be put at risk of significant harm from their own behaviour. Suicidal feelings should be treated as a child protection issue and trigger a similar level of response to children at risk of harm from others.

All the services working with a child should be informed if a child is feeling suicidal or has attempted to kill themselves as they all have a role in protecting the child.

Seeing the bigger picture:

Suicide is rarely a response to a single event. It is usually the result of a build-up of problems over time. Professionals should consider the cumulative impact of adversities on children, regardless of whether or not they appear to be coping well. Parents' problems should not be allowed to overshadow the needs of their children

Supporting parents and carers:

Young people are often returned home from hospital after suicide attempts without any guidance on how to reduce the risk of a further attempt. Parents should be given support and advice on how to protect their child following a suicide attempt. Young people should be referred to children's mental health services to make sure they get the help they need.