

Self Harm in Children & Young People Under 18 years

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Version history

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1	1997		Final	
2	2010	F HINDE	Final	
3	2011	F Hinde/ T Tanner	Final	CAMHS have made amendments to this policy.
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Self Harm in under 18 year olds

D1 Document Template

Contents – the following elements must be included where appropriate

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Self Harm in under 18 year olds

1 Document Statement

Management of children & Young People under 18 years who self harm.

2 Overview

The policy refers to all children & young people under 18 years.

3 Definitions

- Self Harm – this may be self injury or self poison
- Self Injury – any injury caused deliberately by the person
- Self Poison - deliberate poisoning by substances whether legal or illegal.
- CAMHS – Children and Adolescent Mental Health Services.

4 Duties

CAMHS staff should be available for consultation with ward staff during and after assessment of child / young person.

Family GP should be informed via discharge letter by the doctors

Hospital staff are responsible for contacting parents

Where an adolescent is unable to return home because of the family situation, Social Services is responsible for finding an alternative placement.

If the adolescent is too psychiatrically disturbed to be discharged, admission to an inpatient unit may be needed – this will be CAMHS responsibility to arrange.

Should there be any difficulty with the management of any young person then inform the Children's manager and also the executive lead for safeguarding.

5 Policy detail

5.1 Aim:

Is for admission of all children & young people who present to the Emergency department with self harm.

5.2 Procedure in the Emergency department if under 16 years:

- Priority is for medical assessment and treatment
- Admission to a ward, this should be the Children's ward at PRH.
- If the child is a 'Looked After Child' i.e. in the care of local authority or independent care agency, they should still be admitted to the ward in order to be assessed by CAMHS.
- Children from Powys should always be admitted to the children's ward.
- Start to complete the Safeguarding Information Form and pass to the children's ward with the casualty notes.
- If the child has a Care Plan, please note this may say that they do not need admitting, but can go back to the care home, if safe.

5.3 Procedure in the Emergency department if 16-18 years:

- Priority is for medical assessment and treatment
- If medically fit for discharge, initial assessment by a member of the RAID team with decision being made on safe discharge by the senior Emergency Department Dr. following consultation with RAID. Re: mental state / intent to self harm. Can only be discharged from the emergency department if showing no signs of suicidal ideation and has a 'safe' place to go.
- If being discharged needs CAMHS leaflet and advise an appointment will be made with CAMHS over the next few days, where possible. Make it clear to parents that there is no emergency and they have been discharged to a safe place. Emergency department to complete CAMHS referral form.
- Admission to a ward, medical admissions or surgical admission, depending on type of self harm or injury, as may require further treatment.
- The same applies to young people from Powys.

5.4 Refusal for admission:

If the young person / carers / parents refuse for admission to happen, then as long as the child / young person is not detainable under the Mental Health Act, there are no Child Protection concerns, and the child / young person is medically fit to go home, then they can go home with the Emergency department making a referral to CAMHS stating why they are not an inpatient.

5.5 Procedure on the wards (Paediatric or Adult)

- Make a referral to Shropshire / Telford & Wrekin CAMHS.
- Children should be assessed the next working day, to allow them time to contemplate what they have done.
- Ward will be notified when CAMHS can attend
- Ward staff to arrange for parents / responsible adults i.e. carers, social workers to attend. If problems, i.e. unwilling to attend, inform CAMHS
- Ensure the Safeguarding Form is completed, Top copy kept in the notes and the other two copies sent to the Named Nurse, Safeguarding Office, Women & Children Centre PRH.

5.6 CAMHS

Will aim to see the child / young person the same day if the referral is made before 12 midday, after that it is likely to be the next working day.

CAMHS work Monday – Friday 9-5pm

Weekends and bank holidays there is no service.

If there is concern around the child / young person's mental state / behaviour, refer to the out of hours Child Psychiatrist on call.i.e. After 5pm or at weekends.

5.7 Patient wanting to go home before being seen by CAMHS / bed shortage

If parent / child / young person is wanting discharge at a weekend or there is problems with bed usage then;

- Assessment by the ward doctor
- If can be discharged inform CAMHS next working day for follow up to be arranged
- If concerns, call the on call psychiatrist.
- Complete safeguarding information form as above.

6 Responsibilities of staff

CAMHS staff should be available for consultation with ward staff during and after assessment of child / young person.

Family GP should be informed via discharge letter by the doctors

Hospital staff are responsible for contacting parents

Where an adolescent is unable to return home because of the family situation, Social Services is responsible for finding an alternative placement.

If the adolescent is too psychiatrically disturbed to be discharged, admission to an inpatient unit may be needed – this will be CAMHS responsibility to arrange.

7 Training Needs

There is no mandatory training associated with this guidance. If staff have queries about its' operation, they should contact their line manager in the first instance.

8 Review process

In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

9 Equality Impact Assessment (EQIA)

Outline a summary of the assessment. It is not necessary to include the entire EQIA in the document, but this should be completed and submitted to HR.

9 Process for monitoring compliance

Describe how this will be done including which elements will be monitored; by whom, frequency of monitoring; mechanism for reporting; and how action plans will be developed and monitored. If the document is required for NHSLA, there are minimum requirements for monitoring which must be included. It is recommended that the monitoring template (below) is used and advice on completion is sought from the Chief Compliance Officer or Safety Advisors.

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Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
<i>Number of attendances at A/E against number of admissions to the children's ward.</i>	<i>Safeguarding information sheets and attendance at A/E</i>	<i>Named Nurse</i>	<i>Annually</i>	<i>Trust Safeguarding Group</i>

10 References

NICE Guidance 16 Self Harm: The short term physical and psychological management and secondary prevention of self harm in primary and secondary care.