Diogelu Gwent
Gwent Safeguarding

Children Safeguarding Board and Adult Safeguarding Board

Multi Agency Protocol for the Management of Cases of High Risk Self-Harm and Potential Suicide in Children and Young people

Ratified by Board
09.06.21

This document is available in Welsh/
Mae'r ddogfen hon ar gael yn Gymraeg

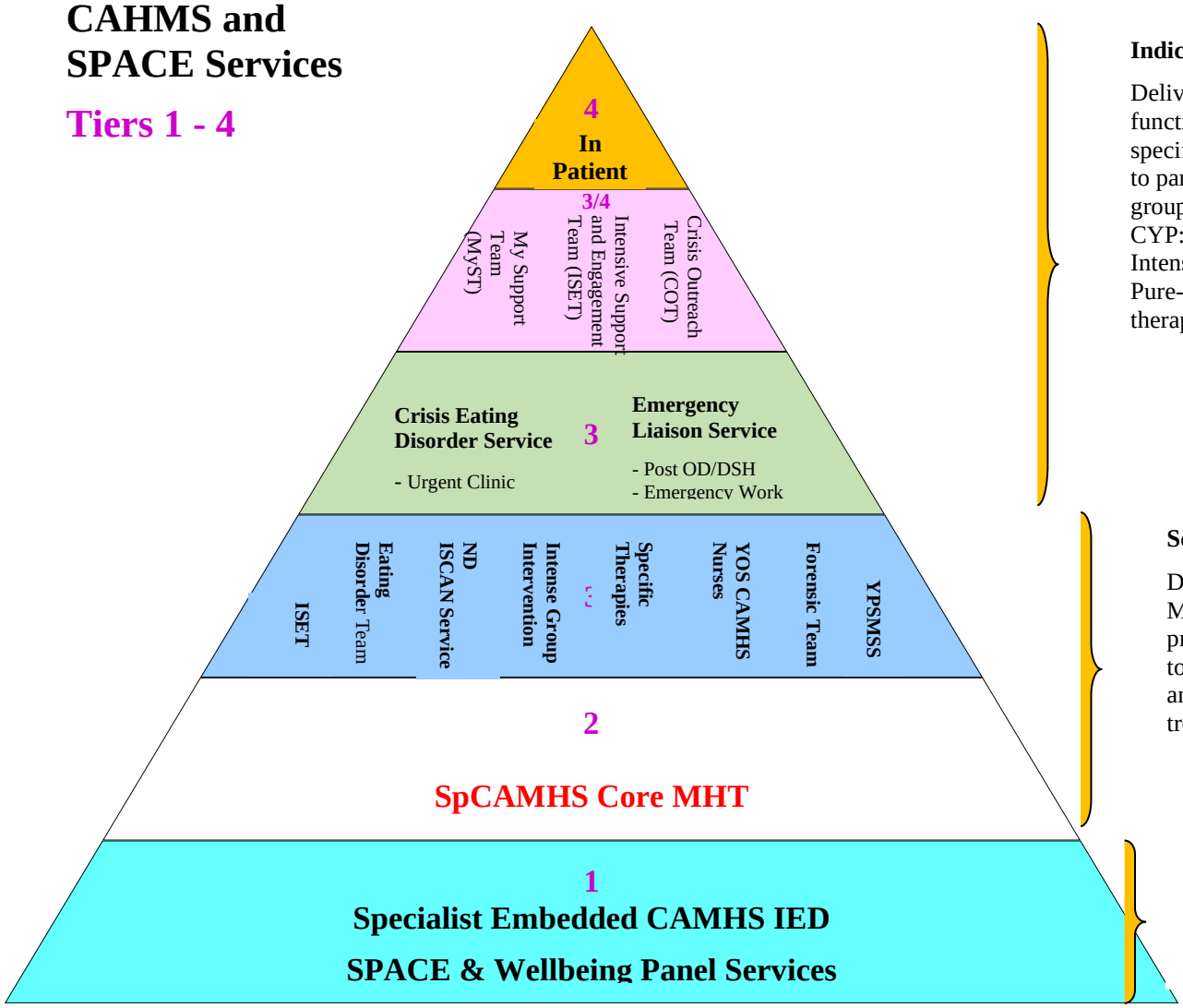
Review Date
February 2023

Contents **Page No**

3/4

ABUHB CAHMS and SPACE Services

Tiers 1 - 4



Indicated:

Delivered by function specific teams to particular groups of CYP: Intensity and Pure-to-model therapies

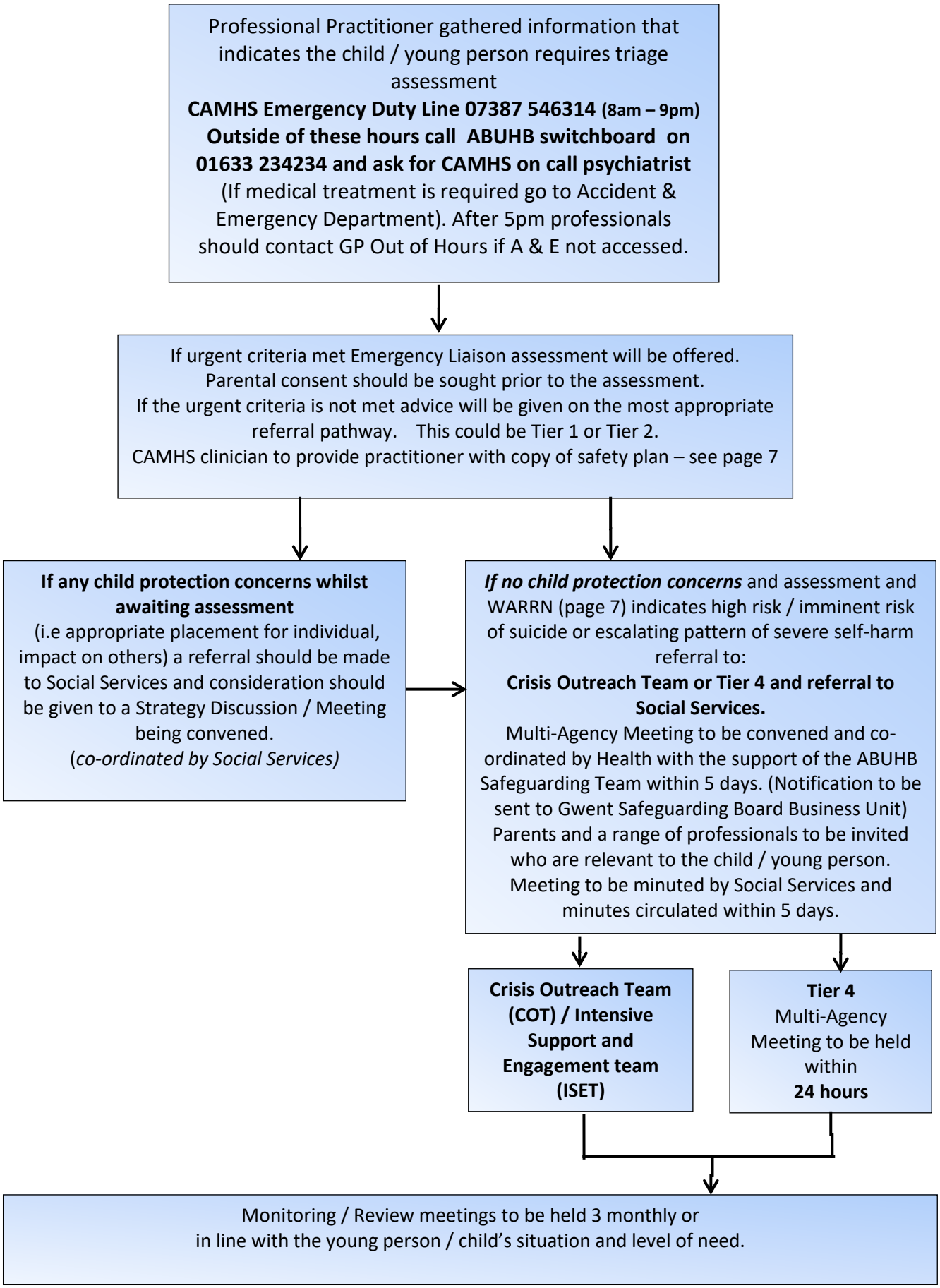
Selective:

Delivered by MDT practitioners to complex and severely troubled CYP

Universal:

Open to a wide range of CYP

Flow Chart


Professional Practitioner gathered information that indicates the child / young person requires triage assessment
CAMHS Emergency Duty Line 07387 546314 (8am – 9pm)
Outside of these hours call ABUHB switchboard on 01633 234234 and ask for CAMHS on call psychiatrist
(If medical treatment is required go to Accident & Emergency Department). After 5pm professionals should contact GP Out of Hours if A & E not accessed.
If urgent criteria met Emergency Liaison assessment will be offered.
Parental consent should be sought prior to the assessment.
If the urgent criteria is not met advice will be given on the most appropriate referral pathway. This could be Tier 1 or Tier 2.
CAMHS clinician to provide practitioner with copy of safety plan – see page 7
If any child protection concerns whilst awaiting assessment
(i.e appropriate placement for individual, impact on others) a referral should be made to Social Services and consideration should be given to a Strategy Discussion / Meeting being convened.
(co-ordinated by Social Services)
If no child protection concerns and assessment and WARRN (page 7) indicates high risk / imminent risk of suicide or escalating pattern of severe self-harm referral to:
Crisis Outreach Team or Tier 4 and referral to Social Services.
Multi-Agency Meeting to be convened and co-ordinated by Health with the support of the ABUHB Safeguarding Team within 5 days. (Notification to be sent to Gwent Safeguarding Board Business Unit)
Parents and a range of professionals to be invited who are relevant to the child / young person.
Meeting to be minuted by Social Services and minutes circulated within 5 days.
Crisis Outreach Team (COT) / Intensive Support and Engagement team (ISET)
Tier 4
Multi-Agency Meeting to be held within
24 hours
Monitoring / Review meetings to be held 3 monthly or
in line with the young person / child's situation and level of need.

1. Background

This protocol has been developed as a result of a Concise Child Practice Review undertaken by Gwent Safeguarding Board (2018). The Child Practice Review report indicated that in high risk cases of self-harm and suicide, in order to protect these young people, full information sharing is necessary between the agencies involved and processes should be in place to promote shared responsibilities across the agencies.

This protocol sets out a framework for a multi-agency response in relation to cases of high-risk, self-harm and potential suicide. Talk to Me 2 - The Suicide and Self-Harm Prevention Strategy for Wales 2015-2020 indicates "there is no single reason why someone may take their own life or harm themselves. It is usually in response to a complex series of factors that are both personal and relate to wider social and community factors"

All young people identified with high risk self-harm behaviours should be managed with a multi-agency approach. No agency working with these young people should work in isolation, there should be a collaborative approach with all agencies working together.

This protocol should be used alongside the "Handling issues of Self-Harm and thoughts of Suicide in children and young people" leaflet for front–line professionals and volunteers which is in development and will be available on the Gwent Safeguarding Board website late 2021.

2. Definitions and Context

Suicide

The definition of suicide is an act that is dependent on intent. A coroner will return a verdict of suicide only if there is clear evidence beyond all reasonable doubt that the individual intended to kill themselves and the death was self-inflicted. "Suicidal ideation" is a medical term often used to describe the state of a person who has thoughts of suicide. This can vary from a single fleeting thought, to the construction of a detailed plan.

High Risk Self Harm

- The young person's actions could have resulted in their death or serious injury and required hospital admission. Imminent risk of suicide / self-harm, expressing suicidal plans.
- The intervention and support work with a young person is failing to reduce the risk of self-harming behaviour.
- Evidence and risk factors suggest child protection issues form part of the motivation for self-harm (Enfield Self-Harm Protocol 2017).

Those young people who repeat self-harm are at significantly greater risk of completing suicide than those who have a single episode. 40-60% of suicides have at least one previous episode of deliberate self-harm (Gwent Safeguarding Concise Child Practice Review 2018). Not all young people who repeat self-harm have intent to die – "non suicidal self-harm" (NSSI) (Talk to me 2 – Suicide and Self-Harm Prevention Strategy for Wales 2015-2020). The strategy suggests that suicide is best understood by looking at each individual, their life and circumstances.

Between 25 and 33% of adolescent suicide victims have made a prior attempt. A prior suicide attempt is the single most important predictor of suicide in the general population (Talk to me 2 2015-2020).

There is rarely a single reason why a child or young person engages in high risk self-harming behaviours but it is usually due to a variety of risk factors, circumstances and adversities, see below. Please see link to Public Health Wales Thematic Review into the deaths of children/young people 2019.

Self-Harm Risk Factors

- Low self-esteem
- Perfectionism
- Severe symptoms of mental disorder.
- Problems at home or school, including being missing
- Neglect, physical, emotional or sexual abuse
- Adverse Childhood Experiences (ACE's)
- Out-of-character behaviour
- Drug and/or alcohol misuse or risk taking behaviour
- Victims of bullying or young people who bully others
- A sudden change in friends or withdrawal from a social group
- Escalating patterns of self-harm behaviours, suicide risk
- Lack of interest in usual school activities and/or an overall decline in grades or a decrease in effort (Gwent Safeguarding 2019).

Suicide Risk Factors

- Male sex
- Low socio-economic status
- Restricted educational achievement
- Previous suicide attempt(s)
- Mental disorder (including those unrecognised or untreated)
- Major physical or chronic illnesses including chronic pain
- Alcohol or substance misuse
- Family history of suicide
- History of trauma, abuse or neglect
- Sense of isolation
- Hopelessness
- Impulsiveness
- Admission to prison / engagement with criminal justice system
- Victimisation, bullying and stigma.
- Relational or social losses or discord
- Easy access to lethal means
- Clusters of suicide have an element of contagion
- Exposure to suicidal behaviours
- Stigma associated with poor help seeking behaviour
- Barriers to accessing healthcare, particularly mental health and substance misuse treatment (Talk to me 2).

Self-Harm/Suicide Protective Factors

- Skills in problem solving, conflict resolution and non-violent handling of disputes
- Restricted access to the means of suicide
- Strong connection with family and community support
- Seeking help and easy access to quality care for mental and physical illness
- Personal, social, cultural and religious/spiritual beliefs that support the self (Talk to me 2).

3. Identification of high risk self-harm behaviours in young people

- CAMHS Emergency Liaison Service will identify the young people who are undertaking high risk self-harm and suicide behaviours during an A&E attendance and/or Hospital admission or Emergency Outpatient Clinic.

- Crisis Outreach Team (COT) provides intensive evidence based interventions to children and young people in crisis as an alternative to hospital admission and will also identify young people undertaking high risk self-harm behaviours particularly those where an intervention is failing to reduce the risk to the young person.

Other Practitioners/Agencies who may identify the high risk self-harm behaviours in young people include – GPs, Paediatricians, Accident and Emergency Departments, Police, Education, Social Services, Youth Offending Service, MyST, SPACE and Wellbeing Panel, Residential Placements.

Prior to contacting **CAMHS Emergency Duty Line 07387546314** practitioners will need to gather information to identify if the child/young person requires a triage assessment.

If medical treatment is required the child/young person should go to Accident and Emergency (A&E), parents to be contacted if not with the child/young person. After 5pm GP out of hours to be contacted if medical treatment not required.

Questions to identify high risk self-harm and risk of suicide

Start the discussion with questions about their life in general to get an idea of their level of functioning - are they going out with friends and engaging in social activities, are they attending school, what are they studying and what do they want to do when they finish school? This will give you some idea of future plans, before you start to explore the other issues.

- Ask about the context of their distress, what has precipitated the feelings/self-harm.
- Have they self-harmed in the past?
- Have they recently self-harmed?
- Does the self-harm require medical treatment?
- Ask the child / young person to show you any scarring / wounds
- Are they reporting depressive symptoms; depressed mood, reduced social functioning and reduced pleasure from previously enjoyed activities, poor sleep, sleeping too much, poor concentration?
- Have they got any services involved?
- Are their thoughts about suicide fleeting, do they come when they are distressed then go away or are they more frequent and intrusive?
- Have they had thoughts about methods they would use to complete suicide?
- If a particular method/methods are identified, would they have access to the method?
- Have they identified a time when they plan to complete suicide?
- Have they ever tried to kill themselves in the past?
- What has stopped them acting on the suicidal thoughts?

The practitioner will need to ask the young person all the above questions in order to gather enough information to inform the triage assessment which the CAMHS Clinician will complete

with the practitioner over the phone. To complete the assessment the CAMHS Clinician will check the health and mental health records of the young person to see if there is any previous history.

It should always be the practitioner who asks the young person the questions who contacts the CAMHS Emergency Duty Line. Parental consent is not required to seek consultation with CAMHS via the Emergency Duty Line but if an assessment is required parental consent should be sought.

On completion of the triage assessment a clinical rationale outcome will be provided to the practitioner and professional advice given. Possible outcomes of the assessment include:

- Emergency Liaison outpatient assessment if the assessment identifies the child/young person as high risk.
- Referral to another service or agency if the child or young person is not assessed as high risk.

The CAMHS Clinician will advise the practitioner to contact the young person's parents/carers to inform them of the outcome of the risk assessment, ensuring they have a copy of the safety plan. A standard safety plan will be provided via email for the practitioner to share with the parents/carers. The referrer should inform their safeguarding lead of the outcome of the assessment.

If the child/young person is taken to A&E for medical treatment the Emergency Liaison Outpatient appointment should be arranged from there.

If the child/young person is actively known to CAMHS there should be an up to date WARRN (Welsh Applied Risk Research Network, Snowdon et al, 2019) completed. WARRN is the approved risk assessment document used by CAMHS, and following emergency assessment, must be shared with practitioners working closely with the young person.

4. Process

Once a young person with high risk self-harm behaviours has been identified (identification on page 5) they will have an assessment with the Emergency Liaison Team. If the assessment confirms that the child/young person is high risk then a referral will be made to the Intensive Support and Engagement Team (ISET) the Crisis Outreach Team (COT) or Tier 4. It is important to note that not all children with this presentation will be seen by the Emergency Liaison Team as some will already be under the care of My Support Team (MyST) who will be making these assessments, and therefore do not require a second CAMHS Team to become involved.

If it is believed that the young person's safety is not manageable (measured by clinical indicators, level of risk, suitability for admission etc) a strategy discussion with the Police and Social Services should/will be held and a decision made whether immediate action is necessary due to the severity of the situation (immediate action may already have been taken).

A safeguarding referral needs to be made to Social Services – telephone the concerns and then complete a multi-agency referral form (MARF). It needs to be made clear if the referral is being made under the High Risk Self-Harm and Potential Suicide Protocol – high risk cases are those who reach the Intensive Support and Engagement Team (ISET), the Crisis Outreach Team (COT), My Support Team (MyST), Tier 4 assessment, hospital admission or escalation in high risk behaviours that could be fatal.

It is important that the practitioner who spoke to the young person and liaised with CAMHS makes the referral to social services (they can be supported to do this).

Young people who do not meet the urgent criteria, advice will be given on the most appropriate referral pathway, this could be Tier 1 or Tier 2.

Once a referral under the High Risk Self-Harm and Potential Suicide Protocol is received by Social Services a multi-agency meeting should/will be held within 5 days of the receipt of the referral if the child/young person is referred to ISET or COT. If the child/young person is for admission to Tier 4 this meeting should be held within 24 hours. The meeting should be convened and coordinated by Health (ISET/COT/Emergency Liaison with the support of ABUHB Safeguarding Team), a range of professionals should be invited who are relevant to the young person/ child, the young person and their parents will also be invited (meeting should take place even if they decline). The meeting will be minuted by social services and the minutes circulated within 5 working days. A notification should be sent by the agency coordinating the meeting (Health) to Gwent Safeguarding Board Business Unit (email to gwentsafeguarding@caerphilly.gov.uk) to advise that a multi-agency meeting is taking place on a young person providing the young person's initials, DOB and Local Authority area). This will enable there to be a central record held of all those children and young people in Gwent who meet this high risk threshold and where a multi-agency intervention is applied under this process.

The purpose of this meeting will be to share information and to complete and agree a multi-agency risk management plan, this should ensure shared responsibilities across all agencies in order to promote the protection of the young person concerned as indicated in the Concise Child Practice Review, Learning point 3 (Gwent Safeguarding 2018).

Core membership of this meeting should include, professionals working with, or with knowledge of the young person, Education, Youth Offending Services, Substance Misuse Services, CAMHS, MyST, Social Services, and Health etc. If CAMHS are involved with the child/young person at this stage then the WARRN (Welsh Applied Risk Research Network, Snowdon et al, 2019 risk assessment document should be updated and circulated to all attendees. A risk assessment will be completed by Children's Services to reflect the risk management plan.

A date for the Monitoring / Review meeting should be arranged in line with the young person / child's situation and level of need. The review meetings, if required, should be held at least 3 monthly.

Frequent detentions under section 136 of the Mental Health Act

Frequent detentions under section 136 of the Mental Health Act, where a further section (e.g. Section 2) following assessment is not indicated, still points to high risk behaviour, and a number of complexities within the young person's life alongside any potential mental health issues. As such, this would require a multi-agency meeting in order to develop a safety plan that provides clear direction to families, and also to professionals, when this occurs out of hours. The multi-agency meeting should include social care, health and the police.