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## Management of self-harm on tier 4 inpatient wards

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Type of document	Guidance
Target audience	Tier 4 CAMHS staff
Document purpose	To provide guidance to Tier 4 inpatient staff when working with young people who self harm

Approving meeting	West Locality Governance and Risk Meeting	Date 7-Nov-13
Implementation date	07-Nov-13	

CWP documents to be read in conjunction with	
<a href="#">HR6</a>	Mandatory Employee Learning (MEL) policy
<a href="#">GR1</a>	Incident reporting and management policy
<a href="#">CP12</a>	The searching of patients and environments
<a href="#">MH1</a>	Mental Health Law Policy suite
<a href="#">CP5</a>	Clinical Risk Assessment policy
<a href="#">CC8</a>	Wound management formulary

Document change history	
What is different?	
Appendices / electronic forms	Have appendices been added, or changed since the last issue, if so explain the reasons why?
What is the impact of change?	Will this new document change the way we do things currently

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Who within this service have you spoken to
Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

Financial resource implications	None
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External references
1. NICE guidelines for self harm in adolescents (2004)

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	

<b>Equality Impact Assessment (EIA) - Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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## 1. Introduction

These guidelines have been developed to provide guidance for staff when working with young people who self-harm. They are designed to provide clarity regarding assessment and management of self-harming behaviours, to enable staff to support young people who self-harm and to minimise risk of self-harm for the young person whilst they are an inpatient and to support them to reduce their self-harm upon discharge.

## 2. Definitions

As defined by NICE guidelines for self-harm in adolescents (2004), the term self-harm is defined as 'self-poisoning or injury, irrespective of the apparent purpose of the act'. Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself.

## 3. Pre-admission assessment

All pre-admission assessments should follow the assessment process undertaken by the assessment and outreach team. Any clear needs in relation to risk to self should be clearly documented and included within the baseline summary and detailed in aims for admission.

Detailed past risk history should be taken at the time of assessment and included in formulation of risk. This should include triggers and maintaining factors. This needs to be documented within the CARSO risk assessment and included in the summarised view of risk (in line with the [clinical risk assessment policy](#)).

### 3.1 Aims (Goal Based Outcomes)

Each young person will be encouraged to complete a goal based outcome assessment and plan as part of their admission:

- The goal based outcome plan is based on the young person's aims and objectives, and should detail the young person's aims for their admission and inpatient stay;
- Where the young person's aims does not include a wish to reduce their self-harming behaviour, then this goal should be documented as part of ward aims for admission, within their baseline summary;
- Goal based outcomes should be developed collaboratively and agreed and reviewed with the young person and their families / carers.

### 3.2 Risk assessment and formulation

A CARSO risk assessment must be completed on admission and reviewed after each episode of risk to self by the named nurse (or nominated deputy) and updated with any new risks in line with the [clinical risk assessment policy](#).

A risk assessment should be undertaken prior to each period of leave (either escorted or unescorted) as per the [clinical risk assessment policy](#). For young people who are at current risk of self-harming behaviours, the risk assessment should include the following information and be recorded on the electronic patient record:

- Venue of leave;
- Access to money;
- Intention to acquire items in which to harm themselves with;
- Factors which are likely to increase their emotional dysregulation.

Risk formulation should be considered as part of any decisions in relation to leave, observations and discharge and form part of the CARSO.

### 3.3 Effective care planning for young people who self-harm

All care plans should be developed collaboratively with young people and their families / carers and should contain the following information:

- History of self-harm, nature, degree, frequency, intention and items used;

- Young person's treatment preferences; including interventions which the young person has found helpful in the past;
- Current treatment interventions for the young person;
- Agreement re consent to information sharing with parents / carers regarding incidents of self-harm or potential risk. Wherever possible, there should be a clear agreement with the young person that parents and carers will be notified regarding all incidents of self-harm;
- Consent to searches of belongings for young person as appropriate in accordance with trust policy [the searching of patients and environments \(including the use of Police dogs\)](#);
- Consideration should be given to involving the young person in developing a treatment passport for attendance at acute hospitals, should their self-harming history suggest attendance at A&E may be regularly indicated. This should be developed on an individualised basis as part of the care plan with the named nurse and with input from the Clinical Nurse Specialist in self-harm;
- Where young people have engaged in accessing items with which to self-harm from other young persons or have taken items without permission this should be clearly care planned and reviewed with the young person. This must be recorded as an incident via a DATIX report (see [section 7](#)).
- Interventions from psychology / nurse specialist self-harm to be identified at admission or subsequent case planning.

### 3.3.1 Crisis plan

All care plans must include a crisis management plan; this should incorporate the following information:

- Young person's views on what interventions and support are helpful if they begin to struggle with self-harm thoughts or urges;
- What has helped the young person when struggling in the past, this should include staff information on interventions the young person has found helpful;
- What parents and carers can do to support the young person if they are struggling and who they should contact in the event of needing additional support;
- Crisis plans post discharge should be discussed and agreed within the discharge CPA meeting and copies of the discharge plans are provided to the young person and their parents / carers;
- Copies of the Discharge Notification must include information regarding what the young person or family / carers should do in the event of a crisis. This is provided to young people and their parents / carers on the day of discharge.

### 3.4 Treatment of self-harm

Staff should follow the guidelines detailed below in respect of self-harm incidents.

#### 3.4.1 Self-harm (to include cutting / burning)

- Staff should not physically intervene when a young person is engaging in self-harm unless there is immediate risk to life and it is safe to do so; however, staff should actively encourage the young person to stop self-harming and offer support to them to find alternative ways to manage their distress. Staff should encourage the young person to hand in any implements with which they are self-harming and should make every effort to engage the young person in distraction or utilising healthy coping strategies;
- Administer first aid if appropriate, wounds should be assessed by a registered nurse to determine whether further treatment is required. Should the nurse who examines the wounds be unclear regarding appropriate interventions a second opinion should be sought from the ward doctor (or nominated cover). Staff should also refer to the trusts [wound management formulary](#);
- If there are any concerns that the young person has self-harmed to a degree where their health is in Immediate danger, staff should alert other staff members and emergency services should be summoned;
- Should the young person be assessed as possibly requiring sutures then they must be accompanied to A&E by staff or parents / guardians depending on their status;

- Wounds should be reviewed regularly by a registered nurse for signs of infection and any concerns should be reported the ward doctor / out of hours doctor immediately, reviews should be documented within clinical entries on the electronic patient record;
- Careplan to be reviewed and where necessary updated following any self-harm episode.

### 3.4.2 Overdose

- It is essential to ascertain the type of overdose taken to include the type of tablets / substance ingested, the quantity taken and the time of the overdose;
- Medical advice must be immediately sought. The young person should attend A&E unless otherwise advised;
- If an overdose is disclosed within the first hour activated charcoal may be given at A&E therefore attendance should not be delayed;
- Careplan to be reviewed and where necessary updated following any self-harm episode.

### 3.4.3 Ligature

- Ligature to be removed (either by young person or staff dependent on severity): This may require use of the ligature or wire cutters which are kept on the resuscitation trolley in the ward clinics;
- Medical review to be implemented immediately which may include using emergency services if there are any immediate concerns regarding the physical health of the young person;
- Careplan to be reviewed and where necessary updated following any self-harm episode.

### 3.4.4 Consent

If a young person refuses to consent to treatment staff must assess any immediate risks to the young person and if it is deemed that they urgently require physical assessment and / or intervention then staff should liaise with the young person's Consultant Psychiatrist or nominated deputy in their absence and consideration regarding assessment of capacity may be required.

Should this situation arise refer to trust policy [consent to treatment for children and young people](#).

### 3.4.5 Searching of young persons

To be read in conjunction with [the searching of patients and environments \(including the use of Police dogs\)](#):

- Young persons must be asked to consent to having their belongings searched on admission and following each period of leave;
- Young persons must be asked to hand in any items deemed restricted;
- Young persons must be asked to empty their pockets, shoes and remove the backs of their electronic devices (where this is possible);
- Should they decline, document clearly and follow policy [the searching of patients and environments \(including the use of Police dogs\)](#), in relation to searching young persons without consent.

## 4. Therapy

- All young persons should be actively encouraged to engage in group based activities linked to alternative coping strategies. Refusal to attend groups or participate in therapeutic sessions should be discussed within the Multi-Disciplinary Team (MDT) and clearly documented;
- All young people should be offered daily support sessions with a member of the nursing team and this should be documented on the electronic patient record that this will be documented;
- Named nurse sessions should include developing and utilising coping strategies to reduce risk;
- A referral for Dialectical Behavioural Therapy (DBT) may be considered following multi agency meetings (case planning, CPA or professionals meetings).

## 5. Involvement of self-harm specialist nurse

- For consultation in developing care plans;
- For review of treatment plans with named nurse / care team where repeated incidents occur whilst on the ward;
- To work individually with those who present significant risk to themselves on the ward;
- To co-ordinate referrals for DBT.

## 6. Datix reporting

All incidents involving ligaturing and overdoses must be recorded on Datix. Staff should refer to the [incident reporting and management policy](#).

Incidents of self-harm by cutting or burning should be recorded on datix as follows:

- Datix every first episode of self-harm by cutting or burning or other damage to skin;
- Datix if there is a significant increase in the frequency or severity of self-harm or there is a change to the nature of the cutting / harm;
- Datix if issues related to the environment have caused / impacted on self-harm e.g. accessing domestic cupboard to get bleach, the light bulbs being accessed to self-harm (but do not datix the use of everyday items such as pens, paper clips, etc);
- Staff do not need to Datix if someone hands in self-harm implements, but this should be documented within the electronic patient record;